

Mars Prison Colony
Mars Men's
1 Olympus Mons
Olympica, MR 18422

Accident & Injury Form

CCS
CORRECT CARE
SOLUTIONS

Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
Apple Jack	1	987654321	1/1/1990	6/26/2012

Race: *Black*

Sex: M F

Escorted to the infirmary by:

JJS

Ambulatory Carried

Escort/Security Officer Reports the incident was (check all that apply):

- Accident
 - Sport Injury Hit by Object Hit Stationary Object Performing Work Detail Slip or Fall
- Altercation
 - Youth on Youth Youth on Staff Staff on Youth
- Allegation of Abuse
- Intentional Self-Injury
- Horseplay
- Restraints Related
- Sex Related
 - Sexual Assault Consensual Sex
- Use of Force
 - Mechanical Physical Chemical
- Other

Describe:

Reported date of incident by youth: *6/11/2012*

Reported time of incident by youth: *1100*

Reported location of incident by youth (check all that apply)

Dorm/Housing Unit

ap

Infirmary

Stair-well

Recreation Field

Cafeteria

School

Recreation Room

Mars Prison Colony
Mars Men's
1 Olympus Mons
Olympica, MR 18422

Accident & Injury Form

CCS
CORRECT CARE
SOLUTIONS

Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
Apple Jack	1	887654321	1/1/1990	6/26/2012

- Recreation Room
- Cell Restriction
- Gym
- Bathroom/Shower
- Grounds
- Sleeping Area
- Other

Youth reports the incident was (check all that apply):

- Accident
 - Sport Injury Hit by Object Hit Stationary Object Performing Work Detail Slip or Fall
- Altercation
 - Youth on Youth Youth on Staff Staff on Youth
- Allegation of Abuse
- Intentional Self-Injury
- Horseplay
- Restraints Related
- Sex Related
 - Sexual Assault Consensual Sex
- Use of Force
 - Mechanical Physical Chemical
- Other

Describe:

Name of other youth and/or staff involved:

Youth A

MEDICAL NOTES

SUBJECTIVE (Youth complaint and description of incident)

afdkafdjkafsdljka

OBJECTIVE (Medical personnel's description of physical presentation)

Mars Prison Colony
Mars Men's
1 Olympus Mons
Olympica, MR 18422

Accident & Injury Form

CCS
CORRECT CARE
SOLUTIONS

Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
Apple Jack	1	987654321	1/1/1990	6/26/2012

OBJECTIVE (Medical personnel's description of physical presentation)

No Observable Injury

adfjadklfjkaldjfk;jlfad

ASSESSMENT (Medical examination pertinent findings)

No Pertinent Findings

PLAN (Medical treatment to be rendered, if any and Follow-up Planned)

No Doctor Follow-Up Required

afdadskfjkajdlf

Fill out A & I Follow-Up Form when follow-up completed

Mental Health Counselor Notified: Yes No

Time of Notification 1100

Name: Ms. A

Physician Notified: Yes No

Time of Notification 1111

Name: Dr. J

Transported to Hospital: Yes No

(If yes, requires A&I Follow-up Form Completion)

Check all current exam findings that apply based on above assessment

Injury that threatens life or limb (Category A)

Requires urgent treatment by a doctor (Category B)

Severely restricts usual activities (Category B)

Requires follow-up by a doctor (Category C)

Describe the location and position of injury

L-arm

Photographs Taken by Medical Staff? Yes No

Does Examiner have cause to believe any of the following existed in this incident?

Neglect Yes No

Abuse Yes No

Sexual Abuse Yes No

Excessive use of force Yes No

Use of chemical restraint Yes No

Mars Prison Colony
Mars Men's
1 Olympus Mons
Olympica, MR 18422

Accident & Injury Form

CCS
CORRECT CARE
SOLUTIONS

Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
Apple Jack	1	887654321	1/1/1990	6/26/2012

Use of chemical restraint Yes No

Sexual activity between at least two people, one or both of whom is/are (a) juvenile(s) Yes No

(If yes to any of the above, PZT must be notified by medical staff)

PZT Hotline call offered to youth Yes No

PZT Hotline used by the youth at exam Yes No

PZT Hotline notified by healthcare staff Yes No

Date 6/4/2012

Time 1111

Does any of the above meet Mandatory Report (i.e. OCS) requirements of the Louisiana Children's Code, which states, "any mandatory reporter who has cause to believe that the child's physical or mental health or welfare is endangered as a result of abuse or neglect or that abuse or neglect was a contributing factor in a child's death shall report...(LA Children's Code Act 609.)"?

Yes No

Verbal Report Date:

Verbal Report Time:

Youth Examined by: *Nurse Nancy*

Title: *RN*

Mars Prison Colony
Mars Men's
1 Olympus Mons
Olympica, MR 18422

Accident & Injury (A&I) Follow Up
Form

CCS
CORRECT CARE
SOLUTIONS

Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
Apple Jack	1	887654321	1/1/1990	6/26/2012

Date of Original Exam: 6/5/2012
Time of Original Exam: 1111
 am pm

Date of follow-up: 6/11/2012
Time of follow-up: 1111
 am pm

Follow-up Exam Results/Other Report:

audfkalfjd;klan

Required(s) overnight hospital stay Yes No