

Critical Incident Report

Please submit electronically to IRreviewteam@jwbpinellas.org within 1 business day of knowledge of any incident.

All concerns regarding suspected abuse or neglect of a child or vulnerable adult by the Provider shall first be reported to the Florida Abuse Hotline and then reported to JWB. Certain personnel are mandated by law to report their suspicions of child abuse, neglect or abandonment to the Florida Abuse Hotline (1-800-96-ABUSE).

Note in both instances of Participant Illness and Participant Injury the parents may use Emergency Medical Services as transportation to the hospital – if it is used solely for this purpose an incident report is not required. In the event that the participant leaves the program and requires emergency care due to an injury or illness incurred at the program, an incident report should be complete when the program becomes aware.

Within one (1) business day of knowledge of any Critical Incident, the Provider must submit electronically a completed Critical Incident Report to IRreviewteam@jwbpinellas.org with full details and disposition of the incident, excluding identifying information such as name, date of birth, and address. In the event of a participant death, please contact by phone the JWB Chief Operating Officer within three (3) hours of notification of the incident. (516) 359-6224

All e-mail communications made or received by JWB members or staff are considered public records and are retained and, upon request, made available to the public and media in accordance with Chapter 119, Florida Statutes. Please do not use identifying information in this report such as names, dates of birth, addresses or phone numbers of participants.

Today's Date:	Date and Time Incident Occurred:
Reporter Name, Title and Agency:	
Reporter Telephone Number:	
Program:	
Program Location:	
Address of Program Location:	

TYPE OF INCIDENT:

<input type="checkbox"/>	Abduction - An incident in which an individual who does not have care and custody of a child has taken the child. Concerns of child abductions shall immediately be reported to the appropriate law enforcement personnel.
<input type="checkbox"/>	Abuse or Neglect - Reasonable cause to suspect that a child has been harmed or is believed to be threatened with harm while in the Provider's care.
<input type="checkbox"/>	Baker Act - A participant is involuntarily admitted for psychiatric care under Florida law for the Baker Act during the course of service delivery regardless if the incident occurred while under the provider's care.
<input type="checkbox"/>	Breach of Information - Sensitive, protected or confidential data has potentially been viewed, stolen or used by an individual unauthorized to do so.
<input type="checkbox"/>	Elopement - When a minor participant leaves a setting without permission or authorization.
<input type="checkbox"/>	Employee Arrest - Employee conduct or activity that results in potential liability to the Provider or JWB; death or harm to a participant; or results in a law violation, including falsification of official records. If an arrest is made for a potentially disqualifying offense under Level 2 background screening requirements, or if the arrest occurred while in the performance of an employee's official duties, the incident should be reported immediately.
<input type="checkbox"/>	Investigation or Lawsuit - Any formal investigation or legal action brought against Provider which relates to the services funded by JWB or which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement.
<input type="checkbox"/>	Media Coverage or Public Inquiry - Media coverage or public reaction that may have an impact on the Provider or JWB's ability to protect and serve its participants, or other significant effect on the Provider or JWB.
<input type="checkbox"/>	Participant Death - The death of a participant receiving JWB services, regardless if the death occurred while under the Provider's care. Please contact by phone the JWB Chief Operating Officer within three (3) hours of notification of the incident. (516) 359-6224
<input type="checkbox"/>	Participant Illness - An illness of a participant requiring a response by Emergency Medical Services AND transport to a medical facility due to the severity of the illness while participant is attending the program.
<input type="checkbox"/>	Participant Injury - A medical condition of a participant requiring a response by Emergency Medical Services AND transport to the hospital due to the severity of the medical condition or injury while the participant is attending the program.
<input type="checkbox"/>	Sexual Battery - An allegation of sexual battery involving a participant or employee as evidenced by medical evidence or law enforcement involvement. Sexual battery includes participant on participant incidents, employee, agent or volunteer on participant, and participant on employee, agent or volunteer.
<input type="checkbox"/>	Suicide Attempt - An act which clearly reflects the physical attempt by an active participant to cause his or her own death, which results in bodily injury requiring medical treatment by a licensed health care professional.
<input type="checkbox"/>	Anything that may reflect negatively or critically upon JWB, or any action or incident involving Provider staff or volunteers that could potentially jeopardize the terms of this Agreement which includes misconduct, malfeasance during working hours, or any conduct that results in the arrest of a staff member or volunteer after hours.
<input type="checkbox"/>	Other:

INCIDENT DESCRIPTION:

Please describe what occurred, parties involved (only by description, not name), the physical environment of the incident (only by description, not address), type of injury and/or incident and why the incident occurred:

INCIDENT RESOLUTION:

Please describe actions taken to protect participants and/or manage the incident:

OUTSTANDING FOLLOW UP/PLAN FOR ADDITIONAL ACTION:

Please describe ongoing efforts or any further needed action planned for continued management of the incident. Please include details of external reporting (i.e. PCLB notification, if Abuse Hotline was called and if the call was accepted, etc.):

INCIDENT NOTIFICATIONS:

<i>Agency/Person Contacted</i>	<i>Date and Time Notified</i>
<input type="checkbox"/> Law Enforcement:	
<input type="checkbox"/> Abuse Hotline:	
<input type="checkbox"/> Emergency Response:	
<input type="checkbox"/> JWB Staff:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	