



Wisconsin Background Check and Misconduct Investigation Program: Entity Response to Incidents, Allegations, or Suspected Occurrences of Misconduct

Wisconsin Department of Health Services / Division of Quality Assurance
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INTRODUCTION

This publication outlines s. 146.40, Wis. Stats., and ch. DHS 13 requirements for DQA-regulated entities as they respond to allegations and incidents of [misconduct](#) by their employees and contractors. The term “allegation” means a claim or report that has not yet been verified. The term “incident” describes an event that has occurred. Both allegations and incidents of [misconduct](#) must be reported.

Note: DQA-regulated entities may be subject to additional requirements and reporting timelines based upon licensing rules, state statutes, and federal law. Please consult with the [bureau that regulates your entity type](#) and review the “ADDITIONAL REPORTING RESOURCES” section below for additional information.

IMMEDIATE RESPONSE

Upon learning of an incident or allegation of misconduct, DQA-regulated entities must immediately take steps to protect their clients from harm. Entities are encouraged to contact local law enforcement authorities to report any allegations of criminal conduct. Many forms of reportable conduct are both [misconduct](#) and crimes.

PRELIMINARY INVESTIGATION

Entities must conduct and document a thorough internal investigation upon learning of an incident or allegation of misconduct. The length of this preliminary investigation will depend upon how soon a report must be filed (see Reporting Requirements). The purposes of the investigation are to:

1. Determine whether the incident or allegation involves [misconduct](#) toward a client by an employee and contractor; and to
2. Collect and document evidence.

A thorough internal investigation should consist of the following activities:

1. Obtaining and reviewing information related to the incident or allegation.
2. Determining whether the matter involves criminal conduct that should be reported to local law enforcement.
3. Collecting, documenting, and preserving any available physical evidence, writings (emails, texts, correspondence, police report, etc.), images, maps, videos, or recordings.
4. When possible, interviewing the victim/s, accused individual, and any other persons with information, as well as obtaining signed/dated statements.
5. Documenting each step taken during the internal investigation, including times, dates, and contact information for persons with information.
6. Summarizing conclusions and including recommendation/s for action to safeguard clients during and after the investigation.

REPORTING REQUIREMENTS

Type	Description	Reporting Method	Timing
Abuse, neglect, or misappropriation of client property by entity employees & contractors	<p>Entities must report any allegation of abuse, neglect, or misappropriation of client property by an employee or contractor.</p> <p>Note: Allegations need not be verified and must be reported whenever the alleged conduct meets the applicable definition of abuse, neglect, or misappropriation.</p>	<p>Misconduct Reporting System (MRS)</p>	<p>Within seven calendar days of when the entity knew or should have known about the incident or allegation</p>
<p>Abuse, neglect, misappropriation, exploitation of a nursing home resident by <i>any</i> person</p> <p>or</p> <p>Injuries of unknown source</p>	<p>Nursing homes must immediately report any and all allegations of abuse, neglect, misappropriation, or exploitation toward a client residing in the facility, regardless of who is the alleged perpetrator (e.g. facility staff, parents, legal guardians, volunteer staff from outside agencies serving the client, neighbors, or other clients, etc.).</p> <p>Nursing homes must also immediately report any and all injuries of unknown source.</p> <p>See: P-00981 Nursing Home Reporting Requirements for Alleged Incidents of Abuse, Neglect, Exploitation, and Misappropriation</p>	<p>Misconduct Reporting System (MRS)</p>	<p>Nursing homes must submit an initial, abbreviated report immediately and no later than 24 hours after discovery of the incident or allegation + a comprehensive report within five working days</p>

REGISTERING FOR ACCESS TO THE MISCONDUCT REPORTING SYSTEM (MRS)

The Misconduct Reporting System (MRS) is a required, secure, web-based system for DQA-regulated entities to submit reports of misconduct. Please note that registration is required and may take up to 3 days to process. Please see the following web page to [register and access the MRS](#).

DQA RESPONSE TO REPORTS OF MISCONDUCT

The DQA Office of Caregiver Quality’s (OCQ) Background Check and Misconduct Investigation Program handles reports of misconduct received from DQA-regulated entities and from the public. OCQ evaluates these reports for possible action, including investigation, referral to DQA regulatory bureaus, and/or for referral to partner protective agencies.

If a reported incident or allegation identifies an employee or contractor as the accused, the entity will be notified in writing whether OCQ will be conducting an investigation, as well as the outcome of the investigation.

ADDITIONAL REPORTING RESOURCES

- [P-02007 Reporting Requirements for Assisted Living Facilities](#)
Describes administrative code and statutory reporting requirements for assisted living facilities.
- [P-00981 Nursing Home Reporting Requirements for Alleged Incidents of Abuse, Neglect, Exploitation, and Misappropriation](#)
Describes abuse, neglect, misappropriation and exploitation reporting requirements for nursing homes.
- [Adult Protective Services](#)
Investigates abuse, neglect, financial exploitation, and self-neglect.
- [Child Protective Services](#)
Investigates reports of child abuse and/or neglect.
- [DHS Client Rights Office – File a Complaint](#)
Serves individuals receiving services for developmental disability, mental health, and substance use in a variety of inpatient and outpatient settings.
- [WI Department of Justice – Medicaid Fraud Control & Elder Abuse Unit](#)
Works with District Attorneys, County Sheriffs, and other law enforcement agencies across the State to investigate and prosecute Medicaid provider fraud and patient abuse and neglect.
- [DHS Client Rights Office](#)
Provides guidance to individuals receiving services for a developmental disability, mental health, or substance use in both inpatient and outpatient settings.