

**THIS DOCUMENT IS SUBJECT TO
CONFIDENTIALITY REQUIREMENTS
AND SHOULD BE HANDLED ACCORDINGLY**



Original <input type="checkbox"/>	Follow-Up Only <input type="checkbox"/>
Date when the form was completed:	When you became aware of the incident: Date: _____ Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Name of person completing form:	Title of person completing form:
Agency/Company/Contractor's Name:	County where incident occurred:
Name of Facility/Site where the event occurred:	
Address, City & State of Facility/Site where the event occurred:	
Incident Occurred:	Date: _____ Time: <input type="checkbox"/> AM <input type="checkbox"/> PM

Law Enforcement Notified: Yes <input type="checkbox"/> Date: _____ Time: <input type="checkbox"/> AM <input type="checkbox"/> PM No <input type="checkbox"/>	Abuse Hotline called: Yes <input type="checkbox"/> No <input type="checkbox"/> 1-800-962-2873
(Required for all missing child events and alleged sexual misconduct)	
Name of Law Enforcement Agency: _____	
Police report # issued: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Police Report #: _____	
Check all who have been notified of the incident: [Must be documented in FSFN by CMO] <input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Relative <input type="checkbox"/> Other	

CATEGORIES

8 H R S M A X	Critical Events	Immediate Critical Events	3 H R S M A X
	<input type="checkbox"/> Child arrest <input type="checkbox"/> Employee Misconduct /Arrest <input type="checkbox"/> Security incident–Unintentional <input type="checkbox"/> Significant Injury to Staff <input type="checkbox"/> Significant Client Injury/Illness	<input type="checkbox"/> Suicide Attempt (act /not threat) <input type="checkbox"/> Missing child / Escape <input type="checkbox"/> Bomb / Biological/ Chemical <input type="checkbox"/> Employee events reportable to Inspector General <input type="checkbox"/> Adult death (Parent or IL young adult receiving services)	

DESCRIPTION OF INCIDENT

Include factual information only ~ Use additional page if necessary

If this is a missing child report, add: (1) Clothing Description (2) Direction of traveling (3) Possible destination

IDENTIFYING INFORMATION

- Use initials for clients other than the one who is the subject of the report.
- Unrelated children will need to be listed on a separate incident report.

Persons Involved:				
First Name	Last Name	Child/Adult	Date of Birth	Relationship to Agency

Primary Child Welfare Case Manager:

****This section must be completed for ALL incident reports submitted****

- What measures have been taken to protect the client and to gain control or manage the situation? _____

~ AND ~

- What action was taken to prevent the same incident from happening again? _____

Report for a missing child event completed by Non-Primary Child Welfare Case Manager.

Report to law enforcement must be made **no later** than 4 hours from incident **Date & Time**. IF there are exigent circumstances (younger than 13 Y.O, Over 13 with mental health concerns, abduction, medical issues, CSEC victim, Etc.) **law enforcement must be contacted immediately**. If none of these circumstances apply you can wait up to 4 hours to notify Law enforcement while completing efforts to locate the child. If Law Enforcement was not called immediately, what efforts were completed before contacting Law Enforcement? _____

Examples: 1) Searching the child's belongings, 2) Calling/texting the child's cell phone. 3) Checking the child's computer, social media accounts, or other online accounts. 4) Contacting the child's friends, relatives, or known associates. 5) Searching areas that the child is known to frequent. 6) Contacting the child's school. 7) Contacting the child's employer. ~ or~

N/A Law Enforcement was called immediately.

Instructions for Completing the Incident Report Form:

1. **EMAIL:** For all staff/providers with an email address domain OTHER THAN CNSWFL.org, documents submitted electronically shall be protected with a specific password to be assigned by CNSWFL for this purpose. The writer will select the appropriate email based on the case assignment as described below ~

<ul style="list-style-type: none"> • Lutheran Services Florida: LSF_IncidentReport@cswfl.org • Camelot North- Charlotte County cases: NorthCamelot_IncidentReport@cswfl.org • Camelot South-Collier/Hendry/Glades County cases: SouthCamelot_IncidentReport@cswfl.org 	<ul style="list-style-type: none"> • Children's Home Society: CHS_IncidentReport@cswfl.org • Children's Network Courtesy Supervision: ICPCOTI_IncidentReport@cswfl.org • Children's Network: Kinship_IncidentReport@cswfl.org
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IF THE INCIDENT INVOLVES A REPORTABLE EMPLOYEE MISCONDUCT PLEASE SEND TO: CNSWFL_IncidentReport@cswfl.org

2. Please include the **primary** Case Manager on the email. Sending IRs via these email addresses is the preferable option to transmit.
3. **Only** if email is unavailable, FAX will be considered a secondary option for transmittal. Fax to all that apply.

<ul style="list-style-type: none"> • DCF Circuit Administration at: (239) 338-1215 • Children's Network, Attention: QM Administrative Assistant at: (239) 425-6344 • For cases assigned to LSF at: (239) 461-7695 	<ul style="list-style-type: none"> • For cases assigned to Charlotte County at: (941) 613-3880 • For cases assigned to Collier/Hendry/Glades County at: (239) 213-4181 • For cases assigned to CHS (over 18-year olds) at (239) 334-0244
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4. Follow-up only – check when this report is additional information about a situation previously reported. Each incident report will be numbered for informational purposes.
5. Contract Provider - provider who is providing services to the client.
6. Categories – refer to incident reporting matrix procedures for definitions of these categories (Check all applicable)
7. Description of Incident – Type this information (preferred) or print clearly. Use full names and only report facts.
8. Identifying Information – First and Last Names; A for adult or C for child. Place DOB or age if DOB is unknown. Indicate if the incident involves a client, staff or other.
9. Notification Process: The Person completing the form is to ensure that the incident report is CC, unless this responsibility has been designated. The Case Manager CC must include date and time.