A typed incident report should be securely emailed to the assigned CAP counselor, the CAP Manager, and RSC agency as soon as practicable following the incident and no later than 24 hours from the incident.

|  |
| --- |
| 1. Program Name (no abbreviations):
 |
| 1. Program Address:
 |
| 1. Incident Location:
 |
| 1. Incident Location Address (if different from program):
 |
| 1. Incident Date: Click or tap to enter a date.
 | 1. Incident Time:
 |
| 1. Activity when Incident Occurred:
 |
| 1. Report Date: Click or tap to enter a date.
 | 1. Report Time:
 |
| 1. Reporting Person:
 | 1. Title:
 |
| 1. Contact Email:
 | 1. Contact Number:
 |

1. **Incident Type:**

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| Check all categories that apply: All serious incidents, ***actual or alleged*,** relating to a juvenile must be reported by the **provider**. |
| [ ]  Absent without Leave (AWOL) (Level I) | [ ]  Allegation against staff (referred) - not involving abuse (Level I) |
| [ ]  Allegation of staff-on-resident non-sexual child abuse or neglect - referred (Level I) | [ ]  Allegation of resident-on-resident consensual sexual misconduct (contact or penetration) (Level II)  |
| [ ]  Allegation of resident-on-resident consensual sexual misconduct (kissing, non-penetration touching, or verbal non-contact) (Level II)  | [ ]  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 II) |
| [ ]  Allegation of resident-on-resident sexual harassment (Level II) | [ ]  Allegation of resident-on-staff sexual misconduct (intentional touching) (Level II) |
| [ ]  Allegation of resident-on-staff sexual misconduct (sexual harassment) (Level II)  | [ ]  Allegation of resident-on-staff sexual misconduct (non-touching gestures) (Level II) |
| [ ]  Allegation of staff-on-resident indecent exposure (Level II) | [ ]  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 II)  |
| [ ]  Allegation of staff-on-resident sexual misconduct (other) (Level II)  | [ ]  Allegation of staff-on-resident voyeurism (Level II)  |
| [ ]  Contraband- Medication (Level II) | [ ]  Contraband- Security (Level II) |
| [ ]  Death (Level I) | [ ]  Escape (Level I) |
| [ ]  Fight (serious injury) (Level I) | [ ]  Fight (3 or more residents) (Level II) |
| [ ]  Fight (2 residents, no serious injury) (Non-Critical)  | [ ]  Fire (Level I)  |
| [ ]  Group disturbance (Level II)  | [ ]  Hostage taking (Level I) |
| [ ]  Major arrest of resident (Level II) | [ ]  Resident-on-resident assault (serious injury) (Level I) |
| [ ]  Resident-on-resident assault (injury) (Level II) | [ ]  Resident-on-resident assault (no injury) (Non-critical)  |
| [ ]  Resident-on-staff assault (serious injury) (Level I) | [ ]  Resident-on-staff assault (Level II)  |
| [ ]  Resident-on-staff assault (Non-Critical) | [ ]  Riot (Level I)  |
| [ ]  Self-injurious behavior (SIB) (serious harm) (Level I)  | [ ]  Serious resident injury/illness (Level I)  |
| [ ]  Suicide attempt (Level I)  | [ ]  Temporary detention order (TDO) (Level II) |
| [ ]  Use of force (Non-Critical) |  |

1. Juvenile Identification Information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Juvenile Name****(First & Last)** | **Juvenile Number** | **Date of Birth** | **Date of Placement** |
|       |       |       |       |

1. (A) Describe the incident (who, what, when, where, how): *Attach additional pages as needed.*

1. Describe intervention or action taken as a result of the incident:

1. Communication of Incident: *The following parties have been notified of this incident:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Notified Party** | **Name/Contact** | **Date** | **Time** | **Notification Type**  | **Reported by** |
| [ ]  CAP Counselor |       | Date |  | Select |  |
| [ ]  CAP Manager |       | Date |  | Select |  |
| [ ]  RSC – AMIkids |       | Date |  | Select |  |
| [ ]  RSC – EBA |       | Date |  | Select |  |
| [ ]  CSU Probation/ Parole Officer |       | Date |  | Select |  |
| [ ]  Parent/Legal Guardian |       | Date |  | Select |  |
| [ ]  Licensing/Regulatory Agency |       | Date |  | Select |  |
| [ ]  Human Rights |       | Date |  | Select |  |
| [ ]  CPS |       | Date |  | Select |  |
| Other:       |       | Date |  | Select |  |
| Other:       |       | Date |  | Select |  |
| Other:       |       | Date |  | Select |  |
| Other:       |       | Date |  | Select |  |

***Note****: Reporting to DJJ does not preclude the DSP from reporting to the licensing, regulatory agency and Child Protective Services (CPS), as applicable and appropriate.*

1. Follow-up questions should be directed to:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Title: |       |
| Phone: |       | Email: |       |

A typed incident report should be emailed to the assigned CAP counselor, CAP Manager, and RSC as soon as practicable following the incident but no later than 24 hours from the incident. The CAP counselor will then input this information into the appropriate incident-reporting module for direct care juveniles in DJJ’s electronic data system. Supplemental documentation may be attached to provide additional detail of the incident. Note: Reporting to DJJ does not preclude the DSP from reporting to their licensing agency and child protective services (CPS), as applicable and appropriate.

1. Program Name: Enter the full name (no abbreviations) of the program that is reporting the incident.
2. Program Address: Enter the full physical address of the program.
3. Incident Location: Enter the location where the incident occurred (e.g., dining hall, living room, classroom)
4. Incident Location Address: Enter the full physical address where the incident occurred if the incident occurred off-site from the program.
5. Incident Date: Select the date the incident occurred.
6. Incident Time: Enter the time the incident occurred.
7. Activity when Incident Occurred: Describe the activity (e.g., field trip, school, meal, free time) the resident was involved in when the incident occurred.
8. Report Date: Select the date that this report was completed.
9. Report Time: Enter the time this report was completed.
10. Reporting Person: Enter the name of the person who is completing this form.
11. Title: Enter the title of the person who is completing this form.
12. Contact Email: Enter the email address for the person completing this form.
13. Contact Number: Enter the telephone number for the person completing this form.
14. Incident Type: Indicate the type of incident(s) with a checkmark. Be sure to review the incident definitions and check all incident types that apply.
15. Juvenile Identification Information
* Juvenile Name: Enter the full name of the juvenile involved in the incident.
* Juvenile Number: Enter the juvenile’s assigned DJJ number.
* Date of Birth: Enter the juvenile’s date of birth as MM/DD/YY.
* Date of Placement: Enter the date the juvenile was placed in the program as MM/DD/YY.

\*\* If multiple DJJ juveniles were involved in the incident, insert additional rows to include identifying information for each juvenile. Only provide identifying information on juveniles in direct care/committed to DJJ.

1. (A) Describe the incident (who, what, when, where, how): Enter a thorough description of what occurred. The description, at a minimum, should include the following:
* Names, titles, and locations of staff involved, including who responded;
* Clear statement of what happened, including any physical evidence;
* Nature of the immediate response, including any use of physical force, medical treatment, external assistance, and who was notified; and
* Any program sanctions and/or criminal charges.

\*\* Attach supporting program documentation and/or additional sheets, as needed.

(B) Describe intervention or action taken as a result of the incident: The description, at a minimum, should include the follow-up action or steps moving forward (e.g., how will supervision or treatment intervention be impacted?).

\*\* Attach supporting program documentation and/or additional sheets, as needed.

1. Communication of Incident: Identify additional parties who have been notified of the incident, the date and time of notification, type of notification (e.g., phone call, voicemail, email), and who made the notification. This should also include the licensing agencies.
* **All Level One** incidents must be communicated **immediately** to the CAP Unit Manager. DSPs are to notify the CAP Manager, Demetria Clayton, at: (804) 338-7028 and by email at Demetria.Clayton@djj.virginia.gov. All other incidents must be communicated within 24 hours or the next business day if the incident falls on a weekend and/or a holiday. The CAP Unit will subsequently enter the incident into DJJ’s electronic data system within 24 hours and notify DJJ’s PREA Coordinator, as appropriate, and DJJ’s residential and community chain of command.
* The RSC must be notified of all incidents and should be copied on the incident report to the CAP Unit. The RSC will subsequently notify the DJJ Statewide Program Manager and QA Manager.
	+ For AMIkids: Korah Skuce at (910) 987-7816, KSkuce@AMIkids.org & VAServices-CM@amikids.org
	+ For EBA: Kara Brooks at (804) 433-7554, KBrooks@EBAnetwork.com
* The DSP will notify the parent/legal guardian of serious incidents involving juveniles under age 18.
* Notification to the CSU and the parent/legal guardian should be in collaboration between the DSP and the CAP Unit and will be documented in DJJ’s electronic data system by the CAP Unit.
1. Follow-up questions should be directed to: Note the DSP designated staff name, title, phone number, and email address of the staff that DJJ should contact with any questions regarding the incident and/or resident.

\*\* Any incidents that may involve other juveniles in your program that may garner media attention must be communicated directly to your RSC agency as soon as possible. This professional courtesy keeps our lines of communication open and transparent. \*\*

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| **Incident Description** |
| **Absent without Leave (AWOL) (Level I):** 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. | **Allegation against staff (referred) - not involving abuse (Level I):** 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. *Accusations of sexual and non-sexual child abuse or neglect that are referred are categorized separately.* |
| **Allegation of staff-on-resident non-sexual child abuse or neglect - referred (Level I):** 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. *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.*  | **Allegation of resident-on-resident consensual sexual misconduct (contact or penetration) (Level II):** 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. Incidents involving resident-on-resident nonconsensual sexual acts are captured separately.  |
| **Allegation of resident-on-resident consensual sexual misconduct (kissing, non-penetration touching, or verbal non-contact) (Level II):** Any alleged (i) kissing; (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; or (iii) any verbal, noncontact sexual activities between two residents.  | **Allegation of resident-on-resident indecent exposure (Level II):** 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 I):** 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. *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).* | **Allegation of resident-on-resident sexual contact (Level II):** 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. *Incidents involving resident-on-resident (i) sexual penetration or (ii) consensual sexual acts are captured separately*. |
| **Allegation of resident-on-resident sexual harassment (Level II):** 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 resident-on-staff sexual misconduct (intentional touching) (Level II):** Any alleged intentional sexual touching (either directly or through clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a resident on a staff member, volunteer, or other individual over whom the facility has supervisory authority (i.e., goosing a staff member). |
| **Allegation of resident-on-staff sexual misconduct (sexual harassment) (Level II):** 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; or (ii) repeated demeaning references to gender or derogatory comments about body or clothing.  | **Allegation of resident-on-staff sexual misconduct (non-touching gestures) (Level II):** Any alleged 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 II):** 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 I):** 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. Incidents involving staff on resident non-penetrative sexual contact are captured separately.  |
| **Allegation of staff-on-resident sexually abusive contact (Level I):** 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. This category also includes contact between the mouth and any body part ( excluding behavior defined as staff-on-resident sexually abusive act or penetration above) where the staff member, volunteer, or other individual over whom the facility has supervisory authority of a resident has the intent to abuse, arouse, or gratify sexual desire. *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).*  | **Allegation of staff-on-resident sexual harassment (Level II):** 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 (other) (Level II):** Any other alleged sexual misconduct by a staff member, volunteer, or other individual over whom the facility has supervisory authority to a resident, including any behavior with the staffs intent of sexual gratification that is not included in the definitions of staff-on-resident (i) sexually abusive act or penetration, (ii) sexually abusive contact, (iii) sexual harassment, (iv) indecent exposure, or (v) voyeurism. *Staff-on-resident indecent exposure is captured in "allegation of staff-on-resident indecent exposure. "*  | **Allegation of staff-on-resident voyeurism (Level II):** 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 using a toilet in his or her cell to perform bodily functions; (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.  |
| **Contraband- Medication (Level II):** 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. *Security contraband is captured separately.* | **Contraband- Security (Level II):** Unauthorized item found in, on, or around 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 $IO; and, escape plans, maps, and/or provisions. Any weapon used in an assault is considered security contraband. *Medication contraband is captured separately.* |
| **Death (Level I):** 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 I):** 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. *AWOLs from approved leave are captured separately.* |
| **Fight (serious injury) (Level I):** 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*. 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).* | **Fight (3 or more residents) (Level II):** Any provoked physical altercation (provoked by physical or verbal cues) between residents involving three (3) or more residents. *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.* |
| **Fight (2 residents, no serious injury) (Non-Critical):** Any provoked physical altercation (provoked by physical or verbal cues) between two residents that requires a use of force but does not result in a serious injury.  | **Fire (Level I):** A fire at the facility that requires the fire department to respond and provide assistance to actively engage in extinguishing the fire.  |
| **Group disturbance (Level II):** 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 program staff and not requiring intervention by outside agencies. Fights and riots are captured separately. | **Hostage taking (Level I):** When a resident holds one or more persons against their will. |
| **Major arrest of resident (Level II):** Any felony arrest of a resident. | **Resident-on-resident assault (serious injury) (Level I):** An unprovoked physical attack that (i) results in an injury that requires immediate medical treatment ( excluding basic first aid) from medical staff either on-site or off-site and (ii) 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). *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).* |
| **Resident-on-resident assault (injury) (Level II):** An unprovoked physical attack resulting in (i) an injury requiring minimal medical attention such as basic first aid or (ii) an injury that requires immediate medical treatment ( excluding basic first aid) but does not necessitate additional follow-up medical care, allowing the resident to return to the general population and to a normal routine. *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).*  | **Resident-on-resident assault (no injury) (Non-critical):** An unprovoked physical attack on a resident by a resident resulting in no injury.  |
| **Resident-on-staff assault (serious injury) (Level I):** An unprovoked physical attack on a staff member, volunteer, or other individual over whom the facility has supervisory authority by a resident that (i) results in an injury that requires immediate medical treatment (excluding basic first aid) from medical staff either on-site or off-site and (ii) 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. (*If a weapon is used, also check security contraband as an incident type.)*  | **Resident-on-staff assault (Level II):** An unprovoked physical attack on a staff member, volunteer, or other individual over whom the facility has supervisory authority by a resident that 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. (*If a weapon is used, also check security contraband as an incident type.)*  |
| **Resident-on-staff assault (Non-Critical):** 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. | **Riot (Level I):** 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) (serious harm) (Level I):** 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 description the evaluating mental health professional. *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*.  | **Serious resident injury/illness (Level I):** 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. *If the injury is the result of an assault, do not report it here (that injury is captured in the assault reporting).*  |
| **Suicide attempt (Level I):** 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. List in the description the evaluating mental health professional.  | **Temporary Detention Order (TDO) (Level II):** 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 (Non-Critical):** The application by staff of a physical or mechanical restraint to control a resident's behavior (e.g., during a fight or assault) or to protect the resident from harming himself, others, escaping, committing a crime, or destroying property. Use of restraints for (i) external transportation, (ii) internal movement, (iii) approved restraint protocols after initial application (e.g., SIB) does not have to be reported. |  |