

Oakley Youth Development Center

INCIDENT REPORT

- Student Incident Incident Report No.: _____
 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)

- | | | |
|---|---|--|
| <input type="radio"/> Physical Violence: Youth on Youth
<input type="radio"/> Physical Violence: Youth on Staff
<input type="radio"/> Suicide /Ideaation/Gestures
<input type="radio"/> Suicide Attempt
<input type="radio"/> Contraband
<input type="radio"/> Alleged Neglect of Youth by Staff | <input type="radio"/> Sexual Contact: Youth on Youth
<input type="radio"/> Alleged Physical Abuse: Youth by Staff
<input type="radio"/> Alleged Sexual Abuse of Youth by Staff
<input type="radio"/> Attempted Escape/Escape
<input type="radio"/> Destruction of Property
<input type="radio"/> Group Disturbance | <input type="radio"/> Alleged Inappropriate Conduct/Comments by staff
<input type="radio"/> Automobile Accident Involving OYDC
<input type="radio"/> Vehicles/Staff
<input type="radio"/> Accident/Injuries
<input type="radio"/> 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 _____

Action	Date In	Time In
Behavior Management Isolation (BMI)		

Shift Supervisor Approved ___Yes___ No **Signature** _____

Revised: 11/15/13

Oakley Youth Development Center

Date of Incident: _____ IR#: _____

SECTION 5: DETAILS/NARRATIVE:

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

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?

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?)

Oakley Youth Development Center

Date of Incident: _____ IR#: _____

Section 5: SUPPLEMENTAL PAGE FOR NARRATIVE/DETAILS PAGE

Continue Question 1: _____

Continue Question 2: _____

Continue Question 3: _____

Continue Question 4: _____

Oakley Youth Development Center

Date of Incident: _____ IR#: _____

SECTION 6: COMMENTS FROM SUPERVISOR

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 _____

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: _____

Lined area for writing the witness statement.

Signature _____

Date: _____

Oakley Youth Development Center

Date of Incident: _____ IR#: _____

Attachment Form

This form is to be used to document any items on the supervisors check list 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. _____
