Oakley Youth Development Center

INCIDENT REPORT

- Student Incident
- Staff Incident:

Name of Staff Writing Report: ________________________
Other Staff Involved: ___________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Date: & Time: _________________________
Location of Incident: ___________________________________
Youth Involved: _______________________

SECTION 1: TYPES OF INCIDENTS: (Choose the Appropriate Box)

- Physical Violence: Youth on Youth
- Physical Violence: Youth on Staff
- Suicide/Ideation/Gestures
- Suicide Attempt
- Contraband
- Alleged Neglect of Youth by Staff
- Sexual Contact: Youth on Youth
- Alleged Physical Abuse: Youth by Staff
- Alleged Sexual Abuse of Youth by Staff
- Attempted Escape/Escape
- Destruction of Property
- Group Disturbance
- Alleged Inappropriate Conduct/Comments by staff
- Automobile Accident Involving OYDC
- Vehicles/Staff
- Accident/Injuries
- Others: _______________________

SECTION 2: USE OF FORCE:

Was verbal or crisis de-escalation used? _____Yes _____No (If Yes please describe in Section 5)

Did the Incident involve physical or mechanical restraints? _____Yes _____No (If Yes, Please check all that applies below.) (If No, SKIP to Section 3).

**Type of Force Used**

- Physical Restraint
- Mechanical Restraint

SECTION 3: Injury Source

- Was the youth injured? _____No _____Yes Source______________________________
- Did youth receive medical care? _____No _____Yes (If yes, please attach medical report.) Date: _____ Time: _____
- Was staff injured? _____No _____Yes Source______________________________
- Did staff receive medical care? _____No _____Yes (If yes, please attach medical report.) Date: _____ Time: _____

SECTION 4: Confinement

Following the incident- the youth may be placed in Behavior Management Isolation* for 15 minutes or more. *Behavior Management Isolation: a cooling off period where placement of out of youth in a room either locked or unlocked for the purpose controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavioral rules and expectations.

Was the youth placed in BMI? YES _____ NO ______

<table>
<thead>
<tr>
<th>Action</th>
<th>Date In</th>
<th>Time In</th>
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<tbody>
<tr>
<td>Behavior Management Isolation (BMI)</td>
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Shift Supervisor Approved _____Yes _____No Signature________________________________________
Revised: 11/15/13
1. Who was there when the incident occurred? Include the number of youths present? (involved or not) and where they were; include the names of all staff present? And where were they posted?

(Describe the incident in detail. Use additional sheets if necessary)

2. What happened just before the incident? (i.e., what was the scheduled activity? Was there any history between the individuals involved?)

3. What happened during the incident? How did it start? (Include what the youth did, said and how all staff who were present responded. Describe verbal de-escalation, describe any physical restraints. What was the youth’s reaction? At what point did the youth comply? How did the incident end? Account for actions of all youth and staff who were involved in the incident.)

4. What occurred after the incident? (Were youth placed in their rooms? Who took the youth to medical?)

Date of Incident: ___________ IR#: ________

Oakley Youth Development Center

Revised 11/15/2013
Continue Question 1: ______________________________________________________________
______________________________________________________________________________
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Continue Question 2: ______________________________________________________________
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Continue Question 3: ______________________________________________________________
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Continue Question 4: ______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Must include a critique of staff handling of the incident including whether decisions/actions could have been improved or whether staff did an exceptionally good job. Comment here so staff can learn from the incident:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Shift Supervisor’s Signature: ___________________________ Date: ________________

Checklist:

1. All sections filled out completely? Yes ___ No ____ (If no, attach explanation)

2. Supervisor comments filled out? Yes ___ No ____ (If no, attach explanation)

3. All youth/staff statements attached? Yes ___ No ____ (If no, attach explanation)

4. Nurse report of injury attached? (Photos included) Yes ___ No ____ N/A____ (If no, attach explanation)

5. Signed & dated. Yes ___ No ____ (If no, attach explanation)

6. Checked for spelling, grammar and adequate details. Yes ___ No ____ (If no, attach explanation)

7. Supervisor returned to staff for corrections Yes____ No____
   a. Items needing corrective action
   b. Date sent back__________________________ To Whom_________________________
   c. Date returned ______________________ corrected Yes ____ No _____
   d. Date sent back (2nd) ______________________ To Whom_______________________
   e. Items still needing corrective action
   f. Date returned second time__________________ Corrected (2nd time) Yes ____ No ____

8. Incident reviewed by camera system: Supervisor: Yes____ No____ Next Line Supervisor: Yes______ No____
   Director of Operations: Yes______ No______

9. Signed & dated by Supervisor verifying Report is full and complete Supervisor’s (Do not sign until IR is correct and complete)

Supervisor Signature______________________________ Date ________________

Next Level Supervisor Signature______________________________ Date ________________

Director of Operations Signature______________________________ Date ________________

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Oakley Youth Development Center

Date of Incident: ___________   IR#:__________

Witness Statement Form (Youth/Staff)

(Make as many copies of this page as required)

Name: ________________________________          Youth ____    Staff _____              Date: __________________

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Signature ____________________________________________          Date: ____________________________

Revised 11/15/13
Attachment Form

This form is to be used to document any items on the supervisor's checklist that were answered with a response of NO.

1.____________________________________________________________________________
   ____________________________________________________________________________

2.____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

3.____________________________________________________________________________
   ____________________________________________________________________________

4.____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

5.____________________________________________________________________________
   ____________________________________________________________________________

6.____________________________________________________________________________
   ____________________________________________________________________________

7. Any additional comments regarding items needing correction or information regarding a third (3rd) return for corrections.____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

Revised 11/15/2013