

**OTDA DSOC CONTACT INFORMATION**

**Report all serious incidents to:**

**NYC Shelters:** 212-961-8225

**Rest of State Shelters**: 518-486-4040

**Email:** otda.sm.css.bss@otda.ny.gov

**DIVISION OF SHELTER OVERSIGHT AND COMPLIANCE**

**SERIOUS INCIDENT REPORT**

**Security Measures in Shelters for the Homeless** **18 NYCRR § 352.38 *(c):*** For all occurrences of serious incidents the provider or shelter must (1) immediately email both the social services district and this Office to report the serious incident, (2) telephone both the social services district and this Office within one business day to report the serious incident, and (3) submit a copy of the Office-prescribed Incident Report form to the Office within three business days. This prescribed Incident Report must be used to report all Serious Incidents. A copy of the report with all required signatures should be placed in the client case file as well as maintained in an incident log for review at time of inspection.

**All fields of this report must be completed. Please check “Not Applicable” for areas in the form not relevant to the incident. The report itself is a fillable form and must be typed. All comment sections of the form will expand if more room is needed. The facility is required to submit the completed form to their LDSS for review and send a copy to the Office of Temporary and Disability Assistance.**

When completing the report, provide a factual account of exactly what happened, who was involved, when and where the incident occurred, names of witnesses, who reported the incident and the cause of the incident. Make sure you document the names and ID numbers of any Police Officers, EMS, ACS / CPS or the Fire Department. If the incident involves an injury to a resident, the Resident’s Statement must be submitted unless the resident refuses or is unable to provide the statement. **The following is a list of serious incidents that require immediate notification.**

**SERIOUS INCIDENTS: (Immediate reporting required)**

|  |  |  |
| --- | --- | --- |
| * Homicide or suicide
 | * Possession or use of drugs with arrest
 | * Loss of utilities for more than 4 hours to all or a significant portion of the facility (heat, electricity, gas or water)
 |
| * Attempted homicide or suicide
 | * Sale or distribution of drugs with arrest
 |
| * Natural or unnatural death
 | * Drug overdose
 |
| * Serious or life-threatening injuries
 | * Calls to NYC DOHMH or NYS OMH Mobile Crisis Teams for mental health crises
 | * Discovery of any environmental hazard, such as toxic mold, lead paint or asbestos that, threatens resident health or well-being
 |
| * Physical assault with arrest
 |
| * Sexual assault
 | * Use or possession of a firearm or weapon
 |
| * Attempted or reported sexual assault
 | * Trespassing or unlawful entry to facility
 |
| * Arrest of resident, staff or visitor while onsite
 | * Environmental concerns that may cause a life-threatening injury or the evacuation of an entire site as directed by emergency personnel or Local Fire Department
 |
| * Child abuse with arrest
 |
| * Child abuse with child removal by ACS / CPS
 | * Criminal activity in or around the facility by residents that threatens the safety of the community as a whole
 |
| * Child abuse with EMS transport to hospital
 |
| * Destruction or theft of property valued at over $1500
 | * Fire safety system inoperable for reasons other than routine maintenance for over 24 hours (annunciator panel, alarm system, sprinkler system, etc.)
 |
| * Domestic violence with arrest
 |
| * Domestic violence with EMS transport to hospital
 | * Staff misconduct resulting in injury to a resident or suspension of staff
 |
| * Missing person with police report
 | * Arson, fire or explosion at facility
 |
| * Hostage or abduction
 | * Riots or bomb threats
 | * Any incident requiring evacuation of any part of the facility
 |
| * Confirmed or suspected cases of a contagious disease that require isolation (chickenpox, Hepatitis A, tuberculosis, measles, meningitis)
 | * Significant facility damage caused by a natural disaster or catastrophic event such as a hurricane, tornado, flood, winter storm, etc.
 |
| * Any community protest in reference to the shelter, provider or local district
 |
| * Any unscheduled visits by the media or other public officials
 |
| * Any other serious incident impacting the safety and well-being of any resident or staff
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**DIVISION OF SHELTER OVERSIGHT AND COMPLIANCE**

**SERIOUS INCIDENT REPORT**

 **SHELTER TYPE:** Choose an item.

**OCCURRENCE AND NOTIFICATION**

|  |  |
| --- | --- |
| **Shelter Name:** Click here to enter text. **Phone:** Click here to enter text.**Address:** Click here to enter text. | **Date:** Click here to enter a date. |
| **Type of Incident:** Choose an item. | **Other:** |
| [ ]  **Police involvement** | [ ]  **EMS called** | [ ]  **Fire Department called** | [ ]  **ACS / CPS involvement** |
| **Date of Incident:**  | **Time of Incident:**  | **Location:** Click here to enter text. |
| **Notifications made to:** **On this Date and Time:**  | [ ]  **Program Director** | [ ]  **DHS / LDSS / HRA** | [ ]  **OTDA** |
| **Date:** **Time:**  | **Date:** **Time:**  | **Date:** **Time:**  |
| **Other Notifications:**  | **Date:       Time:** |

**EMERGENCY RESPONDERS** [ ] **Not Applicable**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Responder** | **Time Called** | **Time Arrived** | **Name** | **Badge #** | **Unit** |
| Choose an item. |  |  | Click here to enter text. |  |  |
| Choose an item. |  |  | Click here to enter text. |  |  |
| Choose an item. |  |  | Click here to enter text. |  |  |

**RESIDENT INVOLVEMENT** [ ] **Not Applicable**

|  |  |  |
| --- | --- | --- |
| **Case Name****Last, First** | **Unit / Dorm #** | **Children Involved / Present****Last, First DOB** |
| Click here to enter text. |  | Click here to enter text. |  |
| Click here to enter text. |  | Click here to enter text. |  |
| Click here to enter text. |  | Click here to enter text. |  |
| **Were any residents transferred or discharged?** [ ]  **Yes** [ ]  **No** |
| **Is the residents’ statement attached?** [ ]  **Yes** [ ]  **No** [ ]  **Refused** [ ]  **Unable to provide**  |

**STAFF INVOLVEMENT** [ ] **Not Applicable**

|  |  |  |
| --- | --- | --- |
| **Name****Last, First** | **Title** | **Shift** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Was staff allowed to remain on site?** [ ]  **Yes** [ ]  **No** |
| **Is the staff’s statement attached?** [ ]  **Yes** [ ]  **No** [ ]  **Refused** [ ]  **Unable to provide**  |

**WITNESSES** [ ] **Not Applicable**

|  |  |
| --- | --- |
| **Name****Last, First** | **Statement Taken** |
| Click here to enter text. | [ ]  **Yes** [ ]  **No** [ ]  **Statement Attached** |
| Click here to enter text. | [ ]  **Yes** [ ]  **No** [ ]  **Statement Attached** |
| Click here to enter text. | [ ]  **Yes** [ ]  **No** [ ]  **Statement Attached** |

**IMMEDIATE ACTION TAKEN**

|  |  |
| --- | --- |
| **Was immediate action required?** | [ ]  **Yes** [ ]  **No** |
| **Describe the action(s) taken?** Click here to enter text. |

**PROVIDE A DESCRIPTION OF THE INCIDENT (Include who, what, where, when)**

|  |
| --- |
| Click here to enter text. |

**INJURY** [ ] **Not Applicable**

|  |
| --- |
| **Did incident result in any injuries?** [ ] **Yes (provide statement)** [ ]  **No** [ ]  **Unable to Determine** |
| **Name of Injured:** | [ ] **Resident** [ ] **Staff** [ ] **Visitor** [ ] **Other**  |
| **Type of Injury:** |
| **EMS transport:** [ ] **Yes** [ ]  **No** [ ]  **Resident refused**  | **Name of Hospital:** |
| **Did individual return to the facility? (For resident injury only)** [ ] **Yes** [ ]  **No**  |

**RESOLUTION (Required)**

|  |
| --- |
| Click here to enter text. |

**FOLLOW UP (Required)**

|  |
| --- |
| Click here to enter text. |

**SOCIAL SERVICE DISTRICT DETERMINATION**

|  |
| --- |
| Click here to enter text. |

**Name and title of staff completing report:** Click here to enter text.

**Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

**Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

**Local District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

***For email purposes, above names may be typed in. Original signatures must be on all copies filed at the facility.***

***Completed by OTDA Staff only:***

[ ]  **Safety and Security Incident** [ ] **Follow Up Required**

**Report Reviewed by:** Click here to enter text. **Date:** Click here to enter a date.