



Department of Juvenile Justice  
Direct Service Provider  
Direct Care Incident Report

INCIDENT TYPE	
Check all categories that apply. All serious incidents, <b>actual or alleged</b> , relating to a youth must be reported by the provider.	
Level I Critical Incidents	
Abduction	Absent Without Leave (AWOL)
Allegation Against Staff (Referred) – Not Involving Abuse	
Allegation of Staff-on-Resident Non-Sexual Child Abuse or Neglect (Referred)	
Allegation of Staff-on-Resident Sexually Abusive Act or Penetration	
Allegation of Staff-on-Resident Sexually Abusive Contact	Contraband – High Security
Death	Escape
Fight (Serious Injury)	Fire (Arson)
Fire (Not Arson)	
Resident-on-Non-Resident Assault (Serious Injury)	
Resident-on-Resident Assault (Serious Injury)	
Riot	Self-Injurious Behavior (SIB) (Serious Harm)
Serious Resident Injury/Illness	Serious Staff Injury
Sexual Abuse of Non-Resident: Allegation of Resident-on-Non-Resident Sexual Act or Penetration	
Sexual Abuse (PREA): Allegation of Resident-on-Resident Sexual Act or Penetration	
Suicide Attempt	

Level II Critical Incidents	
Allegation of Staff-on-Resident Indecent Exposure	
Allegation of Staff-on-Resident Sexual Harassment	
Allegation of Staff-on-Resident Sexual Misconduct (Other)	
Allegation of Staff-on-Resident Voyeurism	Attempted Escape
Contraband – Major Security	Contraband - Medication
Fight (3 or More Residents)	Gang-Related Behavior or Activity
Group Disturbance	Major Arrest of Resident
Resident-on-Non-Resident Assault (Injury)	Resident-on-Resident Assault (Injury)
Sexual Abuse of Non-Resident: Allegation of Resident-on-Non-Resident Sexual Contact	
Sexual Abuse (PREA): Allegation of Resident-on-Resident Sexual Contact	
Sexual Misconduct: Allegation of Resident-on-Non-Resident Sexual Harassment	
Sexual Misconduct: Allegation of Resident-on-Resident Consensual Sexual Misconduct (Contact or Penetration)	
Sexual Misconduct: Allegation of Resident-on-Resident Consensual Sexual Misconduct (Kissing, Non-Penetration Touching, or Verbal Non-Contact)	
Sexual Misconduct: Allegation of Resident-on-Resident Sexual Harassment	
Sexual Misconduct: Resident-on-Non-Resident Indecent Exposure	
Sexual Misconduct: Resident-on-Resident Indecent Exposure	
Temporary Detention Order (TDO)	

Non-Critical Incidents	
Fight (2 Residents, No Serious Injury)	Resident-on-Non-Resident Assault (No Injury)
Resident-on-Resident Assault (No Injury)	Tampering with Fire Suppression System
Tampering with Security or Facility Equipment for Purposes of Escape	
Use of Physical Force	

**INCIDENT DESCRIPTION**

Describe the incident (who, what, when, where, how):

*Attach additional pages as needed.*

**INTERVENTION/FOLLOW-UP ACTIONS**

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

*Attach additional pages as needed.*

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**COMMUNICATION OF INCIDENT**

*The following parties have been **notified** of this incident:*

Notified Party	Name/Contact	Date	Time	Notification Type	Reported by
CAP Manager/Administrator on Call					
Parent/Guardian					
CSU Probation/Parole Officer					
RSC Contractor					
CAP Counselor					
Licensing/Regulatory Agency					
Human Rights					
Child Protective Services (CPS)					
Other:					
Other:					
Other:					
Other:					

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

**INCIDENT REPORT SUBMISSION**

*The following parties are receiving this incident report:*

Notified Party	Name	Date	Time
CAP Manager			
CAP Counselor			
RSC Contractor			
CSU Probation/Parole Officer			
Other:			

**Follow-up questions should be directed to:**

<b>Name:</b>	<b>Title:</b>
<b>Phone:</b>	<b>Email:</b>

## FORM COMPLETION

To view **additional details** and **examples** while completing any of the forms, **hover** your mouse cursor over or click on the checkbox or open text field.

The form must be completed in the **Adobe Acrobat Reader** or **Pro** desktop program and **NOT** in the web browser version.

If the form opens in your web browser, click **“Open in Desktop App”** on the top right.

## SAVING YOUR FORM

If you are unable to save the document by selecting **File** and **Save As**, select **Print** (also listed under **File** on the top left).

From the printer dropdown list, select **“Microsoft Print to PDF”** and click print at the bottom.

You will then be prompted to name the document and select the location of where you wish to save the document.

## ACROBAT READER SETTINGS

If you are interested in switching your settings to automatically open PDFs in your reader instead of your browser, follow the below step-by-step instructions for changing the settings in your PDF reader or software (for example, **Adobe Acrobat Reader**):

1. Open **Acrobat Reader** and select **Menu > Preferences**.
2. Click **Internet** in the left panel of the **Preferences** menu and then select **Internet Settings**.
3. Select the **Programs** tab.
4. Click **Manage Add-Ons** and choose **Acrobat Reader** in the list of add-ons.
5. Click **Disable** to ensure **PDFs** will not be opened in a browser.

*For more information specific to your browser, additional details and instructions can be located here:*  
<https://www.adobe.com/acrobat/hub/why-pdfs-open-in-browser.html>

## NOTIFICATION AND REPORTING

The CAP Manager or Administrator on Call must be **notified of all incidents immediately** for all youth in direct care status. A typed incident report should be securely emailed to the CAP Manager/Administrator on Call, assigned CAP Counselor, and RSC as soon as practicable following the incident, but no later than 24 hours or the next business day.

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

## DIRECT SERVICE PROVIDER INFORMATION

**Facility Name:** Enter the full name (no abbreviations) of the facility/program that is reporting the incident.

**Facility Address:** Enter the full physical address of the facility/program.

**Incident Location:** Enter the location where the incident occurred (e.g., dining hall, living room, classroom).

**Incident Location Address:** Enter the full physical address where the incident occurred if the incident occurred off-site from the facility/program.

**Incident Date:** Select the date the incident occurred.

**Incident Time:** Enter the time the incident occurred.

Department of Juvenile Justice  
Direct Service Provider  
Direct Care Incident Report Instructions

**Activity when Incident Occurred:** Describe the activity (e.g., field trip, school, meal, free time) the youth was involved in when the incident occurred.

**Report Date:** Select the date this report was completed.

**Report Time:** Enter the time this report was completed.

**Reporting Person:** Enter the name of the person who is completing this form.

**Title:** Enter the title of the person who is completing this form.

**Contact Email:** Enter the email address for the person completing this form.

**Contact Number:** Enter the telephone number for the person completing this form.

### YOUTH IDENTIFICATION INFORMATION

**Youth Name:** Enter the full name of the youth involved in the incident.

**Juvenile Number:** Enter the youth's assigned DJJ number.

**Date of Birth:** Select the youth's date of birth.

**Date of Placement:** Select the date the youth was placed in the program.

**\*\* If multiple DJJ youth were involved in the incident, include identifying information for each youth below. Only provide identifying information on youth in direct care/committed to DJJ.**

### INCIDENT TYPE

Be sure to review the incident definitions and check all incident types that apply.

All serious incidents, ***actual or alleged***, relating to a youth must be reported by the **provider**.

### INCIDENT DESCRIPTION

**Describe the incident** (who, what, when, where, how): Enter a thorough description of what occurred.

The description, at a minimum, should include the following:

1. Names, titles, and locations of staff involved, including who responded.
2. Clear statement of what happened, including any physical evidence.
3. Nature of the immediate response, including any use of physical force, medical treatment, external assistance, and who was notified.
4. Any program sanctions and/or criminal charges

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

You can also click the button at the bottom of this page to generate additional pages within the document as needed.

### INTERVENTION/FOLLOW-UP ACTIONS

**Describe interventions or actions taken** as a result of the incident.

The description, at a minimum, should include the follow-up actions or steps moving forward (e.g., how will supervision or treatment intervention be impacted?).

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

You can also click the button at the bottom of this page to generate additional pages within the document as needed.

## COMMUNICATION OF INCIDENT

*The following parties have been **notified** of this incident:*

**Identify all parties** who have been notified of the incident by checking the applicable boxes, select the date and enter the time of notification, select the type of notification from the dropdown list (e.g., phone call, voicemail, email), and enter the name of the person who made the notification. This should also include the licensing and/or regulatory agencies, as appropriate.

- **CAP Notification:** All incidents must be communicated **immediately** to the CAP Manager, Demetria Clayton, via phone at (804) 338-7028 or email [Demetria.Clayton@djj.virginia.gov](mailto:Demetria.Clayton@djj.virginia.gov) during regular business hours. During non-business hours, these incidents must be immediately communicated to the Administrator on Call.
  - CAP will subsequently notify the Deputy Director of Placement and Program Implementation and any other DJJ staff who need notification (e.g., PREA Coordinator, Bureau of Investigations).
- **Parent Notification:** The DSP will notify the parent/legal guardian of all incidents involving youth under age 18 as soon as practicable, but not to exceed 24 hours or the next business day.
- **CSU Notification:** The DSP will notify the supervising CSU of all incidents as soon as practicable, but not to exceed 24 hours or the next business day.

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

## INCIDENT REPORT SUBMISSION

Identify all parties who have received the typed incident report by checking the applicable boxes, enter the name of the person the report was emailed to, and select the date and enter the time the report was emailed.

**Report Submission:** The typed incident report must be securely emailed to the CAP Manager/Administrator on Call, assigned CAP Counselor, and RSC as soon as practicable, but not to exceed 24 hours or the next business day following the incident.

- **EBA:** Kara Brooks (804) 433-7554 [SIR@ebanetwork.com](mailto:SIR@ebanetwork.com)

## Follow-up questions should be directed to:

Note the DSP's designated staff name, title, phone number, and email address that DJJ should contact with any questions regarding the incident and/or youth.

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

<b>Level I Critical Incidents</b>
<b>Abduction:</b> When a resident holds one or more person against their will.
<b>Absent Without Leave (AWOL):</b> 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. <i>Escape is captured separately.</i>
<b>Allegation Against Staff (Referred) – Not Involving Abuse:</b> 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 BIO. <i>Allegations of Sexual and Non-Sexual Child Abuse or Neglect that are referred are categorized separately.</i>
<b>Allegation of Staff-on-Resident Non-Sexual Child Abuse or Neglect (Referred):</b> 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 BIO. 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.
<b>Allegation of Staff-on-Resident Sexually Abusive Act or Penetration:</b> 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 a resident by a hand, finger, or other object. <i>Incidents involving Staff-on-Resident Non-Penetrative Sexual Contact are captured separately.</i>
<b>Allegation of Staff-on-Resident Sexually Abusive Contact:</b> 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. <i>Incidents involving staff-on-resident sexual penetration are captured separately. Do not report the resident injury as a separate “serious resident injury or illness” (that injury is captured in this definition).</i>
<b>Contraband – High Security:</b> Unauthorized item found in, on, or around facility 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 that is not included in the definition of major security contraband or medication contraband. For the purposes of this procedure these items include, but are not limited to, any weapon or sharpened object (homemade or manufactured); cell phone; illegal or controlled substances; and explosives or explosive substances. Any item used as a weapon in an assault or used during an escape is considered high security contraband. <i>Medication and major security contraband are captured separately.</i>
<b>Death:</b> 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.
<b>Escape:</b> Any resident who leaves the boundaries of the facility or the control or supervision of staff while on an approved trip away from the facility without prior permission. <i>AWOLs from approved leave are captured separately.</i>
<b>Fight (Serious Injury):</b> A physical altercation between two or more residents that involves mutual combat (i.e., the individuals intentionally and consensually engage in a physical altercation) that results in an injury of such a nature that it requires immediate medical treatment (excluding basic first aid) from medical staff on-site or off-site. The treatment provided or condition diagnosed prevents the return of the resident to the general population or causes significant disruption to the normal routine due to required follow-up medical care. <i>Assaults, riots, and group</i>

*disturbances are captured separately. 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).*

**Fire (Arson):** When a resident deliberately set fire to any personal or state property. *Fire (Not Arson) is captured separately.*

**Fire (Not Arson):** A fire at the facility that requires the fire department to respond and provide assistance to actively engage in extinguishing the fire.

**Resident-on-Non-Resident Assault (Serious Injury):** A physical attack on anyone who is not a resident, including but not limited to, staff members, volunteers, interns, contractors, and visitors, 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 Contraband-High Security as an incident type.)*

**Resident-on-Resident Assault (Serious Injury):** A physical attack that (i) does not involve mutual combat (ii) results in an injury that requires immediate medical treatment (excluding basic first aid) from medical staff either on-site or off-site and (iii) 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 (mutual combat) 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).*

**Riot:** An incident involving three (3) or more residents acting together using acts of force or violence and requires the assistance of outside agencies to regain control.

**Self-Injurious Behavior (SIB) (Serious Harm):** 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 should also be reported as an incident type.*

**Serious Resident Injury/Illness:** 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).*

**Serious Staff Injury:** Any staff injury at the facility or on facility-related activities that is work related (e.g., a workers' compensation claim is filed) which the treatment provided or the condition diagnosed prevents the immediate return of the staff to duty after the treatment. *If the injury is the result of an Assault, do not report it here (that injury is captured in the assault reporting).*

**Sexual Abuse of Non-Resident: Allegation of Resident-on-Non-Resident Sexual Act or Penetration:** Any alleged nonconsensual sexual contact by a resident on anyone who is not a resident, including but not limited to, staff members, volunteers, interns, contractors, and visitors, that involves (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-non-resident non-penetrative sexual contact are captured separately.*

**Sexual Abuse (PREA): Allegation of Resident-on-Resident Sexual Act or Penetration:** Any alleged nonconsensual sexual act by a resident of another resident including (i) contact between the penis and the vagina or the anus; (ii) contact between the mouth and the penis, vagina, or anus; or (iii) penetration of the anal or genital opening of another person by a hand, finger, or other object. *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).*

**Suicide Attempt:** When a resident makes a deliberate act to take his or her life, involving a definite risk. The intent must be determined by a mental health professional. List in the description the evaluating mental health professional.

## Level II Critical Incidents

**Allegation of Staff-on-Resident Indecent Exposure:** Any alleged intentional display by a staff member, volunteer, or other individual over whom the facility has supervisory authority of his or her uncovered genitalia, buttocks, or breasts in the presence of a resident.

**Allegation of Staff-on-Resident Sexual Harassment:** Any alleged (i) sexual advances, requests for sexual favors, comments of a sexual nature; (ii) demeaning references to gender or derogatory comments about body or clothing; or (iii) profane or obscene language or gestures 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):** 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 staff's 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.

**Allegation of Staff-on-Resident Voyeurism:** 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.

**Attempted Escape:** A resident made a physical effort to leave the facility or the control of staff away from the facility and is apprehended during the act to include but not limited to manipulation or disabling of locking mechanism to gain unapproved exit, tampering with or incapacitating any physical plant security equipment, or any physical attempt to breach the secure perimeter. *This offense does not include making plans or talking about escaping.*

**Contraband – Major Security:** Unauthorized item found in, on, or around facility 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 that is not included in the definition of high security contraband or medication contraband. For the purposes of this procedure these items include, but are not limited to, smoking/inhalation paraphernalia (e.g., cigarettes, vaping pens, aerosol products), Pruno, cash and/or coins, and escape plans, maps, and/or provisions. *Medication and High Security Contraband are captured separately.*

**Contraband – Medication:** Unauthorized medication found in, on, or around facility grounds or confiscated from a staff, resident, or visitor or an allegation by a resident that they swallowed unauthorized medication. *High and Major Security Contraband are captured separately.*

**Fight (3 or More Residents):** A physical altercation between three (3) or more residents that involves mutual combat (i.e., the individuals intentionally and consensually engage in a physical altercation). *Assaults, riots, and group disturbances are captured separately. If a staff is injured, also check Staff Injury as an incident type.*

**Gang-Related Behavior or Activity:** Participation in, possession of, recruitment, or promotion of gang-related behavior or activities to include but not limited to the display of hand signs and/or signals, use of gang writing or symbols, possession of gang documents or materials associated with gang activity, use of a moniker name, altering or positioning clothing to represent or promote gang identification, affiliation, or involvement, and participating in any activity for the benefit of a gang.

**Group Disturbance:** An incident involving three (3) or more residents that creates disorder in the facility and poses a threat to safety and security, with order restored using DJJ staff and not requiring intervention by outside agencies. *Fights and Riots are captured separately.*

**Major Arrest of Resident:** Any felony arrest of a resident.

**Resident-on-Non-Resident Assault (Injury):** A physical attack on anyone who is not a resident, including but not limited to, staff members, volunteers, interns, contractors, and visitors, by a resident that results in an injury requiring minimal medical attention such as basic first aid, or 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 Contraband – High Security as an incident type.)*

**Resident-on-Resident Assault (Injury):** A physical attack not involving mutual combat 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 (mutual combat) 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).*

**Sexual Abuse of Non-Resident: Allegation of Resident-on-Non-Resident Sexual Contact:** Any alleged nonconsensual sexual contact by a resident on anyone who is not a resident (e.g., staff members, volunteers, interns, contractors, and visitors) including but not limited to (i) non-penetrative intentional touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks or (ii) intentional sexual touching (either directly or through clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks. Level I sexual abuse is captured separately.

**Sexual Abuse (PREA): Allegation of Resident-on-Resident Sexual Contact:** Any alleged nonconsensual sexual contact by a resident on a resident, including but not limited to (i) non-penetrative intentional touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks or (ii) intentional sexual touching (either directly or through clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks. *Incidents involving resident-on-resident (i) sexual penetration or (ii) consensual sexual acts are captured separately.*

**Sexual Misconduct: Allegation of Resident-on-Non-Resident Sexual Harassment:** Any alleged (i) sexual advances, request for sexual favors, or repeated verbal comments of an obscene or a sexual nature made toward anyone who is not a resident, including but not limited to, staff members, volunteers, interns, contractors, and visitors, with derogatory intent; (ii) repeated demeaning references to gender or derogatory comments about body or clothing; or (iii) profane or obscene language or gestures of a sexual nature.

**Sexual Misconduct: Allegation of Resident-on-Resident Consensual Sexual Misconduct (Contact or Penetration):** 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.*

**Sexual Misconduct: Allegation of Resident-on-Resident Consensual Sexual Misconduct (Kissing, Non-Penetration Touching, or Verbal Non-Contact):** Any alleged consensual (i) kissing; (ii) 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, non-contact sexual activities between two residents.

**Sexual Misconduct: Allegation of Resident-on-Resident Sexual Harassment:** Any alleged unwelcome (i) sexual advances, requests for sexual favors, verbal comments of a sexual nature; (ii) demeaning references to gender or derogatory comments about body or clothing; or (iii) profane or obscene language or gestures of a sexual nature.

**Sexual Misconduct: Resident-on-Non-Resident Indecent Exposure:** Any intentional display of a resident’s uncovered genitalia, buttocks, or breasts exhibited toward anyone who is not a resident, including but not limited to, staff members, volunteers, interns, contractors, and visitors, with the intent to expose themself.

**Sexual Misconduct: Resident-on-Resident Indecent Exposure:** Any intentional display of a resident’s uncovered genitalia, buttocks, or breasts exhibited toward another resident with the intent to expose themself.

**Temporary Detention Order (TDO):** 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.

## Non-Critical Incidents

**Fight (2 Residents, No Serious Injury):** A physical altercation between two residents that involves mutual combat (i.e., the individuals intentionally and consensually engage in a physical altercation) that does not result in a serious injury.

**Resident-on-Non-Resident Assault (No Injury):** A physical attack on anyone who is not a resident, including but not limited to, staff members, volunteers, interns, contractors, and visitors, by a resident resulting in no injury.

**Resident-on-Resident Assault (No Injury):** A physical attack on a resident by a resident not involving mutual combat resulting in no injury. *A Fight (mutual combat) is captured separately.*

**Tampering with Fire Suppression System:** The willful tampering with, damaging, destroying, or disabling any fire protection system, equipment, or sprinklers within a secured facility.

**Tampering with Security or Facility Equipment for Purposes of Escape:** The willful breaking, cutting, or damaging of any building, furniture, fixture or fastening of the facility or any part thereof for the purpose of escaping, aiding another resident to escape therefrom, or rendering the facility less secure as a place of confinement.

**Use of Physical Force:** The application by staff of a physical or mechanical restraint for: self-defense, the defense of others, to protect a resident from harming themselves, to prevent an escape, to prevent property damage that may result in injury, and/or to prevent the commission of a crime. *Use of restraints for routine (i) external transportation, (ii) internal movement, (iii) approved restraint protocols after initial application (e.g., SIB) does not have to be reported through a BADGE-IR.*