



Incident Reporting Form

Incident Report Form Completion

Submit for Approval

CNSWFL April 2023

This User Guide will show each section of the form and provide you with information in order to correctly fill out the form to complete and be able to pass it on to the next level of users who will be able to review and approve the form.

In order to start an Incident Report in Mindshare one should look for the Incident Report Form on the Mindshare Children's Network Website and select the Incident Report Form. The User Guide is also available in the same location.

• Incident Report Form and User Guide

[Incident Report Form](#)
[User Guide](#)

The top area of the form is to be filled out for a new Original Incident or a Follow-Up, the Date and Time of the Incident, when the Agency reporting the Incident was aware of the incident, Who is filling out Report, and from what Agency the Incident is from.

A screenshot of the Incident Reporting Form interface. At the top, there are two radio buttons: "Original" (selected) and "Follow-Up Only". Below this, the form is divided into several sections. The first section contains "Date when the form was completed:" with a text box and a calendar icon. The second section, "When you became aware of the incident:", includes "Date:" with a text box and calendar icon, "Time:" with a dropdown menu, "Name of person completing form:" with a text box, and "Title of person completing form:" with a text box. The third section, "Email of person completing form:", has a text box. The fourth section, "Agency/Company/Contractor's Name:", features a dropdown menu with "Select One" at the top and a list of options: "(CHS) Children's Home Society", "Camelot North CMO", "Camelot South CMO", and "Chosen Youth". To the right of this is the "County where incident occurred:" dropdown menu with "Select One". Below the agency dropdown is the "Other Agency's Name:" text box. The final section, "Incident Occurred Date:", includes a text box, a dropdown menu, and a checkbox labeled "Time Unknown".

The two Dates field can be filled in by selecting the Date in a Calendar screen by hitting the Calendar Icon next to the Date box. The Times can be selected by using the drop down, but also can be entered by typing in the time.

Date when the form was completed:																																																		
When you became aware of the incident:																																																		
Date:	<div> <div>April 2023</div> <table border="1"> <tr> <td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td> </tr> <tr> <td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>1</td> </tr> <tr> <td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td> </tr> <tr> <td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td> </tr> <tr> <td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td> </tr> <tr> <td>30</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> </table> <div>Today</div> </div>	S	M	T	W	T	F	S	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6
S	M	T	W	T	F	S																																												
26	27	28	29	30	31	1																																												
2	3	4	5	6	7	8																																												
9	10	11	12	13	14	15																																												
16	17	18	19	20	21	22																																												
23	24	25	26	27	28	29																																												
30	1	2	3	4	5	6																																												
Name of person completing form:																																																		
Email of person completing form:																																																		
Agency/Company/Contractor's Name:																																																		
Other Agency's Name:																																																		
Incident Occurred Date:																																																		

Time:	<div> <div></div> <div>12:00 AM</div> <div>12:01 AM</div> <div>12:02 AM</div> <div>12:03 AM</div> <div>12:04 AM</div> <div>12:05 AM</div> <div>12:06 AM</div> <div>12:07 AM</div> </div>
Title of person completing form:	
County where incident occurred:	
Other County:	
Incident Occurred Time:	

After selecting the Dates/Times one can type in the First and Last Name of the person who is Reporting the Incident. If the Person who is logged in and completing the Critical Incident Report(CIR) is also the Reporting Worker this will be automatically filled in.

Name of person completing form:	Test Worker	Title of person completing form:	Case Manager
Email of person completing form:	test@cnswwfl.org		

Then the Agency, Incident Occurred Date, County where the incident occurred and Incident Occurred time must be selected.


Agency/Company/Contractor's Name:	<div>Select One</div> <div>(CHS) Children's Home Society</div> <div>Camelot North CMO</div> <div>Camelot South CMO</div> <div>Chosen Youth</div>
Other Agency's Name:	
Incident Occurred Date:	

County where incident occurred:	<div>Select One</div> <div>Charlotte</div> <div>Collier</div> <div>Glades</div> <div>Hendry</div> <div>Lee</div> <div>Other</div>
Other County:	
Incident Occurred Time:	

Where the event occurred. This includes the name of the site, address, city and state.

Name of Location Where the Occurrence Happened (Required):		
*Name of Facility/Site where the event occurred:		
<input type="text"/>		
Address:	City:	State:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Was Law Enforcement Notified, Others or the Abuse Hotline.

LAW ENFORCEMENT NOTIFY	
Was Law Enforcement Notified?:	<input type="text" value="Select One"/>
(Required for all missing child events and alleged sexual misconduct)	
Law Enforcement Notified Date:	<input type="text"/> 
Law Enforcement Notified Time:	<input type="text"/>
Name of Law Enforcement Agency:	<input type="text"/>
Police report # issued:	<input type="text" value="Select One"/>
If yes, Police Report #:	<input type="text"/>
Check all who have been notified of the incident: [Must be documented in FSN by CMO]	
<input type="checkbox"/> Parent	<input type="checkbox"/> Caregiver
<input type="checkbox"/> Relative	<input type="checkbox"/> Other
<input type="text"/>	
Abuse Hotline called? (1-800-962-2873):	<input type="text" value="Select One"/>

This section has the user select the Event type. Please note you can only select one event type.

CATEGORIES

Critical Events

<input type="checkbox"/> Child arrest	<input type="checkbox"/> Suicide Attempt (act / not threat)
<input type="checkbox"/> Employee Misconduct / Arrest	<input type="checkbox"/> Missing child / Escape
<input type="checkbox"/> Security incident-Unintentional	<input type="checkbox"/> Bomb / Biological/ Chemical
<input type="checkbox"/> Significant Injury to Staff	<input type="checkbox"/> Employee events reportable to Inspector General
<input type="checkbox"/> Significant Client Injury/Illness	<input type="checkbox"/> Adult death (Parent or IL young adult receiving services)

Immediate Critical Events

(Categories below require CMO staff to provide verbal notification to CNSWFL's COO)

☐ Child Death (See CFOP 175-17)

☐ Sexual Abuse / Sexual Battery

☐ Child on Child Sexual Abuse

☐ Potential Media Event

☐ Other Event

The form will then request you to provide a description of the incident.

DESCRIPTION OF INCIDENT

Include factual information only

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

Enter the persons involved in the incident, you can add them by clicking on the Add button. This will add the screen below where you can add the person's last name, first name, if they are a child or adult, DOB and relationship to the child. If you add a person and need to remove them, you just click on the X to remove it that is located to the right of the First Name.

Persons Involved

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.

****NOTES: Please click on Add button below to include additional Participant(s)**

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	<input type="button" value="X"/>
Child/Adult:	<div> <div>Select One</div> <div> <div>Child</div> <div>Adult</div> </div> </div>	DOB:	<input type="text"/>	
Relationship to Agency:			<input type="text"/>	

Please enter the case manager name and case manager email if you have the information.

Primary Child Welfare Case Manager: <input style="width: 90%;" type="text" value="Case Manager Name"/>	Primary Child Welfare Case Manager's email: <input style="width: 90%;" type="text" value="Case Manager email"/>
--	---

Select the appropriate email group to notify about the incident.

****Email Notification****

Email Will be sent to:

Select One

LSF_IncidentReport@cnswfl.org
SouthCamelot_IncidentReport@cnswfl.org
NorthCamelot_incidentreport@cnswfl.org
Kinship_IncidentReport@cnswfl.org
CNSWFL_IncidentReport@cnswfl.org
CNSWFLIL_incidentreport@cnswfl.org
ICPOOTI_IncidentReport@cnswfl.org

If you need to cc any other individuals or groups on the form you can click the ADD button in the CC Email address section. You can add as many cc's as you like and in the event you need to remove one you will click on the X to the far right of the email address.

CC EMAIL ADDRESS(ES)

Add CC Email

Email Address:

X

You will need to describe the measures taken to protect the client and gain control of the situation. As well as what action was taken to prevent the same issue from happening again.

****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?:

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

If you are dealing with a missing child and you are not the primary case manager, you must fill in this section.

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.**

If you have any supporting documents that can be attached to the report you can use the Attachments section and click on Add Attachment. You can add more than one attachment. If you accidentally added one that is not meant for this report you can click on the X to the right of the browse button to remove it.

ATTACHMENTS

Add Attachment

File:

Select a file

Browse

X

At the bottom of the form is also a set of instructions that can be referenced as a reminder while you fill out the report.

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 ~

. **Lutheran Services Florida:** LSF_IncidentReport@cnswfl.org

. **Camelot North- Charlotte County cases:**

NorthCamelot_IncidentReport@cnswfl.org

. **Camelot South-Collier/Hendry/Glades County cases:**

SouthCamelot_IncidentReport@cnswfl.org

. **Children's Network Independent Living:** CNSWFLIL_incidentreport@cnswfl.org

. **Children's Network Courtesy Supervision:**

ICPCOTI_IncidentReport@cnswfl.org

. **Children's Network:** Kinship_IncidentReport@cnswfl.org

IF THE INCIDENT INVOLVES A REPORTABLE EMPLOYEE MISCONDUCT PLEASE SEND TO: CNSWFL_IncidentReport@cnswfl.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.

. **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

. **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 Children's Network Independent Living**
(over 18-year olds) at (239) 461-7637

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.

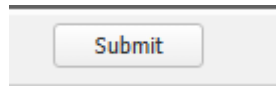
6. **Categories** - refer to incident reporting matrix procedures for definitions of these categories (Check all applicable)

7. **Description of Incident** - Type this information (preferred) or print clearly. Use full names and only report facts.

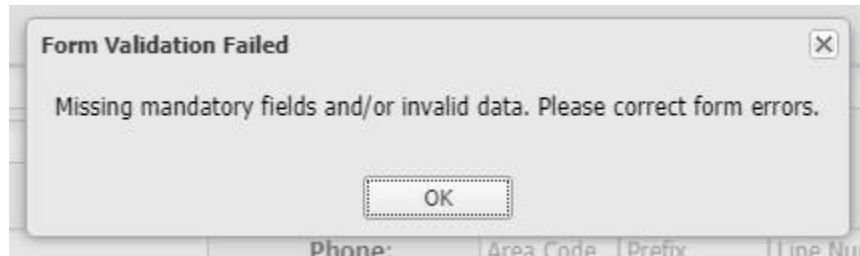
8. **Identifying Information** - First and Last Names; A for adult or C for child. Place DOB or age if DOB is unknown. Indicate if the incident involves a client, staff or other.

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.

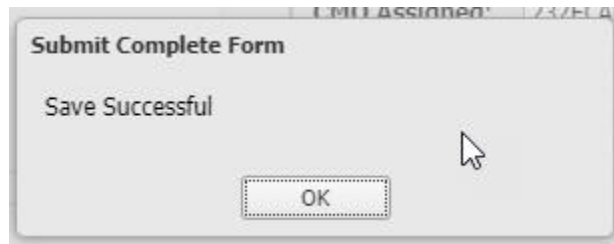
You will submit the incident report once the form is completed.



When form is completed, use the Submit button and if all the mandatory fields are filled out, the form will be Submitted and sent for final approval process. If all fields are not filled out, you will receive the message below. You can then scroll the incident report to see a red highlighted area where information is required before you are able to submit.



If you have completed everything you should get the below Message:



Once the Incident Report is saved successfully you will get a new button at the bottom of the page to download the incident report as a PDF document. You can now save this PDF document to your incident report local folder.

