



**INCIDENT REPORT**

**CHECK IF CRITICAL**

**IDENTIFYING INFORMATION**

Reporting Party Phone # (305) \_\_\_\_\_ - \_\_\_\_\_ Date of Incident \_\_\_ / \_\_\_ /2016 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**

**CLIENT RELATED**

- ALTERCATION*
- CLIENT DEATH*
- CLIENT INJURY OR ILLNESS*
- THEFT*
- SEXUAL BATTERY*
- SUICIDE ATTEMPT*
- PROPERTY DAMAGE*
- ABUSE OR NEGLECT\**
- OTHER INCIDENT*

Specify \_\_\_\_\_

\* 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).

**STAFF RELATED**

*INAPPROPRIATE EMPLOYEE ACTS OR OMISSIONS THAT RESULT IN CLIENT INJURY, ABUSE, NEGLIGENCE, OR DEATH*

*FRAUD*

*THEFT*

*BREACHES OF CONFIDENTIALITY*

*IMPROPER EXPENDITURE OR COMMITMENT OF PUBLIC FUNDS -OR- CONTRACT MISMANAGEMENT*

*COMPUTER RELATED MISCONDUCT*

*ANY VIOLATION UNDER §435, F.S., TITLE XXXI, EMPLOYEE SCREENING, THAT WOULD RESULT IN DISQUALIFICATION FROM CLIENT CONTACT DUTIES*

*FALSIFICATION OF OFFICIAL RECORDS*

*MISUSE OF POSITION OR STATE PROPERTY, EMPLOYEES, EQUIPMENT, OR SUPPLIES FOR PERSONAL GAIN OR PROFIT*

*FAILURE TO REPORT KNOWN OR SUSPECTED NEGLIGENCE OR ABUSE OF A CLIENT*

*OTHER INCIDENT THAT WOULD BE A VIOLATION OF STATUTE, RULE, REGULATION OR POLICY*

Specify \_\_\_\_\_



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ATTACHMENT N

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

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

Staff ID # or Client HMIS #	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**

Give detailed account – who, what, where, when, 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 within twenty-four (24) hours of any incident, submit in writing a detailed account of the incident. This incident report should be addressed to the Contract Officer or Administrative Officer assigned. This incident report should be addressed to Miami-Dade County Homeless Trust, 111 NW First Street, 27<sup>th</sup> Floor, Suite 310, Miami, Florida 33128; telephone (305) 375-1490 and facsmilie (305) 375-2722.



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ATTACHMENT N

### **Definitions of Reportable Client Incidents**

- a. Altercation. A physical confrontation occurring between a client and employee or two or more clients at the time services are being rendered, or when a client is in the physical custody of the department, which results in one or more clients or employees receiving medical treatment by a licensed health care professional.
- b. Client Death. A person whose life terminates due to or allegedly due to an accident, act of abuse, neglect or other incident occurring while in the presence of an employee, in Homeless Trust contracted program facility.
- c. Client Injury or Illness. A medical condition of a client requiring medical treatment by a licensed health care professional sustained or allegedly sustained due to an accident, act of abuse, neglect or other incident occurring while in the presence of an employee, in a Homeless Trust contracted program.
- d. Other Incident. An unusual occurrence or circumstance initiated by something other than natural causes or out of the ordinary such as a tornado, kidnapping, riot, or hostage situation, which jeopardizes the health, safety and welfare of clients.
- e. Sexual Battery. Any allegation of a program participant or program staff intentionally touching a minor or another person without their consent. This includes incidents of inappropriate verbal offenses, incidents that occur outside of the residence, and incidents where the program participant was victimized by someone outside of the residence. Incidents involving a minor, person who is 60 or older, or someone who is disabled must be reported to the DCF.
- f. Abuse or Neglect. Any physical maltreatment of a child, disabled person, or someone age 60 or older. Any failure to act on the part of the parent or care taker, which results in harm to a child, disabled person, or someone age 60 or older.
- g. Suicide Attempt. An act which clearly reflects the physical attempt by a client to cause his or her own death while in the physical custody of the department or a departmental contracted or certified provider, which results in bodily injury requiring medical treatment by a licensed health care professional.
- h. Property Damage. An incident involving damage to property procured with Homeless Trust funding.