



# Incident Report

Please submit electronically to [IRreviewteam@jwbpinellas.org](mailto:IRreviewteam@jwbpinellas.org) within 1 business day of 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). All concerns regarding suspected abuse, neglect or abandonment of a child or vulnerable adult by the Provider shall first be reported to the Florida Abuse Hotline and then reported to JWB. Incident Reporting does not preclude mandated reporting requirements.

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:

Name, Title and Agency of Reporter:

Reporter Telephone Number:

Program:

Name of Program Location:

Address of Program Location:

Date and Time Incident Occurred:

### TYPE OF INCIDENT:

<input type="checkbox"/>	<b>Abduction-</b> 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"/>	<b>Abuse or Neglect-</b> reasonable cause to suspect that a child has been harmed or is believed to be threatened with harm from a person responsible for the care of the child.
<input type="checkbox"/>	<b>Participant Death-</b> The death of a participant receiving JWB services.
<input type="checkbox"/>	<b>Media Coverage or Public Inquiry-</b> 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"/>	<b>Participant Illness-</b> An illness of a participant receiving services determined by a licensed health care professional to be life-threatening or the result of apparent abuse or neglect.
<input type="checkbox"/>	<b>Participant Injury-</b> A medical condition of a participant determined by a licensed health care professional to be life-threatening or the result of apparent abuse or neglect.
<input type="checkbox"/>	<b>Employee Arrest-</b> 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, or if the arrest occurred while in the performance of an employee's official duties, the incident should be reported immediately.

<input type="checkbox"/>	<b>Suicide Attempt-</b> 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"/>	<b>Sexual Battery-</b> An allegation of sexual battery involving a participant or employee as evidenced by medical evidence of law enforcement involvement. Sexual battery includes participant on participant incidents, employee on participant, and participant on employee.
<input type="checkbox"/>	<b>Other Incident-</b> Any other situation or occurrence which is outside of normal business and/or presents a significant threat of risk to a participant, staff member, volunteer, program, agency, or JWB

**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:

**INCIDENT NOTIFICATIONS:**

**Agency/Person Contacted**

**Date and Time Notified**

<input type="checkbox"/> Law Enforcement:	
<input type="checkbox"/> Abuse Hotline:	
<input type="checkbox"/> Emergency Response:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	