

OFFICE OF JUVENILE JUSTICE UNUSUAL OCCURRENCE REPORT

Was this incident: Witnessed by you Discovered by you, or Reported by you?

NAME:	CLIENT ID #:	YOUTH'S UNIT:	DATE OF INCIDENT:	TIME:
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LOCATION OF INCIDENT: Location Code: <input type="checkbox"/> BCCY 2186 <input type="checkbox"/> JCY 2184 <input type="checkbox"/> SCY 2182	WITNESSES:
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TYPE OF INCIDENT - CHECK APPROPRIATE BOX(ES)

<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> COERCION	<input type="checkbox"/> MAJOR DISTURBANCE	<input type="checkbox"/> SEARCH OF STAFF	<input type="checkbox"/> THEFT
<input type="checkbox"/> AGGRAVATED ALTERCATION	<input type="checkbox"/> CONTRABAND	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> SEARCH OF YOUTH	<input type="checkbox"/> THREATS AND INTIMIDATION
<input type="checkbox"/> AGGRAVATED UNAUTHORIZED AREA	<input type="checkbox"/> CURSING	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> SEXUAL MISCONDUCT	<input type="checkbox"/> UNAUTHORIZED AREA
<input type="checkbox"/> ALTERCATION	<input type="checkbox"/> DEATH	<input type="checkbox"/> MINOR DISTURBANCE	<input type="checkbox"/> SEARCHES	<input type="checkbox"/> USE OF INTERVENTION
<input type="checkbox"/> ASSAULT - YOUTH/YOUTH	<input type="checkbox"/> ESCAPE	<input type="checkbox"/> PERIMETER SECURITY	<input type="checkbox"/> TAMPERING WITH SECURITY DEVICES	<input type="checkbox"/> OTHER: (DESCRIBE BELOW)
<input type="checkbox"/> ASSAULT - YOUTH/STAFF	<input type="checkbox"/> GANG / GANG-LIKE ORGANIZATION / ACTIVITY	<input type="checkbox"/> PROPERTY DESTRUCTION	<input type="checkbox"/> TATTOING AND PIERCING	

Environmental Conditions: Raining Sunny Cloudy Foggy Cold Hot Lightning Wind Other: _____ Weather not a factor

Flooring: (Type of Floor and Wax) _____ **Equipment:** (Specify Type) _____

- CHEMICAL AGENT USED MECHANICAL RESTRAINT USED PHYSICAL RESTRAINT USED FLEX CUFFS USED
 MEDICAL/MENTAL HEALTH RESTRAINTS USED "TAP-OUT" TECHNIQUE USED

DESCRIPTION OF INCIDENT (ATTACH SUPPLEMENTAL PAGE IF NEEDED) Describe incident/issue, the events that "led up to" incident/issue; what staff did to prevent this incident from happening; and how staff responded during or immediately following the incident.

<input type="checkbox"/> Yes <input type="checkbox"/> No Refer youth to infirmary
<input type="checkbox"/> Yes <input type="checkbox"/> No Based on the above incident, do you have reason to believe that a child's physical or mental health or welfare is endangered as a result of abuse or neglect? If YES, this incident is both Investigative Services and Office of Community Services reportable.

Reporting Employee Signature & Title _____ Print Name & Title _____ Date Completed _____ Time Completed _____

<input type="checkbox"/> Yes <input type="checkbox"/> No Is incident IS reportable? If yes, forward copy to Investigative Services Office.
<input type="checkbox"/> Yes <input type="checkbox"/> No Did the Reviewing Supervisor's review of incident differ from that of the visitor/youth/witness report of incident?
<input type="checkbox"/> Yes <input type="checkbox"/> No Was the visitor/youth authorized to be in this area?
ORM REQUIREMENTS
<input type="checkbox"/> Yes <input type="checkbox"/> No Did the Supervisor/Agency safety officer receive a report of the observed conditions?
<input type="checkbox"/> Yes <input type="checkbox"/> No Was the following adhered to: If the accident involved items that can be retained, it must be tagged with the date of the accident and the name of visitor/youth. Broken or damaged items must be in a secure area. Tag cannot be moved or item cannot be surplus / discarded until notified by the claims unit.

Reviewing Supervisor's Signature & Title _____ Print Name & Title _____ Date Reviewed _____ Time Reviewed _____