


# Incident Reporting

	<b>DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE POLICY</b>
<b>SUBJECT:</b>	Incident Reporting
<b>POLICY NUMBER:</b>	DCFS/JJS 300.07
<b>EFFECTIVE DATE:</b>	February 7, 2022
<b>APPROVED BY: DATE:</b>	Domonique Rice, Deputy Administrator – Division of Child and Family Services 2/3/2022
<b>SUPERSEDES:</b>	New Policy
<b>APPROVED BY: DATE:</b>	Cindy Pitlock, Administrator – Division of Child and Family Service 2/3/2022 
<b>REFERENCES:</b>	Documentation Standards (DCFS/JJS 100.13); Performance-based Standards (DCFS/JJS 100.14); Prison Rape Elimination Act (DCFS/JJS 300.09)
<b>ATTACHMENTS:</b>	Attachment A: Critical Incident Report – Day of Incident Attachment B: Critical Incident Report – Follow-up Reporting

## I. SUMMARY

The Division of Child and Family Services (DCFS) shall utilize a standardized process for reporting incidents which occur in a secure facility based on Performance-based Standards recommended reportable incidents (PbS; DCFS/JJS 100.14). All DCFS programs shall utilize a standardized process for reporting Critical Incidents to the Director of the Department of Health and Human Services (DHHS).

## II. PURPOSE

To provide a well-defined process for staff to report incidents, including types of incidents needing to be reported, and timeframes for reporting.

## III. DEFINITIONS

As used in this document, the following definitions shall apply:

- A. Abuse and Neglect: Any alleged act or failure to act on the part of a direct care staff or caretaker, resulting in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act which presents an imminent risk of serious harm, for which a referral to a local child welfare agency is made.
- B. Assault: Any instance, not accidental in nature, where a youth or staff member is involved in physical contact with another individual(s), even if no one is injured. This includes unprovoked, provoked attacks and sexual assaults. Distinctions should be made between assaults and fights. Fights are defined as mutual physical attacks.

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- C. Chemical Restraint: The use of Oleoresin Capsicum aerosol spray (OC spray) which is derived from compounds found in plants in the Capsicum genus, such as chili peppers. This may include a spray canister or a fogger which releases OC spray.
- D. Confinement:
1. When a youth is placed alone in a room in which they normally sleep and is not permitted to leave the room of their own volition. This may be with an open or closed door, locked or unlocked.
  2. When a youth is separated from others until they have rejoined the population. Youths may be transferred to a designated unit for confinement (e.g., a segregation dorm or program separation unit). Confinement may occur in locked or unlocked rooms but cannot occur in large dormitories.
- E. Contraband: Any item(s) introduced or found in the facility, including improperly possessed drugs (whether illegal or legal) and weapons, which are expressly prohibited by those legally charged with the responsibility for the administration and/or operation of the facility.
1. *Weapons* include items which have been made or adapted for use as weapons and may cause injury or bodily harm.
  2. *Illegal Drugs and/or Alcohol* includes possessing or using any unauthorized substance, including controlled substance or intoxicants (including alcohol or tobacco) and medications which have been hoarded and/or not prescribed for use of the resident by agency or facility healthcare staff.
  3. *Other contraband* includes all items prohibited by agency or facility management based on written policy (e.g., jewelry, money, pornography, cell phones, etc.).
- F. Critical Incident: An event or situation which creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of a Department of Health and Human Services (DHHS) client, employee, or the public. Additionally, it may be an incident which becomes newsworthy and DHHS leadership should be aware of.
- G. Critical Incident Report (CIR): The document used to report an incident involving abuse, death/suicide, lost/missing person, runaway/elopement, serious injury, threat or hostage situation, public health emergency, health facility emergency, fire/natural disaster, or other incidents as required by the Director of DHHS.
- H. Escape/Escape Attempt: To flee or attempt to flee from custody or supervision of an institution or from custody while being transported, or failure to return to the facility while on leave.
- I. Fight: Mutual physical assault between two or more youths.
- J. Inappropriate Sexual Behavior: A continuum of activities, regardless of voluntariness which may include otherwise developmentally normative behaviors, norm-violating behaviors, sexual harassment, exploitation/taking unfair advantage of another, and sexual assault. Sexually inappropriate behaviors may present a problem to the person who commits them (e.g., risk of

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- harm or other consequences), others (violates rules, norms, or values and/or makes others uncomfortable), or are abusive (lack of consent, inequity, coercion) or illegal (as defined by statute or case law). Minimally, they violate a facility's rules and policies, and they may also be abusive or illegal.
- K. Inappropriate Language: Use of language considered unsuitable for the hearing of youth by society, law, and/or as stated in facility policy and procedure. Language which would be deemed crude, offensive, or disrespectful.
  - L. Incident: An event or crisis which may compromise the safety and security of staff and residents requiring staff response and written documentation. Such events occur within the facility (although they may be precipitated by events outside the facility) and may involve staff, youths, or others.
  - M. Injury: Any instance in which a youth or staff member is hurt, even if treatment is not provided. This includes minor injuries such as scratches or swellings, injuries from assaults/fights, accidental injuries from playing sports, or other environmental hazards and when youth or staff are injured during the application of restraints.
  - N. Lost Keys & Tools: Facility keys and tools determined missing or lost based on facility policy. This may include keys for facility doors and locks and staff keys. Tools may be items for facility maintenance and/or from the vocational programs. Lost keys or tools in the possession of youth are considered contraband.
  - O. Mechanical Restraint: The use of devices, including wrist restraints, leg restraints, or waist restraints used to limit a youth's movement or hold a youth immobile.
  - P. Misconduct: Rule violations by youth or staff subject to disciplinary action. The disciplinary action taken against youth may be loss of privileges, room confinement, or the filing of misconduct charges, whereas for staff it may be an administrative reprimand, suspension without pay, or termination.
  - Q. Other Restraints: Other forms of restraints such as restraint chairs, body wraps, swaddles, waist chains, shields, masks, flex cuffs, or helmets. This list is not all inclusive and may contain other types of restraints available to a facility.
  - R. Physical Restraint: The use of physical contact to limit a youth's movement or hold a youth immobile.
  - S. Riot: A disturbance, which may be violent, against authority, property, or people.
  - T. Self-Injurious Behavior/Self-Harm: Behavior causing harm to oneself. This behavior may be indicative of a youth not effectively dealing or coping with events, issues, or situations. Types

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- of self-injurious or self-harming behaviors include cutting, burning, skin picking, scratching, pulling hair, hitting, overdosing, or exhibiting deliberate recklessness.
- U. Sexual Abuse: Prohibited actions of a sexual nature, including sexual touching between staff and youth or youth and youth, as defined within the Prison Rape Elimination Act, Standard 115.6. Refer to PREA (DCFS/JJS 300.09).
  - V. Sexual Harassment: Prohibited actions of a sexual nature, including unwelcome comments or gestures between staff and youth or youth and youth, as defined within the Prison Rape Elimination Act, Standard 115.6. Refer to PREA (DCFS/JJS 300.09).
  - W. Suicide: The intentional taking of one's own life.
  - X. Serious Suicide Attempt: A suicide attempt which would have been lethal had it not been for the provision of rapid and effective emergency treatment.
  - Y. Suicidal Ideation: Self-reported thoughts of engaging in suicide-related behavior. Verbally expressing thoughts or fantasies about committing suicide or verbally expressing a desire to kill themselves. This does not include cases where a youth develops a plan or strategy for committing suicide, because planning suicide is considered suicidal behavior.
  - Z. Facility/Unit Lock Down: Incidents where youths who are not involved in an incident are placed in confinement for 15 minutes or longer while staff respond to the event. A Unit Lock Down includes times during investigations and contraband searches, and in the event of an escape or attempted escape
  - AA. Threat: A verbal statement of some type of violence or act.
  - BB. Witness: Any staff, volunteer, or contractor who directly observed an incident but did not participate in the incident. Staff providing follow up services such as medical staff or mental health staff would not be considered witnesses unless they directly observed the incident. All youth in the vicinity of the incident would be considered witnesses.

## IV. TRAINING

- A. Staff shall be trained in incident reporting prior to working directly with youth as a direct care staff or supervisor of direct care staff. Important factors in incident report training include:
  1. Understanding the difference between a critical incident and a reportable incident.
  2. Understanding reporting requirements.
  3. The process by which incident reports are input by a Shift Supervisor by the end of the shift in which the incident occurred.
  4. Understanding staff responsibilities, including staff shall have until the end of their shift to complete their incident statement if they are identified as part of an incident.

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5. If something rising to the level of a critical incident or reportable incident did not have staff involvement, but staff are notified later, the notification date is treated as the incident date and the same timeframes exist for reporting.
- B. Each facility shall have investigative staff trained in Motivational Interviewing (MI) or Forensic Experiential Trauma Interviewing (FETI) which can be obtained through the PREA Resource Center or through a contracted vendor.
- C. Upon intake, youth shall be informed on how to notify staff if an incident occurs which is not witnessed by staff.
- D. Staff shall be trained on their responsibilities to document and report all reportable incidents reported by youth
- E. Critical Incident Report forms and training documents are located in the policy drive for reference.

### V. CRITICAL INCIDENTS

- A. Critical incidents are generally known immediately but may be found out later (such as incidents of abuse).
- B. Critical incidents include, but are not limited to:
  1. Arrest of staff or a client in a state facility
  2. Death
  3. Emergency medical transport of a youth, employee, contractor, or other person at a state-run facility or office
  4. Lost/Missing Person
  5. Serious personnel issue such as alleged abuse, neglect, or harassment
  6. Public Health Emergency (e.g., disease outbreak)
  7. Escape/Escape Attempt
  8. Serious injury to client, staff or the public at a state-run facility or office (See injury rating-Section X)
  9. Suicide or Serious Suicide Attempt
  10. Self-Injurious Behaviors
  11. Fire or natural disaster affecting a state-run facility or office
  12. Hostage situation
  13. Any other incident which draws media attention (e.g., riot)

Note: Other incidents may qualify as critical. The facility Superintendent or the Chief of Parole shall consult with their Deputy Administrator if they are unsure whether to complete a Critical Incident Report.

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## VI. CRITICAL INCIDENT REPORTING

- A. Staff shall notify the Shift Supervisor immediately when a critical incident occurs or is discovered.
- B. Each facility shall have an internal staff notification process for critical incidents.
- C. In the event of a critical incident at a facility, the Superintendent shall be responsible for making all proper notifications as quickly as possible after the event and ensuring all contacts are documented in the electronic case management system (Documentation Standards DCFS/JJS 100.13), including but not limited to:
  - 1. The Deputy Administrator of Residential Services (text message notification is acceptable)
  - 2. The youth's parents/guardian
  - 3. The assigned Youth Parole Counselor, the Parole Unit Manager, and the Chief of the Youth Parole Bureau
  - 4. The youth's social worker/case worker
- D. The Deputy Administrator of Residential Services shall immediately notify the Administrator (text message notification is acceptable).
- E. The Administrator shall notify the Director of the DHHS to alert them of the incident before the initial Critical Incident Report has been submitted (text message notification is acceptable).
- F. A Critical Incident Report – Day of the Incident Report (Attachment A) shall be completed by the Administrator or Deputy Administrator of Residential Services and submitted by the Administrator via email to DHHS Director's Office staff as identified on the form, and the Administrators of the other Divisions, immediately upon knowledge of a critical incident.
  - 1. CIR forms and training documents are in the policy drive folder – Critical Incident Reporting (<X:\Policies\300.07 Incident Reporting\Critical Incident Reporting>).
- G. The Shift Supervisor shall enter the critical incident into the electronic case management system as an Incident by the end of their shift.
  - 1. Staff who are tagged as involved in or witness to the critical incident shall complete an incident report by the end of their shift.
  - 2. All attachments associated with the incident shall be uploaded to the Incident Documents.
  - 3. Youth witness statements shall be obtained within 24 hours and uploaded to the Incident Documents by the Shift Supervisor or designee.

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- H. When an incident is truly critical, daily updates are required from the facility to the Deputy Administrator of Residential Services who will notify the Administrator who will notify the Director of DHHS.
- I. Critical Incident Report – Follow Up Report (Attachment B) is required within three business days of the incident to provide more details of the incident, location, and response.
  - 1. If the incident is not resolved by the third day, the report shall outline the plan and when resolution is anticipated. Additional follow-up reports will need to be completed on a reasonable timeline established by the Administrator as part of the initial follow-up report.
- J. The Director of DHHS shall report critical incidents to the Governor’s staff as appropriate.
- K. All CIRs must be written with explanation of all acronyms as they may be shared with the Governor’s Office.
- L. Ongoing communication with key Director’s Office staff may be communicated by the facility Superintendent or designee.
- M. If the media directly contacts the facility, the information is to be forwarded to the Systems Advocate Position located in DCFS Central Office. The Systems Advocate is responsible for media contacts and may require information and/or documentation from the facility to respond to media inquiries. The Systems Advocate shall work with the Director’s Office Public Information Officer.

### **VII. REPORTABLE INCIDENTS/INCIDENT REPORTING**

- A. Reportable incidents may be witnessed by staff or may be reported later to a staff by a youth via verbal notification, written notification, or as a grievance.
- B. Reportable incidents, not meeting the level of a critical incident:
  - 1. Abuse/Neglect
  - 2. Assault involving youth or involving staff and youth, not resulting in a serious injury
  - 3. Confinement
  - 4. Facility/Unit Lockdown
  - 5. Fights involving two or more youth
  - 6. Injury to a youth or staff
  - 7. Suicidal ideation
  - 8. Self-injurious behavior/self-harm
  - 9. Situations resulting in confinement
  - 10. Chemical restraints
  - 11. Mechanical restraints
  - 12. Physical restraints
  - 13. Other restraints (i.e., spit masks or soft ankle restraints)

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14. PREA allegation of sexual harassment by a staff or youth, and sexual abuse by a staff or youth
15. Inappropriate sexual behavior
16. Inappropriate language
17. Misconduct
18. Threats of violence
19. Contraband found on youth or within youth's living quarters
20. Facility lost keys or lost tools
21. Any incident where a youth is seen by a medical professional

### **VIII. REPORTABLE INCIDENTS REPORTING**

- A. Each facility shall have an internal staff notification process for reportable incidents.
- B. In the event of a reportable incident at a facility, the Superintendent, or designee, shall notify the following within 24 hours and ensure all contacts are documented in the electronic case management system (Documentation Standards DCFS/JJS 100.13), including but not limited to:
  1. The Deputy Administrator of Residential Services
  2. The youth's parents/guardian
  3. The assigned Youth Parole Counselor, the Parole Unit Manager, and the Chief of the Youth Parole Bureau
  4. The youth's social worker/case worker
- C. Each time a youth is placed on close or constant watch for suicidal ideation, self-injurious behavior/self-harm, or suicide attempt/suicidal behavior, this shall constitute an incident report event, even if the duration is several days. If the youth is removed from close or constant watch, and then reapplied for new or continuing behaviors, each reapplication would constitute a new incident report.
- F. The Shift Supervisor shall enter reportable incidents into the electronic case management system as an Incident by the end of their shift.
  1. The Shift Supervisor shall tag all staff involved or witness to the incident.
  2. Staff who are tagged as involved in or witness to a reportable incident shall complete an Incident Report by the end of their shift.
  3. Youth witness statements shall be obtained within 24 hours and uploaded into the electronic case management system by the Shift Supervisor or designee.

### **IX. INVESTIGATIONS OF CRITICAL/REPORTABLE INCIDENTS**

- A. Each facility shall have a designated and assigned investigator to review critical incidents or reportable incidents per the direction of the Superintendent.



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1. The Superintendent shall identify the investigator.
  2. The investigative position may be rotational.
- B. Only trained investigators shall question youth for information about an alleged critical or reportable incident to minimize potential trauma associated with an incident.
- C. If there are no investigative staff on duty, youth shall be notified someone will follow up with them the next day, however, the Shift Supervisor shall still complete an Incident Report in the electronic case management system.

## **X. INJURY RATING**

- A. Rating 1 (Injury): No visible injury or pain expressed.
- B. Rating 2 (Injury): Scratch, mild cuts, or bruises with mild pain. May require one-time first aid treatment. No follow up required.
- C. Rating 3 (Serious Injury): Injury resulting in moderate/severe pain requiring more than first aid and requires a follow up visit. This may entail stitches or prescription medications, x-rays, or other medical procedures.
- D. Rating 4 (Serious Injury): Injury requiring hospitalization, surgery, or other invasive medical interventions.
- E. Rating 5 (Serious Injury): Injury resulting in death.

## **XI. LAW ENFORCEMENT & CHILD PROTECTIVE SERVICES (CPS) REPORTS**

- A. Any incident, critical or reportable, meeting the level of a crime or a suspected crime shall be reported to local law enforcement by a supervisor or higher-level staff. The date and time of this report shall be documented in accordance with the facility Standard Operating Procedure.
- B. Any incident or suspected incident of abuse/neglect shall be reported to the local child protective services agency by a supervisor or higher-level staff. The date and time of this report shall be documented in accordance with the facility Standard Operating Procedure.

## **XII. STANDARD OPERATING PROCEDURES**

- A. Each facility shall create Standard Operating Procedures consistent with this policy to include, but not limited to:
1. Staff training
    - a. Understanding of critical incidents and reportable incidents.

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2. Youth training
    - a. How youth are to notify staff if an incident occurs not witnessed by staff.
  3. Investigative process for identification of incidents requiring investigation.
  4. Disciplinary measures for staff who fail to complete Incident Reports as required by policy.
  5. Any additional reportable incidents not defined within this policy.
  6. Location and process to document and follow up on CPS referrals.
- B. SOPs shall be reviewed and updated annually.