



**INCIDENT REPORT**

**CHECK IF CRITICAL**

**IDENTIFYING INFORMATION**

Reporting Party Phone # ( ) - Date of Incident / / Time of Incident:  AM/ PM

Reporting Party Name

Contract Provider Name \_\_\_\_\_

Program Name \_\_\_\_\_

Provider Location \_\_\_\_\_

Specific Category: (check all that apply)

- Allegation of wrongdoing
- Wrongdoing (as acknowledged by a third party designated to investigate these claims i.e. law enforcement detained individual, or DCF accepted abuse report)

*Specific location/ address where incident occurred:*

**TYPE OF INCIDENT:**

\*Failure to report any known or suspected abuse of any kind of a child is a third-degree felony that may result in a prison sentence of 5 years, and a fine of \$5,000 (Refer to Chapter 39 & 415 of the Florida Statutes).

- Child-on-Child Sexual Abuse
- Child Arrest
- Child Death
- Adult Death
- Employee Arrest\*
- Employee Misconduct\*
- Media Exposure
- Missing Child\*
- Property Damage
- Security Incident – Unintentional

- Significant Injury to Clients
- Significant Injury to Staff
- Significant Illness to Clients
- Significant Illness to Staff
- Suicide\*
- Suicide Attempt\*
- Sexual Abuse/Sexual Battery\*
- Other (specify): \_\_\_\_\_

**PARTICIPANT (S) / WITNESS (ES)**

(Please mark **W** or **P** for either Witness or Participant)

CLIENT HMIS #/CLIENT NAME and/or STAFF ID #/STAFF NAME:	CLIENT	EMPLOYEE	OTHER	W / P
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> W or <input type="checkbox"/> P
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> W or <input type="checkbox"/> P
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> W or <input type="checkbox"/> P

**DESCRIPTION OF INCIDENT**

Description of Incident – (who, what, when, where, why, how – add pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

**CORRECTIVE ACTION AND FOLLOW UP**

Immediate corrective action taken:

\_\_\_\_\_  
\_\_\_\_\_

Is follow up action needed?       Yes       No

If yes, specify: \_\_\_\_\_

**INDIVIDUALS NOTIFIED**

Abuse Registry 1-800-962-2873

Applicable Law Enforcement Department

Indicate name of person contacted, if report was accepted, the date and time if called or copy of report.

\_\_\_\_\_  
\_\_\_\_\_

**Incident Reports** – The Subrecipient must report to Miami-Dade County Homeless Trust information related to **any** critical incidents occurring during the administration term of its programs. In addition to reporting this incident to the appropriate authorities the Subrecipient must submit incident reports within 1 business day. This incident report should be addressed to the Homeless Trust Quality Assurance Coordinator, [Angela.Miller@miamidade.gov](mailto:Angela.Miller@miamidade.gov).



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## Definitions of Reportable Client Incidents

1. Definitions:

- a. **Child-on-Child Sexual Abuse.** Any sexual behavior between children which occurs without consent, without equality, or as a result of coercion. This applies only to children receiving services from the Department or by a licensed contract provider, e.g., children in foster care placements, residential treatment.
- b. **Child Arrest.** The arrest of a child in the custody of the Department.
- c. **Child Death.** An individual less than 18 years of age whose life terminates while receiving services, during an investigation, or when it is known that a child died within thirty (30) days of discharge from a residential program or treatment facility or when a death review is required pursuant to CFOP 175-17, Child Fatality Review Procedures. The manner of death is the classification of categories used to define whether a death is from intentional causes, unintentional causes, natural causes, or undetermined causes.

(1) The final classification of a child's death is determined by the medical examiner. However, in the interim, the manner of death will be reported as one of the following:

- (a) Accident. A death due to the unintended actions of one's self or another.
- (b) Homicide. A death due to the deliberate actions of another.
- (c) Natural Expected. A death that occurs as a result of, or from complications of a diagnosed illness for which the prognosis is terminal.
- (d) Natural Unexpected. A sudden death that was not anticipated and is attributed to an underlying disease either known or unknown prior to the death.
- (e) Suicide. The intentional and voluntary taking of one's own life.
- (f) Undetermined. The manner of death has not yet been determined.
- (g) Unknown. The manner of death was not identified or made known.

(2) If a child's death involves a suspected overdose from alcohol and/or drugs, or seclusion and/or restraint, additional information about the death will need to be reported.

- d. **Adult Death.** An individual 18 years old or older whose life terminates while receiving services, during an investigation, or when it is known that an adult died within thirty (30) days of discharge from a treatment facility. For the Adult Protective Services Program, deaths that are a result of the vulnerable adult's documented condition are not subject to critical



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incident reporting requirements. The manner of death is the classification of categories used to define whether a death is from intentional causes, unintentional causes, natural causes, or undetermined causes.

(1) The final classification of an adult's death is determined by the medical examiner. However, in the interim, the manner of death will be reported as one of the following: (a) Accident. A death due to the unintended actions of oneself or another.

(a) Homicide. A death due to the deliberate actions of another.

(b) Suicide. The intentional and voluntary taking of one's own life.

(c) Undetermined. The manner of death has not yet been determined.

(d) Unknown. The manner of death was not identified or made known.

(2) If an adult's death involves a suspected overdose from alcohol and/or drugs, or seclusion and/or restraint, additional information about the death will need to be reported.

e. **Employee Arrest.** The arrest of an employee of the Department or its contracted or licensed service provider for a civil or criminal offense.

f. **Employee Misconduct.** Work-related conduct or activity of an employee of the Department or its contracted or licensed service provider that results in potential liability for the Department; death or harm to a client; abuse, neglect or exploitation of a client; or results in a violation of statute, rule, regulation, or policy. This includes, but is not limited to, misuse of position or state property; falsification of records; failure to report suspected abuse or neglect; contract mismanagement; or improper commitment or expenditure of state funds.

g. **Missing Child.** When the whereabouts of a child in the custody of the Department are unknown and attempts to locate the child have been unsuccessful.

h. **Security Incident – Unintentional.** An unintentional action or event that results in compromised data confidentiality, a danger to the physical safety of personnel, property, or technology resources; misuse of state property or technology resources; and/or denial of use of property or technology resources. This excludes instances of compromised client information.

i. **Significant Injury to Clients.** Any severe bodily trauma received by a client in a treatment/service program that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to address and prevent permanent damage or loss of life.

j. **Significant Injury to Staff.** Any serious bodily trauma received by a staff member as a result of work-related activity that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to prevent permanent damage or loss of life.

k. **Suicide Attempt.** A potentially lethal act which reflects an attempt by an individual to cause his or her own death as determined by a licensed mental health professional or other licensed healthcare professional.

l. **Sexual Abuse/Sexual Battery.** Any unsolicited or non-consensual sexual activity by one client to another client, a DCF or service provider employee or other individual to a client, or a client to an employee regardless of the consent of the client. This may include sexual battery as defined in Chapter 794 of the Florida Statutes as “oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object; however, sexual battery does not include an act done for a bona fide medical purpose.” This includes any unsolicited or non-consensual sexual battery by one client to another client, a DCF or service provider employee or other individual to a client, or a client to an employee regardless of consent of the client.

m. **Other.** Any major event not previously identified as a reportable critical incident but has or is likely to have a significant impact on client(s), the Department, or its provider(s). These events may include but are not limited to:

- (1) Human acts that jeopardize the health, safety, or welfare of clients such as kidnapping, riot, or hostage situation;
- (2) Bomb or biological/chemical threat of harm to personnel or property involving an explosive device or biological/chemical agent received in person, by telephone, in writing, via mail, electronically, or otherwise;
- (3) Theft, vandalism, damage, fire, sabotage, or destruction of state or private property of significant value or importance;
- (4) Death or significant injury of an employee or visitor while on the grounds of the Department or one of its contracted or licensed providers;
- (5) Events regarding Department clients or clients of contracted or licensed service providers that have led to or may lead to media reports.