

**GUIDELINES
FOR
THE DEPARTMENT
OF JUVENILE JUSTICE'S
SERIOUS INCIDENT REPORTS
BADGE INFORMATION SYSTEM**

**Applicable to:
Juvenile Court Services Units
Juvenile Secure Detention Centers
Juvenile Correctional Centers**

Effective: April 1, 2014

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**GUIDELINES FOR THE DEPARTMENT OF JUVENILE JUSTICE'S
SERIOUS INCIDENT REPORTS BADGE INFORMATION SYSTEM**

I. Purpose:

Reporting serious incidents alerts the highest appropriate level of management to (i) the need for immediate action; (ii) the potential for public attention; and (iii) the potential for litigation. Additionally, it assists management in evaluating incidents and programs for quality assurance purposes (i) to ensure the safety and security of the public, staff, and juveniles; (ii) to collect data for the purpose of trend analysis; (iii) to facilitate learning from incidents; and (iv) to minimize and, where possible, prevent the risk of reoccurring.

The Department encourages an open and honest reporting process. The goal is to acknowledge incidents when they occur, to take corrective action, and to identify the factors contributing to an incident so as to reduce the potential for future incidents to occur.

The serious incident shall be reported by providing factual details and not opinion. The administrator of the program where the incident occurred is responsible for reporting the incident to designated Department personnel.

It is important to remember that notification of Department personnel through the chain of command does not relieve staff of the responsibility to notify, as appropriate, Child Protective Services, law enforcement, parents, or others to whom they have a duty to report. The facility or program shall also report incidents to the appropriate external agency (e.g., child abuse or neglect to the department of social services, delinquent acts to law enforcement).

II. Time Frames for Reporting:

When an incident occurs, immediate action shall be taken to control the situation. Once the situation is under control, a serious incident should be reported as quickly as possible in accordance with applicable statutes, regulations, procedures, and these guidelines. For JCCs, SIRs should be completed by the end of the shift during which the serious incident occurred.

Submission of a serious incident report shall not be delayed due to incomplete information. All pertinent information known at the time the incident is reported will be included. Missing required information should be gathered as quickly as possible and submitted in a subsequent update to the report. If the serious incident report has been approved by the administrator of the program or facility, missing, changed, or new information should be sent as quickly as possible in an addendum (as provided for in section IV (F)).

III. Overview of the Reporting Process:

Serious incidents are reported through the Serious Incident Reporting (SIR) module in the Department's electronic data collection system (BADGE). Specific serious incidents that must be reported are contained in the SIR module and listed in Section V on the SIR Incident Type screen. The incident type screen tab contains a description of the incident that can be seen by holding the cursor on the incident type.

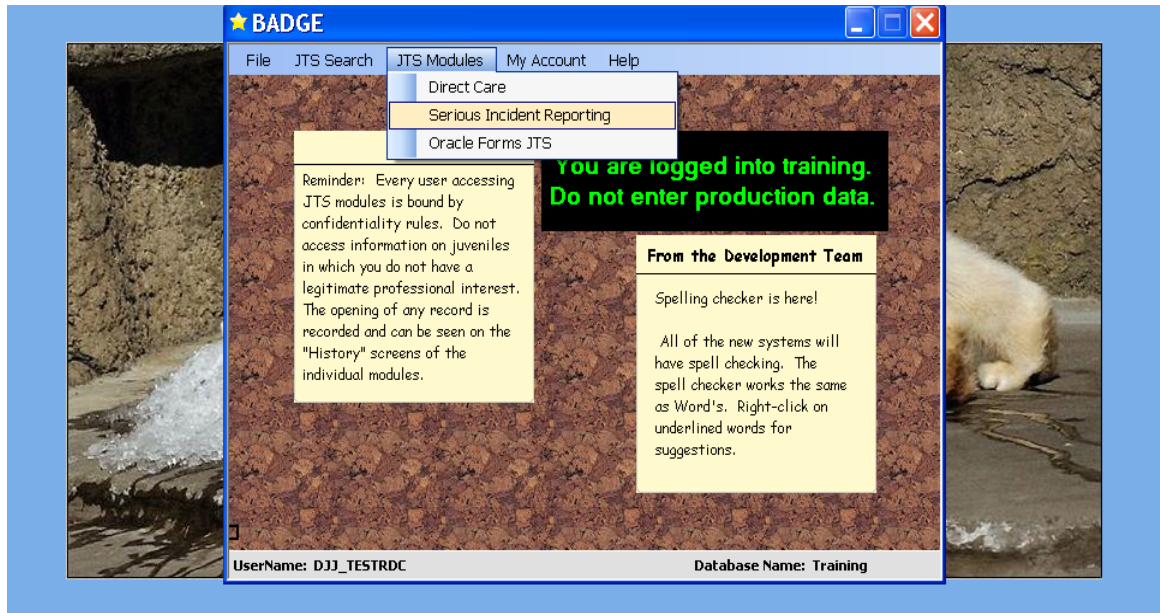
Additionally, the definitions of the serious incidents are listed in the Appendices as follows:

- Appendix A – CSU incidents and definitions
- Appendix B – Group home incidents and definitions
- Appendix C – Juvenile detention center incidents and definitions
- Appendix D – Juvenile correctional center incidents and definitions.

IV. Procedures:

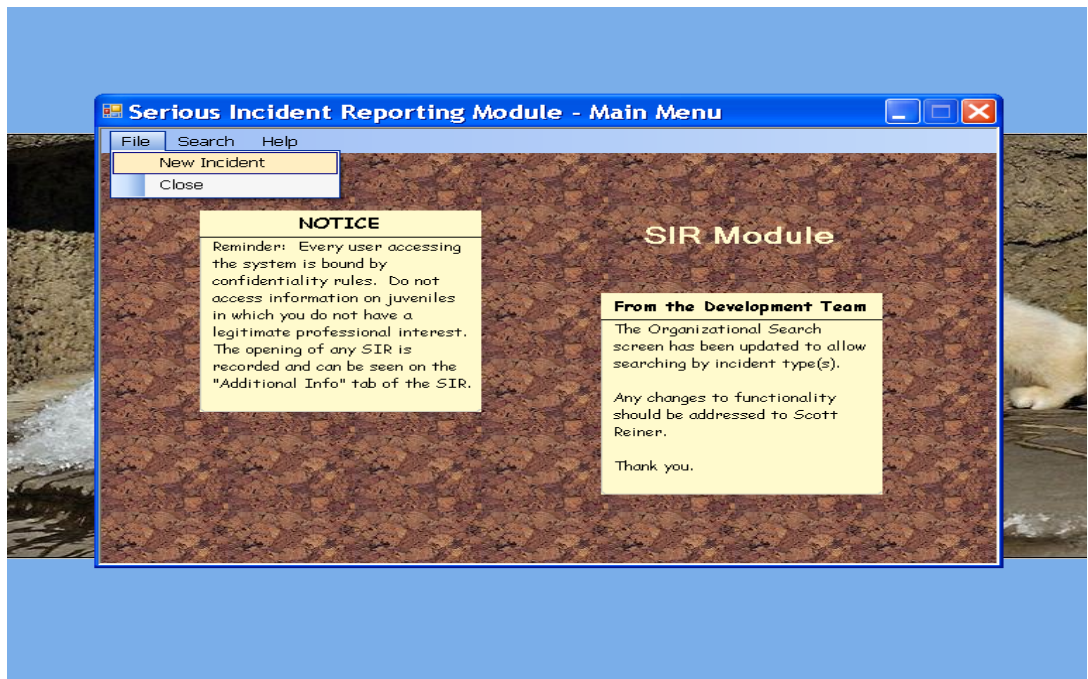
A. Accessing the SIR Module

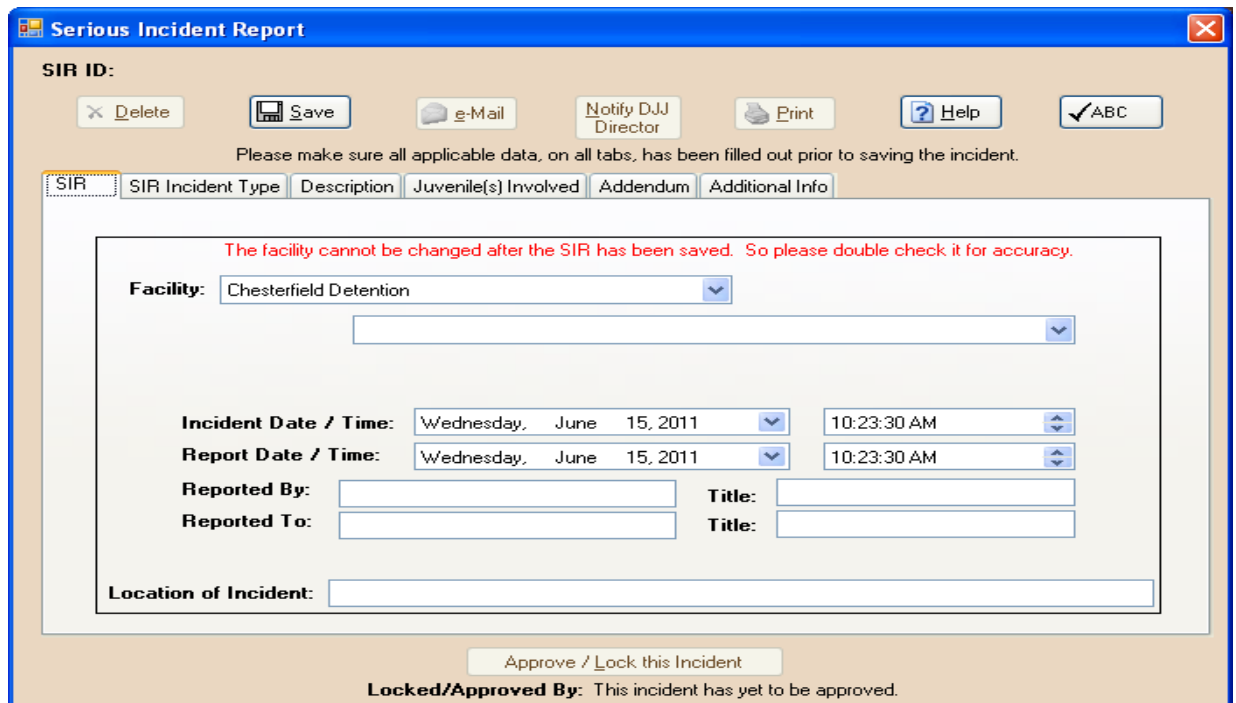
Logon on to BADGE. Click “JTS Modules.” Select “Serious Incident Reporting.”



B. Entering a New SIR

1. Access the SIR Report. Once in the SIR module, enter a new SIR by clicking on “File” and select “New Incident.”



2. Complete Background Information (first screen). Fill in each field (as provided below).


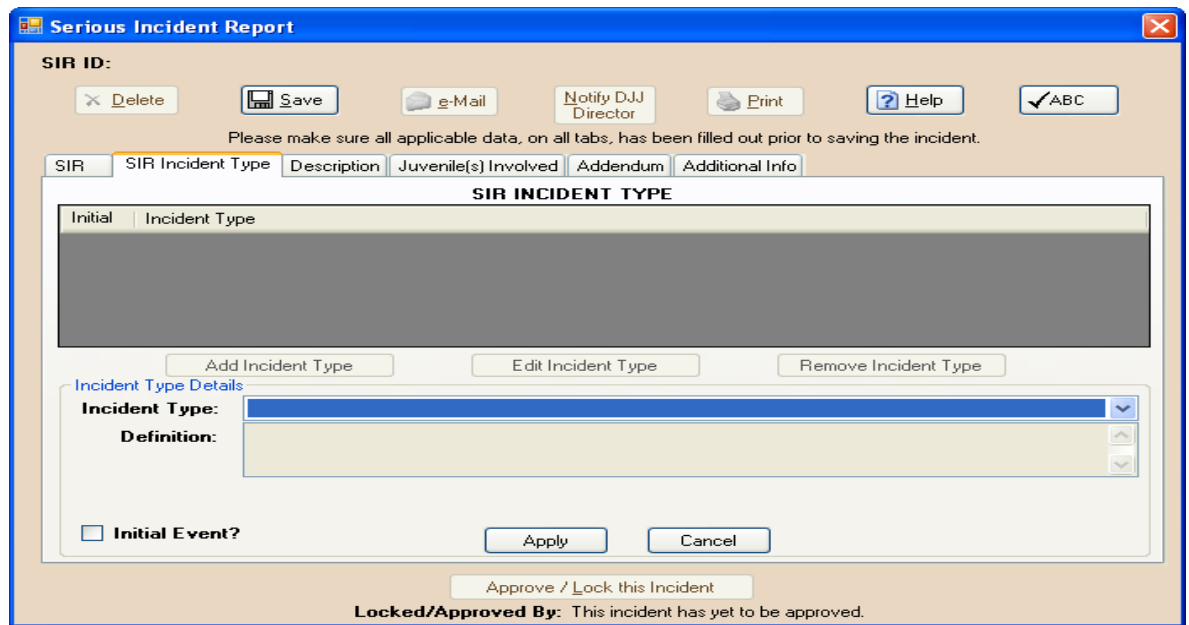
- *Facility:* Double check that the correct facility was selected. The facility cannot be changed after the SIR has been saved.
- *Activity:* From the drop down menu (access by clicking the arrow button to the right of the box), select the activity which best captures what was happening when the incident started.
- *Incident Date/Time:* Incident date/time defaults to the date/time when the JTS module is first opened. Report date/time **cannot** come before the Incident date/time. The system will allow this to be keyed initially, but it will not allow you to save the SIR if this is incorrect to the second. Make sure that the Incident date/time occurs prior to the Report date/time.
- *Report Date/Time:* Report date/time defaults to the date/time when the JTS module is first opened. Report date/time **cannot** come before the Incident date/time.
- *Activities:* The drop-down menu for the Activities will expand to allow the entire definitions' display. The approved list of activities that were provided electronically will be the only ones available.
- *Reported By/Reported To:* The list of titles for staff reporting the SIRs is a drop-down menu. For JCCs the person to whom the SIR is reported is Mr. Ralph Thomas (he is automatically notified when the SIR is submitted through the "Notify the Director" button). In the "incident description" section, in the "persons notified" section, the individual to whom the incident was initially reported/notified (e.g., the regional program manager, the superintendent, the administrator on call) should be listed.
- *Location of Incident:* As of July 1, 2011, the "Location" will now be on the first screen. The locations provided in the drop-down menu are facility specific. These codes are the approved ones for the facility and are only provided for the facility of the individual entering the SIR.

3. Identifying ALL Involved Incidents.

****NEW**** When reporting serious incidents, the facility or program will no longer report just one incident involved in the reported event. ALL involved incidents shall be selected in the JTS module. Thereafter, the reporter shall select which of all the involved incident types was the “Initial Event” (the serious incident that started the behaviors required to be reported). Identifying the initial incident is described in #4 below.

Please follow the following steps in identifying all behaviors involved in the reported serious incident.

- Select the “SIR Incident Type” tab.
- Click “Add Incident Type.”

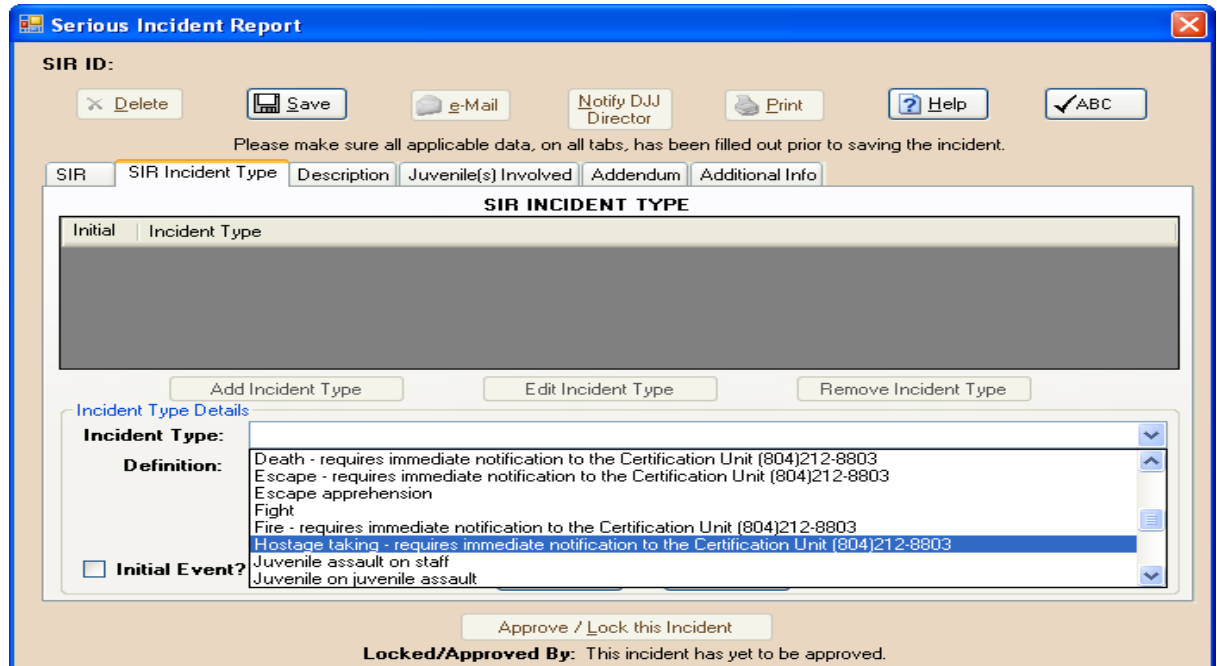


For example: In a JCC, juvenile assaulted another juvenile in a rival gang without injury, that led to a fight of three juveniles without injury, a juvenile then assaulted a staff, the juveniles were restrained, and a staff member was injured in the restraint which required transport to the hospital.

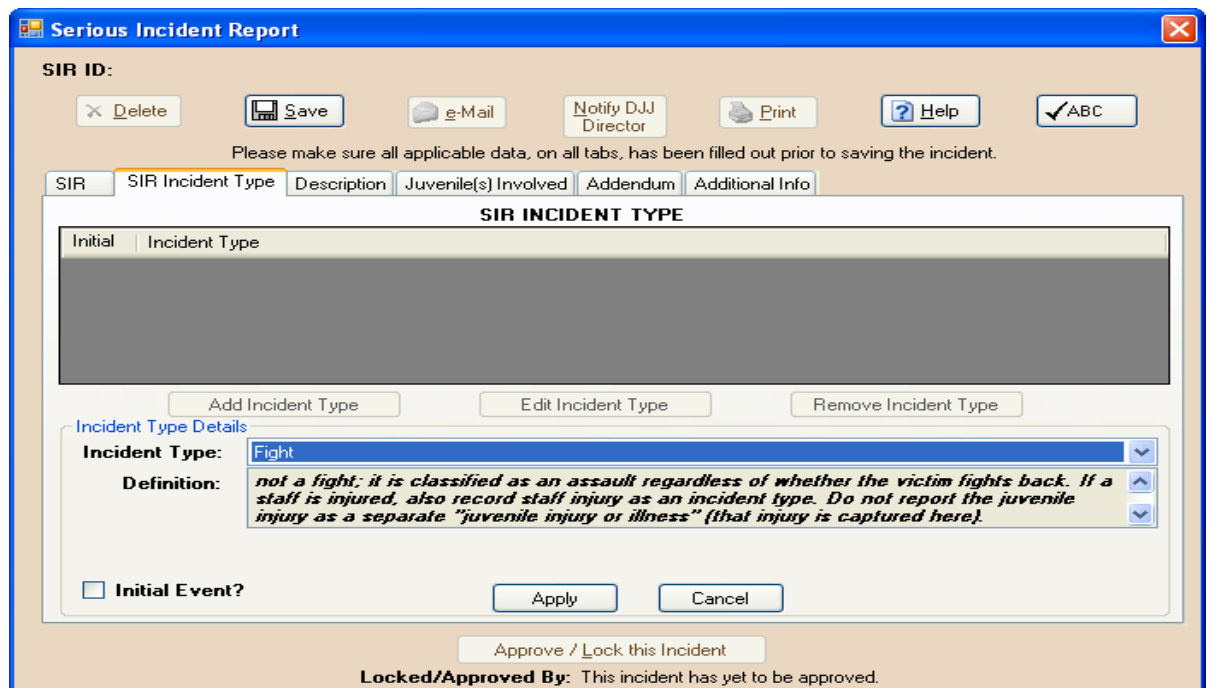
- The SIR would report the following incidents: (i) resident-on-resident assault, Level 3, (ii) allegation of gang-involved incident; (iii) fight, Level 2, (iv) use of restraint, (v) assault on staff, Level 1, and (vi) serious staff injury or illness

Note: the SIR categories are different for group homes, juvenile detention centers, and CSUs.

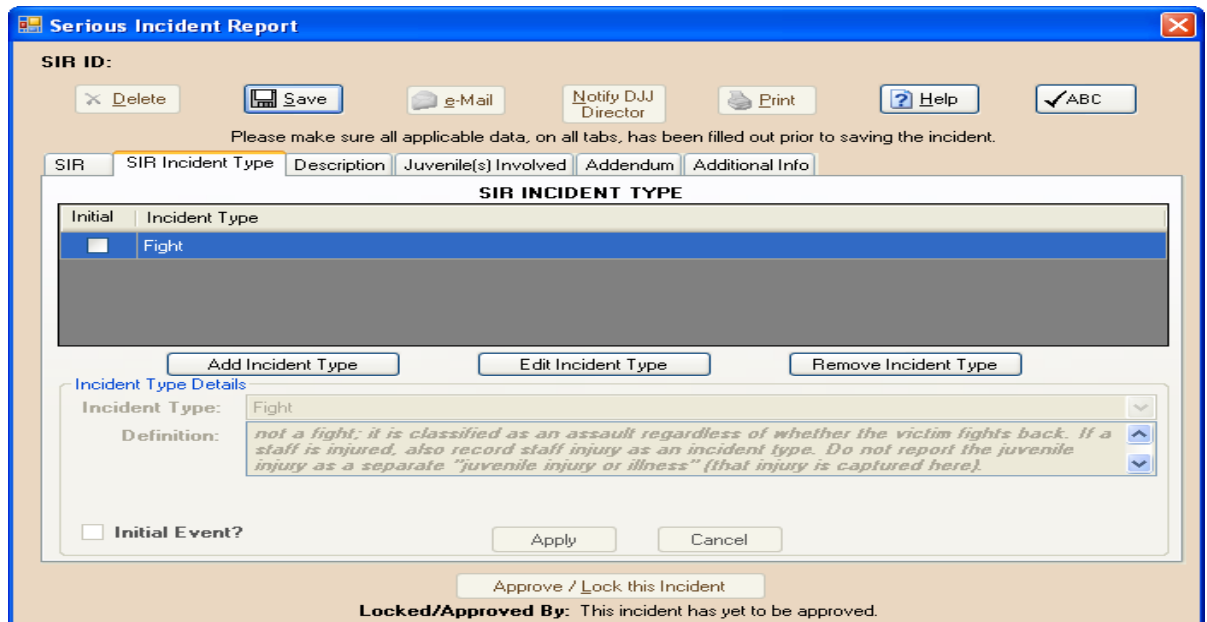
- In the “Incident Type Details” box, click the arrow to the right to access the “Incident Type” drop-down menu.



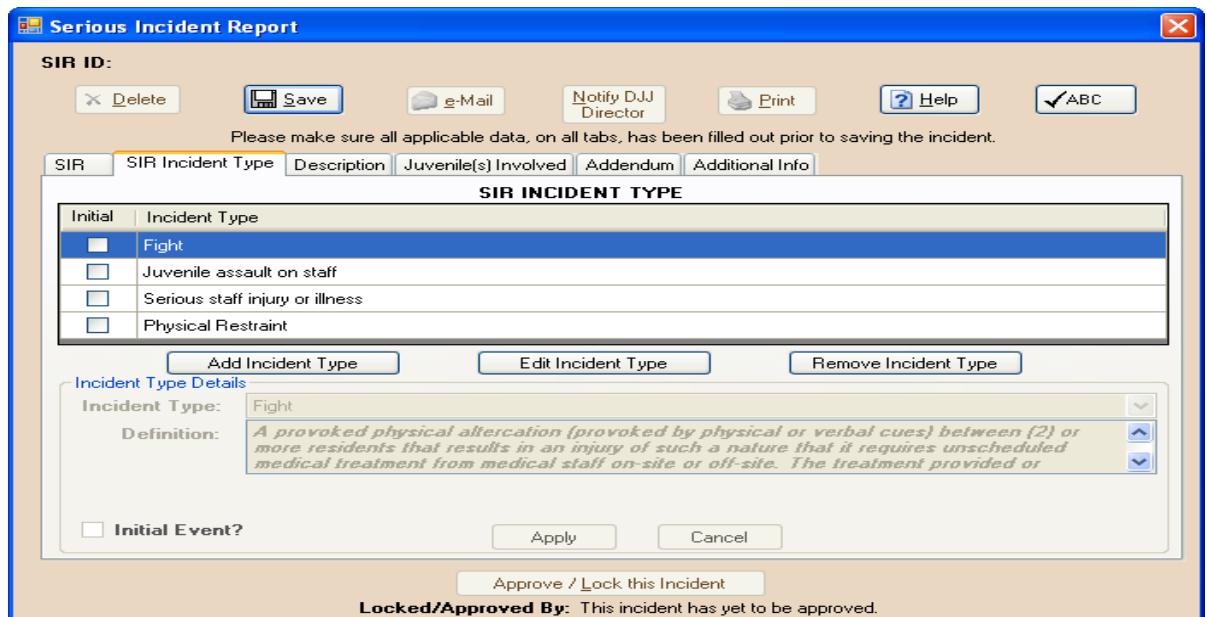
- When the incident is selected, the definition will appear. Some definitions are too long to see the entire definition in the space provided. Use the down arrow to scroll to see the entire definition.
- Some definitions contain instructions on whether to select the definition chosen or other definitions (e.g., in the definition of “Serious staff injury” it states that “if the injury is the result of an assault, do not report it under “Serious staff injury” as the injury is captured in the assault reporting.)



- Highlight and select the incident type, and click “Apply.” The incident will appear in the “SIR Incident Type” box.



- To add additional incident types to the SIR, select “Add Incident Type.” Using the drop-down “Incident Type” menu, select another involved incident. Highlight and select the incident type, and select “Apply.”
- Continue this process until all involved incidents are selected.



- If an incident type is incorrectly identified, change the entry using the “Edit Incident Type” and “Remove Incident Type” functions.
- The incident types do not automatically save. Select “Save” when completed.
- If an allegation (requiring disposition) is selected, follow the instructions below for entering the disposition.

4. Select Initial Event. After all “SIR Incident Types” have been selected, identify the initial event that started the serious incident.
 - Highlight and select the incident type that started the serious incident.
 - Click “Edit Incident Type.”
 - Click the box next to “Initial Event” (a check will appear in the box).
 - Click “Apply.”



This field is **mandatory**. If an “Initial Event” is not selected, an error message will appear stating “You must check one incident that initiated the report.” If this message appears, select “OK,” return to the “SIR Incident Type” tab and follow the instructions above for selecting the “Initial Event.”

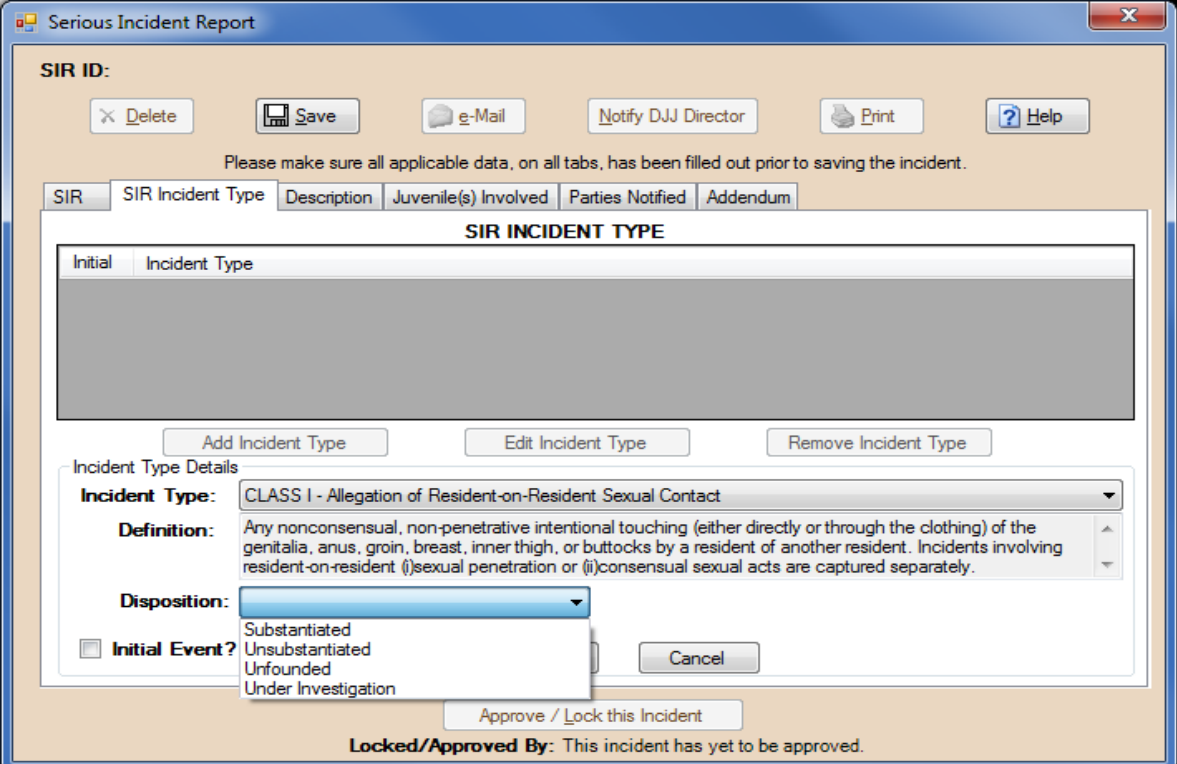
The initial event may also be selected when initially identifying all of the involved incident types (in Step 3).

If the initial event is incorrectly selected, edit by using the “Edit Incident Type” function.

Example Continued: In a JCC, juvenile assaulted another juvenile in a rival gang without injury, which led to a fight of three juveniles without injury, a juvenile then assaulted a staff, the juveniles were restrained, and a staff member was injured in the restraint which required transport to the hospital.

- The SIR would report the following incidents: (i) resident-on-resident assault, Level 3, (ii) allegation of gang-involved incident; (iii) fight, Level 2, (iv) use of restraint, (v) assault on staff, Level 1, and (vi) serious staff injury or illness
- **The SIR would indicate that “resident on resident assault, Level 3” was the initial/precipitating incident.**

5. Enter the Dispositions. This field only applies to serious incidents involving “Allegations” (e.g., suspected of non-sexual child abuse or neglect).
- When an allegation is selected as an incident type, a “Disposition” must be entered. The following dispositions are available:
 - ✓ Substantiated
 - ✓ Unsubstantiated
 - ✓ Unfounded
 - ✓ Under Investigation
 - After selecting the allegation, click the down arrow in the “Disposition” box, and scroll down. Highlight and select the applicable disposition.
 - Click “Apply.”



- If “Apply” is clicked before entering a disposition, the following message will appear: “You must enter a disposition for this incident type before you can save.”
- If the error message appears, select “OK” and enter the disposition following the instructions provided above.

Example Continued: In a JCC, juvenile assaulted another juvenile in a rival gang without injury, which led to a fight of three juveniles without injury, a juvenile then assaulted a staff, the juveniles were restrained, and a staff member was injured in the restraint which required transport to the hospital.

- All involved incidents: (i) resident-on-resident assault, Level 3, (ii) allegation of gang-involved incident; (iii) fight, Level 2, (iv) use of restraint, (v) assault on staff, Level 1, and (vi) serious staff injury or illness

- **Initial incident:** The SIR would indicate that “resident on resident assault, Level 3” was the initial/precipitating incident.
- **Disposition:** The SIR contains an “allegation” incident for gang-involvement, so the “under investigation” disposition would be checked for that incident type. Once investigated, the disposition should be changed to “substantiated,” “unsubstantiated,” or “unfounded.”

C. Completing the SIR

1. **Description.** Provide a complete and accurate description of the incident. Include any follow-up action needed (when follow-up happens, complete an addendum). Do not include any personnel action taken in the SIR module.

Special instruction for CSUs: If the incident involves (i) a juvenile under supervision and (ii) alleges additional misconduct on the part of that juvenile (e.g., major arrest), include a brief description of the juvenile’s supervision history (length of supervision, adjustment, services, compliance with orders, prior sanctions used, violations or charges while under supervision).

You can type the SIR narrative on Notepad or in a word document and then cut and paste into the SIR Description. It is easiest if done through Notepad. If it is done from a Word document, there will be some technical issues (e.g., upside-down question marks).

Narrative from a Word document can be copied into the “Description” field in the SIR module by highlighting the text and using the following key commands:

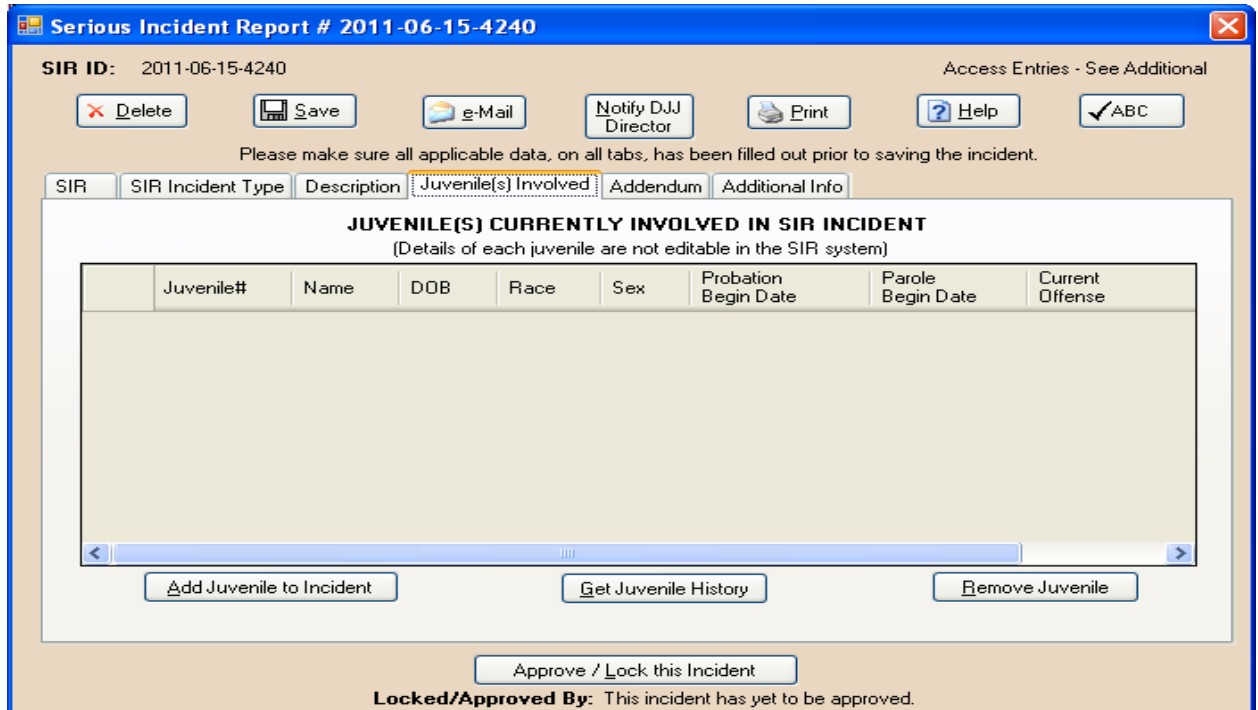
- CTRL + X = Cut
- CTRL + C = Copy
- CTRL + V = Paste



The incident Description may be spellchecked using the “ABC” button.

2. Juvenile(s) Involved. When adding a juvenile, enter the JTS number. The rest of the information will be automatically completed.
 - a. If, for some reason, the information does not automatically fill in – do not manually enter it. Verify that the JTS number is correct and, if so, please contact Evaluation staff.
 - b. There is a 30-day window for juveniles already released from a JCC. If an SIR is required that involves a juvenile no longer in the system, the juvenile’s information (name and juvenile number) should be included in the narrative of the SIR.

An e-mail should be sent to Evaluation staff notifying them that the SIR does not contain the applicable juvenile information. Evaluation staff then will be responsible for adding the juvenile into the SIR. This situation is the only one where it will be acceptable to include a juvenile’s information only in the narrative. And, only in this situation will it be the responsibility of Evaluation staff to ensure the information is keyed in the proper place for juveniles involved.



SIR ID: 2011-06-15-4240 Access Entries - See Additional

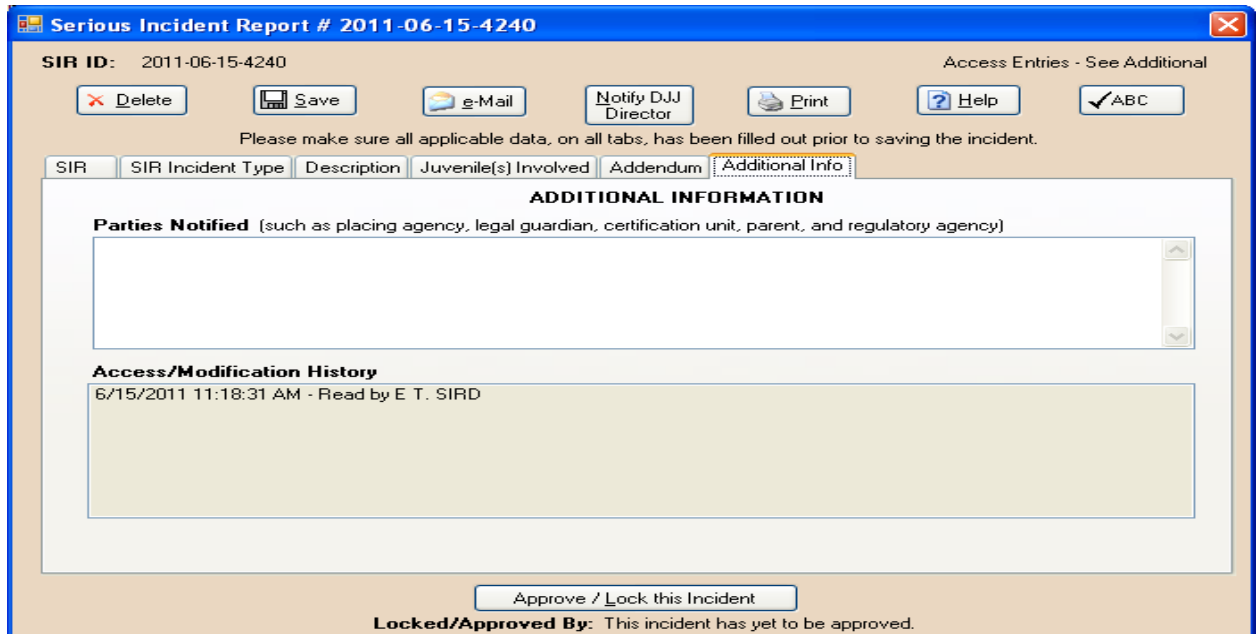
Please make sure all applicable data, on all tabs, has been filled out prior to saving the incident.

JUVENILE(S) CURRENTLY INVOLVED IN SIR INCIDENT
(Details of each juvenile are not editable in the SIR system)

Juvenile#	Name	DOB	Race	Sex	Probation Begin Date	Parole Begin Date	Current Offense

Locked/Approved By: This incident has yet to be approved.

3. Additional Information. It is required that notifications are completed. If this box is left blank, the staff member keying the SIR will not be allowed to save the document until verifying that notifications have been made. In instances where notification may not be necessary (i.e., if State Police are not notified), then N/A should be used.



SIR ID: 2011-06-15-4240

Access Entries - See Additional

Delete Save e-Mail Notify DJJ Director Print Help ABC

Please make sure all applicable data, on all tabs, has been filled out prior to saving the incident.

SIR SIR Incident Type Description Juvenile(s) Involved Addendum **Additional Info**

ADDITIONAL INFORMATION

Parties Notified (such as placing agency, legal guardian, certification unit, parent, and regulatory agency)

Access/Modification History

6/15/2011 11:18:31 AM - Read by E T. SIRD

Approve / Lock this Incident

Locked/Approved By: This incident has yet to be approved.

Complete this section by filling in the name and time individuals were notified that the incident happened.

For example, in a JCC state:

Sergeant Name was notified at 4:00 pm.
 The Shift Commander, John Doe, rank, was notified at 4:05 pm.
 The Administrator on Call, Jane Deer, rank, was notified at 4:08 pm.
 The Regional Program Manager, John Coble was notified at 4:10 pm.
 The Investigative Unit was contacted by Mr. Coble at 4:15 pm.
 The Virginia State Police was contacted by Superintendent Name at 4:30 pm.
 All of the above notifications were on the day of the incident.

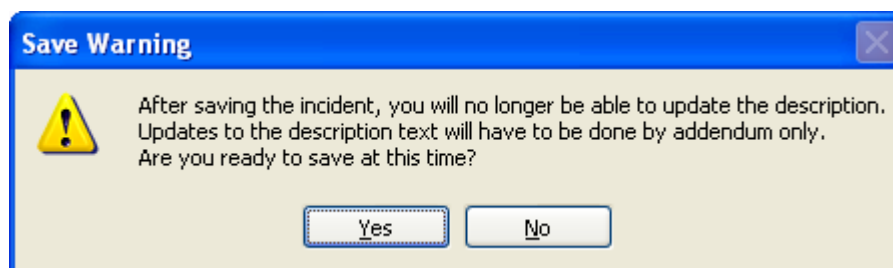
If a party was notified after submission of the SIR (e.g., Virginia State Police or Child Protective Services), complete an addendum with this information.

D. Saving the SIR

The “Save” button should only be selected when the SIR is complete. Clicking the save button will result in the incident Description/Narrative field locking. **Once the save button is selected, the Description/Narrative cannot be changed.** Any changes after saving must be submitted through an addendum.

When you select “Save,” the system will ask the reporter certain questions. You may receive the following messages:

1. You must check one incident that initiated the report (section B 4).
 - The reporter will receive this message if an “Initial Incident” was not selected when completing the identification of the involved incident types.
 - Select OK, the system will direct the SIR to the “SIR Incident Type” tab.
 - Select an “Initial Incident” (steps detailed in section B 4 of this manual).
2. Did you remember to verify the “Parties Notified” on the additional info tab?
 - If you have not verified the “Parties Notified” (who was initially notified that the incident occurred and when), select “No.”
 - i. If you select No, the SIR will not be saved
 - ii. Go to the “Additional Info” tab and verify the parties notified.
 - If you already verified the parties notified, select “Yes.”
3. You must select the “Location of Incident”
 - This will appear if the location of the incident field was not completed in the SIR tab.
 - Select OK, the system will direct the SIR to the “SIR” tab.
 - Select a “Location of Incident” from the dropdown menu.
4. ****NEW**After saving the incident, you will no longer be able to update the description. Updates to the description text will have to be done by addendum only. Are you ready to save at this time?**



- Select “Yes” if the narrative/description does not need any changes. Do not select “Yes” unless the SIR Description/Narrative is final and ready for submission.
- **IF YOU SELECT YES, THE SIR DESCRIPTION WILL LOCK AND WILL NOT BE ABLE TO BE CHANGED (even for typographic errors).**
- Select “No” to make changes to the description.

E. Program or Facility Review of the SIR

Due to the nature of the system, some adjustments will need to be made in the process in which Central Office will receive the SIRs. In general, the following flow should occur:

1. Superintendent/Supervisory Review SIR. Staff at the CSU, or JDC key the SIR into BADGE and have it reviewed by the Superintendent or designee. For JCCs, this review will be completed by the Shift Commander so that the SIR may be sent before the end of the shift during which the SIR occurred.

Once the SIR is saved, the narrative/description cannot be changed.

In JCCs, once the SIR has been saved, it can be printed to attach to the IIR. The SIR can be saved as a Word document by:

- a. In the top corner, click on the “Export Report” button to get the “Save as” screen.
 - b. Select location to save the file and give it a name (typically the SIR number is used).
 - c. At the bottom where the “Save as type” is, click on the drop-down list and select Microsoft Word and click “OK.”
2. Read and Approve the SIR. The Superintendent/Director or designee is responsible for reading the SIR. (At this stage, the SIR is available only for viewing by designated staff at the particular JCC until verification has been noted).
 - a. For CSUs and JDCs, the superintendent or designee should add his or her approval before it is released to be sent to the Central Office
 - b. For JCCs, the superintendent or designee should review the SIRs and any changes to the SIR should be sent by an addendum **no later than 10:00 am on the morning after the SIR is submitted** to Central Office for review.

Located on the “SIR” tab will be a field labeled “Verified by.” The “Verified by” field is to be completed with the name of the Superintendent or designee and the date. As currently noted by using the initials, this field signifies that the SIR has been read and approved by either the Superintendent/Director or designee.

The log on information and date/time an SIR is accessed is automatically captured in the SIR module in BADGE.

F. Submitting the SIR

1. Juvenile Court Services Units: **All** SIRs shall be distributed as follows:

Notify the Director: Select the “Notify DJJ Director” button to facilitate transmission of the report to Department management personnel. If the incident has been, or soon will be, communicated to other parties, all such notifications should be documented in the designated space in the automated SIR.

2. Juvenile Detention Centers:

- a) SIRs involving (i) **death**; (ii) **hostage taking**; (iii) **riot**; (iv) **escape**; (iv) **suspected non-sexual child abuse or neglect**; (v) **allegation of staff on resident sexually abusive contact**; (vi) **allegation of staff on resident sexually abusive act or penetration** shall be distributed as follows:

- i. *Notify the Director*: Select the “Notify DJJ Director” button to facilitate transmission of the report to Department management personnel. If the incident has been, or soon will be, communicated to other parties, all such notifications should be noted in the designated space in the automated SIR; and

- ii. *Email*: Select the “Email” button to email the SIR using the current distribution list, as well as to the following DJJ staff:

- The DJJ Detention Specialist or Angela Valentine (angela.valentine@djj.virginia.gov)
- The facility assigned DJJ Certification Analyst (clarice.booker@djj.virginia.gov; mark.lewis@djj.virginia.gov; or paul.reaves@djj.virginia.gov)
- The DJJ Deputy Director of Operations or designee

- b) SIRs involving (i) **fire**, (ii) **AWOL**, (iii) **serious juvenile injury or illness**, (iv) **allegation of resident on resident sexual act or penetration**, (v) **allegation of resident on resident sexual contact** shall be distributed as follows:

- i. *Telephone*: Call 804-212-8803 and provide notification to the Certification Unit.

- ii. *Email*: Select the “Email” button to email the SIR using the current distribution list, as well as to the following DJJ staff:

- The DJJ Detention Specialist or Angela Valentine (angela.valentine@djj.virginia.gov)
- The facility assigned DJJ Certification Analyst (clarice.booker@djj.virginia.gov; mark.lewis@djj.virginia.gov; or paul.reaves@djj.virginia.gov)
- The DJJ Deputy Director of Operations or designee

- c) **For all other SIRs** distribute by e-mail as follows:

Email: Select the “Email” button to e-mail the SIR using the current distribution list, as well as to the following DJJ staff:

- The DJJ Detention Specialist or Angela Valentine (angela.valentine@djj.virginia.gov)
- The facility assigned DJJ Certification Analyst (clarice.booker@djj.virginia.gov; mark.lewis@djj.virginia.gov; or paul.reaves@djj.virginia.gov)
- The DJJ Deputy Director of Operations or designee

4. Juvenile Correctional Centers: **All** SIRs shall be distributed as follows:

- a) *Notify the Director*: Select the “Notify DJJ Director” button to facilitate transmission of the report to Department management personnel. If the incident has been, or soon will be, communicated to other parties, all such notifications should be noted in the designated space (“Parties Notified”) in the automated SIR; and
- b) *Email*: ****NEW**** There is **no** requirement to e-mail SIRs to Central Office staff. The reporter may use this function for any facility-specific e-mails.

G. Addendum

Addenda to SIRs may be reported when additional information related to the initial incident is obtained. The narrative locks when submitted; therefore any additional information should be submitted as an addendum.

1. When the SIR is Unlocked:

- a. In the BADGE system, click on the “Addendum” tab.
- b. Select “Add New Addendum” to allow entering the addendum narrative.
- c. The addendum narrative should include: date, time, detailed explanation of the new information, any subsequent relevant contacts that were made, and if the initial SIR incident type should be changed as a result of the additional information. For example:

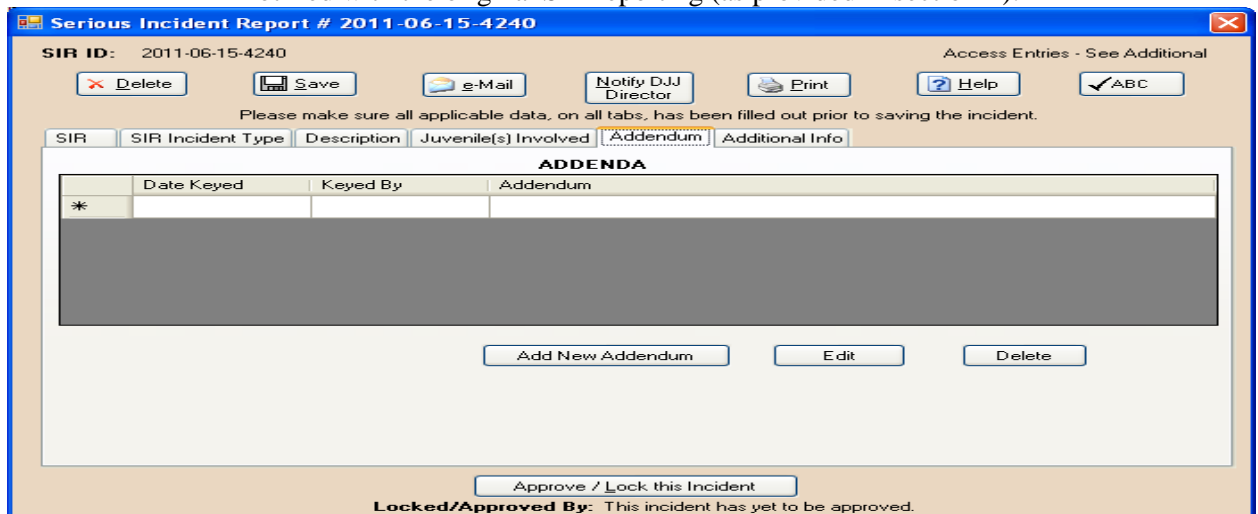
Initial Incident Type (Resident-on-resident Assault Level II):

On 7/23/07, at approximately 1555 hours, Resident A was assaulted by Resident B. Resident A was taken to the infirmary where swelling over his right eye, discoloration around his left ear, shallow breathing, and pain to the left side of his rib cage were diagnosed by staff. He was taken to the Emergency Room for further evaluation. Resident Jackson was transported at 1644 hours by Sgt. John and JCO Sr. Dawn. Resident A returned to the facility and general population at 2015 hours.

Addendum:

On 7/24/07 at approximately 0820 hours, Resident A was observed having difficulty breathing. Medical staff assessed him and recommended that he be transported to the hospital for further evaluation. X-rays revealed a fracture to his left side, 9th rib. Resident A is being held in SHU. Superintendent and BSU Supervisor ___ were advised of this information. The incident type should be changed to reflect the additional information to *Resident-on-resident Assault Level I*.

- d. After completion of entering the SIR addendum narrative:
 - 1. Save the SIR, and the addendum will be added to the report.
 - 2. Select “Notify the Director” to forward the report to all of the individuals notified with the original SIR reporting (as provided in section E).



2. When the SIR is Locked:

- a. In the event that the SIR has been locked for editing at the time the additional information is obtained, the addendum form should be used to submit the addendum. If the addendum is not submitted on the addendum form, it will be returned to the facility for proper submission.
- b. The addendum narrative should include: the facility or program name, original SIR number, original incident date/time, original incident type, detailed explanation of the new information, any subsequent relevant contacts that were made, and if the initial SIR incident type should be changed as a result of the additional information.
- c. The form should include the Superintendent's or designee's initials and date of approval.
- d. The Evaluation staff will then review the addendum for technical accuracy. Once the review is completed, the Evaluation staff will (i) unlock the SIR, (ii) paste the contents of the addendum into the SIR and save the addendum, (iii) forward the addendum to the appropriate Central Office staff by clicking the "Notify the Director" button, and (iv) re-lock the SIR. The form should be e-mailed to the following individuals:
 1. Jared Miller: jared.miller@djj.virginia.gov
 2. Jessica Schneider: jessica.schneider@djj.virginia.gov

H. Review of the SIR

Evaluation staff will review the SIR for any technical problems. If there are none, the SIR will then be "locked" or released into the system. If there is a question, the SIR will remain "unlocked" until a decision has been made by Division of Operations' management.

I. Searching the SIR System

1. Logon to the SIR Module.
2. Logon to BADGE. A username will be provided through MIS.
3. Click on "JTS Modules." Select "Serious Incident Reporting."
4. Click on "Search Option." Select one of the following options:
 - a. "By Incident Number." If the SIR number related to a particular incident is available, enter that number, and click "OK." The SIR associated with this number will be displayed. *NOTE: This will not pull the SIR based on the IIR number.*
 - b. "Juvenile Search." There are multiple options to search a resident's SIR and intake offense history with the available information. Completing a juvenile search will result in a list of all SIRs referencing that juvenile, both in the community and in the JCCs. While list contains the type serious incident for all of the SIRs, only the full SIR of the particular facility can be read.

Use the following methods to search by a resident:

- (1) "Juvenile Number" – If the resident's JTS number is available, enter it into the "Juvenile Number" field and click "Find."

- (2) “Intake Case Number” – If the resident’s Intake Case Number is available, enter it into the “Intake Case #” field and click “Find.”
- (3) “Juvenile Information” - If the Juvenile Number is missing or isn’t correct, search for a juvenile’s information using this button to obtain the demographic information of the juvenile. Insert the available juvenile information and click “find.”

“Wildcard” can be used in an instance where the juvenile’s name may be spelled differently or have a suffix added in the system. For example, typing an “A” for the last name will generate a list of all juveniles in the system with a last name that begins with “A”.

c. “Organizational Search.” This option allows the search for particular types of incidents within the JCC.

- (1) By selecting “Approval Type,” those systems that have been locked and released into the system can be viewed vs. those that remain unlocked and editable.
- (2) The SIRs can also be searched by “Incident Type” and “Incident Date.” This method allows a facility to pull in all SIRs of a particular incident type or date.

V. Incident Types:

<p>COURT SERVICE UNITS</p> <ul style="list-style-type: none"> • Death • Fire • Other • Serious juvenile injury or illness • Serious staff injury • Staff arrest • Major arrest of juvenile • State vehicle accident • Gang incident • Assault on Staff (by anyone) • Assault on juvenile (by anyone) • Suspected child abuse and neglect - referred 	<p>GROUP HOMES</p> <ul style="list-style-type: none"> • Death • Fire • Other • Serious juvenile injury or illness • Serious staff injury • Staff arrest • AWOL • Suspected non-sexual child abuse or neglect – referred • Juvenile on juvenile assault • Juvenile on staff assault • Suicide attempt • Physical restraint (<i>non-initial only</i>) • Suspected sexual child abuse or neglect • Allegation of sexual assault on resident • Allegation of juvenile consensual sexual activities • Allegation of staff sexual misconduct
<p>DETENTION CENTERS</p> <ul style="list-style-type: none"> • Death • Fire • Other • Serious juvenile injury or illness • Serious staff injury • Staff arrest 	<p>JCCs</p> <ul style="list-style-type: none"> • Allegation against staff (referred) – not involving abuse (Level II) • Allegation of non-sexual child abuse or neglect – referred (Level II) • Allegation of resident-on-resident consensual sexual misconduct (Level I, II, and III)

<p>DETENTION CENTERS Continued</p> <ul style="list-style-type: none"> • AWOL • Suspected non-sexual child abuse or neglect – referred • Juvenile on juvenile assault • Juvenile on staff assault • Suicide attempt • Attempted Escape • Escape • Fight • Hostage Taking • Riot • Allegation of resident on resident sexual act or penetration • Allegation of resident on resident sexual contact • Allegation of resident on resident consensual sexual misconduct • Allegation of resident on resident sexual harassment • Allegation of resident on resident indecent exposure • Allegation of resident on staff on resident sexual abusive act or penetration • Allegation of staff on resident sexually abusive contact • Allegation of staff on resident sexual misconduct • Allegation of staff on resident sexual harassment • Allegation of staff on resident indecent exposure • Allegation of staff on resident voyeurism 	<p>JCCs Continued</p> <ul style="list-style-type: none"> • Allegation of resident-on-resident indecent exposure (Level II) • Allegation of resident-on-resident sexual act or penetration (Level I) • Allegation of resident-on-resident sexual contact (Level I) • Allegation of resident-on-resident sexual harassment (Level III) • Allegation of resident-on-staff sexual misconduct (Level II and III) • Allegation of staff-on-resident indecent exposure (Level I) • Allegation of staff-on-resident sexually abusive act or penetration (Level I) • Allegation of staff-on-resident sexually abusive contact (Level I) • Allegation of staff-on-resident sexual harassment (Level III) • Allegation of staff-on-resident sexual misconduct (Level I) • Allegation of staff-on-resident voyeurism (Level I) • Allegation of gang-involved incident (Level III) • Attempted escape (Level I) • AWOL (Level I) • Contraband – Medication (Level III) • Contraband – Security (Level III) • Death (Level I) • Escape (Level I) • Fight (Level I, II, and III) • Fire (Level I) • Group disturbance (Level II) • Hostage taking (Level I) • Loss of class A tool (Level III) • Loss of security or personal keys (Level III) • Major arrest of resident (Level II) • Other (Level III) • Resident-on-resident assault (Level I, II, and III) • Resident-on-staff assault (Level I, II, and III) • Riot (Level I) • Self-injurious behavior (SIB) (Level I and III) • Serious resident injury (Level I) • Serious staff illness (Level II) • Serious staff injury (Level I) • Staff arrest (Level II)
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	<p>JCCs Continued</p> <ul style="list-style-type: none"> • State vehicle accident (Level I and II) • Suicide attempt (Level I) • Temporary detention order (TDO) (Level III) • Use of force (Level III)
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VI. Authorities:

The following regulations, administrative directive, policy, and procedures apply to the reporting of serious incidents:

A. Regulations:

1. Nonresidential – Court Service Units (6VAC35-150-120)

6VAC35-150-120. Reportable incidents.

When an event or incident occurs that is required by department procedures to be reported, staff shall report the event or incident as required by and in accordance with department procedures.

2. Nonresidential – VJCCCA (6VAC35-150-530)

6VAC35-150-530. Incident documentation and reporting for program and service providers.

When an event or incident occurs that is required by department procedures to be reported, the program or service shall document and report the event or incident as required by and in accordance with department procedures.

3. JCCs (6VAC35-71-60)

6VAC35-71-60. Serious incident reports.

A. The following events shall be reported as soon as practicable, but no later than 24 hours after the incident, and in accordance with department procedures to the director or his designee:

1. Any serious illness, incident, injury, or accident involving injury of a resident;
2. Any absence from the facility without permission; and
3. All other situations required by written procedures.

B. As appropriate and applicable, the facility shall, as soon as practicable, but no later than 24 hours after the incident, and in accordance with written procedures, report the incidents listed in subsection A of this section to (i) the parent or legal guardian and (ii) the supervising court service unit or agency.

C. Any incident involving the death of a resident shall be reported to the individuals specified in subsections A and B of this section without undue delay.

D. The facility shall prepare and maintain a written report of the events listed in subsections A and C of this section which shall contain the following information:

1. The date and time the incident occurred;
2. A brief description of the incident;

3. The action taken as a result of the incident;
 4. The name of the person who completed the report;
 5. The name or identifying information of the person who made the report to the supervising agency and to the parent or legal guardian; and
 6. The name or identifying information of the person to whom the report was made, including any law enforcement or child protective service personnel.
- E. The resident's record shall contain a written reference (i) that an incident occurred and (ii) of all applicable reporting.
- F. In addition to the requirements of this section, any suspected child abuse and neglect shall be governed by 6VAC35-71-70 (suspected child abuse or neglect).

3. Group Homes (6VAC35-41-90)

6VAC35-41-90. Serious incident reports.

A. The following events shall be reported within 24 hours to: (i) the placing agency, (ii) the parent or legal guardian, or both, as applicable and appropriate, and (iii) the director or designee:

1. Any serious incident, accident, illness, or injury to the resident;
2. Any overnight absence from the facility without permission;
3. Any runaway;
4. Any fire, hostage or emergency situation, or natural disaster that jeopardizes the health, safety, and welfare of the residents; and
5. Any suspected case of child abuse or neglect at the facility, on a facility event or excursion, or involving facility staff as provided in 6VAC35-41-100 (suspected child abuse or neglect).

The 24-hour reporting requirement may be extended when the emergency situation or natural disaster has made such communication impossible (e.g., modes of communication are not functioning). In such cases, notice shall be provided as soon as feasible thereafter.

B. The provider shall notify the director or designee within 24 hours of any events detailed in subsection A of this section and all other situations required by the regulatory authority of which the facility has been notified.

C. Any incident involving the death of a resident shall be reported to the individuals specified in subsections A and B of this section without undue delay. If an incident involving the death of a resident occurs at the facility, the facility shall notify the parents or legal guardians, as appropriate and applicable, of all residents in the facility provided such notice does not violate any confidentiality requirements or jeopardize any law-enforcement or child protective services investigation or the prosecution of any criminal cases related to the incident.

D. The facility shall (i) prepare and maintain a written report of the events listed in subsections A and B of this section and (ii) submit a copy of the written report to the director or designee. The report shall contain the following information:

1. The date and time the incident occurred;
2. A brief description of the incident;
3. The action taken as a result of the incident;
4. The name of the person who completed the report;
5. The name or identifying information of the person who made the report to the placing agency and to either the parent or legal guardian, as appropriate and applicable; and
6. The name of or identifying information provided by the person to whom the report was made, including any law enforcement or child protective service personnel.

- E. The resident's record shall contain a written reference (i) that an incident occurred and (ii) of all applicable reporting.
- F. In addition to the requirements of this section, any serious incident involving an allegation of child abuse or neglect at the facility, at a facility sponsored event, or involving facility staff shall be governed by 6VAC35-41-100 (suspected child abuse or neglect).

4. Detention Centers (6VAC35-101-80)

6VAC35-101-80. Serious incident reports.

- A. The following events shall be reported, in accordance with department procedures, within 24 hours to (i) the applicable court service unit; (ii) either the parent or legal guardian, as appropriate and applicable; and (iii) the director or designee:
1. Any serious incident, accident, illness, or injury to the resident;
 2. The death of a resident;
 3. Any suspected case of child abuse or neglect at the detention center, on a detention center-sponsored event or excursion, or involving detention center staff as provided in 6VAC35-101-90 (suspected child abuse and neglect);
 4. Any disaster, fire, emergency, or other condition that may jeopardize the health, safety, and welfare of residents; and
 5. Any absence from the detention center without permission.
- B. The detention center shall notify the director or designee within 24 hours of any events detailed in subsection A of this section and all other situations required by the regulatory authority of which the facility has been notified.
- C. If an incident involving the death of a resident occurs at the facility, the facility shall notify the parents or legal guardians, as appropriate and applicable, of all residents in the facility provided such notice does not violate any confidentiality requirements or jeopardize any law-enforcement or child protective services investigation or the prosecution of any criminal cases related to the incident.
- D. The facility shall (i) prepare and maintain a written report of the events listed in subsections A and B of this section and (ii) submit a copy of the written report to the director or designee. The report shall contain the following information:
1. The date and time the incident occurred;
 2. A brief description of the incident;
 3. The action taken as a result of the incident;
 4. The name of the person who completed the report;
 5. The name or identifying information of the person who made the report to the applicable court service unit and to either the parent or legal guardian, as appropriate and applicable; and
 6. The name or identifying information of the person to whom the report was made, including any law-enforcement or child protective service personnel.
- E. The resident's record shall contain a written reference (i) that an incident occurred and (ii) of all applicable reporting.
- F. In addition to the requirements of this section, any serious incident involving an allegation of child abuse or neglect at the detention center, at a detention center sponsored event, or involving detention center staff shall be governed by 6VAC35-101-90 (suspected child abuse or neglect).

B. Board of Juvenile Justice Policy: 02-004

02-004. Communication of Serious Incidents

The effective and efficient operation of the Department and the Board depends on the expeditious communication of information on serious incidents. Incidents affecting the health and safety of citizens, persons under the Department's supervision, and staff must be reported by the operational unit involved with such incidents to the highest appropriate organizational level of the Department and the Board.

The Department shall assure that all units within the Department, and all facilities and programs regulated by this Board, report serious incidents in a timely manner. The Director or his designee shall advise the Board at its next meeting of any serious incidents that may result in litigation against the Department or which may require the Board to take action concerning a facility or program it regulates.

Effective:	September 9, 2009
Replaces/Revises:	February 14, 1991 and May 10, 1995
Board Approved:	September 9, 2009

C. Administrative Directive: [02-004](#)

D. Procedures:

1. CSU procedure [9462](#)
2. JCC SOP VOL IV-4.1-1.01 (Incident Reports)

APPENDIX A

CSU SERIOUS INCIDENTS AND DEFINITIONS

CSU Incident	Definition	APPENDIX A
Assault on juvenile (by anyone)	An unprovoked physical attack, by any person (including CSU staff, other juveniles, and any other individual), on a juvenile under supervision at the CSU or during a CSU-related activity.	
Assault on staff (by anyone)	An unprovoked physical attack, by any person, on an employee, volunteer, or other individual over whom the CSU has supervisory authority at the CSU or during a CSU-related activity.	
Death	The death of (i) any person that occurs at the unit or during official CSU-related activities away from the unit or (ii) of a juvenile on the CSU's BADGE caseload.	
Fire	A fire or suspected fire at the CSU that requires the fire department to respond and provide assistance.	
Gang incident	Any gang-related activity of a juvenile under supervision resulting in serious injury, serious damage to property, or likely to result in media attention.	
Major arrest of juvenile	Any arrest of a juvenile under supervision on such serious charges or under such unusual circumstances that the incident is likely to attract the attention of the media or general public.	
Other	Any serious occurrence out of the ordinary course of operations involving a juvenile on supervision that (i) is likely to attract attention of the media or the general public or (ii) could result in litigation.	
Serious juvenile injury or illness	Impairment or sickness requiring response by emergency personnel at the CSU or on CSU-related activities.	
Serious staff injury or illness	Any staff impairment or sickness requiring response by emergency personnel at the CSU or on CSU-related activities. <i>No need to provide personal medical information, just an overview of the incident.</i>	
Staff arrest	Any known arrest of an employee, volunteer, or other individual over whom the CSU has supervisory authority for a felony or a Class 1 or 2 misdemeanor.	
State vehicle accident	Incident involving a State-owned automobile that results in injury to any occupant involved in the accident and/or vehicle damage.	
Suspected child abuse and neglect - referred	Any allegation of child abuse and neglect against CSU staff or volunteers made by a juvenile under supervision which is reported to the local Child Protective Services (CPS), law enforcement, and/or the Inspector General's (IG's) Office. <i>Child abuse or neglect involves (i) a victim under the age of 18; (ii) an abuser who is a custodian or caretaker; and (iii) suspected child abuse or neglect.</i>	

APPENDIX B

GROUP HOME SERIOUS INCIDENTS AND DEFINITIONS

GH Incident	Definition
Allegation of juvenile consensual sexual activities	Any alleged consensual sexual activity involving a resident and another resident occurring at the facility or during facility-related activities. <i>Nonconsensual sexual acts are categorized as Sexual Assault on Resident. Do not report the juvenile injury as a separate “juvenile injury or illness” (that injury is captured here).</i>
Allegation of sexual assault on resident	Any alleged non-consensual sexual assault of a resident by any non-staff person occurring at the facility or during facility-related activities. <i>Staff sexual assaults are categorized as Suspected Sexual or Neglect. Do not report the juvenile injury as a separate “juvenile injury or illness” (that injury is captured here).</i>
Allegation of staff sexual misconduct	Any allegation of staff sexual misconduct that does not rise to the level of suspected sexual child abuse (e.g., staff engaging in sexual acts in the presence of residents, flirting with residents, showing videos to residents, sexual acts with a resident over the age of 18). <i>Accusations of sexual child abuse and neglect are captured separately.</i>
AWOL	A resident’s unauthorized absence from the facility or failure to return to the facility within timeframes established by the facility’s policies or procedures.
Death	The death of any person (including residents, staff, volunteers, other individual over whom the facility has supervisory authority, and visitors) that occurs at the facility or on facility-related activities.
Fire	A fire or suspected fire at the facility that requires the fire department to respond and provide assistance.
Juvenile-on-juvenile assault	An unprovoked physical attack resulting in an injury that requires immediate medical treatment (excluding basic first aid) from medical staff on-site or off-site. The treatment provided or condition diagnosed causes significant disruption to the normal routine due to required follow-up medical care. <i>Do not report the juvenile injury as a separate “juvenile injury or illness” (that injury is captured here).</i>
Juvenile-on-staff assault	An unprovoked physical attack on a staff member, volunteer, or other individual over whom the facility has supervisory authority that results in an injury that requires immediate medical treatment (excluding basic first aid) from medical staff on or off site. The treatment provided or condition diagnosed causes significant disruption to the normal routine due to required follow-up medical care.
Other	Any serious occurrence out of the ordinary course of operations that (i) is likely to attract attention of the media or the general public or (ii) could result in litigation.
Physical restraint	The application by staff of a physical intervention to prevent a resident from moving all or part of his or her body.

GH Incident	Definition
Serious juvenile injury or illness	Any juvenile impairment or sickness that requires immediate medical treatment (excluding basic first aid) from medical staff on-site or off-site. The treatment provided or condition diagnosed causes significant disruption to the normal routine due to required follow-up medical care. <i>If the injury is the result of an assault, do not report it here (that injury is captured in the assault reporting).</i>
Serious staff injury or illness	Any staff injury at the facility or on facility-related activities that (i) is work related (e.g., a workers' compensation claim is filed) which the treatment provided or the condition diagnosed prevents the immediate return of the staff to duty after the treatment or (ii) requires a response by emergency personnel to the facility or activity. <i>If the injury is the result of an assault, do not report it here (that injury is captured in the assault reporting).</i>
Staff arrest	Any known arrest of an employee, volunteer, or other individual over whom the facility has supervisory authority for a felony or a Class 1 or 2 misdemeanor.
Suicide attempt	When a resident makes a deliberate act to take his or her life, involving a definite risk. The intent must be determined by a mental health professional. <i>List in the narrative the evaluating mental health professional.</i>
Suspected non-sexual child abuse or neglect – referred	Any non-sexual allegation of child abuse and neglect at the facility or on facility-related activities on the part of staff, volunteers, any other individual over whom the facility has supervisory authority, or visitors which is reported to the local Child Protective Services (CPS) and/or law enforcement. <i>Accusations of a sexual nature that may be referred to the previously referenced entities are categorized separately. Child abuse or neglect involves (i) a victim under the age of 18; (ii) an abuser who is a custodian or caretaker; and (iii) suspected child abuse or neglect.</i>
Suspected sexual child abuse or neglect	Any sexual allegation of child abuse and neglect at the facility or on facility-related activities on the part of staff, volunteers, or other individual over whom the facility has supervisory authority which is reported to the local Child Protective Services (CPS) and/or law enforcement. <i>Accusations of a non-sexual nature are categorized separately. Child abuse or neglect involves (i) a victim under the age of 18; (ii) an abuser who is a custodian or caretaker; and (iii) suspected child abuse or neglect.</i>

APPENDIX C

JUVENILE DETENTION CENTER SERIOUS INCIDENTS AND DEFINITIONS

JDC Incident	Definition	APPENDIX C
Allegation of resident-on-resident consensual sexual misconduct	Any alleged consensual, sexual act by a resident of another resident including (i) contact between the penis and the vagina or the anus; (ii) contact between the mouth and the penis, vagina, or anus; or (iii) penetration of the anal or genital opening of another person by a hand, finger, or other object. <i>Incidents involving resident-on-resident nonconsensual sexual acts are captured separately.</i>	
Allegation of resident-on-resident indecent exposure	The alleged intentional display of a resident's uncovered genitalia, buttocks, or breasts exhibited toward another resident.	
Allegation of resident-on-resident sexual act or penetration	Any alleged nonconsensual sexual act by a resident of another resident including (i) contact between the penis and the vagina or the anus; (ii) contact between the mouth and the penis, vagina, or anus; or (iii) penetration of the anal or genital opening of another person by a hand, finger, or other object. <i>Incidents involving resident-on-resident (i) non-penetrative sexual contact or (ii) consensual sexual acts are captured separately. Do not report the juvenile injury as a separate "juvenile injury or illness" (that injury is captured here).</i>	
Allegation of resident-on-resident sexual contact	Any alleged nonconsensual, non-penetrative intentional touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a resident of another resident. <i>Incidents involving resident-on-resident (i) sexual penetration or (ii) consensual sexual acts are captured separately.</i>	
Allegation of resident-on-resident sexual harassment	Any alleged unwelcome (i) sexual advances, requests for sexual favors, verbal comments of a sexual nature; (ii) demeaning references to gender or derogative comments about body or clothing; or (iii) repeated profane or obscene language or gestures of a sexual nature.	
Allegation of staff-on-resident sexually abusive act or penetration	Any alleged sexual act by a staff member, volunteer, or other individual over whom the facility has supervisory authority of a resident including (i) contact between the penis and the vagina or the anus; (ii) contact between the mouth and the penis, vagina, or anus; or (iii) penetration of the anal or genital opening of another resident by a hand, finger, or other object. <i>Incidents involving staff-on-resident non-penetrative sexual contact are captured separately.</i>	
Allegation of staff-on-resident indecent exposure	Any alleged intentional display by a staff member, volunteer, or other individual over whom the facility has supervisory authority of his or her uncovered genitalia, buttocks, or breasts in the presence of a resident.	
Allegation of staff-on-resident sexual harassment	Any alleged (i) sexual advances, requests for sexual favors, verbal comments of a sexual nature; (ii) demeaning references to gender or derogative comments about body or clothing; or (iii) repeated profane or obscene language or gestures of a sexual nature; or (iv) repeated comments of a sexual nature by a staff member, volunteer or other individual over whom the facility has supervisory authority to a resident.	
Allegation of staff-on-resident sexual misconduct	Any alleged sexual misconduct by a staff member, volunteer, or other individual over whom the facility has supervisory authority to a resident, including kissing and any other behavior with the staff's intent of sexual gratification that is not included in the definitions of (i) staff-on-resident sexually abusive act or penetration, (ii) sexually	

JDC Incident	Definition	APPENDIX C
	abusive contact, (iii) sexual harassment, or (iv) voyeurism. <i>Staff-on-resident indecent exposure is captured in “allegation of staff-on-resident indecent exposure.”</i>	
Allegation of staff-on-resident sexually abusive contact	Any alleged non-penetrative intentional touching (either directly or through the clothing), done with the intent to abuse, arouse, or gratify sexual desire, of the genitalia, anus, groin, breast, inner thigh, or buttocks by a staff member, volunteer, or other individual over whom the facility has supervisory authority of a resident. <i>Incidents involving staff-on-resident sexual penetration are captured separately. Do not report the juvenile injury as a separate “juvenile injury or illness” (that injury is captured here).</i>	
Allegation of staff-on-resident voyeurism	An alleged invasion of a resident’s privacy by staff, volunteers, or any other individual over whom the facility has supervisory authority for reasons unrelated to official duties and for sexual gratification, such as (i) peering at a resident who is using a toilet; (ii) requiring a resident to expose his or her buttocks, genitals, or breasts; or (iii) taking images of all or part of a resident’s naked body or a resident performing bodily functions.	
Attempted escape	Any resident who makes a physical effort to leave the facility or the control of staff away from the facility and is apprehended during the act (<i>this incident does not include making plans or talking about escaping</i>).	
AWOL	<i>Post-Dispositional Only:</i> The failure of a resident who is on leave to return to the facility resulting in bringing the matter to the court’s attention.	
Death	The death of any person (including residents, staff, volunteers, other individual over whom the facility has supervisory authority, and visitors) that occurs at the facility or on facility-related activities.	
Escape	Any resident who leaves the boundaries of the facility or the control or supervision of staff while on an approved trip away from the facility without prior permission. <i>AWOLs from approved leave are captured separately.</i>	
Fight	A physical altercation between two (2) or more residents that results in an injury of such a nature that it requires immediate medical treatment (excluding basic first aid) from medical staff on or off site. The treatment provided or condition diagnosed causes significant disruption to the normal routine due to required follow-up medical care. <i>Assaults, riots and group disturbances are captured separately. An unprovoked physical attack is not a fight; it is classified as an assault regardless of whether the victim fights back. If a staff is injured, also check serious staff injury as an incident type. Do not report the juvenile injury as a separate “juvenile injury or illness” (that injury is captured here).</i>	
Fire	A fire or suspected fire at the facility that requires the fire department to respond and provide assistance.	
Hostage taking	When a resident holds one or more person against their will.	
Juvenile-on-juvenile assault	An unprovoked physical attack resulting in an injury that requires immediate medical treatment (excluding basic first aid) from medical staff on-site or off-site. The treatment provided or condition diagnosed causes significant disruption to the normal routine due to required follow-up medical care. <i>A fight (provoked) is captured separately. Do not report the juvenile injury as a separate “juvenile injury or illness” (that injury is captured here).</i>	

JDC Incident	Definition	APPENDIX C
Juvenile-on-staff assault	An unprovoked physical attack on a staff member, volunteer, or other individual over whom the facility has supervisory authority that results in an injury that requires immediate medical treatment (excluding basic first aid) from medical staff on or off site. The treatment provided or condition diagnosed causes significant disruption to the normal routine due to required follow-up medical care.	
Other	Any serious occurrence out of the ordinary course of operations that (i) is likely to attract attention of the media or the general public or (ii) could result in litigation.	
Riot	A group disturbance that threatens the overall safety and security of the facility and requires the assistance of outside agencies (e.g., law enforcement or the Department of Corrections) to regain control.	
Serious juvenile injury or illness	Any juvenile impairment or sickness that requires immediate medical treatment (excluding basic first aid) from medical staff on-site or off-site. The treatment provided or condition diagnosed causes significant disruption to the normal routine due to required follow-up medical care. <i>If the injury is the result of an assault, do not report it here (that injury is captured in the assault reporting).</i>	
Serious staff injury	Any staff injury at the facility or on facility-related activities that (i) is work related (e.g., a workers' compensation claim is filed) which the treatment provided or the condition diagnosed prevents the immediate return of the staff to duty after the treatment or (ii) requires a response by emergency personnel to the facility or activity. <i>If the injury is the result of an assault, do not report it here (that injury is captured in the assault reporting).</i>	
Staff arrest	Any known arrest of an employee, volunteer, or other individual over whom the facility has supervisory authority for a felony or a Class 1 or 2 misdemeanor.	
Suicide attempt	When a resident makes a deliberate act to take his or her life, involving a definite risk. The intent must be determined by a mental health professional. <i>List in the narrative the evaluating mental health professional.</i>	
Suspected non-sexual child abuse or neglect – referred	Any non-sexual allegation of child abuse and neglect at the facility or on facility related activities on the part of staff, volunteers, any other individual over whom the facility has supervisory authority, or visitors which is reported to the local Child Protective Services (CPS) and/or law enforcement. <i>Accusations of a sexual nature that may be referred to the previously referenced entities are categorized separately. Child abuse or neglect involves (i) a victim under the age of 18; (ii) an abuser who is a custodian or caretaker; and (iii) suspected child abuse or neglect.</i>	

APPENDIX D

JCC SERIOUS INCIDENTS AND DEFINITIONS

JCC Incident	Definition	APPENDIX D
Allegation against staff (referred) – not involving abuse	Level 3: Any allegation not involving child abuse or neglect (e.g.: providing resident with cell phone, other contraband, access to internet, release of confidential information) that occurs at the facility or on facility-related activities on the part of staff, volunteers, visitors, or other individual over whom the facility has supervisory authority which is referred to the local Child Protective Services (CPS), State Police, and/or investigative unit. <i>Accusations of sexual and non-sexual child abuse or neglect that are referred are categorized separately.</i>	
Allegation of non-sexual child abuse or neglect – referred	Level 2: Any non-sexual allegation of child abuse and neglect at the facility or on facility-related activities on the part of staff, volunteers, any other individual over whom the facility has supervisory authority, or visitors that is reported to the local CPS, State Police, and/or the investigative unit. <i>Accusations of (i) a sexual nature or (ii) non-child abuse or neglect allegations are categorized separately. Child abuse or neglect involves (i) a victim under the age of 18; (ii) an abuser who is a custodian or caretaker; and (iii) suspected child abuse or neglect.</i>	
Allegation of resident-on-resident consensual sexual misconduct:	Level 1: Any alleged consensual, sexual act by a resident of another resident including (i) contact between the penis and the vagina or the anus; (ii) contact between the mouth and the penis, vagina, or anus; or (iii) penetration of the anal or genital opening of another person by a hand, finger, or other object. <i>Incidents involving resident-on-resident (i) non-penetrative sexual contact or (ii) nonconsensual sexual acts are captured separately.</i>	
	Level 2: Any alleged (i) kissing or (ii) consensual, non-penetrative intentional touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a resident of another resident. <i>Incidents involving resident-on-resident (i) sexual penetration or (ii) nonconsensual sexual acts are captured separately.</i>	
	Level 3: Any verbal, noncontact sexual activities between two residents. <i>Resident sexual harassment, indecent exposure, and nonconsensual activities are captured separately.</i>	
Allegation of resident-on-resident indecent exposure	Level 2: Any alleged intentional display of a resident’s uncovered genitalia, buttocks, or breasts exhibited toward another resident. The resident must have intent to expose him or herself.	
Allegation of resident-on-resident sexual act or penetration	Level 1: Any alleged nonconsensual sexual act by a resident of another resident including (i) contact between the penis and the vagina or the anus; (ii) contact between the mouth and the penis, vagina, or anus; or (iii) penetration of the anal or genital opening of another person by a hand, finger, or other object. <i>Incidents involving resident-on-resident (i) non-penetrative sexual contact or (ii) consensual sexual acts are captured separately. Do not report the resident injury as a separate “serious resident injury or illness” (that injury is captured in this definition).</i>	
Allegation of resident-on-resident sexual contact	Level 1: Any alleged nonconsensual, non-penetrative intentional touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a resident of another resident. <i>Incidents involving resident-on-resident (i) sexual penetration or (ii) consensual sexual acts are captured separately.</i>	
Allegation of	Level 3: Any alleged unwelcome (i) sexual advances, requests for sexual favors,	

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resident-on-resident sexual harassment	verbal comments of a sexual nature; (ii) demeaning references to gender or derogative comments about body or clothing; or (iii) repeated profane or obscene language or gestures of a sexual nature.	
Allegation of resident-on-staff sexual misconduct	Level 2: Any alleged intentional sexual touching (either directly or through clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a resident of a staff member, volunteer, or other individual over whom the facility has supervisory authority (i.e.: goosing a staff member). Level 3: Any alleged (i) sexual advances, request for sexual favors, or repeated verbal comments of an obscene or a sexual nature made toward staff with derogatory intent; (ii) repeated demeaning references to gender or derogatory comments about body or clothing; or (iii) non-touching acts of a sexual nature performed by a resident in the presence of staff or toward a staff member, volunteer, or other individual over whom the facility has supervisory authority (e.g.: obscene gestures, public masturbation, indecent exposure). In incidents involving resident indecent exposure, the resident must have intent to expose him or herself and all others must have a sexually derogatory intent.	
Allegation of staff-on-resident indecent exposure	Level 1: Any alleged intentional display by a staff member, volunteer, or other individual over whom the facility has supervisory authority of his or her uncovered genitalia, buttocks, or breasts in the presence of a resident.	
Allegation of staff-on-resident sexually abusive act or penetration	Level 1: Any alleged sexual act by a staff member, volunteer, or other individual over whom the facility has supervisory authority of a resident including (i) contact between the penis and the vagina or the anus; (ii) contact between the mouth and the penis, vagina, or anus; or (iii) penetration of the anal or genital opening of another resident by a hand, finger, or other object. <i>Incidents involving staff-on-resident non-penetrative sexual contact are captured separately.</i>	
Allegation of staff-on-resident sexually abusive contact	Level 1: Any alleged non-penetrative intentional touching (either directly or through the clothing), done with the intent to abuse, arouse, or gratify sexual desire, of the genitalia, anus, groin, breast, inner thigh, or buttocks by a staff member, volunteer, or other individual over whom the facility has supervisory authority of a resident. <i>Incidents involving staff-on-resident sexual penetration are captured separately. Do not report the resident injury as a separate "serious resident injury or illness" (that injury is captured in this definition).</i>	
Allegation of staff-on-resident sexual harassment	Level 3: Any alleged (i) sexual advances, requests for sexual favors, verbal comments of a sexual nature; (ii) demeaning references to gender or derogative comments about body or clothing; or (iii) repeated profane or obscene language or gestures of a sexual nature; or (iv) repeated comments of a sexual nature by a staff member, volunteer or other individual over whom the facility has supervisory authority to a resident.	
Allegation of staff-on-resident sexual misconduct	Level 1: Any alleged sexual misconduct by a staff member, volunteer, or other individual over whom the facility has supervisory authority to a resident, including kissing and any other behavior with the staff's intent of sexual gratification that is not included in the definitions of (i) staff-on-resident sexually abusive act or penetration, (ii) sexually abusive contact, (iii) sexual harassment, or (iv) voyeurism. <i>Staff-on-resident indecent exposure is captured in "allegation of staff-on-resident indecent exposure."</i>	
Allegation of staff-on-resident voyeurism	Level 1: Any alleged invasion of a resident's privacy by staff, volunteers, or any other individual over whom the facility has supervisory authority for reasons unrelated to official duties and for sexual gratification, such as (i) peering at a resident who is	

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	using a toilet; (ii) requiring a resident to expose his or her buttocks, genitals, or breasts; or (iii) taking images of all or part of a resident's naked body or a resident performing bodily functions.	
Allegation of gang-involved incident	Level 3: When (i) any serious incident is believed to be, in whole or in part, gang-related or (ii) it is alleged that a resident is threatened, intimidated, or harassed by known gang-members. <i>The alleged gang-activity must be described in the narrative. This incident should be secondary to another event and cannot be an initial event.</i>	
Attempted escape	Level 1: Any resident who makes a physical effort to leave the facility or the control of staff away from the facility and is apprehended during the act (<i>this incident does not include making plans or talking about escaping</i>).	
AWOL	Level 1: The failure of a resident to return to the facility or report back to the supervising person as directed after work/education release or a furlough.	
Contraband – Medication	Level 3: Unauthorized medication found in, on, or around facility grounds or confiscated from a staff, resident, or visitor or an allegation by a resident that he or she swallowed unauthorized medication. <i>Security contraband is captured separately.</i>	
Contraband – Security	Level 3: Unauthorized item found in, on, or around DJJ grounds or confiscated from a staff, resident, visitor, other individual over whom the facility has supervisory authority that has the potential to threaten the security of the facility. For the purposes of this procedure these items include, but are not limited to, any weapon or sharpened object – homemade or manufactured; cell phones; illegal or controlled substances; explosives or explosive substances; cash and/or coins equal to or greater than \$10; and, escape plans, maps, and/or provisions. Any weapon used in an assault is considered security contraband. <i>Medication contraband is captured separately.</i>	
Death	Level 1: The death of any person (including residents, staff, volunteers, other individual over whom the facility has supervisory authority, and visitors) that occurs at the facility or on facility-related activities.	
Escape	Level 1: Any resident who leaves the boundaries of the facility or the control or supervision of staff while on an approved trip away from the facility without prior permission. <i>AWOLs from approved leave are captured separately.</i>	
Fight	Level 1 (with injury): A provoked physical altercation (provoked by physical or verbal cues) between two (2) or more residents that results in an injury of such a nature that it requires immediate medical treatment (excluding basic first aid) from medical staff on-site or off-site. The treatment provided or condition diagnosed prevents the return of the resident to the general population or causes significant disruption to the normal routine due to required follow-up medical care. <i>Assaults, riots, and group disturbances are captured separately. An unprovoked physical attack is not a fight; it is classified as an assault regardless of whether the victim fights back. If a staff is injured, also check staff injury as an incident type. Do not report the resident injury as a separate "serious resident injury or illness" (that injury is captured here).</i>	
	Level 2 (three or more residents): Any provoked physical altercation (provoked by physical or verbal cues) between residents involving three (3) or more residents. <i>Assaults, riots, and group disturbances are captured separately. An unprovoked physical attack is not a fight; it is classified as an assault regardless of whether the victim fights back. If a staff is injured, also check staff injury as an incident type.</i>	
	Level 3 (requiring physical force between two residents without serious injury): Any provoked physical altercation (provoked by physical or verbal cues) between two residents that does not result in serious injury but requires the Use of Force. <i>A fight</i>	

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	<i>resulting in serious injury is a “Level 1 Fight.” Since force is in the definition, do NOT select “Use of Force” as an involved incident type. Assaults, riots, and group disturbances are captured separately. An unprovoked physical attack is not a fight; it is classified as an assault regardless of whether the victim fights back. If a staff is injured, also check staff injury as an incident type.</i>	
Fire	Level 1: A fire or suspected fire at the facility that requires the fire department to respond and provide assistance.	
Group disturbance	Level 2: An incident involving two (2) or more residents that creates disorder in the facility and poses a threat to safety and security, with order restored using DJJ staff and not requiring intervention by outside agencies. <i>Fights and riots are captured separately.</i>	
Hostage taking	Level 1: When a resident holds one or more persons against their will.	
Loss of class A tool	Level 3: Loss of a device considered extremely hazardous to the security of the facility (e.g.; bolt and wire cutters, ladders, files) that must be stored outside the security perimeter.	
Loss of security or personal keys	Level 3: Loss of any keys inside the security perimeter.	
Major arrest of resident	Level 2: Any felony arrest of a resident.	
Other	Level 3: Any serious occurrence out of the ordinary course of operations that (i) is likely to attract attention of the media or the general public or (ii) could result in litigation.	
Resident-on-resident assault	Level 1: An unprovoked physical attack resulting in an injury that requires immediate medical treatment (excluding basic first aid) from medical staff on-site or off-site. The treatment provided or condition diagnosed prevents the return of the resident to the general population or causes significant disruption to the normal routine due to required follow-up medical care. (e.g., the resident stayed in the infirmary overnight). <i>A fight (provoked) is captured separately. (If a weapon is used, also check security contraband as an incident type). Do not report the resident injury as a separate “serious resident injury or illness” (that injury is captured here).</i>	
	Level 2: An unprovoked physical attack resulting in an injury that requires immediate medical treatment (excluding basic first aid) but does not necessitate additional follow-up medical care. The treatment provided enables the resident to return to the general population and to a normal routine. <i>A fight (provoked) is captured separately. (If a weapon is used also check security contraband as an incident type). Do not report the resident injury as a separate “serious resident injury or illness” (that injury is captured here).</i>	
	Level 3: An unprovoked physical attack resulting in no injury or an injury requiring minimal medical attention such as basic first aid. <i>A fight (provoked) is captured separately. (If a weapon is used, also check security contraband as an incident type.)</i>	
Resident-on-staff assault	Level 1: An unprovoked physical attack on a staff member, volunteer, or other individual over whom the facility has supervisory authority by a resident which results in an injury that requires immediate medical treatment (excluding basic first aid) from medical staff on or off-site. The treatment provided or condition diagnosed prevents the immediate return of the staff to duty after the treatment or causes significant disruption to the normal routine due to required follow-up medical care. <i>(If a weapon is used also check security contraband as an incident type.)</i>	

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	<p>Level 2: An unprovoked physical attack on a staff member, volunteer, or other individual over whom the facility has supervisory authority by a resident which results in an injury that requires immediate medical treatment (excluding basic first aid) but does not necessitate additional follow-up medical care. The treatment provided enables the staff to return to regular duty immediately following the treatment. <i>(If a weapon is used also check security contraband as an incident type.)</i></p> <p>Level 3: An unprovoked physical attack on a staff member, volunteer, or other individual over whom the facility has supervisory authority by a resident resulting in no injury or an injury requiring minimal medical attention such as basic first aid. <i>(If a weapon is used also check security contraband as an incident type.)</i></p>	
Riot	Level 1: A group disturbance that threatens the overall safety and security of the facility and requires the assistance of outside agencies (e.g., law enforcement or the Department of Corrections) to regain control.	
Self-injurious behavior (SIB)	<p>Level 1: A deliberate act by a resident that is characterized by serious harm to his or her own body, meeting the level of Serious Resident Injury. The intent must be determined by a mental health professional. List in the narrative the evaluating mental health professional. <i>Do not check Serious Resident Injury as an incident type. If a Temporary Detention Order (TDO) is required as a result of the SIB, TDO (Level 3) should also be reported as an incident type.</i></p> <p>Level 3: A deliberate act or verbalization by a resident that is characterized by actual or intended harm to his or her own body. This does not include tattooing unless a mental health professional opines that the act was done with an intent to harm. The intent must be determined by a mental health professional. <i>List in the narrative the evaluating mental health professional. Suicide attempts (where the resident's intent is to die rather than to harm) are captured separately.</i></p>	
Serious resident injury	Level 1: Any resident impairment or sickness that requires immediate medical treatment (excluding basic first aid) from medical staff on-site or off-site. The treatment provided or condition diagnosed prevents the return of the resident to the general population or causes significant disruption to the normal routine due to required follow-up care. <i>If the injury is the result of an assault, do not report it here (that injury is captured in the assault reporting).</i>	
Serious staff illness	Level 2: Any staff illness at the facility or on facility-related activities that requires a response by emergency personnel to the facility or activity.	
Serious staff injury	Level 1: Any staff injury at the facility or on facility-related activities that (i) is work related (e.g., a workers' compensation claim is filed) which the treatment provided or the condition diagnosed prevents the immediate return of the staff to duty after the treatment. <i>If the injury is the result of an assault, do not report it here (that injury is captured in the assault reporting).</i>	
Staff arrest	Level 2: Any known arrest of (i) an employee, volunteer, or other individual over whom the facility has supervisory authority for a felony or a Class 1 or 2 misdemeanor or (ii) a visitor while on DJJ grounds.	
State vehicle accident	<p>Level 1: Incident involving a State-owned vehicle that results in serious injury to any occupant involved in the accident and/or results in major vehicle damage valuing \$2,000 or more to any vehicle involved in the accident.</p> <p>Level 2: Incident involving a State-owned vehicle that results in vehicle damage valuing less than \$2,000 to any vehicle involved in the accident.</p>	
Suicide attempt	Level 1: When a resident makes a deliberate act to take his or her life, involving a definite risk. The intent must be determined by a mental health professional. <i>List in</i>	

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	<i>the narrative the evaluating mental health professional.</i>
Temporary detention order (TDO)	Level 3: When an order is issued by a judge, magistrate, or special justice providing for the inpatient psychiatric hospitalization of a resident due to mental illness or when a resident voluntarily agrees to placement and is placed for inpatient psychiatric treatment.
Use of force	Level 3: The application by staff of a physical or mechanical restraint to control a resident's behavior (e.g., a fight or assault) or to protect the resident from harming himself, others, escaping, committing a crime, or destroying property. <i>Use of restraints for (i) external transportation, (ii) movement associated with assignment to an administrative segregation unit (e.g., movement to video conferencing), (iii) approved restraint protocols after initial application (e.g., SIB) does not have to be reported through an SIR.</i>