YOUTH SERVICES POLICY

Title: Notification to Courts and Parents/Guardians	Type: B. Classification, Sentencing and			
When Youth are Seriously Injured	Service Functions			
, , , , , , , , , , , , , , , , , , , ,	Sub Type: 6. Medical/Mental Health			
	Number: B.6.8			
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References:				
ACA Standard 4-JCF-4C-58 (Performance-Based Standards for Juvenile Correctional				
Facilities); YS Policies A.1.4 "Investigative Services",				
Treatment Procedures", B.3.1 "Secure Care Youth Records; Composition and Maintenance",				
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B.6.4 "Accident and Injury (A & I) Evaluations", C.2.6 "Use of Interventions - Secure Care",				
C.5.1 "Required Database Entry and Reporting Requirements", and C.5.2 "Regional Office				
Duty Officers, and Facility Administrative Duty Officers (ADOs) Reporting of Serious				
Incidents"; and the Contracted Health Care Provider's Policy No. C-58 "Injury Prevention"				
STATUS: Approved				
Approved By: William A. Sommers, Deputy Secretary	Date of Approval: 04/27/2022			

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish a reporting process for YS secure care employees to follow when notifying judges of serious youth injuries and to establish responsibility for notifying parents/guardians of youth accidents and/or incidents of injury.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Youth Facilities Director – Statewide, Regional Directors, Director of Investigative Services (IS), Facility Directors, Regional Managers, and the Contracted Health Care Provider (CHP). Facility Director's are responsible for ensuring that all necessary procedures are in place to comply with the provisions of this policy.

IV. DEFINITIONS:

Accident and Injury (A&I) Form – Form used by contracted health care provider staff to record history, physical and clinical assessment/findings, as well as type of injury, as a result of an alleged incident involving any youth in the custody of YS assigned to a secure care facility. (See attached sample)

Accident and Injury (A&I) Tracking Document - The electronic document that YS employees use to enter the information from a completed A&I Form into the CHP's database. The document is for tracking purposes only. (See attached sample)

Category A Injury - An injury that threatens life or limb as noted on the A&I Form.

Category B Injury - An injury that requires urgent treatment by a doctor or severely restricts usual activities as noted on the A&I Form.

Category C Injury – An injury that requires follow up by a doctor as noted on the A&I Form.

Central Registry Database – The database located in Lotus Notes used by Investigative Services (IS) staff to track investigative progress and trends, monthly reports, summary reports of allegations, etc.

Juvenile Electronic Tracking System (JETS) - The centralized database utilized to track all youth under OJJ supervision custody and to record all case record activity.

V. POLICY:

It is the Deputy Secretary's policy that YS staff shall notify the adjudicating judge of youth accidents/ injuries when a Category A or B injury is noted by the CHP on the A & I Form.

Injuries reported as a Category C on the A&I Form shall only be reported to the adjudicating judge through the JETS "Quarterly Progress Report to the Court" pursuant to YS Policy B.2.2.

Parents/guardians shall be notified of all Category A and B injuries by the Facility Director/designee pursuant to Section VI.A.2 below.

VI. PROCEDURES:

A. Secure Care Facility Staff Responsibilities

1. Notification to Courts

- a. Designated facility staff shall ensure that a "Notification of Injury" letter to the adjudicating judge is generated immediately for all Category A and B reportable injuries as noted on the A&I Form.
- b. Designated facility staff shall fax or email the "Notification of Injury" letter to the adjudicating judge within 24 hours, (excluding weekends and holidays), and the appropriate Regional Manager.
- c. The "Notification of Injury" letter, along with the fax confirmations and/or confirmation if emailed, shall be filed in the youth's Master Record under Clip VIII.

2. Notification to Parents/Guardians

- a. When an injury is reported as a Category A or B on an A&I Form, the Facility Director/designee is responsible for and shall notify the youth's parent/guardian via telephone as follows:
 - Within 24 hours if the injury is not serious, does not require a trip to the hospital or hospitalization or a medical procedure; or
 - 2) If the injury requires a trip to the hospital or hospitalization or a medical procedure, the parent/guardian shall be contacted within one (1) to three (3) hours of the incident as soon as the facts of the associated incident and the extent of the injuries are verified.
 - 3) If no one receives the call, another attempt to contact the parent or guardian shall be made within the twenty four (24) hour period if the injury is not serious, does not require a trip to the hospital, hospitalization, or a medical procedure.
 - 4) If no one receives the call and the injury requires a trip to the hospital, hospitalization, or a medical procedure, a continuous effort shall be made to contact the parent/guardian.

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- b. An injury reported as a Category C on an A&I Form shall be discussed with the youth's parent/guardian during the youth's quarterly staffing.
- c. Parent/guardian contacts shall be documented in JETS within three (3) working days of the contact.
 - 1) Documentation shall include the date and time of the call, who received the call and the information relayed.
 - 2) If no one received the call, the date, the time and whether a message was left shall be documented in JETS.
- 3. Consultation with the CHP Prior to Parent/Guardian Contact

Prior to contacting the youth's parent/guardian, the Facility Director/designee shall consult with the CHP about the extent of an injury, new diagnosis, medications ordered, medication changes, prognosis, etc.

B. Investigative Services (IS) Responsibilities

- Within 24 hours of receipt (excluding weekends and holidays) of an A&I
 Form from the CHP, IS staff shall determine if the injury should be
 treated as an allegation of abuse, requiring the opening of a new case in
 the "Central Registry on HQ" database and the assignment of a case
 number.
- 2. If an IS case number is assigned to an A&I Form, IS staff at the facility shall immediately generate the "Judges Letter Original By Judge" from the "Central Registry on HQ" database. The original letter shall inform the judge that an investigation has been initiated in reference to the injury and that the outcome will be reported in a follow up letter following completion of the investigation.
- 3. The judge's letter shall be faxed or emailed within 24 hours, (excluding weekends and holidays), and the original letter along with the fax or email confirmation, shall be filed in the IS case file.
- 4. On the completion date of the IS investigation, IS staff at the facility shall generate the "Judges Letter Follow-Up By Judge" from the "Central Registry on HQ" database, providing a short description of the investigation into the incident and, advising the judge of the outcome of the investigation.

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- 5. The follow-up letter shall be forwarded to the Director of IS for review and approval prior to issuance. Upon approval, the "Judges Letter Follow-up By Judge" shall be forwarded to the judge within 24 hours.
 - All letters must be signed by both the Lead Investigator and the Director of IS.
- 6. Should a problem arise when generating the "Judges Letter Follow-up By Judge", an email shall be forwarded to the designated facility staff. The email shall be used to track the problems, with a copy placed in the IS case file.
- 7. Copies of both judge's letters shall be forwarded simultaneously to the Facility Director, the youth's Case Manager and the appropriate Regional Manager when faxed to the judge.
- 8. The original judge's letters along with the fax or email confirmations and email receipts shall be filed in the IS case file.
- 9. The IS Director is ultimately responsible for ensuring that judges are notified of all Category A and B reportable injuries.

VII. Quality Assurance:

- A. The Director of Treatment and Rehabilitation shall be responsible for the following:
 - Conducting JETS quarterly quality assurance reviews to ensure that judges are being notified of all Category A and B reportable injuries as noted on the A&I Form;
 - 2. Conducting on-site visits to randomly review youth case records from the JETS quality assurance reviews for accuracy; and
 - 3. Reporting the findings of both the JETS and on-site quality assurance reviews to the Assistant Secretary/designee, Facility Director, appropriate Regional Director or the Youth Facilities Director -- Statewide, and Continuous Quality Improvement Services.

Previous Regulation/Policy Number: B.6.8 Previous Effective Date: 04/15/2021

Attachments/References: Sample of Blank CHP AI Form.pdf

Louisiana OJJ Louisiana OJJ • Acadiana US Hwy 71 at Bordelon Road Bunkie , LA71322

Accident & Injury Form



Patient Name LARRY L LEWIS	Patjint Number 113/87	Booking Number 563945	Birth Data 5/30/2000	Birth Date 9/25/1997
☐ Recreation Fie	ld			
☐ Cafeteria				
☐ School				
☐ Recreation Ro	om			
☐ Cell Restriction	1			
☐ Gym				
☐ Bathroom/Sho	ver			
☐ Grounds				
☐ Sleeping Area				
☐ Other				
Youth reports the	incident was (check	all that apply):		
☐ Accident				
☐ Sport Injur	y 🗌 Hit by Object 🗌	Hit Stationary Object 🗌	Performing Work L	Detail 🗌 Slip or Fall
✓ Altercation				
✓ Youth on \	outh 🗌 Youth on Stat	f ☐ Staff on Youth		
☐ Allegation of A	Abuse			
Intentional Se	lf-Injury			
☐ Horseplay	-			
☐ Restraints Re	lated			
☐ Sex Related				
☐ Sexual As:	sault 🗌 Consensual S	lex		
☐ Use of Force				
☐ Mechanica	I □ Physical □ Cher	mical		
☐ Other				
Describe:				
lame of other youth a	and/or staff involved			
Multiple youth involve				

MEDICAL NOTES

SUBJECTIVE (Youth complaint and description of incident)

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Accident & Injury Form



LARRY L LEWIS	Patient Number 113/87	Booking Number 563945	3irth Data 5/30/2000	Birth Date 9/25/1997
SUBJECTIVE (Youth	complaint and d	escription of incident)		
Youth stats he was bu				
		scription of physical pr	esentation)	
☐ No Observable Inj			<u>,</u>	
eye, nose actively ble	eaing, sweiling ani	on skin but only small at d slight bruising but no ot ing around and talking; br	vious deformity A	eye, slight swelling on right AO x3, denies loss of whind left ear
ASSESSMENT (Medi	ical examination	pertinent findings)		or our
☐ No Pertinent Findi	ngs			
Acute pain r/t facial inj	iury			
PLAN (Medical treatm	nent to be rende	red, if any and Follow-u	ip Planned)	
✓ No Doctor Follow-				
pressure to nose and	tilt head downward	nose; ibuprofen already a l to cease the bleeding; b profen and more ice; edu	leeding resolved: wi	Il assess youth in AM
Fill out A & I Follow-Up	Form when follow	-up completed		
Mental Health Couns		○ Yes ⑥ No		
Physician Notified:		○ Yes ● No		
Transported to Hosp	ital:	○ Yes No		
	(If yes, i	requires A&I Follow-up Fo	orm Completion)	
Check all current exa	am findings that	apply based on above a	essessment	
Injury that threaten				
☐ Requires urgent tre		.=		
Severely restricts				
Requires follow-up		15 5 E		
Describe the location slight swelling and brui		injury nd nose; bruising above/	behind left ear	
Photographs Taken b	y Medical Staff?	Yes () No		
Does Examiner have	cause to believe	any of the following e	xisted in this incid	ent?
Neglect		s No	and the state of t	
Abuse		s No		
Sexual Abuse		s No		
Excessive use of force		s No		

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Accident & Injury Form



The state of the s	Patient Number 113187	Booking Number 563945	3irth Data 5/30/2000	Birth Date 9/25/1997
Sexual Apuse	U 169	₩ IVU		
Excessive use of force	○ Yes	No		
Use of chemical restrain	nt O Yes	No		
Sexual activity between	at least two people	, one of whom is a juve	nile C	Yes No
	(If yes to any	of the above, PZT m		
			*	
PZT Hotline call offered	to youth	Yes ○ No		
PZT Hotline used by the	youth at exam	○ Yes No		
PZT Hotline notified by h	nealthcare staff	○ Yes No		
	Dat	te		
	Tim	ie ·		
Does any of the above which states, "any man welfare is endangered a child's death shall repo	datory reporter who as a result of abuse	has cause to believe to or neglect or that abus	hat the child's physic	al or mental health or
○ Yes ⑨ No				
Verbal Report Date:				
Verbal Report Time:				
Youth Examined by:	S. Lambert			
Title:	RN			