



Policy: Child Incident Reporting

ChildNet Number: CN 013.009

Original Approved Date: May 11, 2016

Policy Revised Date(s):

Policy Sunset Date:

COA Standard(s): PQI 4.02, RPM 2.02, RPM 2.03, RPM 3.04

Statement of Policy:

ChildNet ensures the safety of children in care to the greatest extent possible and identifies and effectively responds to critical Incident Reports to comply with the Department of Children and Families (DCF) and accreditation reporting requirements. The reporting procedures as outlined in this policy do not replace the Abuse, Neglect or Abandonment Reporting System (Florida Abuse Hotline) or the Child Death Review Process. Incidents of suspected abuse, neglect, or abandonment must be reported to the Florida Abuse Hotline (1-800-96-ABUSE) as mandated by law and/or appropriate district Human Rights Advocacy committees.

Board Chair's Signature: _____ *[Handwritten Signature]* **Date:** 8/24/15



Procedure: Child Incident Reporting

ChildNet Number: CN 013.009

Original Approved Date: May 11, 2016

Procedure Revised Date(s): October 19, 2017; June 13, 2018; October 19, 2022; May 7, 2025

Policy Sunset Date:

COA Standard(s): PQI 4.02, RPM 2.02, RPM 2.03, RPM 3.04

Definitions:

Provider: Those ChildNet subcontractors that deliver services to ChildNet clients.

Incident Report Levels:

The Incident Report notification process has three distinct levels of notification:

- Level 1 encourages the stakeholder to maintain communication with the Dependency Case Manager on safety issues.
- Level 2 and Level 3 requires the completion of the Incident Report Form and specific notifications by email or telephone.

Related Policy and Procedure:

A. Missing Child Reporting Form (MCRF) Procedure (CN 013.008): A procedure utilized by Dependency Case Managers to report a child to local law enforcement who has run away or been abducted or absconded from their lawful placement and to initiate follow-up activities in locating the child by ChildNet's Missing Persons staff.

Child Placement Agreements (CN 015.017) A child placement agreement is optional when: a) a child is placed in a facility and their behaviors are in need of management and require potential protection for other children associated with juvenile sexual abuse, child sexual abuse victims or children's mental health treatment, b) a child has severe self-harm behaviors they need planning for, and c) at the discretion of the CBC/Lead Agency whether to complete a care precautions plan in cases involving severe self-harm or other types of behaviors that may result in harm to other children.

B. Safety and Incident and Accident Reporting Procedure (CN 009.031): A procedure utilized by employees to report accidents or incidents placing employees and/or visitors at risk of harm including verbal or physical violence, inappropriate behavior, threats, or aggression in the workplace.



Statement of Procedure:

A. Level 1 Incident Reports

The following activities and/or occurrences have been designated as level 1 Incident reports and are documented in FSFN by the Dependency Case Manager.

1. Illness which requires a non-routine visit to a physician i.e., ear and/or throat infections, high fever, chickenpox, severe rashes, etc. or requires only an emergency facility visit.
2. Injury which requires professional medical attention, i.e., injury requiring stitches, severe muscle sprains, etc.
3. Altercation which may or may not require professional medical attention, i.e., cuts and or bruises but no broken bones.
4. Mental Health issue and/or behavioral concerns which does not require a Baker Act commitment.
5. Questionable Sexual Activity, i.e., excessive masturbation, attempts to inappropriately touch caretaker, etc.
6. Physical restraint by caretaker which requires no medical attention or an abuse report or by any ChildNet employee whether there is an injury or not.
7. Act of theft, vandalism, or malicious mischief, i.e., child damages walls/doors/windows of foster home or group home, i.e., shoplifting, defacing public property (if the child is arrested, this is a level 2 incident).
8. Instance of substance or alcohol abuse or exposure, i.e., caretaker reports child/youth inebriated, or behavior indicates substance abuse, etc. which does not require inpatient hospitalization.
9. Medication errors due to child's refusal or elopement.

B. Procedure for Level 1 Incident Reports

Stakeholders who become aware of a level 1 Incident shall call or e-mail the Dependency Case Manager within one business day of becoming aware of the Incident Report according to their contract or rate agreement with ChildNet.

The Dependency Case Manager gathers Incident information, confirms to stakeholder that concern meets level 1 criteria and documents event as a chronological entry in



the Comprehensive Child Welfare Information System (CCWIS) within 48 hours of notification;

1. The Dependency Case Manager reviews the level 1 Incident with their supervisor.
2. The supervisor reviews the level 1 Incident to determine if appropriate and/or additional information or follow-up is required.
3. When further action is required, the Dependency Case Manager completes task(s), advises supervisor, and document additional actions in CCWIS.
4. At the next home visit, the Dependency Case Manager, when appropriate, reviews the child/youth's Child Resource Record (CRR) to ensure the level 1 Incident is documented; any additional information on the concern will be documented in CCWIS as part of the visitation's chronological entry.

C. Level 2 Incident Reports

Level 2 Incident Reports must be completed in the Placement Portal Incident Report section. The system contains distribution lists with designated ChildNet representatives from Case Management, Continuous Quality Improvement, Service Quality, Contracts, and Licensing, as well as designated representatives from DCF and Children's Legal Services. They automatically receive the Incident Report Form as an email attachment upon submission in the portal.

If more than one child is involved in the Incident Report, a separate form shall be completed per child. The only exception is an abuse report involving siblings that reside in the same location and more than one is listed as a victim of the allegations. In this instance, the youngest victim/client will be listed in Section I, and the other siblings will be listed in Section III.

The following activities and/or occurrences have been designated as level 2 Incident Reports:

1. Significant Illness - which is any illness that requires emergency medical attention to address and prevent permanent damage or loss of life or inpatient hospitalization.
2. Significant Injury - which is any bodily trauma that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to address and prevent permanent damage or loss of life or inpatient hospitalization.



3. Emergency Medical Treatment due to Alcohol or Substance Use – child receiving unplanned emergency (for example, hospital or urgent care) medical treatment due to use of alcohol or substances.
4. Child on Child Sexual Abuse – any sexual behavior between children which occurs without consent, without equality, or as a result of coercion while in a licensed placement.
5. Human Trafficking Abuse Report – any abuse report made with allegations of human trafficking regardless of the outcome of the abuse report.
6. Inappropriate Sexual Activity – any activity that is not child-on-child or human trafficking but is of concern and may require intervention and support.
7. Child Arrests: The arrest of a child in the custody of the Department.
8. Baker Act: A mental health issue and/or behavior concerns which requires a Baker Act commitment to be sought, regardless of if child is held in the Baker Act involuntarily, voluntarily agrees to treatment or is released back to the caregiver without treatment.
9. Suicide Attempts defined as a potentially lethal act which reflects an attempt by a child to cause his or her own death as determined by a licensed mental health professional or other licensed healthcare professional.
10. Sexual Abuse/Sexual Battery: Any unsolicited or non-consensual sexual activity between a service provider or other individual and a child.
11. Any incident and/or accident involving a moving vehicle, the child and/or law enforcement which requires professional medical attention, i.e., car/bike/skateboard accident resulting in an injury requiring medical attention, etc.
12. Seclusions/restraints resulting in an injury requiring treatment beyond first aid.
13. Medication errors. Any incident in which the medication was administered to the wrong individual, wrong medication was administered, wrong time or dosage, not administered, medication was refused, or wrong route. Excludes medications not administered due to refusal by youth or youth being unavailable due to being on runaway status. Errors due to refusal or elopement are a Level One Incident Report.
14. Abuse Report with Allegations Against Out-of-Home Caregiver, ChildNet Employee or Subcontractor with report accepted by the Abuse Hotline on a child under ChildNet's supervision.



15. Media Coverage – actual media coverage regarding a ChildNet client.

Note: If a youth has run away, been abducted or a parent has absconded, the Dependency Case Manager follows the Missing Child Reporting Form (MCRF) Procedure (CN 013.008).

D. Procedure for Level 2 Incident Reports:

Stakeholder who becomes aware of an incident should call or e-mail the Dependency Case Manager within one business day of becoming aware of the event.

1. If the situation meets level 2 incident report criteria and the stakeholder is a provider such as a shelter, therapeutic group home, or other group home placement., they complete and e-mail the level 2 incident report form in the portal within one business day. If the stakeholder is a foster or legal parent or relative/non-relative, the Dependency Case Manager completes the form in the portal within one business day.
2. Incident report forms are reviewed for accuracy and submitted in the portal. Then they are reviewed by the Regional Quality Manager for completeness and are returned to case management for any additional information needed or corrections to be made. This will be completed in the portal, and the case management staff will update and re-submit in the portal.
3. A ChildNet staff member enters the basic Incident Report information into the DCF Incident Report Analysis System (IRAS) as required by DCF, by the next business day for those applicable incidents.
4. Level 2 Incidents that involve serious injuries to service recipients are reported to the accrediting body on their form as applicable within **10 days** of processing of the incident. These include:
 - Consumer Deaths which are unrelated to the natural course of illness or diseases
 - Serious Injury
 - Debilitating loss of function such as paralysis, brain trauma, loss of limb, etc.
 - Serious physical Impairment such as a fracture, concussion, coma, physical impairment
 - Psychological trauma such as assault, sexual exploitation, rape, etc.
 - Serious impairment of health
 - Seclusions/restraints resulting in an injury requiring treatment beyond first aid
 - Suicide attempts that result in medical hospitalization



5. The final incident report is generated upon completion in the portal. It is automatically uploaded into the CCWIS system.
6. Particular incident types are automatically shared with the appropriate staff within ChildNet to ensure necessary follow-up is completed.
7. At the next home visit, the Case Manager, when appropriate, reviews the child/youth's Child Resource Record (CRR) to ensure the level 2 incident report is documented.
8. Any incident that could potentially result in risk to the agency is forwarded to ChildNet's Risk Management designee and the Chief Executive Officer (CEO) by the staff person responsible for reviewing incident reports. The CEO/President will notify the Board Chair. In his/her absence, his/her designee will notify the Board Chair.

E. Level 3 Incident Reports:

Notification of a Level 3 incident is made as soon as possible and within an hour of becoming aware of the incident. A fully completed incident report form is to be sent to the designated e-mail address within **twelve (12) hours** of becoming aware of the incident and to be entered into both the Incident Report Tracking System and the DCF State Tracking System on the next business day. **If more than one child is involved in the Incident Report, a separate form shall be completed per child.** The only exception is an abuse report involving siblings that reside in the same location and more than one is listed as victims of the allegations. In this instance the youngest victim/client will be listed in **Section I** and the rest of the siblings will be listed in **Section III**. As described earlier, all level 3 (and level 2) incident report forms are automatically emailed to designated representatives from DCF and Children's Legal Services.

The following activities and/or occurrences have been designated as level 3 incident reports:

1. The death of a child who is under ChildNet's supervision and/or care.
2. Any level 2 incident report that escalates and places a child's life in jeopardy, i.e., critical illness, suicide attempt, or injury which could result in death or permanent disability.
3. Any level 2 incident report that does not place a child's life in jeopardy; however, the situation does require the immediate notification of ChildNet and DCF Administration, i.e. injury, abuse, or absconding by a caretaker, any incident involving child in "high profile" case, any incident that relates to a previous lawsuit



against DCF, re-abuse of a child under supervision by a parent and/or paramour, etc.

F. Procedure for Level 3 Incident Reports:

Stakeholders who become aware of a level 3 Incident shall call the Dependency Case Manager as soon as possible and within 1 hour to report the incident.

1. If the situation meets level 3 incident report criteria and the stakeholder is a provider such as a shelter, therapeutic group home, or other licensed group care placement, they must submit a fully complete level 3 incident report in the portal within 12 hours of becoming aware of the incident. If the stakeholder is a foster or biological parent or relative, the Dependency Case Manager will complete the form in the portal immediately.
2. As soon as possible and within **1 hour** of becoming aware of the level 3 incident, the Dependency Case Manager must inform his/her respective director or designee and the ChildNet Chief Program Officer or designee. The Chief Program Officer will notify the Chief of Staff who will notify Chief Executive Officer or designee and the Department of Children and Families.
3. The Dependency Case Manager enters a chronological note in CCWIS within 2 business days and the supervisor, director, and/or Program Officer also documents review in CCWIS as appropriate.
4. The Chief Program Officer or his/her designee reviews the information and as soon as possible; however, **within 3 hours**, informs the following persons of the level 3 incident report: ChildNet's Executive Management Team, DCF Regional Managing Director or Designee and head of Children's Legal Services.
5. The incident report form is reviewed for accuracy and to ensure the form is fully completed. Incident reports requiring follow-up information will be returned to the case management team by the Regional Quality Manager for updates and corrections.
6. A ChildNet designee enters basic incident report information into the DCF Incident Reporting Analysis System by the next business day. The reporting form for the accrediting body is completed and sent within 10 days of processing the incident. Child deaths are entered by the DCF Death Review Coordinator.
7. The incident report form is complete after final review of the case management staff and is finalized in the portal. A copy is automatically uploaded into the CCWIS system.



8. Particular incident types are automatically shared with the appropriate staff within ChildNet to ensure necessary follow-up is completed.
9. At the next home visit, the Dependency Case Manager will review the child/youth's Child Resource Record (CRR) to ensure the level 3 incident report is documented.

G. Procedure for Training on Incident Reports Policies and Procedures:

ChildNet staff shall be responsible for training providers and stakeholders on incident reporting policies and procedures as requested to ensure incident reports are correctly identified and reporting forms are completed accurately and within required timeframes.

1. Dependency Case Managers receive two (2) training sessions on incident reporting policies and procedures as part of their initial pre-service training. In addition, incident report trainings are held with Unit Staff Assistants and other ChildNet staff as needed. In the event of any policy or procedure revisions, additional trainings are conducted, as necessary.
2. The Dependency Case Managers are responsible for providing incident report brochures to relative/non-relatives (including biological parents); and licensed foster homes at the time of a child's placement. The Dependency Case Manager obtains a signed Reporting Incident Reports Brochure Receipt evidence of the review which, in turn, is also signed by the Child Advocate/Dependency Case Manager) and placed in the CRR and case file.
3. ChildNet provides training on incident report policies and procedures to Network Providers as requested. Follow-up technical assistance will be provided by the respective Contract Specialist.

H. Network Provider Responsibilities:

Network Providers shall comply with ChildNet's incident reporting policy and procedures.

I. Review Requirements:

Level 1 incidents are reviewed by the assigned Dependency Case Manager and supervisor to ensure that any needed follow-up actions are taken.

Level 2 and Level 3 incident reports are reviewed by a third party to ensure the form is complete, the narrative contains sufficient information, and to enter incidents into the IRAS as required. ChildNet Leadership may request a Case Report be completed on any critical incident reported. Case reports are conducted by the agency's



Continuous Quality Improvement team to identify strengths as well as potential training topics for personnel.

The Regional Quality Manager or designee is responsible for a minimum of a quarterly review of incident reports for compliance of policy practices by utilization of the incident report portal database.

1. Initial Incident Report forms
2. Categories of Incidents
3. Compliance with submission of reports
4. Review for any trends, concerns, or safety issues
5. Serious illness, injuries, or deaths.
6. Certain types of incidents must be reported to the Department of Children and Families (DCF) and Council on Accreditation (COA)

President's Signature:

Date:

2/4/26