



NIMRS 2.0 How To Complete a Jonathan's Law Entry

A Jonathan's Law (J-Law) record can be completed for all incident types, however, it is required to close all of the following incident types:

- Death
- Abuse & Neglect
- Wrongful Conduct
- Missing Person

*Note: Each client will need their own Jonathan's Law record

❖ Click the Individual's Involved option on the sidebar menu and navigate to the J-Law tab.

The screenshot shows the 'Individuals Involved' section of the NIMRS 2.0 interface. On the left sidebar, 'Individuals Involved' is highlighted. A red arrow points from this menu item to the 'Jonathan's Law' tab in the individual's record for JANE LDDLLX. The record shows a status of 'Incomplete' and a message: 'Qualified Person has not been notified of this Incident yet. Please notify Qualified Person (QP) and take appropriate action.' Below this, there is a question: 'Did facility notify the Qualified Person (QP) of the incident?' with radio buttons for 'Yes' and 'No'. The 'Save', 'Cancel Changes', and 'Close' buttons are visible at the bottom.

If the Qualified Person (QP) wasn't notified, then only the "Reason why" is required to complete the J-Law page:

The screenshot shows the 'Jonathan's Law' tab for JANE LDDLLX. The 'No' radio button for the question 'Did facility notify the Qualified Person (QP) of the incident?' is selected and highlighted with a red box. Below this, the 'Reason why QP of the incident not notified' section has 'QP non-responsive' selected. The 'Save', 'Cancel Changes', and 'Close' buttons are visible at the bottom.

If a QP was notified, then all required information on the J-Law page must be completed:

JANE LDDLLX, Client/Service Recipient

Individual Details | Diagnosis/Medication/Injury | **Jonathan's Law**

Did facility notify the Qualified Person (QP) of the incident? *
 Yes No

Date Notified *
03/28/2024

QP notified within 24 hours? *
 Yes No

Name of the QP notified *
Test QP

QP Phone Number
(123) 456-7890

Relationship of the QP with Client *
Parent

Did facility offer QP a one-on-one meeting? *
 Yes No

Meeting Date *
03/28/2024

Date facility provided action taken report to QP *
03/28/2024

Immediate Actions taken with response to the incident *
Test immediate actions [taken](#)

Did facility receive a written request from QP of the Incident Report? *
 Yes No

Date Request Received *
03/28/2024

Date Incident Report Shared *
03/28/2024

Action Taken Report **Save** **Cancel Changes** **Close**

If a one-on-one meeting is not offered, the reason why is required:

Did facility offer QP a one-on-one meeting? *
 Yes No

Reason why meeting was not conducted

The "QP notified within 24 hours?" field is auto-filled based on the Incident Date.

- If "Date Notified" is within one day of Incident Date, then "Yes" is auto-selected. If not, then "No" will be selected.

JANE LDDLLX, Client/Service Recipient

Individual Details | Diagnosis/Medication/Injury | **Jonathan's Law**

Did facility notify the Qualified Person (QP) of the incident? *
 Yes No


Date Notified *
03/28/2024

QP notified within 24 hours? *

Name of the QP notified *
Test QP

QP Phone Number
(123) 456-7890


Relationship of the QP with Client *
Parent



❖ Print the Actions Taken Report to PDF by using the associated button:

Did facility receive a written request from QP of the Incident Report? * <input checked="" type="radio"/> Yes <input type="radio"/> No	Date Request Received * 03/28/2024	Date Incident Report Shared * 03/28/2024
<input type="button" value="Action Taken Report"/>	<input type="button" value="Save"/>	<input type="button" value="Cancel Changes"/> <input type="button" value="Close"/>
<input type="button" value=" < Previous"/>	<input type="button" value=" Next >"/>	

- Many fields are auto-filled on the Print-out, while some must be completed manually after printing.
 - Green fields are manual, red fields are auto-filled.

	Office of Mental Health	Actions Taken Report in response to a reportable incident
This report includes any immediate protections/corrective actions put in place in response to an "incident" which shall mean an accident or injury that affects the health or safety of a patient. These actions should include any separation, medical treatment (including first aid) or counseling provided. Please note that the investigation may still be ongoing and additional actions may be taken as a result. For additional information regarding this report please contact:		
_____ by telephone at: _____		
Agency/Program:		
Name of the person receiving services:		
Incident Date:		
Preliminary Incident type:		
NIMRS #:		
Qualified Person (QP) receiving this report:		
Relationship of the QP to Client:		
Phone number of QP:		
Date QP Notified:		
Immediate actions taken in response to the incident. (Use additional sheets if necessary)		
Name of the person completing this form:		
Date of report:		
Reporter Signature:		
QP signature:		