**INCIDENT REPORTING PROCEDURES & GUIDELINES**

**1. Purpose**

This operating procedure establishes procedures and guidelines for identifying and submitting incident reports that require submission to the Department of Children and Families (Department), Office of Domestic Violence (ODV). Incident reports that require submission to ODV are defined in section 3 below and listed in order of Categories based on urgency.

**2. Reporting Procedures**

a. This reporting procedure applies to all incidents that require submission to ODV by Certified Domestic Violence Centers under contract with the Department. *The incident reporting procedures and reporting forms can be downloaded at* [Contract Documents - Domestic Violence - Florida Department of Children and Families (myflfamilies.com)](https://www.myflfamilies.com/service-programs/domestic-violence/contract-documents.shtml) or can be requested from your contract manager.

b. This reporting procedure does not replace the abuse, neglect and exploitation reporting system as required by Chapter 39 and 415, F.S. Please note, any allegation of abuse, neglect, or exploitation must be reported immediately to the Florida Abuse Hotline on the statewide toll-free telephone number 1-800-962-2873 or online at <https://reportabuse.dcf.state.fl.us/>.

c. It is the responsibility of all Certified Domestic Violence Center staff to promptly report all incidents in accordance with the requirements these procedures per the CLIENT SERVICES APPLICABILITY, section A-9 of the current contract.

**3. Definitions of Reportable Incidents**

a. Closure of Facility or Outreach Office **(Immediate Reporting) CAT 5** – Any act in which the facility must close for five hours or longer. ODV may assist with the coordination of relocation for residents to another Center as needed. For any shelter or outreach location closed for more than seventy-two (72) hours, a service provision plan must be submitted on the Closure of Facility reporting form (Attached).

b. Sexual Battery **(Immediate Reporting) CAT 5** - Any incident resulting in a participant alleging sexual battery by another participant, employee, or volunteer while residing at the shelter facility or while receiving outreach services.

c. Death **(Immediate Reporting) CAT 5** - Any incident that involves the death of a participant or their dependent which occurs while residing at the shelter facility, or any incident that involves the death of an employee or a volunteer while on Center property.

d. Communicable Disease **(Immediate Reporting) CAT 4** - Any outbreak of a communicable disease in the shelter facility that requires a quarantine order or implementation of control procedures required by the State Health Officer or county health department.

e. Media Inquiry **(Immediate Reporting) CAT 4** - Any action by a program participant, their dependent, an employee, or a volunteer that results in an inquiry by public media, the Legislature, or the Office of the Governor.

f. Death of Outreach Participant - **CAT 3** - Any death occurring while receiving outreach services.

g. Serious Injury/Illness **CAT 3** - Any incident resulting in a serious injury or illness that requires the response of law enforcement, emergency medical services, paramedics, or firefighters and is a result of conditions at the Center that pose a serious risk of imminent harm to the health or safety of participants.

h. Altercation – **CAT 2** - Any incident resulting in a serious injury that requires medical treatment by a licensed health care professional due to a physical altercation between two or more participants, or their dependents; or between one or more participant, their dependent, an employee, or a volunteer.

i. Financial Mismanagement **CAT 1** – Theft/larceny of Center assets (money or property) by any staff member or volunteer.

**4. Reporting Timelines and Submission Guidelines**

• **CATEGORIES 1-4** - All reportable incidents as defined in section 3 are required to be submitted electronically within twenty-four (24) hours of the incident or at the time Center staff become aware of the incident.

• **CATEGORY 5** - incidents, because of their severity, require notification to the contract manager by phone within five (5) hours of the incident.

**a. Five (5) Hour Notification Guidelines**

During normal business hours (Monday - Friday, 8:00 a.m. - 5:00 p.m. EST), **CAT 5** reportable incidents must be phoned in to your Contract Manager or the Director of Contracts and Grants Administration via the main phone line at (850) 300-5001.

After normal business hours, Center staff **MUST** report **CAT 5** immediate reportable incidents by calling, and leaving a message if no answer, one of the below ODV management staff.

1) Tamara McElroy, Director of Contracts and Grant Management (850) 408-8045.

2) Vacant, Director, Office of Domestic Violence (850) 590-6649

**b. Submission Requirement for all Incident Reports:**

1. All reportable incidents to the Department must be submitted electronically via the incident reporting forms, incorporated by reference.

2. Email the incident report to your Contract Manager with your Contract Number, DV Center’s Name, and date incident report was submitted to the Department. Subject Example: LN125 | MyHome | Incident Report- February 4, 2022

3. Please include contact information for an alternative staff member knowledgeable of the details and available to ODV for follow-up regarding the reportable incident for a period of 12 hours after submission of report.

**c. Incident Reporting Form**

NOTE: As of July 1, 2021, there is one reporting form for Centers to use when submitting a reportable incident to the Department.

1) Domestic Violence Center General Incident Reporting form.

The Incident Reporting Form shall be filled out by the staff person having witnessed the incident or having firsthand knowledge of the issue.

For incidents that involve participants or their dependents, the actual names shall not be included in the report, only participant case numbers shall be used for identification.

Incident reporting shall ONLY include the necessary facts pertaining to the incident.

The appropriate incident reporting form shall be submitted to their assigned contract manager within twenty-four (24) hours of the incident or notification of the incident.

**5. Department of Children and Families Responsibilities**

ODV will acknowledge receipt of the incident report, review the information provided, and may contact the Center if additional information is needed.

**6. Technical Support and Assistance**

Should Centers have any questions or need technical support regarding the incident and/or offer additional support or assistance, please contact your contract manager directly via email or by calling.

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| **Directions:** Please complete the incident reporting form below by selecting an option from the drop-down menu under each section of this form and by inserting text where appropriate. Please note participant unique identifiers must be used when completing this form as the use of participant names are prohibited. For additional questions or assistance, please contact your assigned contract manager.  |
| **SECTION ONE: GENERAL INFORMATION** |
| **Center Name:**  Choose an item. **Report Type: Choose an item****Person submitting incident report: Enter text.****Names of individuals involved or witness to the reported incident:**Enter Name(s)**Contact Phone Number:** Enter Number*Your contract manager will confirm receipt of the report and may follow-up within 12 hours of submission.*  |
| **SECTION TWO: INFORMATION ABOUT THE INCIDENT** |
| **What type of incident is being reported: Choose an item.** **Incident Location: Choose an item.****Entities Responding to Incident: Choose an item.** **Individual(s) involved in incident: Choose an item.****Reporting Date:** E**nter a date.** **Reporting Time:** Enter a time.**Date of Incident:**  E**nter a date.**  **Time of Incident:**  Enter a time.**Telephone Notification to DCF, if required:** **Choose which ODV staff person you spoke with****Enter the name of the person who called to report the incident, if required:** Enter Name**Date & Time of Call, if required:** Enter Date and Time**Was the Florida Abuse Hotline Notified? Choose an item.** **Operator Number:** E**nter text.**  |
| **SECTION THREE: SUMMARY OF REPORTABLE INCIDENT** |
| **Summary of Events (factual information only):** **If including participant information, please remember to use a unique identifier.** **Corrective Actions taken by Center:****What corrective actions, if any, have been taken by the Center?****Corrective Actions taken by Center:What corrective actions, if any, have been taken by the Center****Outcome of Incident:Centers that have an incident that does not have a final outcome by the time the incident report is submitted, are required to provide ODV a status update within 48 hours of receiving the outcome.**  |