



New York State Justice Center for the Protection of People with Special Needs

Use of Incident Web Form Guide

Mandated Reporter Use of Intake Web Form Guide



OVERVIEW	2
LOCATION OF THE WEB FORM.....	2
INFORMATION TO BE ENTERED IN THE WEB FORM.....	2
WEB INTAKE INCIDENT FORM.....	3
INCIDENT DETAILS SECTION	3
INCIDENT ADDRESS SECTION (MANDATORY)	4
PROVIDER SECTION.....	5
ENTER YOUR INFORMATION BELOW SECTION.....	5
SUSPECT, VICTIM, AND WITNESS (IF APPLICABLE) SECTIONS.....	6
ADDITIONAL DETAILS SECTION	7
ACCEPTANCE AND SUBMISSION SECTION.....	7

Mandated Reporter Use of Intake Web Form Guide



Overview

Mandated Reporters are required to submit reportable incidents to the Justice Center. The Web Intake Incident Form can be used by “custodians” (*see definition below*) to submit reportable incidents and fulfill their obligation as a mandated reporter. After reporters complete and submit the web form, an incident report confirmation number and disclaimer are displayed. Custodians are advised to keep a record of this confirmation. When a web form is submitted to the Justice Center an incident record is created in the Vulnerable Persons Central Register (VPCR) system. Incident reports received via the web will be reviewed by a Justice Center Intake Representative who will determine whether or not there is sufficient information to evaluate the report. If needed, the VPCR Intake Representative will contact the reporter to gather missing information. The reporter will be required to provide the incident report confirmation number to ensure that Justice Center staff are speaking with the correct individual.

Custodian:

A Custodian is a director, operator, employee or volunteer of a facility or provider agency; or a consultant or an employee or volunteer of a corporation, partnership, organization or governmental entity which provides goods or services to a facility or provider agency pursuant to contract or other arrangement that permits such person to have regular and substantial contact with individuals who are cared for by the facility or provider agency.

Location of the Web Form

The Incident web form can be accessed through the following link: vpcr.justicecenter.ny.gov/wi

Please note: This link is not active until June 30, 2013 when the Justice Center will begin operations.

Information to be entered in the Web Form

Reporters need to provide details of the incident in the web form. The web form is separated into categories of fields that are intended to capture information related to the incident, provider, suspect, victim, witness and reporter. The web form allows for multiple entries where needed. For example, if there are multiple victims each can be entered into the form.

Note: The web form cannot be saved or printed. Reporters cannot start the form and return at a later time to complete entry. Please have the mandatory information ready prior to starting the form. A list of all mandatory fields is located at the end of this guide.

Reporters must read the declaration and select the Acceptance check box at the bottom of the form before submitting the form.

Mandated Reporter Use of Intake Web Form Guide



Web Intake Incident Form

The following sections outline the information required to report an incident in the web form. The fields which are mandatory are noted in parentheses in this guide and by an asterisk (*) in the web form. The mandatory fields must be completed to successfully submit the form.

Incident Details section

The incident should be documented in the **Incident Details** section of the form. There are two areas to enter information about the incident. The first is the Incident Summary which is a brief summary and the second is the Narrative which allows the reporter to enter more detailed information about the incident.

A screenshot of the "Incident Details" section of a web form. The form is titled "Incident Details" in a blue header. It contains several input fields: "Incident Summary*" (a large text area), "Narrative*" (a large text area), "Date Discovered From:" and "Date Discovered To:" (text boxes), "Date Occurred From:" and "Date Occurred To:" (text boxes), "Communication Needs:" (text box), "Diagnosis:" (text box), "Additional Actions Taken:" (text box), "Witnessed by Reporter?" (a dropdown menu with "-- Select --"), "Death Involved?" (checkbox), "911 Contacted?" (checkbox), and "Funds Misused?" (checkbox). Below these fields is a section titled "Incident Address:" which includes "Incident Street Address*" (text box), "Incident Street Address 2:" (text box), "Incident City*" (text box), "Incident Location:" (text box), "Incident Country:" (dropdown menu with "-- Select --"), "Incident State:" (dropdown menu with "-- Select --"), and "Incident Zip Code:" (text box). The form has a clean, professional layout with blue accents.

Incident Summary (Mandatory)

Enter a brief description of the incident. It is recommended that the summary is in the format of "Suspect, action, and victim" (e.g., Jonathan Jones broke James Smith's arm). Note: If there are multiple victims, suspects, etc. you can add information within the respective sections in the Web Intake Incident Form. This section is primarily for a very brief summary of the incident.

Narrative (Mandatory)

Enter the details of the incident in this field. Include a description of the incident, where the incident occurred, who were the individuals involved (suspect, victim, reporter, witnesses), injury/impact to the victim(s), actions taken to respond to the incident and protect the victim(s), and any other pertinent details. Details regarding the victim(s), suspect(s) and witnesses(s). Be as descriptive as possible.

Dates (Mandatory)

There are two date groups related to the incident. The first is when you discovered the incident (Date Discovered) and the second is when the incident occurred (Date Occurred).

Discovery of an incident is defined as witnessing; learning or hearing about the incident; or, when the reporter has reasonable cause to suspect that the vulnerable person has been subject to abuse, neglect or a significant

Mandated Reporter Use of Intake Web Form Guide



incident. If the reporter knows the date of discovery they should enter the date and time in the (Discovered To) field. For example, if the reporter witnessed an incident on March 6, 2013 they should enter the March 6, 2013 and the time in the date (Discovered To) field.

If the reporter is unsure of the date and time when the incident was discovered (e.g.; sometime during the last three days) they can report a date range to reflect the time period in question. For example, to reflect the timeframe of three-days of discovery, the reporter enters March 3, 2013 in the (Discovered From) field and enters March 6, 2013 in the (Discovered To) field.

The second date is the Date Occurred. If the reporter knows the exact date and time when the incident occurred they should enter the date and time in the (Occurred To) field. If the reporter is unsure of the actual date and time of the incident, enter the best estimate of the range of dates during which the incident occurred. For example, to reflect a time period of three-days when the incident may have occurred, the reporter should enter March 3, 2013 and the time in the (Date Occurred From) field and March 6, 2013 in the (Date Occurred To) field. The Discovered From/To and Occurred From/To dates may be the same. If the reporter witnesses an incident the (Discovered To) field and the (Occurred To) fields may be the same and the (Discovered From) and (Occurred From) fields may be blank.

Emergency Information

If the incident required emergency services (medical, law enforcement, fire) indicate if 911 was contacted by selecting the check-box. In the Describe the 911 Actions describe what services were activated and the actions taken by emergency services.

Death Involved?

Select this check-box if there is any death involved in the incident.

Additional Actions Taken

Describe what actions were taken to protect the victim(s) from harm and identify the immediate protections implemented.

Communication Needs

Identify any communication needs of the reporter, victim or suspect. For example; TTY, sign-language interpreter, non-English speaking, etc.

Diagnosis

Enter a brief primary diagnosis of the victim, if this information is known.

Funds Misused?

Select this check-box if the incident involves the misuse of funds.

Witnessed by Reporter

Select **Yes** or **No** from the drop-down list in this field to indicate whether or not you witnessed the incident.

Incident Address section (Mandatory)

The incident address is mandatory and should be documented in the **Incident Address** section of the form. This section should detail the actual location of the incident which may or may not be the same address as the provider. (See Provider Section for more information.) Use the Street Address 2 fields to enter the floor, suite, apartment block, etc., for the street address.

Incident Location

Mandated Reporter Use of Intake Web Form Guide



The Incident Location section is used to enter the exact location of where the incident occurred within a facility to provide a better understanding of the actual location of the incident such as the individual's room, a common area such as the dining room or hallway. It is important to enter this information to assist in the review process.

Provider section

This section should be used to document the State Oversight Agency and the **Provider**.

A screenshot of the "Provider" section of the intake web form. The form is titled "Provider" in a blue header. It contains several input fields: "Agency" (a dropdown menu with "-- Select --"), "Type" (a dropdown menu with "-- Select --"), "Provider Name" (a text box), "Provider Alias Name" (a text box), "Provider Phone Number" (a text box), "Provider Fax Number" (a text box), "Provider Email Address" (a text box), "Provider Contact Address" (a section header), "Provider Street Address" (a text box), "Provider Street Address 2" (a text box), "Provider City" (a text box), "Provider County" (a dropdown menu with "-- Select --"), "Provider Country" (a dropdown menu with "USA"), "Provider State" (a dropdown menu with "-- Select --"), and "Provider Zip Code" (a text box).

Agency (Mandatory)

In this field, select the name of the State Oversight Agency, from the drop-down list. The State Oversight Agency is the agency that operates, certifies or licenses the provider. The drop down list option includes **OCFS, OMH, OPWDD, DOH, OASAS, and SED**.

Type (Mandatory)

In this field, select the provider type from the drop-down list. Based on the agency selected, some of the following options will be presented **ACF (Adult Care Facility), Agency, Camp, Corporation, Facility, Program, Provider, and Sponsor**.

Provider Information (Mandatory)

Enter as much information you have about the provider including the name (mandatory), street address, phone number, and email contact information. If the provider is identified by an acronym or common name, enter that information in the alias field.

Enter your information below section (Mandatory)

This section should be used to document your contact information. Remember if the report is not complete, the VPCR Intake Representative will contact you to obtain the missing information. It is important that you identify the best time to contact you (e.g.; after 6:00 pm) and your preferred method of contact (cell, home, work phone or email). Based on your selection for preferred method of contact, you will be required to enter email or phone number(s). This information will enable the VPCR Intake Representative to contact you at a time that is convenient for you and preserves your privacy. If your address is the same as the provider, select the check-box. Note: the role will default to Custodian and cannot be changed.

Mandated Reporter Use of Intake Web Form Guide



Enter your information below

Reporter First Name*	Reporter Middle Name:	Reporter Last Name*	Reporter Suffix:
Date of Birth*	Reporter Role* - Select -	Reporter Gender* - Select -	Best Time to Contact:
Preferred Method of Contact* - Select -	Email Address:	Cell Phone Number:	Work Phone Number:
Reporter Alias Name:	Home Phone Number:		

Reporter Contact Address:

Same as Provider Address?

Reporter Address Type* Work	Reporter Street Address*:	Reporter Street Address 2:	Reporter City*:
Reporter Country* - Select -	Reporter Country* USA	Reporter State* - Select -	Reporter Zip Code*:

Suspect, Victim, and Witness (if applicable) sections

This section should be used to document information about the suspect, victim and witnesses. You can enter one or multiple individuals for each area. Enter as much information as possible, if you do not know a date of birth enter an estimated range. If any of the individuals have addresses that are the same as the provider, select the check-box. The address type of the Suspect, Victim, and Witness needs to be selected from the drop-down list in this field. The options available are **Work, Physical, Mailing, Administrative, Residence, and Business**.

Use the Add tab in the lower left to add additional individuals (suspects, victims) to the report. Additional witnesses to the incident should be noted in the additional details section.

Suspect

Suspect One

Suspect First Name*:	Suspect Middle Name:	Suspect Last Name*:	Suspect Suffix:
Date of Birth:	Suspect Gender* - Select -	Suspect Alias Name:	Home Phone Number:
Cell Phone Number:	Work Phone Number:	Email Address:	

Suspect One Contact Address:

Same as Provider Address?

Suspect Address Type* Work	Suspect Street Address:	Suspect Street Address 2:	Suspect City:
Suspect Country* - Select -	Suspect Country* USA	Suspect State* - Select -	Suspect Zip Code:

Add Another Suspect

Mandated Reporter Use of Intake Web Form Guide



Victim

Victim One

Victim First Name: Victim Middle Name: Victim Last Name: Victim Suffix:
Date of Birth: Deceased Date: Victim Gender: Victim Alias Name:
Estimated Age: Home Phone Number: Cell Phone Number: Work Phone Number:
Email Address: Privacy Request:

Victim One Contact Address:

Same as Provider Address?

Victim Address Type: Victim Street Address: Victim Street Address 2: Victim City:
Victim County: Victim Country: Victim State: Victim Zip Code:

Add Another Victim

Witness (if available)

Witness First Name: Witness Middle Name: Witness Last Name: Witness Suffix:
Date of Birth: Witness Gender: Witness Alias Name: Home Phone Number:
Cell Phone Number: Work Phone Number: Email Address:

Witness Contact Address:

Same as Provider Address?

Witness Address Type: Witness Street Address: Witness Street Address 2: Witness City:
Witness County: Witness Country: Witness State: Witness Zip Code:

Additional Details section

Enter any additional information you believe will assist in the review of the incident. Additional witnesses should be reported in this section.

Additional Details

Additional Comments:

Acceptance and Submission section

The last section of the form requires the mandated reporter to affirm that the information they provided in the form is correct and that they agree to be contacted for information about the report if it is incomplete or unclear. The reporter then has the option to “submit” or “cancel” the report.

On clicking the Submit button, the user is taken to a page which displays the Incident Report Confirmation Number with a message "You have successfully submitted the incident report. Please note the Incident Report # XXXXX for your future reference".

If the Cancel button is selected, a pop-up message appears indicating that "All the details on this report will be lost. Do you really want to cancel this operation?".

Mandated Reporter Use of Intake Web Form Guide



I agree that all the information provided is true to best of my knowledge. By submitting this report I fulfill only part of my responsibility. I agree that I will be contacted as needed regarding this incident report.

Mandatory Fields

Incident Information:

1. Incident Summary
2. Narrative
3. Date Discovered To
4. Date Occurred To
5. Incident Street Address, City, State

Provider Information

1. State Oversight Agency
2. Provider Type
3. Provider Name
4. Provider Street Address, City, State, Zip, Country

Your Information

1. Name
2. Preferred Method of Contact
3. Address – Street, City, State, Zip, Country

Suspect Name

Suspect Gender

Victim Name

Acknowledgement