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Communities Connected *for* Kids

Title Incident Reporting and HIPAA Breach Notifications		**Number** 803	
Department: Quality Management	**Owner** Director of Quality Management	**Regulatory Authority/ Related Policies:** CFOP 215.6, CFOP 60.17 (Chapter 7), CFR 164.402,164.404, 164.406, F.S. 641.55	**Attachments:** NA

Effective Date:	**Last Revision:**	**Review Date:**
November 2013	March 2026	August 2026

Purpose: Communities Connected for Kids, its case management agencies and provider service agencies will identify and report critical incident information, HIPAA violations in order to ensure child safety, appropriate and timely notifications and to prevent future risk.

Policy:

1. This policy applies to all incident reporting for children and adults receiving services from Communities Connected *for* Kids, including services from any subcontracted providers.
2. This reporting procedure does not replace the abuse, neglect and exploitation reporting system. All allegations of abuse, neglect or exploitation must always be reported immediately to the Florida Abuse Hotline.
3. This operating procedure does not replace the investigation and review requirements provided for in The Department of Children and Families Child Death Review Procedures, CFOP 175-17 or CFOP 215-6.
4. It is the responsibility of all Communities Connected *for* Kids staff and contracted provider staff to promptly report incidents in accordance with the requirements of the above-referenced operating procedures.
5. The employee's first obligation is to ensure the health, safety, and welfare of all individual (s) involved.
6. The employee must immediately ensure contacts are made for assistance as dictated by the needs of the individual. These types of contacts may include but are not limited to: emergency medical services (911), law enforcement, or fire department. When the incident involves suspected abuse, neglect, or exploitation the employee must call the Florida Abuse Hotline to report the incident. The employee must ensure that the guardian, representative or relative is notified, as applicable.
7. CCKids Risk and Safety Committee to include a QM representative will conduct quarterly reviews of immediate and ongoing risk to include review facility safety issues; serious illness, injuries, and deaths; situations where a person was determined to be a danger to himself/herself or others; service modalities or other organizational practices that involve risk or limit freedom of choice; and the use of restrictive behavior management interventions, such as seclusion and restraint.

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Use of the Incident Reporting System

1. Communities Connected *for* Kids has an electronic system (uReport) for reporting of incidents. The incident reporting system will be used by all Communities Connected *for* Kids staff and subcontracted providers within the Communities Connected *for* Kids Network.

2. The incident reporting system is used internally and externally to record an incident or event that does place the child or others at risk, to document actions taken and follow-up needed, and to formally notify the agency supervisor and Communities Connected *for* Kids. When an incident occurs that requires the Department of Children and Families to be notified, additional notification will be made via the Incident Reporting and Analysis System (IRAS) of the Department of Children and Families no more than 24 hours of the incident occuring.

Definitions of Reportable Incidents:

For purposes of this procedure, the following are incidents or events that must be reported to Communities Connected *for* Kids and the Department of Children and Families. (NOTE: This includes all events specifically required by CFOP 175-88 and CFOP 215-6 as well as additional incidents or events required by Communities Connected *for* Kids)**.** Those events in ***BOLD*** [Death and Adverse Media Coverage] must be verbally reported to Communities Connected *for* Kids *immediately* and *must be reported to The Department of Children and Families within 2 hours of occurrence or knowledge of the occurrence;* all other incidents are to be reported within one business day of occurrence.

a. Child Death: A child whose life terminates due to an alleged accident, act of abuse or neglect or other incident occurring while in the presence of a Communities Connected *for* Kids employee, in a Communities Connected *for* Kids or contracted facility or while receiving case management services must be reported to the Department of Children and Families within 2 hours of occurrence or knowledge of the occurrence. (Refer to Communities Connected *for* Kids Policy 806 regarding Child Death Review Procedures).

The manner of death is the classification of categories used to define whether a death is from intentional causes, unintentional causes, natural causes, or undetermined causes. The final classification of a child's death is determined by the medical examiner; however, in the interim, the manner of death will be reported as one of the following:

(1) Accident: A death due to the unintended actions of one's self or another.
(2) Homicide: A death due to the deliberate actions of another.
(3) Natural Expected: A death that occurs as a result of, or from complications of a diagnosed illness for which the prognosis is terminal.
(4) Natural Unexpected: A sudden death that was not anticipated and is attributed to an underlying disease either known or unknown prior to the death.
(5) Suicide: The intentional and voluntary taking of one's own life.
(6) Undetermined: The manner of death has not yet been determined.
(7) Unknown: The manner of death was not identified or made known.

b. Adult Death: An individual 18 years old or older whose life terminates while receiving services.

The manner of death is the classification of categories used to define whether a death is from intentional causes, unintentional causes, natural causes, or undetermined causes. The final classification of an adult's death is determined by the medical examiner. However, in the interim, the manner of death will be reported as one of the following:

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(1) Accident. A death due to the unintended actions of one's self or another.
(2) Homicide. A death due to the deliberate actions of another.
(3) Natural Expected: A death that occurs as a result of, or from complications of a diagnosed illness for which the prognosis is terminal.
(4) Natural Unexpected: A sudden death that was not anticipated and is attributed to an underlying disease either known or unknown prior to the death.
(5) Suicide: The intentional and voluntary taking of one's own life.
(6) Undetermined: The manner of death has not yet been determined.
(7) Unknown: The manner of death was not identified or made known.

c. Possible Adverse Public Reaction/Media Coverage: Any event that could potentially generate a negative reaction from the public or result in media coverage.

d. Client illness/Emergency Room Visits: Any illness of a child under supervision that requires medical attention from a hospital Emergency Room visit or Urgent Care facility and/or hospitalization.

e. Client Injury: Any severe bodily trauma received by a client under supervision that requires immediate medical or surgical evaluation or treatment in a hospital emergency department.

f. Client accident/Incident On-Site: A condition of a client requiring immediate medical treatment by a licensed health care professional, which was sustained or allegedly sustained due to an accident, act of abuse, neglect or other incident occurring while in the presence of a Communities Connected for Kids employee, or a contracted facility.

g. Missing Child/Elopement: The unauthorized absence of a child or any instance in which the whereabouts of a child are unknown and attempts to locate the child have been unsuccessful. (Refer to Communities Connected *for* Kids Policy 805)

h. Escape: The unauthorized absence, as defined by Florida Statute and/or Communities Connected *for* Kids Policies and Procedures, of a client committed by the court to or securely detained in a Department of Children and Families mental health or developmental services forensic facility covered by Chapters 393, 394 or 916, F.S.

i. Other Incident: Any unusual occurrence or circumstance resulting from an extraordinary event such as a tornado, kidnapping or abduction of an active Communities Connected for Kids client, riot or hostage situation, which jeopardizes the health, safety and welfare of clients who are in the physical custody of Communities Connected for Kids.

j. Sexual Abuse/Sexual Battery: An allegation of any unsolicited or non-consensual sexual activity by one client to another client, or service provider employee or other individual to a client, or a client to an employee regardless of the consent of the client. This may include sexual battery as defined in Chapter 794 of the Florida Statutes as "oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object; however, sexual battery does not include an act done for a bona fide medical purpose." This includes any unsolicited or non-consensual sexual battery by one client to another client, or service provider employee or other individual to a client, or a client to an employee regardless of consent of the client, employee, as evidenced by medical evidence or law enforcement involvement.

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k. Suicide Attempt: An act which clearly reflects the physical attempt by a child, parent or caregiver to cause his or her own death.

l. Employee Arrest: the arrest of an employee of Communities Connected *for* Kids or its subcontracted or licensed service provider for a civil or criminal offense.

m. Employee Misconduct: any criminal activity is reportable, including but not limited to: (1) first degree or life felony by client or employee, (2) on-duty employee in possession of contraband or illegal substance, (3) falsification of state or client records by employee).

n. Altercation: A physical confrontation occurring between a child and an employee or between two or more children (facility).

o. Behavior Misconduct/Escalating behaviors - If determined to be reportable, staff should report any escalating, aggressive or acting out behaviors by any child under supervision.

p. Employee Accident/Injury – Accident or injury involving Communities Connected *for* Kids or subcontracted employee.

q Facility/Property Damage/Theft: Sabotage, vandalism or theft of Communities Connected *for* Kids or state property.

r. Child-on-Child Sexual Abuse: Any sexual behavior between children which occurs without consent, without equality, or as a result of coercion. This applies to any child receiving services from a subcontracted provider, e.g., children in foster care placements or residential treatment.

s. Security Incident: An action or event, intentional or unintentional, resulting in compromised data confidentiality, a danger to the physical safety of personnel, property, or technology resources; misuse of Communities Connected *for* Kids property or technology resources; and/or denial of use of property or technology resources. This includes instances of compromised client information.

t. Pregnant Youth: A child under supervision becomes pregnant.

u. Child/Adult Arrest: The arrest of any child or young adult under supervision.

v. Baker Act: An involuntary admission of any client to a hospital or crisis stabilization unit for mental health evaluation.

w. New abuse report on an open case under supervision.

x. Threats: Parent physical and verbal threats including aggressive behaviors towards CCKids staff, including Social media.

Additional categories may be added by CCKids to meet reporting needs as determined by senior management or QM.

Reporting Procedure:

1. In the event of a death or an incident that may result in adverse media attention, Communities Connected *for* Kids' Chief Executive Officer or designee must be verbally notified immediately and an electronic incident report filed via the uReport system as well as the Incident Reporting and Analysis System (IRAS) the next business day.
2. For all other critical incidents, the incident report must be submitted via the uReport system within one business day of the incident or reporter's knowledge of the incident. Reports of incidents occurring on

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weekends/Holidays should be received by noon on the first normal workday following the occurrence to ensure timely IRAS submission.

3. If the uReport system is unavailable and immediate notification cannot be made, the providers will notify the Director of Quality and Data Management and/or designee of the incident by email. The Director of Quality and Data Management will notify the Chief Operating Officer that an incident has occurred and that an incident report will be filed when the reporting system is available. Immediate notification is required for any critical incident involving a death or possible adverse media coverage.
4. CCKids Quality Management team will enter applicable critical incidents into IRAS within 24 hrs of the incident occurring.

Follow-Up Review of Critical Incidents to Prevent Future Occurrence

1. The Director of Quality and Data Management and/or designee is responsible for ensuring a system of review of reportable events to determine what actions, if any, need to be taken to prevent future occurrences, and a follow-up process to ensure such actions are successfully implemented.
2. On an individual basis, If determined by CCKids that an incident is likely to involve scrutiny through media or public attention or which resulted in serious injury to a child will be immediately reviewed by the Communities Connected *for* Kids management team. The purpose will be to determine necessary follow up regarding the basic answers to who, what, when, where, and how the incident occurred. Communities Connected for Kids Quality Management staff will attempt to determine:
    a) Whether staff were in compliance with program policies and procedures;
    b) If appropriate handling of the situation and action taken to protect the child;
    c) If steps were taken to maintain control of the situation and to limit risk to the child (ren) and liability to the program.
    d) require timely implementation and documentation of all actions taken.
    e) Appropriate handling of the situation and action taken to protect the child
    f) Steps taken to maintain control of the situation and to limit risk to the child (ren) and liability to the project.

Communities Connected *for* Kids Quality Management will track, analyze and report on the specific incident report data at quarterly Continuous Quality Improvement (CQI) and monthly Board meetings. There will be an entry made in FSFN documenting that an incident occurred.

Release of Information

Any request by the public or media for a copy of an incident report will be directed to the Chief Executive Officer of Communities Connected for Kids. The Chief Executive Officer will notify DCF of such inquiry and coordinate a response.

The Chief Executive Officer will keep DCF informed of any media requests for information or any stories that may result from these inquiries.

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Sunshine Health Reporting - Potential Quality of Care (PQOC) Reporting for Community Based Care (CBC)

CCKids will report all required incidents considered an adverse incident concerning members of the *Pathway to Shine* child welfare specialty plan. Regardless of the placement setting, if occurred under the provision of the care of a Sunshine provider, Death, Newsworthy Media Events and Human Trafficking are to be reported. Complete and submit the notification form to SUN_**PQOC@CENTENE.COM** and CWSP_Notifications@CENTENE.COM immediately becoming aware of the event. (See CCKIds Policy 203)

HIPAA Breach Procedures:

If a HIPAA Breach is suspected to have occurred the following procedures will be followed to determine what actions will be taken by CCKids.

1. A Risk Assessment based on the following factors must be completed:
(a) The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
(b) The unauthorized person who acquired, accessed, used or disclosed the protected health information or to whom the disclosure was made;
(c) Whether the protected health information was actually acquired or viewed; and,
(d) The extent to which the risk of compromise to the protected health information has been mitigated.
(e) PII released without PHI included/attached will be assessed for risk and needed notifications.

2. Evaluate the overall probability that the protected health information has been compromised by considering all the factors in their totality. If the evaluation of the factors fails to demonstrate the low probability the protected health information has been compromised, Breach Notification is necessary and required.

Breach Notification Requirements.

1. If it is determined that a Breach has occurred based upon the results of a properly completed the Risk Assessment, identify the individuals who's PHI has been compromised. These individual notifications must be provided without unreasonable delay and in no case later than 60 calendar days following the discovery of the breach, pursuant to 45 C.F.R. 164.404. A breach shall be treated as discovered on the first day the breach is known, or by exercising reasonable diligence, would have been known. Time for notifications starts when a breach is discovered or should have been discovered. CCKids must notify affected individuals following the discovery of a breach of unsecured PHI or ePHI. The notice must be in writing and written in plain language, delivered by first-class mail to the affected person's last known address, or alternatively, by e-mail if the affected individual has agreed to receive such notices electronically and that agreement has not been withdrawn.

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(a) If CCKids has insufficient or out-of-date contact information for 10 or more individuals, CCKids must provide substitute individual notice by either posting the notice on the home page of its web site or by providing the notice in major print or broadcast media where the affected individuals likely reside.
(b) If CCKids has insufficient or out-of-date contact information for fewer than 10 Individuals, it may provide substitute notice by an alternative form of written, telephone, or other means.
(c) If the individual is deceased, the notification will be sent by first-class mail at the last known address to the next of kin or personal representative.
(d) In cases where the individual affected by a breach is a minor or otherwise lacks legal capacity due to a physical or mental capacity concerns, notice will be sent to the parent or other person who is the personal representative of the individual.

Breach Affecting 500 or More Residents:

Media Notification:

1. If a breach affects more than 500 residents of the State, or of a jurisdiction within the State, in addition to notifying the affected individuals, CCKids must notify prominent media outlets serving the State or jurisdiction, as applicable. Notice may be in the form of a press release to appropriate media outlets serving the appropriate affected area. Like individual notice, media notification must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include the same information required for giving individual notice.

2. Posting a press release regarding a breach of unsecured protected health information on the home page of the covered entity's Web site will not fulfill the obligation to provide notice to the media.

3. Notification to the Secretary of the U.S. Department of Health and Human Services. In addition to notifying affected individuals and the media, where appropriate, CCKids must notify the Secretary of the U.S. Department of Health and Human Services (HHS) of breaches of unsecured protected health information. CCKids will notify the department by utilizing the HHS website and completing and electronically submitting a breach report form. If a breach affects 500 or more individuals, CCKids must notify the department without unreasonable delay and in no case later than 60 days following discovery of the breach.

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4. Breaches Affecting Less Than 500 Residents. CCKids shall maintain a log of all breaches affecting less than 500 residents and submit the information annually to the Secretary of HHS for breaches occurring during the preceding calendar year. The information must be submitted no later than 60 days after the end of each calendar year.

5. Notification by a Business Associate. If a breach of unsecured protected health information occurs at or by a Business Associate, the Business Associate must notify CCKids following discovery of the breach. A Business Associate must provide notice to CCKids without unreasonable delay and no later than (5) five days from the discovery of the breach.

(a) The Business Associate shall provide CCKids with the identification of each individual affected by the breach, as well as any information required to be provided by the business associate in its notification to affected individuals.

(b) A Business Associate that maintains the protected health information of multiple covered entities only needs to notify the covered entity(s) to which the breached information relates. However, in cases in which a breach involves the unsecured protected health information of multiple covered entities and it is unclear to whom the breached information relates, it may be necessary to notify all potentially affected covered entities.

Breach Incident/Information Log:

In addition to investigative reports for each incident of a breach, CCKids shall record or log all reported breaches of PHI regardless of the number of individuals affected.

1 Pursuant to 45 C.F.R. § 164.530(j)(2), covered entities must maintain the log or other documentation for (6) six years.

2 A covered entity must make such information available to the Secretary of HHS upon request for compliance and enforcement purposes in accordance with 45 C.F.R. § 160.310.

3 The Breach Incident/Information Log must contain the following information for each reported breach:

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(a) A description of what happened, including the date of the breach, the date of the discovery of the breach, and the number of individuals affected, if known;
(b) A description of the types of unsecured PHI that were involved in the breach (such as Social Security number, full name, date of birth, home address, treatment, etc.)
(c) A description of the action taken with regard to notification of individuals about the breach; and
(d) Resolution steps taken to mitigate the potential harm caused by the breach and prevent future breach.

Reporting:

1. As soon as a known or suspected breach of protected health information is discovered:

a. Report the known or suspected breach to CCKids HIPAA Privacy Officer; notification to the SER DCF Office and notification to the Department of Children and Families OCR Officer.
b. Complete a HIPAA Privacy or Security Incident Report form (available in DCF Forms, website) and send the report to the Office of Civil Rights and the Office of HHS
.

2. The HIPAA Privacy Officer is responsible for reviewing and investigating reported HIPAA privacy incidents and violations of privacy policies.

3. The HIPAA Security Officer (IT) is responsible for reviewing and investigating reported HIPAA security incidents and violations of security policy.

4. Even if it is determined that a privacy or security incident does not constitute a breach, the Office of Civil Rights must be notified of the incident by CCKids or the Business Associate.

Approved: DocuSigned by: Carol Deloach 665999492311426...

Carol Deloach, CEO

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Communities Connected for Kids

EXHIBIT C

INCIDENT REPORTING FORM

If CCKids incident reporting system is unavailable or reporter does not

Or email completed form to:

To be completed online by going to:

https://original.intranet.cckids.net/intranet/icgFormmgr.php

Communities Connected for Kids
FLCBCQMTeam@cckids.net

I. IDENTIFYING INFORMATION			
District Log #:	**Communities Connected for Kids Log #:**	**Date of incident:**	**Time of incident:** ☐AM ☐PM
Person reporting incident :	**Incident Reporter Telephone # :**	**Reporter's Position & Agency :**	
Date the reporter became aware of the incident:		**Time the reporter became aware of the incident:** ☐AM ☐PM	
Incident Primary Category: **If Other specify:**		**Incident Secondary Category (if applicable):** **If Other specify:**	
Region: **District 15**	**County of Incident:** **(If out of district, please indicate the child's home county.)**	**Abuse Hotline/CSA Report #:**	**Program Area:** **If Other, Explain:**

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Communities Connected *for* Kids

Full Name of Victim/Person Involved:	**Victim/Person Type (choose only one):** ☐ Child ☐ Adult	**Victim/Person Group (choose only one):** ☐ Client ☐ Employee ☐ Other

II. LOCATION OF INCIDENT

Contract SERVICE PROVIDER Name/Foster Home:	**Location/address of Incident:**	**Type of Facility:** **If Other specify:**

Victim's Primary Residence is Florida? ☐ Yes ☐ No ☐ Don't know

Reviewed at Communities Connected for Kids By:	**(removed info)**

Date Report Received at Communities Connected *for* Kids: **Time Report Received at Communities Connected *for* Kids:** ☐**AM** ☐**PM**

II. PARTICIPANT(S) WITNESS(ES) (IF APPLICABLE)

Full Name	Birth Date	Age	Race	Gender	P/W

III. DESCRIPTION OF INCIDENT

Give a detailed account – Who, What, When, Where, Why, How.

IV. CORRECTIVE ACTION AND FOLLOW UP

Immediate Corrective Action:

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Is follow up action needed? ☐ Yes ☐ No	**Is a written Safety Plan required?** ☐ Yes ☐ No
If yes, please specify:	

V. INDIVIDUALS AUTOMATICALLY NOTIFIED
To be completed by DCF

VI. INDIVIDUALS NOTIFIED			
	Abuse Registry	**Health Care Admin**	**Law Enforcement**
Name:			
Badge/ID#			
Date:			
Time:			
Called:	☐	☐	☐
Copied:	☐	☐	☐
Accepted: ☐ Yes ☐ No			
	Parent/Guardian/ Family Member	**DCM**	**DCM Supervisor**
Name:			
Date:			
Time:			
Called:	☐	☐	☐
Copied:	☐	☐	☐
	Other: (Please Specify)	**Other: (Please Specify)**	**Other: (Please Specify)**
Name:			
Date:			
Time:			
Called:	☐	☐	☐
Copied:	☐	☐	☐

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VII. DEATH REVIEW INFORMATION	
Date of Death:	**Time of Death:**
Place of Death:	
Suspected Cause of Death:	
Classification of Death:	**Explain:**

VIII. Communities Connected *for* Kids Follow-Up
(To be completed by Communities Connected *for* Kids)
Is follow-up by Communities Connected *for* Kids required: ☐ Yes ☐ No