

# YOUTH SERVICES POLICY

<b>Title:</b> Regional Office Duty Officers, and Facility Administrative Duty Officers (ADOs) Reporting of Serious Incidents	<b>Type:</b> C. Field Operations <b>Sub Type:</b> 5. Monitoring <b>Number:</b> C.5.2
<b>Page 1 of 5</b>	
<b>References:</b> ACA Standard 2-CO-3B-01 (Administration of Correctional Agencies); YS Policy Nos. A.1.9 "Records Management and Retention", A.1.14 "Unusual Occurrence Reports", A.2.2 "Pay Administration and Management", C.2.1 "Escapes, Runaways, Apprehensions and Reporting", C.2.2 "Facility Riot, Significant Disturbance and Hostage Situation", and C.2.11 "Prison Rape Elimination Act (PREA)"	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>William A. Sommers, Deputy Secretary</i>	<b>Date of Approval:</b> 05/17/2021

**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 procedures for the reporting of incidents of a serious nature that occurs in YS secure and non-secure care facilities and programs.

**III. APPLICABILITY:**

Deputy Secretary, Assistant Secretary, Probation and Parole Program Director, Secure Care Director, Undersecretary, Chief of Operations, Executive Management Advisor, Regional Directors, Facility Directors, Regional Managers, Regional Office Duty Officers, and all facility Administrative Duty Officers (ADOs).

**IV. DEFINITIONS:**

**Administrative Duty Officer (ADO)** - The appropriate secure care personnel responsible for reporting serious incidents as described herein to the appropriate Regional Director. The ADO may be the Facility Director/designee.

**Community Based Services (CBS)** - Includes all regional probation and parole offices located throughout the state.

**Continuous Quality Improvement Services (CQIS)** - The Central Office performance based and results-driven competency and efficiency management system.

**“Level I” Incident** - An incident of very serious nature that requires immediate reporting.

**“Level II” Incident** - An incident of serious nature that requires reporting within 24 hours (excluding weekends and holidays).

**Non-Secure Placement** – A placement that provides housing, supervision and rehabilitative care for youth between the ages of 12 and 17 in the custody of YS. These facilities are usually characterized by a lack of physical security such as perimeter fences, security locks and controlled access.

**Regional Duty Officer** – All professional level regional office personnel responsible for reporting serious incidents as described herein to the appropriate Regional Director. The regional duty officer may be the Regional Manager/designee.

**Reportable Injury** - Any injury that threatens a youth's life or limb, or that requires urgent treatment by a doctor, or severely restricts the youth's usual activities, or requires follow-up by a doctor.

**Secure Care Center for Youth** – "a living environment characterized by a range of moderate to high security level facilities that include construction, fixtures and staff supervision designed to restrict the movements and activities of the residents, and to control, on a 24-hour basis, the ability of the residents to enter and leave the premises, and which are intended for the treatment and rehabilitation of children who have been adjudicated delinquent."  
[Ch.Code Article 116(24.2)]

The secure care centers operated by YS are as follows:

- Acadiana Center for Youth (ACY)
- Bridge City Center for Youth (BCCY)
- Swanson Center for Youth (SCY)
- Swanson Center Youth @ Columbia (SCYC)

**Serious Incident** – A situation in which injury serious enough to warrant medical attention occurs involving a youth, staff or visitor on the grounds of a secure or non-secure care facility, or a situation creating an imminent threat to the security of a secure or non-secure care facility, and/or the safety of the youth, staff or visitors.

***Unusual Occurrence Report (UOR)*** – A document that must be completed by staff to report incidents or observations of events that may have an impact on any aspect of the agency. UOR forms shall be made available to all employees, working all areas at all times. Employees must complete and submit a UOR prior to the end of their tour of duty on the day an incident is observed or comes to the employee’s attention in any way. If a UOR form is not available, the employee may use any paper available to him to report the pertinent information. UORs may also be submitted by email. (Refer to YS Policy No. A.1.14)

**V. POLICY:**

It is the Deputy Secretary’s policy that Regional Office Duty Officers shall report to the appropriate Regional Director and Facility ADOs shall report directly to the Secure Care Director. A Regional Director/designee and Secure Care Director/designee shall be available 24-hours a day, seven (7) days per week, to receive notification and coordinate responses to incidents of a serious nature from YS secure and non-secure care facilities and programs.

All Duty Officers shall be compensated pursuant to YS Policy No. A.2.2, Section VIII.J.

**VI. PROCEDURES:**

**A. Regional Office Duty Officers**

1. The “Regional Duty Officer Roster” shall be updated quarterly in the “DYS Duty Officer” Lotus Notes database. The Regional Office “Duty Officer Rotation Schedule” shall include all professional level personnel.
2. Regional Duty Officers shall be on duty for seven (7) straight days, 24 hours per day. The duty week shall begin on Friday at 4:30 p.m. and end the following Friday at 4:30 p.m.

Should the Regional Duty Officer be unable to remain within notification range at any time during the assigned tour of duty (due to planned or unplanned events), he/she is responsible for advising their supervisor and arranging acceptable alternative coverage.

3. Whenever it is necessary to change the “Regional Duty Officer Roster”, the appropriate Regional Director, contract providers, detention centers, shelter centers, and the corresponding regional secure care facility’s control center shall be notified promptly via email by the Regional Manager/designee. The “DYS Duty Officer” database shall be updated as well.

**YS Policy C.5.2**  
**Page 4**

4. The Regional Manager/designee shall maintain and discard of documentation of all “Unusual Occurrence Reports” (UORs) and responses by regional staff pursuant to the required retention schedule noted in YS Policy No. A.1.9.

**B. Facility Administrative Duty Officers (ADOs)**

1. The “Facility ADO Roster” shall be updated quarterly and a copy forwarded to the Secure Care Director and the facility’s control center.
2. Facility ADOs shall be on duty for seven (7) straight days, 24 hours per day. The duty week shall begin on Friday at 4:30 p.m. and end the following Friday at 4:30 p.m.

Should the Facility ADO be unable to remain within notification range at any time during the assigned tour of duty (due to planned or unplanned events), he/she is responsible for advising their supervisor and arranging acceptable alternative coverage.

3. Whenever it is necessary to change the “Facility ADO Roster”, the Secure Care Director and the facility’s control center shall be notified promptly via email by the Facility Director/designee.
4. The Facility Director/designee shall maintain and discard of documentation of all UORs and responses by facility staff pursuant to the required retention schedule noted in YS Policy No. A.1.9.

**C. Reporting by Regional Duty Officers and Facility ADOs**

1. Regional Duty Officers shall report immediately to all Regional Directors and Facility ADOs shall report immediately to the Secure Care Director/designee the following “Level I” incidents:
  - a. Escapes and/or apprehensions, pursuant to YS Policy No. C.2.1;
  - b. Deaths;
  - c. Serious incidents; and
  - d. Any other high profile or large scale event warranting immediate notification of authority (e.g., natural disaster, hostage situation, facility riot, large scale evacuation, etc.). YS Policy No. C.2.2 contains additional information about reporting requirements.

2. Regional Duty Officers and Facility ADOs shall follow up the initial notification of “Level I” incidents using the “Request a Read Receipt” e-mail option, as instructed in Attachment C.5.2 (a), to the Deputy Secretary, Assistant Secretary, Probation and Parole Program Director, Secure Care Director, Chief of Operations, Executive Management Advisor, and all Regional Directors on the next business day, including weekends and holidays.

This does not preclude the Facility Director or Regional Manager from contacting the Deputy Secretary, Assistant Secretary, Probation and Parole Program Director, Secure Care Director, Chief of Operations, Executive Management Advisor, and all Regional Directors personally and directly as deemed appropriate to the circumstances.

3. The Regional Duty Officers and Facility ADOs shall report all “Level I” and the following “Level II” incidents, using the “Initial Report of Incident” [see Attachment C.5.2 (b)], notification to the Deputy Secretary, Assistant Secretary, Probation and Parole Program Director, Secure Care Director, Chief of Operations, Executive Management Advisor, and all Regional Directors.

Notification shall be made via e-mail and/or facsimile within 24 hours of the occurrence, excluding weekends and holidays. Incidents occurring on weekends or holidays are to be reported on the next business day:

- Any incident resulting in a reportable injury.

4. In the event the Regional Director or Secure Care Director/designee cannot be reached for “Level I” notification, formal contact shall be made with the corresponding regional secure care facility’s control center, who shall notify the Deputy Secretary, Assistant Secretary, Probation and Parole Program Director, Secure Care Director, Chief of Operations, Executive Management Advisor, and all Regional Directors.

**Previous Regulation/Policy Number:** C.5.2

**Previous Effective Date:** 04/25/2019

**Attachments/References:** C.5.2 (a) Email Notification Format May 2021.docx

C.5.2 (b) Initial Report of Incident May 2021.docx

<p style="text-align: center;"><b>YOUTH SERVICES</b> <b>E-MAIL NOTIFICATION REPORTING FORMAT</b></p>
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All Level I and Level II incidents shall be reported utilizing the following format:

1. The reference line of the e-mail shall clearly state, Deputy Secretary, Assistant Secretary, Probation and Parole Program Director, Secure Care Director, Chief of Operations, Executive Management Advisor, and all Regional Directors.
2. Select the “Request a Read Receipt” email notification option.
3. Include the following information:
  - a) Level I or Level II incident;
  - b) Date/time of incident;
  - c) Location of incident;
  - d) Type of incident [See C.5.2(b)];
  - e) Names of youth involved w/JETS ID #;
  - f) Injuries sustained (if applicable);
  - g) Medical treatment administered, if applicable, and location (on-site or off-site);
  - h) Brief description of incident, including any other relevant details to enable the staff referenced to determine the scope of the occurrence.

**YOUTH SERVICES**  
**REGIONAL REPORTING OFFICER / ADMINISTRATIVE DUTY OFFICER (ADO)**  
**INITIAL REPORT OF INCIDENT**

**“Level I”**                       **“Level II”**

**TO:**            **Deputy Secretary**  
**Assistant Secretary**  
**Probation and Parole Program Director**  
**Secure Care Director**  
**Chief of Operations**  
**Executive Management Advisor**  
**Regional Directors**

**FROM:**            \_\_\_\_\_

**DATE:**            \_\_\_\_\_

Date of Incident: \_\_\_\_\_            Time of Incident: \_\_\_\_\_

Youth Involved: (names and Client ID #(s); use additional paper if needed)

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Incident involves: (check all that apply)

- |                                              |                                                  |
|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Death               | <input type="checkbox"/> Runaway                 |
| <input type="checkbox"/> Reportable Injury*  | <input type="checkbox"/> Apprehension            |
| <input type="checkbox"/> Serious Incident ** | <input type="checkbox"/> Life-Threatening Event* |
| <input type="checkbox"/> Escape              | <input type="checkbox"/> Other***                |

\* Description/diagnosis of injury: \_\_\_\_\_

\*\* Serious Incident: A situation in which injury serious enough to warrant medical attention occurs involving a youth, staff or visitor on the grounds of a secure or non-secure care facility, or a situation creating an imminent threat to the security of a secure or non-secure care facility, and/or the safety of the youth, staff or visitors.

\*\*\* High profile or large scale event warranting immediate notification of authority (e.g., natural disaster, hostage situation, facility riot, large scale evacuation, rape, etc.)

Brief description of incident and action taken: (include specific location where incident occurred.)

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