

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 12-16</p>	<p align="center">Policy # 8.5</p>
<p>Applicability: {x} All DJJ Staff {x} Administration {x} Community Services {x} Secure Facilities (RYDCs and YDCs)</p>	<p>Related Standards & References: O.C.G.A. §§ 49-4A-8, 19-7-5 ACA Standards: 4-JCF-2A-29, 4-JCF-3D-01, 4-JCF-3D-07, 4-JCF-3D-09, 4-JCF-4C-43, 4-JCF-4C-58 NCCHC Juvenile Health Care Standards, 2011: Y-A-10, Y-B-05 The Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79)</p>	
<p>Chapter 8: SAFETY, SECURITY AND CONTROL</p>	<p>Effective Date: 10/15/12</p>	
<p>Subject: SPECIAL INCIDENT AND CHILD ABUSE REPORTING</p>	<p>Scheduled Review Date: 10/15/14 APPROVED:</p>	
<p>Attachments: A – Special Incident Report 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 Codes Guide I – SIR Monitoring Tool for Secure Facilities J – SIR Monitoring Tool for CSOs</p>	<p align="center">  <hr/> L. Gale Buckner, Commissioner </p>	

I. POLICY:

The Department of Juvenile Justice shall utilize a standardized process for reporting special incidents that occur in owned, operated or contracted secure facilities, in community service offices or in contracted residential placements. All suspicions of child abuse, child neglect, youth on youth sexual penetration, youth on youth sexual contact, staff/contractor/volunteer/intern sexual penetration, and staff/contractor/volunteer/intern sexual contact involving any Department of Juvenile Justice youth or client, under the age of 18, shall be reported immediately in compliance with Georgia law.

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 field-based investigation.

Aggravated Active Aggression Response: Use of a physical response that may cause death or serious bodily harm, as governed by Georgia State Law.

Child: Any individual who is:

- Under the age of 17 years;
- Under the age of 21 years, 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 on probation to the court or committed to the DJJ;
- Under the age of 18 years, if alleged to be a deprived child, abused child, or unruly child.

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	2 of 23

Child Abuse: An adult causing bodily injury to a youth other than by accidental means. Use of a physical intervention technique within the guidelines of the Department’s Physical Intervention Continuum policy will not constitute abuse.

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. Final medical judgments will rest with a single designated licensed responsible physician.

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 other DJJ owned, operated, or contracted facility.

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.

Inappropriate Use of Physical Intervention: Use of authorized physical intervention techniques beyond that necessary to manage the behaviors of an acting-out youth; use of a physical intervention technique when it is not warranted; physical handling when the least restrictive alternative is not appropriately utilized.

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.

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

Mistreatment of Youth: Violation of DJJ policy, with no injury to the youth, including *slapping, shoving, kicking, biting, and spitting at/on a youth*.

Neglect: Lack of supervision, abandonment, and/or disregard for the child's basic needs for food, shelter, medical care or education that places the child at substantial risk of harm.

“No Contact” Status: Employees on “No Contact” Status will be placed in positions that do not require contact with youth.

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 masters degree in a mental health related field and training and experience in the provision of mental health assessment and counseling

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	3 of 23

procedures. A masters-level intern under the supervision of a QMHP may perform the functions of a QMHP.

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.

Safe Crisis Management: Program sanctioned by DJJ for managing youth behaviors.

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

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/Contractor/Volunteer/Intern-On-Youth Sexual Contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a staff/Contractor/Volunteer/Intern of a youth that is unrelated to official duties.

Staff/Contractor/ Volunteer/Intern-On-Youth Sexual Penetration: Penetration by a Staff/Contractor/Volunteer/Intern of a youth. The sexual acts included are: 1) Contact between the penis and the vagina or the anus including penetration (however slight); 2) Contact between the mouth and the penis, vagina, or anus; or 3) Penetration of the anal or genital opening of another person by a hand, finger, or other object.

Staff/Contractor/ Volunteer/Intern-On-Youth Indecent Exposure: The display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of a youth.

Staff/Contractor/ Volunteer/Intern-On-Youth Voyeurism: An invasion of a youth's privacy by staff/Contractor/Volunteer/Intern for reasons unrelated to official duties or when otherwise not necessary for safety and security reasons, such as peering at a youth who is using the toilet in his or her cell/room; requiring a youth to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions and distributing or publishing them.

Staff/Contractor/Volunteer/Intern-On-Youth Sexual Harassment: Repeated verbal comments or gestures of a sexual nature to a youth by a staff/Contractor/Volunteer/Intern. Such statements include demeaning references to gender, sexually suggestive or derogatory comments about or clothing, or profane or obscene language or gestures.

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

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	4 of 23

(i.e. medical, mental health, or behavioral health staff) are not witnesses. All youth who are present during an incident are witnesses.

Youth-On-Youth Sexual Penetration Occurring on DJJ Property (Regardless of Age): Any sexual penetration by a youth of another youth. The sexual acts included are: 1) Contact between the penis and the vagina or the anus including penetration (however slight); 2) Contact between the mouth and the penis, vagina, or anus; or 3) Penetration of the anal or genital opening of another person by a hand, finger, or other object.

Youth-On-Youth Sexual Contact Occurring on DJJ Property (Regardless of Age): Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a youth of another youth without the latter's consent, or of a youth who is coerced into sexual contact by threats of violence, or of a youth who is unable to consent or refuse.

Youth-On-Youth Sexual Harassment Occurring on DJJ Property (Regardless of Age): Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures or actions of a derogatory or offensive sexual nature by one youth directed toward another youth.

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. Verbal Reporting:

1. The staff member filing the Special Incident Report (SIR) (Attachment A) will immediately provide a verbal report of the incident to his/her immediate supervisor. The staff member will record the supervisor's name and the time of notification on the SIR.
2. The immediate supervisor will immediately provide a verbal report to the Director or designee when the incident is:
 - A situation which endangers the operation of a facility;
 - A serious personal injury to staff or youth requiring outside medical attention;
 - A situation that has a significant potential for media attention; or
 - A situation that has a significant potential for legal liability for DJJ.

The Director will then provide immediate telephone notification through the chain of command to the respective Deputy Commissioner.

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	5 of 23

{Updated by Directive #13-02 on 2/1/13}

{Updated by Directive #14-01 on 1/1/14}

3. The Director or designee will immediately notify the ~~Principal Investigator~~ OI Field Supervisor assigned to the location of the following incidents:

- Physical child abuse (B1P);
- Child neglect (B3P);
- Inappropriate use of physical intervention (B5P);
- Youth on youth physical altercation in a secure facility or community residential program, with an injury severity rating of 4 or more (F1P);
- Youth on staff physical altercation in a secure facility or community residential placement, with an injury severity rating of 4 or more (F2P);
- Employee misconduct (G2P);
- Mistreatment of youth (G3P);
- All physical intervention technique codes (P1P-P6P);
- All PY codes ~~except for PY5~~;
- All PS codes; and
- Escape from a secure facility (R1P).

Upon notification, the ~~Principal Investigator~~ OI Field Supervisor will assist the Director in properly coding the incident and will assign an investigator based on the final code. If the Office of Investigations will not investigate the incident, the ~~Principal Investigator~~ OI Field Supervisor will make recommendations to the Director to assign specific incidents to a Field-Based Investigator. The Director will document the discussion with the ~~Principal Investigator~~ OI Field Supervisor in the Administrative Review of the SIR, to include the date and time of the discussion.

4. The Director or designee will provide immediate telephone notification of critical incidents to the respective Assistant Deputy Commissioner and/or the respective Deputy Commissioner. If the Deputy Commissioner or Assistant Deputy Commissioner are unavailable, the Director will immediately notify the Director of Investigations. After notification to the Deputy Commissioner, Assistant Deputy Commissioner or Director of Investigations, the Director will then notify the chain of command. Critical incidents include:

- Death or serious illness or injury of a youth self-harm(Codes A1P, A2P,);
- Death or serious injury of an employee or a visitor on state property that requires outside medical attention (Code A3P);
- A youth with an injury severity rating of 4 or more;
- A youth who requires inpatient hospitalization related to an incident that occurred while at an office or program;

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	6 of 23

- Youth-on-youth sexual penetration occurring on DJJ property (Code PY1);
- Youth-on-youth sexual contract on DJJ property (Code PY2);
- Staff/contractor/volunteer/intern-on-youth sexual penetration (Code PS1);
- Use of Aggravated Active Aggression Response (Code P6P);
- 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);
- A violent group disturbance that negatively impacts facility operations (Code H4P);
- A youth on staff assault (Code F2P); and
- Law enforcement entry into a secure facility during an emergency with a weapon.

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.

4. The notification to the respective Deputy Commissioner should include:
 - Number of youth involved;
 - Time of incident;
 - Highest injury severity rating;
 - Any injuries to staff, youth, or visitors, if incident occurred in the community;
 - Staff injuries necessitating outside medical care;
 - Location of the incident;
 - Population of the facility;
 - Number of staff present at the location where the incident occurred; and
 - The supervisor's name and title.
5. The Director will use the facility/office on-call procedure for all notifications after hours and on weekends.
6. All persons verbally notified of an incident will have their names recorded on the SIR.

B. Special Incident Report:

1. Staff having direct knowledge of the incident shall submit to his/her immediate supervisor a written report using the Special Incident Report (SIR) by the end of the assigned daily work period or shift. Staff will write the SIR in blue or black ink, with no correction fluid or tape used, or the SIR may be typed.

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	7 of 23

2. The reporting staff will complete Part A of the SIR for all special incidents.
3. The reporting staff will complete Part B of the SIR for all special incidents involving the use of physical intervention techniques.
4. By the end of the shift, all staff who used a physical intervention technique will complete Part B of the SIR. These staff will not complete an additional Statement for the Record.

C. Statements:

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 staff is unavailable to provide a statement by the end of the shift, the reason will be documented.
2. The staff member(s) writing any part of the SIR (i.e., the reporting person or the person completing Part B) will not write a Staff Statement for the Record.
3. 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.
4. If a youth refuses to write a statement at the time of the incident, the Director will ensure that, within 72 hours, a staff member with a positive relationship with the youth meets with him/her to obtain a statement. Staff will document all efforts to obtain a statement.
5. Staff will write all statements in blue or black ink. Youth may write statements in pen, pencil or crayon. All statements must be written dark enough that photocopies of the statement are legible.

D. In secure facilities, in all instances where time permits and video cameras are available, staff will record the use of physical intervention techniques and other incidents involving youth. (See DJJ 8.15, Video Cameras)

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 a Special Incident Report by the end of the workday in which the information was reported. The reporting staff will forward the SIR to the supervisor who will then forward the SIR to the Director of the placement where the incident occurred.

F. When an SIR is received from another DJJ work site, it will be processed in accordance with this policy. The timeframes in this policy will begin when the SIR is received.

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	8 of 23

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. The Director will specify in the local operating procedures the staff responsible for notifying the parent/legal guardian and court service worker/community case manager of a Special Management Plan for suicide risk as soon as possible but always within 72 hours. (See DJJ 12.22, Special Management Plan)
3. Self-harm behaviors currently addressed in a Special Management Plan will not require subsequent Special Incident Reports for subsequent self-harm behaviors within that SIR code. If the type of self-harm behavior changes (different SIR code), then a Special Incident Report will be required and the Special Management Plan should be revised to address that self-harm behavior. (A medical referral will be completed for the self-harm behavior and documented as a Report of Youth Injuries.)
4. Self-harm statements that are discussed during a clinical encounter with a masters-level qualified mental health professional, masters-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. In exceptional circumstances, the Commissioner, upon being informed of an extremely sensitive or complex situation, may preempt the normal incident reporting process.

I. Death of a Youth:

1. In the event of the death of any youth in a DJJ owned, operated or contracted facility or program, or while the youth is in the physical custody of DJJ, the following will be contacted, through the chain of command:
 - Commissioner;
 - Assistant Commissioner;
 - Deputy Commissioner of Secure Facilities
 - Deputy Commissioner of Community Services;
 - Assistant Deputy Commissioner of Secure Facilities
 - Assistant Deputy Commissioner of Community Services;
 - Deputy Commissioner of Programs and Education Services;
 - Medical Director;
 - Director of the Office of Behavioral Health Services;
 - Director of Investigations;

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	9 of 23

- Office of Communications;
- Director of Legal Services;
- Community case manager;
- Parents/legal guardians; (The facility Director will coordinate notification of the parent/guardian with the community case manager and District Director.)
- Facility and community Regional Administrator;
- District Director;
- Facility Director;
- Local coroner;
- Local law enforcement officials; and
- Georgia Bureau of Investigation (GBI), who will be in charge of the investigation.

The Director may contact the Office of Legal Services for consultation as needed.

2. 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.
3. 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.

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 facility case manager will conduct the Behavioral Health Evaluation for the following incidents:
 - Physical intervention technique, without mechanical restraint (Code P1P);
 - Physical intervention technique, with mechanical restraint for security purposes (Code P2P);
 - Use of chemical agent (Code P5P); and
 - Aggravated active aggression response (Code P6P).
- D. A masters-level qualified mental health professional, at minimum, will conduct the Behavioral Health Evaluation for the following incidents:
 - Physical intervention technique, with mechanical restraint for therapeutic purposes (Code P3P);

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	10 of 23

- Emergency/urgent medication administration (Codes E3P); and
- Self-harm behavior (D Codes, with the exception of D8P with an Injury Severity Rating of 3 or less).

DJJ Directive 14-01

Effective Date: 1/1/14

- Youth-on-youth sexual penetration on DJJ property (Code PY1);
- Youth-on-youth sexual contact on DJJ property (Code PY2);
- Youth-on-youth sexual harassment on DJJ property (Code PY3);
- ~~Youth on staff/contractor/volunteer/intern sexual contact (Code PY4);~~
- ~~Lewd or lascivious behavior (Code PY5);~~
- Staff/contractor/volunteer/intern-on-youth sexual penetration (Code PS1);
- Staff/contractor/volunteer/intern-on-youth sexual contact (Code PS2);
- Staff/contractor/volunteer/intern-on-youth indecent exposure (Code PS3); and
- Staff/contractor/volunteer/intern-on-youth voyeurism (Code PS4).

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.

~~E. A licensed mental health professional (LMHP) will conduct the Behavioral Health Evaluation for the following incidents:~~

- ~~Youth on youth sexual penetration on DJJ property (Code PY1);~~
- ~~Youth on youth sexual contact on DJJ property (Code PY2);~~
- ~~Youth on youth sexual harassment on DJJ property (Code PY3);~~
- ~~Youth on staff/contractor/volunteer/intern sexual contact (Code PY4);~~
- ~~Lewd or lascivious behavior (Code PY5);~~
- ~~Staff/contractor/volunteer/intern on youth sexual penetration (Code PS1);~~
- ~~Staff/contractor/volunteer/intern on youth sexual contact (Code PS2);~~
- ~~Staff/contractor/volunteer/intern on youth indecent exposure (Code PS3); and~~
- ~~Staff/contractor/volunteer/intern on youth voyeurism (Code PS4).~~

~~{Updated by Directive #12-19 on 12/10/12}~~

~~Lewd and lascivious behavior (PY5) does not require that a Behavioral Health Evaluation be completed following such an incident.~~

~~The evaluation will only address the youth's current mental status. The LMHP 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 LMHP will generate a referral for a Mental Health Assessment. Mental health staff will provide appropriate follow up care and treatment.~~

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	11 of 23

- F. If the Special Incident Report involves a physical intervention technique (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 masters-level qualified mental health professional must conduct the Behavioral Health Evaluation.
- G. In circumstances in which staffing dictates another arrangement (i.e., vacancies, extended illness, etc.), qualified mental health professional(s) will work collaboratively with the facility case manager(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.
- H. Behavioral health staff and facility case managers will document the Behavioral Health Evaluation in the Juvenile Tracking System (JTS).
- I. A copy of the Behavioral Health Evaluation will be printed and filed with the Special Incident Report.
- J. Behavioral health staff and facility case managers will conduct the Behavioral Health Evaluation in an area that provides privacy and protects the confidentiality of the youth.
- K. Allegations of child abuse, sexual abuse/exploitation, and neglect will be reported in accordance with Section VI. of this policy.

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 a physical intervention technique. 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.

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	12 of 23

- D. In a facility with medical services staff on duty less than 10 hours a day, as authorized in writing by the DJJ Medical Director, 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:

Rating	Definition
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
3	Injury or pain requiring medical treatment beyond first aid treatment (e.g. taking medications for more than one dose, 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

- The Report of Youth Injuries (Attachment D) will be used by the medical services staff to document the medical evaluation and disposition.
- If a youth suffers from two or more injuries from a single incident, the injury severity rating will reflect the most serious injury.
- 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.
- 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.
- 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.

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	13 of 23

6. When the youth is assessed as an outpatient at an outside medical facility and returns, the medical services staff may 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 Director. The original Report of Youth Injuries Addendum (Attachment E) 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 Special Incident Report.
 9. If the youth is admitted to the 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 physical intervention (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 Database. (See Digital Camera Training Guide)
 - G. 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.
 - H. When the youth requires confinement immediately following the incident, a medical services staff will provide a brief visual assessment of the youth no more than 2 hours after the time of the incident, at the location where he/she is being confined. (When a medical services staff is not on site and the youth is not in distress, staff will examine the youth upon staff arrival but always within 12 hours of the incident.) Medical service staff will document this brief visual assessment using the Report of Youth Injuries (Attachment D). When the youth has regained self-control, he/she must be examined fully in the medical unit in privacy as previously outlined and the examination documented using the Report of Youth Injuries Addendum (Attachment E).
 - I. Medical services staff will document each Report of Youth Injury evaluation/examination in a JTS communication note.

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	14 of 23

- J. Allegations of child abuse, sexual abuse/exploitation, and neglect will be reported directly to the facility Director and in accordance with Section VI. of this policy.
- K. 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.

VI. ALLEGATIONS OF CHILD ABUSE:

- A. Youth admitted to an owned, operated or contracted Regional Youth Detention Center (RYDC), Youth Development Campus (YDC), or community residential program will be provided an orientation that includes basic directions for reporting abuse, sexual abuse/exploitation, neglect, youth on youth sexual act, youth on youth sexual contact, staff/contractor/volunteer/intern sexual penetration, and staff/contractor/volunteer/intern sexual contact of youth and assurance that the youth will be protected against retaliation for reporting. (For Secure Facilities See DJJ 17.1, Admission and Orientation)
- B. Any employee or volunteer/intern of an owned, operated or contracted facility, program or office who has reasonable cause to believe that a child has been or is being neglected or abused, physically or sexually, must immediately report the suspicion verbally to his/her immediate supervisor or next level supervisor and the facility Director and will complete a Special Incident Report in accordance with this policy. Any employee or volunteer/intern suspecting that a youth has been the victim of sexual abuse by another youth must immediately report the suspicion verbally to his/her immediate supervisor and complete a Special Incident Report in accordance with this policy.
- C. The Director will report allegations of child abuse, child neglect, youth on youth sexual penetration, youth on youth sexual contact, staff/contractor/volunteer/intern sexual penetration, and staff/contractor/volunteer/intern sexual contact of youth under the age of 18 to the local Department of Family and Children’s Services immediately, but not later than 24 hours from the time there is a reasonable cause to believe a child has been abused.
- D. In the absence of the facility Director, the Acting Director or Assistant/Associate Director, as designated by the Director, will act on behalf of the facility Director in receiving and reporting allegations of child abuse, child neglect, youth on youth sexual penetration, youth on youth sexual contact, staff/contractor/volunteer/intern sexual penetration, and staff/contractor/volunteer/intern sexual contact of youth under the age of 18. In the absence of the community Director, the District Director will act on behalf of the Director in receiving and reporting allegations of child abuse, sexual abuse/exploitation, neglect, youth on youth sexual act, and youth on youth sexual contact of youth under the age of 18.
 - 1. Reasonable cause of abuse is established when, upon a review of the totality of the circumstances and the evidence (such as Youth Injury Reports, video evidence, witness statements, etc.), an ordinary and prudent person would conclude that the

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	15 of 23

child has been abused.

2. Directors will report all allegations of child abuse of youth under the age of 18 that occurred on DJJ property and has an injury severity rating of 3 or higher (for facilities) to the local Department of Family and Children's Services. (Allegations with an injury severity rating of 1 or 2, will be reported, via a Special Incident Report, as mistreatment of youth (Code G3P) to the Office of Investigations.)
 3. Directors will report all allegations of youth on youth sexual penetration, youth on youth sexual contract, staff/contractor/volunteer/intern sexual penetration, and staff/contractor/volunteer/intern sexual contract of any youth under the age of 18 that occurred on DJJ property (regardless of the injury severity rating) to the local Department of Family and Children's Services.
 4. Directors will report all allegations of child abuse, child neglect, sexual penetration and sexual contract of youth under the age of 18 that occurred off DJJ property to the local Department of Family and Children's Services.
 5. Directors will report all allegations of child neglect of youth under the age of 18 to the local Department of Family and Children's Services. Directors will document all contacts with the Department of Family and Children's Services in a JTS case note.
 6. Directors will report any pregnant youth under the age of 16 to the local Department of Family and Children's Services as a victim of sexual abuse/exploitation, within 24 hours of confirming the youth is pregnant.
 7. Directors will report any youth under the age of 16 who tests positive for a Sexually Transmitted Infection to the local Department of Family and Children's Services as a victim of sexual abuse/exploitation. A Special Incident Report will be generated; however, staff will not report the test results in the SIR.
 8. Directors will attach all correspondence with the local Department of Family and Children's Services to the Special Incident Report.
- E. Directors will report all allegations of child abuse, child neglect, youth on youth sexual penetration, youth on youth sexual contact, staff/contractor/volunteer/intern sexual penetration, and staff/contractor/volunteer/intern sexual contact of youth over the age of 18 to the Office of Investigations. Directors will not notify the local Department of Family and Children's Services.
- F. The Office of Investigations will conduct an investigation into all allegations of child abuse, child neglect, youth on youth sexual penetration, youth on youth sexual contact, staff/contractor/volunteer/intern sexual penetration, and staff/contractor/volunteer/intern sexual contact that occurred on DJJ property. (DJJ staff will not conduct investigations

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	16 of 23

regarding child abuse, child neglect, and sexual abuse/exploitation, alleged to have occurred in a youth's home; however, Directors will make a referral to the local Department of Family and Children's Services.)

- G. Field Based Investigators (FBI) may not investigate any allegations involving DJJ youth that involve child abuse, child neglect, youth on youth sexual penetration, youth on youth sexual contact, staff/contractor/volunteer/intern sexual penetration, or staff/contractor/volunteer/intern sexual contact. This statement applies regardless of the SIR Code assigned.
- H. The Office of Investigations will investigate or cause to be investigated Special Incident Reports with allegations of child abuse, child neglect, youth on youth sexual penetration, youth on youth sexual contact, staff/contractor/volunteer/intern sexual penetration, and staff/contractor/volunteer/intern sexual contact in private facilities/programs (other than those used for Room, Board, and Watchful Oversight (RBWO) placements) or jails in which DJJ youth are held under contractual or other agreements.
 - 1. Contracts with private facilities (other than those used for Room, Board, and Watchful Oversight (RBWO) placements) will include a provision that requires the reporting of all incidents/suspicious of abuse, sexual abuse/exploitation, neglect, and youth on youth sexual acts to the local Department of Family and Children's Services, Office of Investigations, and the Deputy Commissioner of Youth Services.
 - 2. Contracts with private facilities (other than those used for Room, Board, and Watchful Oversight (RBWO) placements) will include a provision for investigation by the Office of Investigations in the event of allegations of abuse, sexual abuse/exploitation, neglect, or youth on youth sexual act.
- I. In instances of suspected physical/sexual abuse or neglect in a facility/program licensed or approved by the Department of Human Services Office of Residential Child Care (e.g., group homes, licensed childcare facilities), other than those used for Room, Board and Watchful Oversight (RBWO) placements, a copy of the Special Incident Report will also be submitted to the Director of the Office of Residential Child Care (ORCC) or his/her designee. The ORCC, Department of Family and Children's Services, and DJJ Office of Investigations will conduct an investigation into the allegations of child abuse, sexual abuse/exploitation or neglect. Such investigations will be conducted regardless of the age of the youth.
- J. Directors and their supervisors will take immediate steps to ensure that youth alleging abuse, sexual abuse/exploitation, neglect, or youth on youth sexual act are not victims of any form of retaliation.
- K. Once an investigation by the Office of Investigations begins, it will be completed, regardless of if an employee alleged of violating policy or the law resigns or is terminated.

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	17 of 23

- L. If the Office of Investigations substantiates the occurrence of abuse, the Department shall immediately terminate the employee, if still employed, and a referral shall be made to the local district attorney for prosecution if physical harm has occurred to the child necessitating care/treatment beyond first aid provided by the facility.

VII. ADMINISTRATIVE REVIEW OF SPECIAL INCIDENT REPORTS:

A. Shift Supervisor/Juvenile Program Manager (JPM) Review:

1. The Shift Supervisor/Juvenile Program Manager will conduct a review of all SIRs that occurred on the shift or during the workday before the end of the shift/workday.
2. The Supervisor/JPM will not participate in the review of an SIR in which he/she actively participated in the incident by using physical intervention techniques. In the event the Supervisor/JPM uses a physical intervention technique, a same-level supervisor on the same shift, the shift supervisor on the next shift or a JPM in another community service office will complete the review.
3. The Shift Supervisor/JPM will use the Shift Supervisor/JPM Review Form (Attachment F) to complete the review.
4. If the incident type requires notification to the Commissioner, the Shift Supervisor/JPM will initiate the notification, through the chain of command, immediately.

B. 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 Assistant/Associate Director or District Director will not participate in the review of an SIR in which he/she actively participated in the incident by using physical intervention techniques. In this event, the Director (if he/she was not involved) or the District Director's supervisor will conduct the Administrative Review.
3. The Director will not participate in the review of an SIR in which he/she actively participated in the incident by using physical intervention techniques or witnessing the incident in any manner (i.e., physically present, watching the incident live via

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	18 of 23

CCTV, etc.). In this event, the Director's supervisor will conduct the Administrative Review.

4. The facility Assistant/Associate Director may be designated to review the SIRs with an injury severity rating of 2 or less.
5. The facility Director (District Director for community services) must review all SIRs that involve:
 - Child abuse (Codes B1P, B2P, B3P);
 - Death of a youth, employee or visitor that requires outside medical attention (Codes A1P, A2P, and A3P);
 - A youth who requires inpatient hospitalization related to an incident that occurred while at an office or program;
 - Youth-on-youth sexual penetration occurring on DJJ property (Code PY1);
 - Youth-on-youth sexual contract on DJJ property (Code PY2);
 - Staff/contractor/volunteer/intern-on-youth sexual penetration (Code PS1);
 - Escapes or attempted escapes (Codes R1P, R2P, R3P, and R4P);
 - Youth on staff assaults (Code F2P);
 - Group disturbances (Code H4P);
 - Contraband discovered at a facility/program site (not nuisance contraband)(Code G5P);
 - Employee misconduct (Code G2P);
 - Mistreatment of youth (Code G3P); or
 - A youth with an injury severity rating of 4 or more.
6. In the absence of the Director and Assistant/Associate Director, the administrative review will be conducted by the Director's supervisor.
7. The administrative review must include, at a minimum:
 - Reading the SIR;
 - Reading all statements and medical/mental health reports associated with the incident;
 - Requiring and ensuring the completion of any incomplete or missing documentation, including staff/youth statements;
 - Noting any prior history of the involved employee(s);
 - Reading the Shift Supervisor Review;
 - Reading the Debriefing Conversation Guide;
 - Completing the SIR Administrative Review.
8. The reviewer will review all available video footage (video camera and Closed Circuit Television (CCTV)) when any physical intervention technique is used.

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	19 of 23

9. The Director will review all available video footage (video camera and CCTV) for the following incidents:

- Death of a youth, employee or visitor that requires outside medical attention (Codes A1P, A2P, and A3P);
- Child abuse (B Codes);
- Employee misconduct (Code G2P);
- Escapes or attempted escapes (Codes R1P, R2P, R3P, R4P);
- Youth on staff assaults (Code F2P);
- Group disturbances (Code H4P);
- Contraband discovered at a facility/program site (not nuisance contraband)(Code G5P);
- Mistreatment of a youth (Code G3P);
- Youth-on-youth sexual penetration occurring on DJJ property (Code PY1);
- Youth-on-youth sexual contract on DJJ property (Code PY2);
- Staff/contractor/volunteer/intern-on-youth sexual penetration (Code PS1); and
- Youth with an injury severity rating of 4 or more because of an altercation (F Codes).

10. The Director will document the video footage review on the Administrative Review, including a brief summary of the video footage in the comments section.

11. The reviewer will determine the code(s) for the SIR using the SIR Codes Guide (Attachment H). The reviewer will indicate the code(s) on the Administrative Review.

12. If the reviewer is unable to determine if the correct SIR code, he/she will request additional information.

13. 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. Entry of the information into the SIR Database will not be required.

14. The Director will initiate a field-based investigation as indicated in the SIR Codes Guide (Attachment H).

C. “No Contact” Status:

1. During the administrative review, the reviewer will consider placing the accused staff member on “No Contact” Status if there is an allegation of involve child abuse, child neglect, youth on youth sexual penetration, youth on youth sexual contact, staff/contractor/volunteer/intern sexual penetration, or staff/contractor/volunteer/intern sexual contact that occurred on DJJ property. The administrative reviewer may consider placing the accused staff member on “No

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	20 of 23

Contact” Status if there is any other reason to believe that the staff continuing to have contact with youth may jeopardize the safety and/or security of the youth.

2. The Director, in consultation with his/her supervisor, will consider the following factors prior to approving placing an employee on “No Contact” Status:
 - Injury severity rating of the youth;
 - Witness statements;
 - Video evidence and any other evidence; and
 - History of the accused staff member.
3. Employees placed on “No Contact” Status will not have contact with any youth until the completion of the required investigation.
4. The Director may place the employee on suspension with pay until the completion of the required investigation.
5. The Director and his/her supervisor may re-assign the staff member to regular duties after confirming with the Director of the Office of Investigations that the allegation will not be substantiated. The Director or designee will notify the Central Office Program Coordinator when the facility staff returns to regular duties.

VIII. QUALITY ASSURANCE:

A. SIR Management Team Meetings:

1. Each facility will have a procedure in place for the review of each SIR during a management team meeting (Director, Assistant/Associate Director, security supervisor, medical, mental health, etc.) prior to entry into the SIR database.
2. A Qualified Mental Health Professional 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 regards 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.

B. Data Entry:

1. The SIR will be entered into the SIR Database exactly as it is written on the SIR.
2. The Administrative Review must be completed prior to the SIR being entered into the SIR Database.

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	21 of 23

{Updated by Directive #12-19 on 12/10/12}

{Updated by Directive #14-01 on 1/1/14}

3. With the exception of all “PY” (~~excluding PY5~~) 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.~~ ~~With the exception of SIR Code PY5-~~ All “PY” and “PS” codes must be entered into the SIR Database within 24 hours of the alleged incident.

C. Special Incident Report Monitoring:

1. The Director’s supervisor will monitor the special incident reporting processes of each secure facility at least quarterly.
2. The Director’s supervisor will evaluate a random sample of at least 10% of the special incident reports generated within the monitoring period.
3. The Director’s supervisor will document the evaluation using the SIR Monitoring Tool (Attachment I or J).

D. The special incident reporting processes of each secure facility must be monitored at least quarterly by a ~~Principal Investigator~~ ~~OI Field Supervisor~~ not assigned to the facility by the Office of Investigations. The review will include:

- Entry of all required SIRs into the SIR Database;
- Timeliness of SIRs being entering into the SIR Database;
- Quality of SIRs;
- Quality of the SIR administrative review; and
- Field-based investigation of designated SIRs.

E. 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 the facility Special Management Team as needed. The youth’s facility case manager will be notified that the youth’s Positive Behavior Strategies may need revision.
 - b. The staff will be referred to the Physical Intervention Training Officer as needed.

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	22 of 23

2. The Director or designee will monitor the SIR Database Occurrence Report at least monthly to identify trends regarding the frequent location(s) and times where incidents occur.
 3. The information from these reports will be used to attempt to decrease the overall number of incidents.
- F. The Office of Investigations will be responsible for monitoring the SIR Database for significant trends regarding special incidents occurring within DJJ
- G. Records Retention:
1. An in-house tracking number will be assigned to each SIR.
 2. The hard-copy documentation regarding each Special Incident Report will be filed together as one complete packet in an individual file folder that includes the following:
 - Special Incident Report;
 - Behavioral Health Evaluation (if applicable);
 - Report of Youth Injuries (if applicable);
 - Restraint Flow Sheet (if applicable);
 - Therapeutic Restraint Order form (if applicable);
 - Staff Statement(s) for the Record;
 - Youth Statement(s) for the Record;
 - Debriefing Conversation Guide, for facilities;
 - Shift Supervisor/JPM Review;
 - Administrative Review;
 - Video footage from video camera and/or CCTV (if applicable);
 - Correspondence with the local Department of Family and Children's Services;
 - Departmental correspondence regarding the SIR; and
 - Report of Investigations completed by the Field-Based Investigator or the Office of Investigations.
 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.
 5. SIR file folders must be maintained in an administrative area that is double-locked (i.e., locked filing cabinets behind locked doors).
 6. The SIR and all supporting documentation and video tapes/disks will be retained in accordance with the established retention schedule as outlined in DJJ 5.1, Records

Chapter	Subject	Policy #	Page
SAFETY, SECURITY AND CONTROL	SPECIAL INCIDENT AND CHILD ABUSE REPORTING	8.5	23 of 23

Management. Records that are a part of pending litigation or investigation will not be destroyed.

IX. LOCAL OPERATING PROCEDURES REQUIRED: YES