

To: **<Providers or other, insert>**  
From: Jeff Wise, Executive Director NYS Justice Center  
CC: Deborah Buck, Jody Signoracci, Jay Kiyonaga, Robin Forshaw, Anthony Bruno  
Subject: Use of the Incident Web Form for reporting Significant Incidents  
Date: July 11, 2013

The New York Justice Center encourages all mandated reporters who work or volunteer in facilities and provider agencies to report Significant Incidents via the Justice Center's online Incident Web Form (web form).

The web form provides a streamlined channel for reporting significant incidents (as well as abuse and neglect). It requires only a minimum set of required information and allows reporters to document their observations while providing the opportunity to review the report for accuracy and completeness before submitting the form to the NYS Justice Center. Use of the Web Form is also strongly recommended for incidents in which there are a number of mandated reporters. Instead of making separate calls to the Justice Center's hotline, each mandated reporter can satisfy their reporting obligation by completing and transmitting a Web Form to the Justice Center.

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

The web form is also accessible on the Justice Center website by following the instructions below:

- Access the Justice Center website using the <http://www.justicecenter.ny.gov/>
- Navigate to the forms tab, scroll to the mandated reporting section at the bottom of the page. In the mandated reporting section, select "form"



The screenshot shows the NYS Justice Center website header with the logo and tagline "For the Protection of People with Special Needs". Below the header is a navigation menu with the following items: Home, About, Advocacy, Investigations & Prosecutions, Monitoring & Oversight, Resources, Regulations & Guidance, Media, and Forms. The "Forms" link is highlighted with a red box. Below the navigation menu is a banner with the text: "Our Vision: People with special needs shall be protected from abuse, neglect and mistreatment. This will be accomplished by assuring that the state maintains the nation's highest standards of health, safety and dignity; and by supporting the dedicated men and women who provide services." Below the banner is a section titled "Mandated Reporting" with a sub-section "Form" highlighted by a red box, and a link for "Web Form Guide".

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 number.

**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 to fill out the form. The following are mandatory fields:**

### 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 Staff member of XXXXX broke James Smith's arm at Name of Facility).

### Narrative (Mandatory)

In this field, describe what happened during the incident you are reporting. Explain what happened, where the incident occurred, who were the individuals involved (suspect (if any), victim, all witnesses), injury/impact to the victim(s), actions taken to respond to the incident and protect the victim(s), and any other details that you think are important. 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 means when the reporter witnessed or learned about the incident. If you did not witness the incident, you may discover it by hearing about it or seeing evidence that an incident occurred (for example, a bruise or cut). The standard is that the reporter has reasonable cause to suspect that the vulnerable person has been subject to abuse, neglect or experienced a significant incident.

A reporter should enter the date and time of discovery 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.

## Incident Address section (Mandatory)

In the **Incident Address** section of the form, the reporter should fill in 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.

## Provider section (Mandatory per below)

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

### 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.

## Suspect/Victim sections (Mandatory)

This section should be used to document information about the Suspect (if there is one) and Victim or person to whom the incident occurred.

**PLEASE NOTE:** The Suspect First Name and Last Name are required data fields. For an incident of Abuse-or Neglect where a suspect is not known, please enter "Not Known". In the case of a Significant Incident where there is not a suspect, please enter "None". If the suspect is not known or none, please select, "Not Known" in the Suspect Gender drop down box. This is a mandatory field.

The victim's name is also required data field

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

If you have issues accessing or using the web form, please call the ITS Customer Care Center at 1-800-697-1323 or 518-408-6487