


<b>GEORGIA DEPARTMENT OF JUVENILE JUSTICE</b>		Transmittal # 21-2	Policy # 8.5
Applicability: {x} All DJJ Staff { } Administration { } Community Services { } Secure Facilities		Related Standards & References: O.C.G.A. §§ 49-4A-8, 19-7-5, 16-5-46, 15-11-2 ACA Standards: 3-JDF-3A-18, 3-JDF-3A-27, 3-JDF-3A-30, 3-JDF-3B-14, 3-JDF-3D-06-1, 3-JDF-3D-06-4, 3-JDF-3D-06-7, 3-JDF-3D-06-8, 3-JDF-3D-06-9, 3-JDF-4C-35, 3-JDF-4C-45, 4-JCF-2A-19, 4-JCF-2A-21, 4-JCF-2A-29, 4-JCF-2A-30, 4-JCF-3B-09, 4-JCF-3D-01, 4-JCF-3D-04, 4-JCF-3D-07, 4-JCF-3D-08, 4-JCF-4C-42, 43, 4-JCF-4C-46, 47, 4-JCF-4C-50, 4-JCF-4D-07 NCCHC Juvenile Health Care Standards, 2011: Y-A-10, Y-B-05 The Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79) DJJ 3.18, 3.80, 5.1, 5.8, 8.6, 8.8, 8.9, 11.15, 11.40, 11.43, 12.4, 16.5, 20.1, 20.24, 23.1	
Chapter 8: SAFETY, SECURITY, AND CONTROL		Effective Date: 10/31/19	
Subject: SPECIAL INCIDENT REPORTING		Reviewed and Certified: 1/11/21	
Attachments:		Scheduled Review Date: 1/11/22	
A –Special Incident Report (SIR) B –Staff Statement for the Record C –Youth Statement for the Record D – Report of Youth Injuries E – Report of Youth Injuries Addendum F –Shift Supervisor/JPM Review G –Administrative Review H – SIR Critical Incident Review I – SIR Codes Guide J – Reserved K –SIR Monitoring Tool for Secure Facilities L – SIR Monitoring Tool for CSOs		Replaces: 10/31/18  APPROVED:   <hr/> Tyrone Oliver, Commissioner	

## I. POLICY:

The Department of Juvenile Justice shall utilize a standardized process for reporting special incidents.

## II. DEFINITIONS:

**Administrative Review:** The review of the complete Special Incident Report (SIR) packet by the Director or Assistant/Associate Director, or District Director in order to make decisions about the incident. The administrative review must occur before the SIR is entered into the SIR Database or the incident is assigned for investigation. The review will ensure that all notifications have been made and documented.

**Child:** A child who is: (1) under the age of 17 years when alleged to have committed a delinquent act; (2) under the age of 21, who committed an act of delinquency before reaching the age of 17 years, and who has been placed under the supervision of the court (or DJJ) or on probation to the court for the purpose of enforcing orders of the court; or (3) under the age of 18 years and adjudicated to be a Child in Need of Services (CHINS) as defined by O.C.G.A. §15-11-2.

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**Community Residential Programs:** Groups homes, emergency shelters, and other placements that provide 24-hour care in a community based residential setting.

**Commercial Sexual Exploitation of Children (CSEC):** Sexual abuse and/or prostitution of a child by an adult or older juvenile involving payment in cash, food, shelter, or other forms of value to the child or a third person; involving treatment of the child as a sexual and commercial object in activities such as prostitution, adult entertainment, pornography, and other forms of transactional sex where a child engages in sexual activities.

**Designated Health Authority (DHA):** The individual responsible for the facility's health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to juveniles. The Designated Health Authority will be a Registered Nurse.

**Director:** For the purposes of this policy, the staff member responsible for the overall operation of a Regional Youth Detention Center (RYDC), Youth Development Campus (YDC), community service office, or contract residential placement.

**First Aid:** Initial treatment given by a staff member trained in providing first aid to a sick or injured youth to preserve life, prevent further injury, and promote recovery.

**Force (Deadly Force):** Force which creates substantial risk of causing death or serious bodily injury.

**Injury:** Bruises, cuts, or a complaint of pain related to a physical altercation or direct contact with a child.

**Injury Severity Rating:** A numerical rating assigned by medical services staff that indicates the extent of a youth's injury.

**In-House SIR:** Special Incident Reports that do not meet the guidelines of the established incident codes as defined by the Special Incident Report code guide and that are not entered into the OQA database. This will require an Administrative Review within the 72-hour time frame. In addition, an In-House SIR Tracking number must be assigned starting with last two numbers of year and proceeding in sequential numbers as written throughout calendar year.

**Medical Services Staff:** Staff licensed as a Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician's Assistant, or Physician.

**Qualified Mental Health Professional (QMHP):** Mental health staff with education, training and experience adequate to perform the duties required in accordance with professional standards. When the QMHP is required to complete assessments or provide individual counseling to youth with mental illness, the QMHP must have at least a master's degree in a mental health related field, training, and experience in the provision of mental health assessment and counseling procedures. A master's-level student under the supervision of a QMHP may perform the functions of a QMHP.

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**Report of Youth Injuries:** The document used by medical services staff to document the youth's verbatim statement and physical condition following an incident, and to assign an injury severity rating to any injury sustained in the incident.

**Special Incident:** An event involving youth, employees, and/or programs/facilities/offices (owned, operated or contracted) that interrupts normal procedure or precipitates a crisis. (See Attachment I, SIR Codes Guide.)

**Special Incident Report (SIR):** A report that provides details regarding an event involving youth, employees, and/or facilities/programs/offices (owned, operated, or contracted) that interrupts normal procedure or precipitates a crisis.

**Staff:** For the purposes of this policy, DJJ employee, or individuals that contract, volunteer, or intern with DJJ.

**Totality of Circumstances:** What constitutes "objectively reasonable" is dependent on a number of additional factors, collectively known as the "totality of circumstances." The entire situation needs to be examined in order to determine whether the actions of staff are reasonable. Some of the factors which must be considered when using force are the size, strength, and skill level of the officer and subject, degree of physical exhaustion, number of subjects, other force options available, ability to escape, severity of the crime/threat, etc.

**Witness:** Any staff who directly observed the incident occur, but did not participate in the incident. Staff that follow-up in response to the incident in order to provide care and evaluation (i.e. medical, mental health, or behavioral health staff) are not witnesses. All youth who are present during an incident are witnesses.

**Youth under Supervision:** For the purposes of this policy, youth in a secure facility, being transported by DJJ staff or being supervised in the community by a community case manager.

### III. GENERAL PROCEDURES:

- A. All staff, volunteers, interns and contractors having first knowledge of an incident, or receiving a report of an alleged incident will report in compliance with conditions in this policy and Prison Rape Elimination Act, if applicable. Reports may result from having firsthand or direct knowledge of an incident or receiving a report or an allegation from a youth either verbally or in writing (to include grievances), a parent or guardian, from a friend, an organization, anonymously, or through other third parties.
- B. Verbal Reporting:
  1. The staff member filing the Special Incident Report SIR (Attachment A) will provide a verbal report of the incident to his/her immediate supervisor. The staff member will record the supervisor's name on the SIR as being notified of the incident.

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2. The staff supervisor will provide a verbal report to the Director or designee as soon as possible when the incident includes:
  - a. A situation which endangers the operation of a facility, community services office or community residential program;
  - b. A serious personal injury to staff or youth requiring outside medical attention;
  - c. A situation that has a significant potential for media attention;
  - d. A situation that has a significant potential for legal liability for DJJ; or
  - e. A situation alleging any PREA related incident, including allegations of sexual harassment, and retaliation.
  
3. The Director or designee will provide prompt telephone notification of critical incidents through the chain of command to the respective Assistant Deputy Commissioner and/or the respective Deputy Commissioner. If the Deputy Commissioner or Assistant Deputy Commissioner is unavailable, the Director will immediately notify the Director of Investigations. The Director or designee will immediately notify the appropriate Office of Investigations (OI) Field Supervisor assigned to the location. Critical incidents include the following
  - a. Death or serious illness or injury of a youth self-harm (Codes A1P, A2P);
  - b. Death or serious injury of an employee or a visitor on state property that requires outside medical attention (Code A3P);
  - c. A youth with an injury severity rating of 4 or more (Code F1P);
  - d. A youth who requires inpatient hospitalization related to an incident that occurred while at an office or program; (Code E1P or Injury Severity Rating of 5);
  - e. Employee Work Stoppage (Code G11P);
  - f. Hostage Situation (Code H7P);
  - g. Youth-on-youth sexual penetration occurring on DJJ property (Code PY1);
  - h. Youth-on-youth sexual contact on DJJ property (Code PY2);
  - i. Youth-on-youth sexual harassment (Code PY3);

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- j. Staff/Contractor/Volunteer-on-youth sexual penetration (Code PS1);
  - k. Staff/Contractor/Volunteer-on-youth sexual contact – non-penetrative touching (Code PS2);
  - l. Staff/Contractor/Volunteer-on-youth indecent exposure (PS3);
  - m. Staff/Contractor/Volunteer-on-youth voyeurism and/or sexual harassment (PS4);
  - n. Use of Deadly Force (Code P6P);
  - o. Escape or attempted escape from a secure facility or the custody of an employee of a secure facility while away from the facility (Codes R1P, R2P, R3P, R4P);
  - p. A violent group disturbance involving four (4) or more youth (Code H4P);
  - q. A youth on staff assault (Code F2P);
  - r. Law enforcement entry into a secure facility during an emergency with a weapon; or
  - s. Weapon, Outside of Training (Code W1P).
4. The respective Deputy Commissioner will notify the Commissioner of all critical incidents. The respective Deputy Commissioner or designee will notify the Office of Communications when the situation has a significant potential for media attention and/or the Office of Legal Services when the situation has a significant potential for legal liability.
  5. The notification to the respective Deputy Commissioner will be in accordance with Chain of Command Notification (Attachment J). The Director will use the facility/office on-call procedure for all notifications after hours and on weekends.
  6. The Director or designee will promptly report any knowledge, suspicion, or information, including allegations of sexual abuse or sexual harassment and shall promptly make all notifications to all parties required in this policy, DJJ 8.9, Child Abuse Report; and DJJ 23.1, Prison Rape Elimination Act.
  7. All persons verbally notified of an incident will have their names recorded on the SIR, shift supervisor review, or the administrative review form.

**C. Special Incident Report (SIR):**

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1. Staff having direct knowledge of the incident shall submit to his/her immediate supervisor a written report using the SIR by the end of the assigned daily work period or shift. Staff will complete the SIR in accordance with DJJ 5.8, Documentation Standards.
2. The reporting staff will complete Part A (Initial Report) before the end of the assigned daily work period or shift.
3. Any staff member who uses force will complete Part B for all special incidents by the end of the shift.

**D. Statements (Supplemental Report):**

1. By the end of the shift or workday, all staff who witnessed the incident will write a Staff Statement for the Record, which will be attached to the SIR. (See Attachment B, Staff Statement for the Record.) If a staff member completes Part B of the Special Incident Report, they will not be required to write a separate Staff Statement for the Record.
2. By the end of the shift or workday, each youth involved in the incident (including witnesses) will be requested to write a Youth Statement for the Record (Attachment C). Staff will assist youth who need assistance in writing a statement or will videotape the statement. Staff will document all efforts to obtain a statement.

**E.** If a youth reports an incident that occurred in a placement other than where he/she is currently placed, the staff member receiving the information will complete an SIR by the end of the workday in which the information was reported. The reporting staff will forward the SIR to the Director. The Director receiving the SIR will notify and forward the SIR to the Director of the placement where the alleged incident occurred as soon as possible but not later than 72 hours and will notify the Office of Investigations as necessary. The Director making the notification will document all notifications on the administrative review form.

**F.** The DJJ Worksite where the incident occurred will be responsible for processing the SIR in accordance with this policy. If the incident occurred at a non-DJJ organization the receiving facility will process the SIR in accordance with this policy.

**G. Self-harm Behaviors:**

1. Staff must immediately notify medical services and a qualified mental health professional of all incidents involving self-harm behaviors. Because staff cannot discern the intentions of the youth with certainty, staff must treat any self-harm behaviors seriously.
2. Prompt notification process to parent and Community Services case manager will be conducted in accordance with DJJ 11.15, Emergency Medical Services.

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3. Self-harm statements that are discussed during a clinical encounter with a master's-level Qualified Mental Health Professional (QMHP), master's-level intern, Psychologist, or Psychiatrist will not require a Special Incident Report. Self-harm behaviors that are displayed during a clinical encounter with a QMHP will require a Special Incident Report. (Unlicensed mental health staff must consult with a licensed mental health professional regarding the statement/behavior and document the consultation.)

H. Death of a Youth:

1. In the event of the death of any youth in a DJJ facility or program, or while the youth is in the physical custody of DJJ, notification will be conducted in accordance with Chain of Command Notification (Attachment J).
2. The Director may contact the Office of Legal Services for consultation as needed.
3. Upon request, a copy of the SIR will be provided to the local Child Abuse Protocol Committee, which has broad powers to review child deaths, including subpoena powers, in the county in which the death occurred.
4. DJJ staff will cooperate with the Child Abuse Protocol Committee in conducting review(s) or completing report(s) regarding the death of any DJJ youth.

- I. In exceptional circumstances, the Commissioner, upon being informed of an extremely sensitive or complex situation, may preempt the normal incident reporting process.

**IV. BEHAVIORAL HEALTH EVALUATION (FOR YOUTH IN SECURE FACILITIES):**

- A. The youth will be evaluated as soon as clinically indicated or operationally practicable, but always within 72 hours of the incident.
- B. Staff will report mental health emergencies to the on-call mental health staff member in accordance with DJJ 12.4, Staffing and On-Call Mental Health Services.
- C. A Juvenile Detention Counselor will conduct the Behavioral Health Evaluation for the following incidents:
  1. Use of force, without mechanical restraint (Code P1P);
  2. Use of force, with mechanical restraint for security purposes (Code P2P); and
  3. Use of chemical agent (Code P5P).
- D. A master's-level QMHP, at minimum, will conduct the Behavioral Health Evaluation for the following incidents:

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1. Use of force, with mechanical restraint for therapeutic purposes (Code P3P);
  2. Emergency/urgent medication administration (Codes E3P);
  3. Self-harm behavior (D Codes, with the exception of D8P with an Injury Severity Rating of 3 or less);
  4. Youth-on-youth sexual penetration on DJJ property (Code PY1);
  5. Youth-on-youth sexual contact on DJJ property (Code PY2);
  6. Youth-on-youth sexual harassment on DJJ property (Code PY3);
  7. Staff/contractor/volunteer/intern-on-youth sexual penetration (Code PS1);
  8. Staff -on-youth sexual contact (Code PS2);
  9. Staff -on-youth indecent exposure (Code PS3); and
  10. Staff -on-youth voyeurism (Code PS4).
- E. The evaluation will only address the youth's current mental status. The QMHP will document all other clinical issues or concerns for youth on the mental health caseload in a crisis management progress note in JTS. For youth who are not on the mental health caseload, the QMHP will generate a referral for a Mental Health Assessment. Mental health staff will provide appropriate follow-up care and treatment.
- F. Youth reporting or alleging prior victimization from sexual abuse will be offered a follow up with mental health services as soon as possible but not later than 14 days following the report. The initial contact, including dates, action taken and services offered will be documented. Entries will be made in the JTS to document the contact and the nature of the contact.
- G. If the Special Incident Report involves use of force (P code) and self-harm behavior (D code, with the exception of D7P or D8P with an Injury Severity Rating of 3 or less), a master's-level QMHP must conduct the Behavioral Health Evaluation.
- E. In circumstances in which staffing dictates another arrangement (e.g., vacancies, extended illness, etc.), QMHP(s) will work collaboratively with the Juvenile Detention Counselor(s) to ensure that the Behavioral Health Evaluations are conducted in a timely manner. All applicable requirements for the individual performing the Behavioral Health Evaluation apply to alternate arrangements.
- F. Behavioral health staff and Juvenile Detention Counselors (JDC) will document the Behavioral Health Evaluation in the Juvenile Tracking System (JTS).



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- G. A copy of the Behavioral Health Evaluation will be printed and filed with the Special Incident Report (Supplemental).
- H. Behavioral health staff and JDCs will conduct the Behavioral Health Evaluation in an area that provides privacy and protects the confidentiality of the youth.
- I. Allegations of child abuse, sexual abuse/exploitation, and neglect will be reported in accordance with DJJ 8.9, Child Abuse Reporting.

**V. MEDICAL EXAMINATION (FOR YOUTH IN SECURE FACILITIES):**

- A. Medical services staff, if on site, will immediately provide medical attention to any serious injuries suffered, such as profuse bleeding, changes in level of consciousness, obvious fractures or dislocations, difficulty breathing or any other life-threatening complaint because of use of force techniques. If the youth is in distress and medical services staff are not on site, staff will immediately call 911 and then will contact the on-call medical services staff.
- B. Only medical services staff will assign and/or revise an injury severity rating. Medical services staff's decisions will not be compromised. (See DJJ 5.8, Documentation Standards, and DJJ 11.40, Medical Autonomy.)
- C. When the medical services staff are on site, youth must be escorted to the medical unit no later than 2 hours after the time of the incident. When the medical services staff are not present, the on-call medical services staff must be contacted if an injury is present or youth is in distress. If the youth is not in distress, the youth will be examined in the medical unit upon staff arrival but always within 12 hours of the incident.
- D. In a facility with medical services staff on duty less than 10 hours a day, as authorized by DJJ 11.43 (Attachment A), the medical services staff must complete the medical evaluations following an incident as soon as he/she arrives or within 16 hours of the incident, whichever comes first. The medical services staff will promptly perform the examination in the medical unit to ensure that the youth does not present injuries received after the actual incident.
- E. Medical services staff will use the following Injury Severity Ratings to indicate the extent of the youth's injuries:

<i>Rating</i>	<i>Definition</i>
1	No visible injury or pain (based on subjective and/or objective findings)
2	Injury or pain requiring one-time first aid treatment and/or one-time dose of ibuprofen or acetaminophen; does not require additional follow-up

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3	Injury or pain requiring medical treatment beyond first aid treatment (e.g. taking medications for more than one dose, Dermabond, steri-strips, temporary splinting, activity/room restriction, x-ray services without positive radiology findings, follow-up treatment required or prescribed)
4	Injury or pain requiring assessment/treatment for ingestion of chemicals, suturing, or positive radiology findings
5	Injury or pain requiring assessment/treatment requiring surgery or admission to a hospital
6	Injury resulting in the death of a youth

1. The Report of Youth Injuries (Attachment D) will be used by the medical services staff to document the medical evaluation and disposition.
2. If a youth suffers from two or more injuries from a single incident, the injury severity rating will reflect the most serious injury.
3. Any changes made to a Report of Youth Injuries will only be done by the medical services staff by using the Report of Youth Injuries Addendum (Attachment E). The original Report of Youth Injuries will not be changed.
4. All Reports of Youth Injuries (Attachment D) and Reports of Youth Injuries Addendum (Attachment E) must be reviewed and verified by the Designated Health Authority (DHA) or designee prior to forwarding a copy to the facility Director. The original Report of Youth Injuries and/or Addendum will be filed in the youth's health record.
5. The facility Director will ensure that the SIR database is updated to reflect the correct/updated injury severity rating, and attach the copy to the Special Incident Report (Supplemental).
6. When the youth has an outpatient assessment at an outside medical facility and returns, the medical services staff must complete a Report of Youth Injuries Addendum (Attachment E) indicating that a follow-up assessment was needed or there were positive radiology findings and a review of the final assessment/treatment disposition of the outside medical facility was completed. The medical services staff will assign the injury severity rating based on the outside medical facility's final assessment/treatment disposition.
7. The Designated Health Authority will review and verify the Report of Youth Injuries Addendum (Attachment E) before forwarding a copy to the facility

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Director. The original Report of Youth Injuries Addendum will be filed in the youth's health record.

8. The facility Director will ensure that the SIR database is updated to reflect the new information and attach a copy of the Report of Youth Injury Addendum to the SIR (Supplemental).
  9. If the youth is admitted to an outside medical facility, the injury severity rating on the Report of Youth Injuries Addendum will be 5, which indicates hospital admission.
  10. The level of investigation will be determined by the final injury severity rating indicated on the final Report of Youth Injuries and/or Addendum.
- F. Medical services staff will use a digital camera to photograph the youth after each use of force incident (regardless of the injury severity rating). Every effort will be made to make the photograph not identifiable to the youth. The photograph will be downloaded into the SIR Pictures Folder (Q:\SIR Pictures) Medical services staff must conduct the youth's medical examination in the medical unit, in an area that provides privacy and protects the confidentiality of the youth.
  - G. Medical services staff will be notified if a youth is placed in isolation. (See DJJ 8.8, Use of Isolation.)
  - H. A youth may refuse treatment for an injury resulting from an incident, but he/she cannot refuse to be examined by the medical services staff. Medical services staff will attempt to examine the youth later when he/she is more cooperative. Health care staff will document any refusal of examination or treatment.
  - I. Youth alleging prior victimization at intake will be offered follow-up medical or mental health services as soon as possible but not later than 14 days of the Intake Screening. The follow-up will be documented in JTS.
  - J. Expressed allegations of child abuse, any reasonable cause to believe that a child has been or is being abused physically or sexually, or subject to neglect will be reported in accordance with provisions laid out in this policy, DJJ 23.1, PREA; and DJJ 8.9, Child Abuse Reporting.
  - K. Staff making the notification will document it on the SIR: to whom the notification was made, date, and time.

## **VI. ADMINISTRATIVE REVIEW OF SPECIAL INCIDENT REPORTS:**

- A. Shift Supervisor/Juvenile Program Manager Review:

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1. Before the end of the shift/workday the Shift Supervisor/Juvenile Program Manager (JPM) will conduct a review of all SIRs that occurred on the shift or during the workday.
2. The Shift Supervisor/JPM will not participate in the review of an SIR in which he/she actively participated in the incident by using use of force techniques. In the event the Supervisor/JPM uses a use of force technique, a same-level supervisor on the same shift, the shift supervisor on the next shift or a JPM in another Community Services Office will complete the review.
3. The Shift Supervisor/JPM will use the Shift Supervisor/JPM Review Form (Attachment F) to complete the review.

**B. SIR Management Team Meetings:**

1. Each facility will have a procedure in place for the timely review of each SIR. The SIR Management Team will consist of, at a minimum, the facility Director or Assistant/Associate Director(s), medical and mental health staff. This meeting will occur prior to the entry of the SIR into the SIR database. The SIR Management Team meeting and attendance will be documented.
2. A QMHP will attend the meeting or there will be a consultation with a QMHP if one is not available for the meeting. The QMHP will assure appropriate coding of the SIR in regard to security versus therapeutic restraints.
3. The Designated Health Authority or designee will attend the meeting and must bring a copy of the Report of Youth Injury forms and the JTS Help Request Log.

The SIR Management Team will review the SIR package to ensure that documentation is complete and present and to determine if any immediate action is necessary.

4. The SIR Management Team will review all critical incidents by reviewing the video (Closed Circuit Television [CCTV]), handheld video camera or body cameras) that was obtained during the incident.

**C. Administrative Review:**

1. The Director or Assistant/Associate Director (for facilities) or the District Director (for community) will conduct an administrative review of all SIRs within 72 hours (excluding weekends and holidays) using the Administrative Review (Attachment G). The administrator will complete the Administrative Review prior to entry of the SIR into the SIR Database.
2. The Director, Assistant/Associate Director, or District Director will not participate in the review of an SIR in which he/she actively participated in the

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incident by using use of force techniques or witnessing the incident in person (e.g., physically present). In this event, the Director's or the District Director's supervisor (if he/she was not involved) will conduct the Administrative Review.

3. The facility Director (District Director for community services) must review all SIRs that involve the following codes:
  - a. Child abuse (Codes B1P, B2P, and B3P);
  - b. Death of a youth, employee or visitor that requires outside medical attention (Codes A1P, A2P, and A3P);
  - c. A youth who requires inpatient hospitalization related to an incident that occurred while at an office or program;
  - d. Youth-on-youth sexual penetration occurring on DJJ property (Code PY1);
  - e. Youth-on-youth sexual contact on DJJ property (Code PY2);
  - f. Youth-on-youth sexual harassment (Code PY3);
  - g. Staff/contractor/volunteer/intern-on-youth sexual penetration (Code PS1);
  - h. Staff/Contractor/Volunteer-on-youth sexual contact – non-penetrative touching (Code PS2);
  - i. Staff/Contractor/Volunteer-on-youth indecent exposure (PS3)
  - j. Staff/Contractor/Volunteer-on-youth voyeurism and/or sexual harassment (PS4)
  - k. Escapes or attempted escapes (Codes R1P, R2P, R3P, and R4P);
  - l. Youth on staff assaults (Code F2P);
  - m. Employee Work Stoppages (G11P);
  - n. Group disturbances (Code H4P);
  - o. Hostage Situations (H7P);
  - p. Contraband discovered at a facility/program site (excluding nuisance contraband) (Code G5P);
  - q. Employee misconduct (Code G2P);

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- r. Mistreatment of youth (Code G3P);
  - s. A youth with an injury severity rating of 4 or more; or
  - t. Firing weapon, outside of training (W1P).
4. The Assistant/Associate Director may review these codes if Director's absence will result in the SIR not meeting timeframe. In the absence of the Director and Assistant/Associate Director, the Administrative Review will be conducted by the Director's supervisor. The reviewer must read all completed parts of the SIR and check for any missing or incomplete parts.
  5. The reviewer will review all available video footage (video camera, body camera, and Closed Circuit Television [CCTV]).
  6. The reviewer will determine the code(s) for the SIR using the SIR Codes Guide (Attachment I) and indicate the code(s) on the Administrative Review.
  7. If the Director is uncertain about assigning proper code, he or she will gather additional information (this includes consulting with his or her immediate supervisor or the Office of Investigations as necessary). In the event of a PREA related incident, the Director will consult with the OI PREA supervisor for coding.
  8. If upon review it is determined that one of the following codes is appropriate, the Director will immediately notify the appropriate Office of Investigations (OI) Field Supervisor assigned to the location:
    - a. Physical child abuse (B1P);
    - b. Child neglect (B3P);
    - c. Inappropriate use of force (B5P) with an ISR or 3 or more;
    - d. Employee misconduct (G2P); and
    - e. Mistreatment of youth (G3P);
  9. The Director will document the discussion with the OI Field Supervisor in the Administrative Review section of the SIR, to include the date and time of the discussion.
  10. If the reviewer determines that the matter is not a special incident as defined by this policy (i.e., the incident cannot be coded), the report must be filed at the facility/office as an In-house SIR. Entry of the information into the SIR Database will not be required.

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- D. Any employee fitness for duty or disciplinary issues will be handled in accordance with DJJ 3.18, Fitness for Duty, and DJJ 3.80, Employee Progressive Discipline.

## **VII. CRITICAL INCIDENT REVIEW (FOR SECURE FACILITIES ONLY)**

- A. Critical Incidents requiring a review includes:
- a. Escape or attempted escape from a secure facility or the custody of an employee of a secure facility while away from the facility (Codes R1P, R2P, R3P, R4P);
  - b. A violent group disturbance involving 4 or more youth to include (Code H4P);
    - (1) Youth or Staff injury severity rating of at least 5 or more, and/or
    - (2) Property damage of \$3,000 or more.
  - c. Natural disaster, fire, or other emergency (Code H5P);
  - d. Substantial damage to state property (H6P);
  - e. Employee work stoppage (Code G11P);
  - f. Death of a youth, employee or visitor that requires outside medical attention (Codes A1P, A2P, and A3P);
  - g. Youth, employee or visitor held hostage (Code H7P); or
  - h. Assault, youth on youth (F1P) or youth on staff (F2P), with injury severity rating of 5 or more.
- B. A Critical Incident Review should be initiated by the facility Director/designee as soon as possible but no more than 72 hours after the incident, except in the death of a youth which would be reviewed in accordance with DJJ 8.6, Fatality Review in Secure Facilities.
- C. A follow up review must occur within 14 days after the date of the initial review.
- D. The review process will be documented using the SIR Critical Incident Review form (Attachment H).

## **VIII. QUALITY ASSURANCE:**

- A. Data Entry:

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1. The SIR will be entered into the SIR Database exactly as it is written to ensure the integrity of the writer's intent (punctuation and spelling may be corrected) on the SIR.
2. The Administrative Review must be completed prior to the SIR being entered into the SIR Database.
3. With the exception of all "PY" and "PS" codes, the SIR must be entered into the SIR Database within 72 hours (excluding weekends and holidays) of the date of the report. All "PY" and "PS" codes must be entered into the SIR Database within 24 hours of the alleged incident.

**B. Special Incident Report Monitoring:**

1. On a quarterly basis, the Regional Administrator will attend a facility SIR meeting and review no less than 20 SIRs completed during the 90 day period.
2. The JPM/District Director will monitor the special incident reporting process quarterly through the Operation Audit process for community offices. (See DJJ 20.1, Community Quality Assurance Monitoring.)
3. The Regional Treatment Services Specialist will monitor the special incident reporting process within community residential programs through site visits and audits conducted in accordance with DJJ 20.24, Community Residential Programs.
4. The Regional Administrator or designee will document the evaluation using the respective SIR Monitoring Tool (Attachment K or L).

**C. SIR Database Monitoring:**

1. The Director or designee will monitor the SIR Database Involvement Report at least monthly to identify youth and staff who are frequently involved in incidents.
  - a. Youth will be referred to their managing team as needed.
  - b. The staff will be referred to the Field Training Officer as needed.
2. The Director or Assistant/Associate Director will monitor the SIR Database Occurrence Report at least monthly to identify trends regarding the frequent location(s) and times where incidents occur.



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3. Both the Involvement and Occurrence reports should be printed out, signed and dated by the reviewing Director. These reports will be filed and maintained for audit purposes in accordance with DJJ 5.1, Records Management.
  4. The information from these reports will be used to attempt to decrease the overall number of incidents.
- D. OI will be responsible for monitoring the SIR Database for significant trends regarding special incidents occurring within DJJ.
- E. Records Retention:
1. An in-house tracking number will be assigned to each SIR.
  2. The hard-copy documentation regarding each SIR will be filed together as one complete packet in an individual file folder that includes the following:
    - a. Initial Special Incident Report;
    - b. Behavioral Health Evaluation (if applicable);
    - c. Report of Youth Injuries (if applicable);
    - d. Restraint Flow Sheet (if applicable);
    - e. Therapeutic Restraint Order form (if applicable);
    - f. Staff Statement(s) for the Record;
    - g. Youth Statement(s) for the Record;
    - h. Shift Supervisor/JPM Review;
    - i. Administrative Review;
    - j. Video footage from video camera and/or CCTV (if applicable);
    - k. Correspondence with the local Department of Family and Children's Services;
    - l. Departmental correspondence regarding the SIR; and
    - m. Report of Investigations completed by OI.
  3. The file folder and documents will include an in-house tracking number and the SIR Database tracking number.
  4. The SIR file folders will be filed by month.

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5. SIR file folders must be maintained in an administrative area that is double-locked (e.g., locked filing cabinets behind locked doors).
6. The SIR, all supporting documentation, and video tapes/disks will be retained in accordance with the established retention schedule as outlined in DJJ 5.1, Records Management.
7. Records that are a part of pending litigation or investigation will not be destroyed. SIRs involving allegations of sexual abuse will be retained, along with documentation of the investigation, for as long as the alleged abuser is incarcerated or employed plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

**IX. LOCAL OPERATING PROCEDURES REQUIRED: NO**