

# JUSTICE AND PUBLIC SAFETY CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES

AUTHORITY and REFERENCES: 505 KAR 1:130 KRS 15A.0652

A PARTY OF THE PAR	POLICY AND PROCEDURE	ZS
<b>CHAPTER:</b>	Juvenile Services in Community	
<b>SUBJECT:</b>	Incident Reports	
POLICY NU	JMBER: DJJ 617	
TOTAL PA	GES: 4	
EFFECTIVI	E DATE: February 2, 2018	
APPROVAI	. Carey D. Cockerell	COMMISSIONER

### I. POLICY

The Department of Juvenile Justice (DJJ) shall have a system for reporting incidents involving probated, committed, or sentenced youth who are either residing in a community or in a private childcare, hospital setting, or therapeutic foster care placement.

#### II. APPLICABILITY

This policy and procedure shall apply to all community service offices.

#### III. DEFINITIONS

Refer to Chapter 600

#### IV. PROCEDURES

- A. A Juvenile Service Worker (JSW) shall complete an incident report when a juvenile on conditions of supervision is involved in any of the following circumstances:
  - 1. Absent without leave (AWOL), escape, or attempts;
  - 2. Assault or attempted assault by:
    - a. Youth on staff; or
    - b. Staff on youth;
  - 3. Sexual assault or attempted sexual assault, involving physical contact of:
    - a. Youth on staff: or
    - b. Staff on youth;
  - 4. Major DJJ property destruction;
  - 5. Possession of contraband;
  - 6. Death of youth;
  - 7. Major injury or illness requiring more than first aid, including emergency medical care or transport;
  - 8. Suicide threat or attempt;
  - 9. Serious threat of harm to staff or youth; or
  - 10. Other.

- B. The JSW shall complete an incident report when a juvenile placed in a private childcare, hospital setting, or therapeutic foster care is involved in any of the following circumstances:
  - 1. Use of Isolation;
  - 2. Absent without leave (AWOL), escape, or attempts;
  - 3. Assault or attempted assault by:
    - a. Youth on youth;
    - b. Youth on staff;
    - c. Staff on youth; or
    - d. Youth on other;
  - 4. Sexual assault or attempted sexual assault, involving physical contact of:
    - a. Youth on youth;
    - b. Youth on staff;
    - c. Staff on youth; or
    - d. Youth on other;
  - 5. Sexual acting-out:
    - a. Youth on youth;
    - b. Youth on staff;
    - c. Staff on youth or
    - d. Youth on other;
  - 6. Major property destruction;
  - 7. Possession of contraband;
  - 8. Death of youth:
  - 9. Medication error;
  - 10. Major injury or illness requiring more than first aid, including emergency medical care or transport;
  - 11. Self-harming behavior;
  - 12. Suicide attempt;
  - 13. Use of restraint:
    - a. Physical restraint;
    - b. Therapeutic restraint; and
    - c. Mechanical restraint, except in cases of routine transportation;
  - 14. The taking of a hostage or hostages;
  - 15. Rioting or attempting to incite a riot;
  - 16. Serious threat of harm to staff or youth;
  - 17. Positive drug screen or test;
  - 18. Chronic program disruption; or

19. Other.

- C. An electronic incident alert shall be completed by the JSW within twenty-four (24) hours of the receipt of information but no later than the close of business of the next business day.
  - 1. The JSW shall print the electronic incident alert and place in the youth's Individual Client Record (ICR).
  - 2. The JSW shall enter the details of the incident in the youth's electronic running record and reference the incident ID.
- D. For youth on community supervision or placed by the Classification Branch in a therapeutic foster care, private child care, or hospital placement all incidents involving the death of a youth, serious physical injury, sexual assault, AWOL, posing a threat to public safety, or any action resulting in the death of another person shall be immediately reported to the Deputy Commissioner of Community and Mental Health Services through the proper supervisory channels upon knowledge of the incident to include weekends and holidays. The notification may include phone calls, emails, or a written report.
- E. All incident reports other than those involving the death of a youth, serious physical injury, sexual assault, AWOL, or pose a threat to public safety or any action resulting in the death of another person shall be reported through supervisory channels to the Division Director of Community and Mental Health Services.
- F. As the result of the death of a youth, a copy of the entire individual client record, along with a copy of the incident report, shall be forwarded through the proper supervisory channels within seventy-two (72) hours for the internal review committee process to occur.
  - 1. The detailed legal history shall also be included in the case file.
  - 2. All family and personal resources shall be exhausted prior to recommending expenditure of Departmental funds for funeral and burial expenditures. Requests of this nature shall be forwarded through the supervisory channels to the Office of the Commissioner. Only the Commissioner may approve this request.
- G. The parent or caregiver and the Juvenile Service Worker (JSW) shall be notified, as soon as practicable, by the therapeutic foster care, private childcare, or hospital placement but no later than four (4) hours from the occurrence of any incident listed below:
  - 1. AWOL:
  - 2. Serious injury or illness requiring more than first aid, including emergency medical care or transport;
  - 3. Sexual assault; or
  - 4. Suicide attempt.

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H. If notification to the parent or caregiver has not already been made by the therapeutic foster care, private childcare, or hospital placement, the Division Director of Community and Mental Health Service, or designee, shall provide the notification. If a death of a youth occurs while placed in therapeutic foster care, private childcare, or hospital placement, the Office of the Commissioner or Division Director of Medical Services shall provide the notification.

## V. STAFF TRAINING

The Juvenile Services District Supervisor shall ensure that community staff are trained annually on Incident Report procedures.

#### VI. MONITORING MECHANISM

The Division Director of Community and Mental Health Services or designee and the Quality Assurance Branch shall develop monitoring protocols.