agency for persons with disabilities
State of Florida

APD OP 3-0006
Effective May 25, 2018

INCIDENT REPORTING FORM

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

INITIAL REPORT: ☐ **FOLLOW-UP ONLY: ☐**

PERSONS INVOLVED	NAME	DATE OF BIRTH	SEX	PIN #	RELATIONSHIP TO APD

Date of Incident: **Time of Incident:** **County:**

☐Hotline Called ☐ Law Enforcement Involved ☐Parent/Legal Rep. Notified
☐DCF Notified (if in DCF custody) ☐ ROM/ Designee Notified ☐ WSC Notified
☐Open Court Case

CRITICAL INCIDENT – Within 1 hour

☐ Covered Person Arrest ☐ Media Involvement ☐ Verified Abuse Report
☐ Life Threatening Injury/Illness ☐ Sexual Misconduct ☐ Violent Crime Arrest
☐ Missing Child/Incompetent Adult ☐ Unexpected Resident/Client Death

REPORTABLE INCIDENT – Must be reported by next business day

☐ Altercation ☐ Expected Resident/Client Death ☐ Non-Violent Crime Arrest ☐ Suicide Attempt
☐ Baker Act ☐ Missing Competent Adult ☐ Resident/Client Injury
☐ ER/Hospitalization

INCIDENT LOCATION

☐ Licensed Home ☐ Community Based Service ☐ Supported Living
☐ Family Home ☐ School ☐ ADT ☐ Other

PROVIDER INFORMATION
Complete information with no abbreviations

Name of Facility or Provider: Click or tap here to enter text.	**Address:** Click or tap here to enter text.
Telephone Number: Click or tap here to enter text.	**Date of This Report:** Click or tap here to enter text.

DESCRIPTION OF EVENT

WHO, WHAT, WHEN, WHERE, HOW, ANY INJURY, LIST PRECURSOR EVENTS AND TREATMENT PROVIDED

Click here to enter text.

Person Reporting: Click or tap here to enter text. **Phone:** Click or tap here to enter text.

Reviewing Supervisor: Click or tap here to enter text. **Phone:** Click or tap here to enter text.

Waiver Support Coordinator: Click or tap here to enter text. **Phone:** Click or tap here to enter text.

Rule 65G-2.010, F.A.C.

FOLLOW-UP REPORT

(This section may be completed at a later date, not to exceed five business days)

PERSONS INVOLVED	NAME	DATE OF BIRTH	SEX	PIN #	RELATIONSHIP TO APD

Date of Initial Incident: **Date of Follow-Up Report:**

Briefly describe follow-up measures taken (Corrective, legal, medical, disciplinary, or other measures) since incident was last reported (include dates if applicable):

Click here to enter text.

Immediate/Follow-up Action Taken by Region (if applicable):

Click here to enter text.

Person Reporting: Click or tap here to enter text. **Phone:** Click or tap here to enter text.

Reviewing Supervisor: Click or tap here to enter text. **Phone:** Click or tap here to enter text.

Waiver Support Coordinator: Click or tap here to enter text. **Phone:** Click or tap here to enter text.

Incident Reporting Form Instructions

Please note that all information filled out on this form must be typed.

This incident reporting form does **not** replace the abuse, neglect and exploitation reporting required by state law and rule. Allegations of abuse, neglect and exploitation must always be reported immediately to the Florida Abuse Hotline at 1-800-962-2873.

Critical incidents must be reported to the APD Regional Office within 1 hour after facility staff become aware of the incident. The initial report may be made by telephone or in person; however, an incident reporting form must be completed and submitted no later than 1 business day after the critical incident.

Reportable incidents must be reported to the APD Regional Office within 1 business day following the incident by the completion of the incident reporting form.

Step-by-Step Instructions

INITIAL REPORT or FOLLOW-UP ONLY: On the incident reporting form check the box that is relevant to the incident. If this is the first report being completed for an incident, check **INITIAL REPORT**. If this is follow-up information regarding an incident, check **FOLLOW-UP ONLY** and complete the second page of the report. All follow-up reporting must be noted on the second page.

PERSONS INVOLVED: On the incident reporting form, list the name of each individual involved in the incident, along with the individual's date of birth, sex, iBudget Pin *(if applicable)*, and the individual's relationship to APD *(e.g., APD Resident* or *Client, Covered Person, APD Employee)*.

Resident: Any person with a developmental disability whose primary place of residence is a facility, whether or not such person is a client of the Agency for Persons with Disabilities.

Client: Any person determined eligible by the Agency for Persons with Disabilities for services under chapter 393, Florida Statutes.

Covered Person: Any owner, employee, paid staff member, volunteer, or intern of the licensee, any person under contract with the Agency for Persons with Disabilities, and any person providing care or support to a client on behalf of the Agency for Persons with Disabilities or its providers.

DATE OF INCIDENT: The date that the incident occurred.

TIME OF INCIDENT: The time that the incident occurred.

COUNTY: The county in Florida where the incident occurred.

HOTLINE CALLED: On the incident reporting form, check the relevant box to indicate whether the Abuse Hotline was called as a result of the incident.

LAW ENFORCEMENT INVOLVED: On the incident reporting form, check the relevant box to indicate whether Law Enforcement was involved with the incident. This may include situations in which law enforcement was called and/or law enforcement responded to the facts that gave rise to the incident.

PARENT/ LEGAL REP. NOTIFIED: On the incident reporting form, check the box to indicate whether the resident's or client's parent or legal representative was notified.

DEPARTMENT OF CHILDREN AND FAMILIES (DCF) NOTIFIED (IF IN DCF CUSTODY): On the incident reporting form, check the box to indicate whether DCF was notified. Only check "notify DCF" if the resident or client involved in the incident is in DCF custody.

ROM/ DESIGNEE NOTIFIED: On the incident reporting form, check the box to indicate whether this incident was reported to the APD Regional Operations Manager or designee.

WSC NOTIFIED: On the incident reporting form, check the box to indicate whether the Waiver Support Coordinator of the resident or client was notified regarding the incident.

OPEN COURT CASE: On the incident reporting form, check the box to indicate whether the individual involved with incident has an open court case that is pending action.

Critical Incident Categories

Incidents in this category must be reported to APD within 1 hour upon staff becoming aware. If the incident occurs between the hours of 8:00 p.m. and 8:00 a.m., the incident must be reported no later than 9:00 a.m. Select the category that applies to the incident being reported.

COVERED PERSON ARREST: The arrest of a covered person for a potentially disqualifying offense specified in section 393.0655, F.S.

LIFE-THREATENING INJURY OR ILLNESS: A severe injury or illness involving a substantial risk of death, loss of or substantial impairment of body.

MEDIA INVOLVEMENT: An unusual occurrence or circumstance that may initiate unfavorable media attention.

MISSING CHILD OR ADJUDICATED INCOMPETENT ADULT: The unauthorized absence or unknown whereabouts, for more than 1 hour, of a resident or client who is an adult who has been adjudicated incompetent or a minor. If the provider finds it appropriate, the provider may report the incompetent adult or minor missing before 1 hour has passed since the disappearance of the individual to local law enforcement and APD Regional Offices.

SEXUAL MISCONDUCT: Any sexual activity, as defined in section 393.135 F.S., between provider and a resident or client (regardless of consent), any sexual activity involving a child, any incident of nonconsensual sexual activity between a client or any person in the community.

UNEXPECTED RESIDENT OR CLIENT DEATH: The death of a resident or client due to an unexpected incident. Examples may include, but are not limited to, trauma, stroke, drug overdose, homicides, motor vehicle accident, etc.

VERIFIED ABUSE REPORT: A protective investigation from the Department of Children and Families (DCF) that verifies a covered person has committed an act of abuse, neglect or exploitation of a child or vulnerable adult as defined in chapter 39, F.S. and chapter 415, F.S.

VIOLENT CRIME ARREST: The arrest of a resident or client charged with a violent criminal offense. Violent criminal offenses include, but are not limited to, aggravated assault, assault and battery, domestic violence, homicide, manslaughter, murder, terrorism or forcible rape.

Reportable Incident Categories

Incidents that are not critical incidents must be reported to APD within 1 business day from the time which the provider became aware of the incident triggering the report. Select the category that applies to the incident being reported.

ALTERCATION: A physical confrontation occurring between a resident or client and a member of the community, a resident or client and a direct service provider, or two or more clients at the time services are being rendered and that results in law enforcement contact.

BAKER ACT: The involuntary admission of a resident or client to a receiving facility for involuntary examination or placement as described within chapter 394, F.S.

ER VISIT OR HOSPITALIZATION: Any sudden onset of illness to a resident or client while receiving services from a covered person that requires a resident or client to receive medical treatment at an emergency room, urgent care center, physician office setting due to sudden onset of illness, or admission into a hospital.

EXPECTED RESIDENT OR CLIENT DEATH: A resident or client death that is considered “natural” occurs as a result of a long-standing progressive medical conditions or age-related conditions. This includes, but is not limited to, end-stage cancers, heart disease, or a condition requiring an individual’s participation in hospice care, etc.

MISSING COMPETENT ADULT: The unauthorized absence or unknown whereabouts of a legally competent adult resident or client receiving services from an APD provider that lasts beyond a duration of 8 hours. If the provider knows or has reason to know that the otherwise competent adult lacks capacity to make safe decisions, the provider may report the person missing to APD and law enforcement before the 8-hour period has elapsed.

NON-VIOLENT CRIME ARREST: The arrest of a resident or client for a non-violent crime, which occurs while that resident or client is under the care of a provider. This includes but is not limited to drug-related charges, loitering, failure to appear, etc.

RESIDENT/CLIENT INJURY: An injury to a resident or client due to an accident, act of abuse, neglect or other incident occurring or allegedly occurring while the resident or client is receiving services from a covered person and that requires medical attention in an urgent care center, emergency room, physician office setting due to the injury being reported currently or requires admission to a hospital.

SUICIDE ATTEMPT: An act which clearly reflects the physical attempt by a resident or client to cause his or her own death.

Step-by-Step Instructions

INCIDENT LOCATION: Check only one box to indicate the location where the incident occurred. (e.g., *ADT, Licensed Home, Supported Living, Family Home, Community Based Service Location, School and Other Location*)

Adult Day Training: Training services that take place in a nonresidential setting, separate from the home or the facility in which the client resides, and are intended to support the participation of residents or clients in daily, meaningful, and valued routines of the community. Such training may be provided in work-like settings that do not meet the definition of supported employment.

Licensed Home: Group homes, foster care facilities, comprehensive transitional education programs, assisted living facilities, transitional living facilities and residential habilitation centers all licensed in accordance with chapters 393, 400, and 409, Florida Statutes.

Supported Living: A category of individually determined services designed and coordinated in such a manner as to provide assistance to adult clients who require ongoing supports to live as independently as possible in their own homes, to be integrated into the community, and to participate in community life to the fullest extent possible.

School: An organization of students for instructional purposes on an elementary, middle or junior high school, secondary or high school, or other public school level authorized under rules of the State Board of Education.

Family Home: The primary residence occupied by the resident/client and member(s) of the family including parents and siblings, including stepchildren, stepparents, and stepsiblings and in-laws.

Community Based Service Location: Any location the resident or client may be in the community while under the supervision of a covered person.

Other Location: Any location the resident/client may be in the community while not under the supervision of a covered person.

PROVIDER INFORMATION: The information in this field should be related to the provider submitting the incident reporting form. Do not use abbreviations in name or address fields. Include the provider's or facility's area code and phone number and submission date of the report.

DESCRIPTION OF EVENT: Provide a complete narrative description of the incident. This includes, but is not limited to, persons involved, what happened, when the incident happened, where the incident happened, how the incident happened, and any treatment or actions taken immediately by the provider and others involved. Identify, if known any precursor or escalating events leading up to the critical or reportable incident.

PERSON REPORTING: State the name of person completing the incident reporting form. Include the person's direct phone number with area code.

REVIEWING SUPERVISOR: State the name of the reviewing supervisor of the person reporting, if applicable. Include the reviewing supervisor's direct phone number with area code.

WAIVER SUPPORT COORDINATOR: State the name of the Waiver Support Coordinator of the resident or client involved.

Follow-Up Reporting Form Instructions

Please note that all information filled out on this form must be typed.

This form may be completed and submitted to the Regional Office at a later date after submission of the initial incident reporting form, which should not exceed five business days.

PERSONS INVOLVED: All information identifying persons involved should be the same as on the initial incident reporting form previously reported.

DATE OF INITIAL INCIDENT: This is the date that the initial incident occurred.

DATE OF FOLLOW-UP REPORT: State the date that the follow-up report is submitted.

FIRST TEXT BOX: Describe any follow-up actions taken by the provider after the initial incident report was submitted by the provider.

SECOND TEXT BOX: For APD office use. Describe any follow-up actions taken by APD staff after the initial incident report was received by the APD Regional Office.

REPORTING PERSON: State the name of the person completing the follow-up reporting form. Include the person's direct phone number with area code.

REVIEWING SUPERVISOR: State the name of the reviewing supervisor of the person reporting, if applicable. Include the reviewing supervisor's direct phone number with area code.

WAIVER SUPPORT COORDINATOR: State the name of the Waiver Support Coordinator of the resident or client involved.