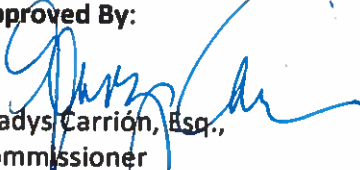


Incident Reporting for Juvenile Justice Placement

Approved By:  Gladys Carrión, Esq., Commissioner	Date Issued: <u>10/31/2016</u>	Number of Pages: 9	Number of Attachments: 8
Related Laws: Soc. Serv. Law §§ 404(13) and 418.	ACS Divisions/Provider Agency: Youth and Family Justice; Policy, Planning and Measurement; and Juvenile Justice Placement Providers	Contact Office /Unit: Yumari Martinez Associate Commissioner Office of Planning, Policy, and Performance Yumari.Martinez@acs.nyc.gov	
Supporting Regulations: 18 NYCRR §§ 432.3; 433.2; 433.3; 441.7(c); 442.5(q); 447.2 (b) (4) (xviii); and 448.3(d)(10)(xvii).	Related Policies: <ul style="list-style-type: none"> • Required Log Books and Paper Files for Juvenile Justice Placement Facilities; • #2015/03 Contraband for Juvenile Justice Placement; • Safe Intervention Policy for Juvenile Justice Placement • Interaction with Law Enforcement in Juvenile Justice Placement • Vulnerable Persons Central Register (VPCR) Reportable Incidents and Notification • #2015/13 Mechanical Restraints for Limited Secure Placement 		
Regulatory Bulletins & Directives: NA	Supporting Case Law: NA	Supersedes: NA	
Related Forms: Attachment A – Close to Home Incident Report Form Attachment B – Staff Debriefing Form Attachment C – Youth Debriefing Form Attachment D –Close to Home Incident Categories Attachment E – Close to Home Incident Definitions and Attributes Attachment F – OCFS Form 7065: Agency Reporting Form For Serious Injuries, Accidents, or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases Attachment G – Close to Home Searches for Contraband Form Attachment H – LSP Room Isolation Form			
SUMMARY: This policy governs the reporting and recording of incidents that involve youth placed with or in the custody of the Administration for Children's Services (ACS) while in non-secure and limited secure residential placements (NSP and LSP, respectively).			
SCOPE: This policy applies to all youth in NSP and LSP, ACS staff, and NSP and LSP providers.			

I. PURPOSE

This policy governs the reporting and recording of incidents that involve youth placed with the Administration for Children's Services (ACS) Division of Youth and Family Justice (DYFJ) while in non-secure and limited secure placements (NSP and LSP, respectively).

II. POLICY

- A. All incidents involving youth, ACS staff, contracted facilities, or their staff require appropriate attention and immediate reporting by staff to the ACS Movement Control and Communications Unit (MCCU). All incidents shall be reported accurately, thoroughly, and immediately, no later than one (1) hour of occurrence or as soon as staff members become aware of an incident. All incidents shall be documented and recorded on ACS incident reporting forms and in appropriate log books, paper files, and databases as described below.
- B. The reporting requirements of this policy **do not** negate any other reporting requirements such as those to the Department of Investigation (DOI) under Executive Order #16, to the Statewide Central Register of Child Abuse and Maltreatment (SCR) of the Office of Children and Family Services (OCFS), or to OCFS under state regulations.¹
- C. Reporters include ACS staff members, contracted residential providers, interns, or volunteers who are involved with, have witnessed, or have discovered an incident.

III. INCIDENT CATEGORIES

- A. ACS requires a high level of transparency and communication relative to the operations of residential programming. Formal reporting is required for two types of incidents: reportable incidents and critical incidents.² Both incident types shall be reported on the Close to Home Incident Report Form (Attachment A).
- B. Reportable Incident - An event which **might affect** the health, safety, and/or security of (1) youth in ACS physical or legal custody; (2) staff; (3) family; and/or (4) the community.
- C. Critical Incident - A reportable incident which is likely to have **a serious impact** which adversely affects the health, safety, and/or security of (1) youth; (2) staff; (3) family; and/or (4) the community (e.g., birth and death), **or has a significant impact** on a facility or the agency.

¹ See 18 NYCRR § 432.3.

² These are reporting requirements in addition to mandatory reporting requirements under Social Service Law. All affected staff members are mandated reporters and remain subject to all mandated reporting requirements.

IV. NOTIFICATION

A. Reporting Responsibility

Any provider agency staff member, contractor, intern, or volunteer, or ACS employee who is involved with, has witnessed, or has become aware of an incident shall immediately report the incident to his or her immediate supervisor or any supervisor at a facility site. This **does not** negate any other reporting requirements such as those to the Justice Center, to DOI under Executive Order #16, to the SCR, or to OCFS.³

B. Notification to Parents/Guardians

1. The youth's parent/guardian shall be notified of all incidents related to the youth. The facility administrator or case manager shall verify that for all incidents, the notification be made as soon as possible but no later than eight (8) hours from the commencement of the incident.
2. Whenever possible, the youth should be present during the notification to the family and the youth shall have an opportunity to speak with his or her parent/guardian. The family notification shall be documented on the Close to Home incident report form, and/or in the youth's electronic case record.
3. AWOLs and Program Absences
 - a. The provider must notify the youth's parent/guardian as soon as possible, but no later than two (2) hours after learning of the AWOL or program absence except when parental rights have been terminated or surrendered, or the parent cannot be located.
 - b. If the youth is currently known to ACS in a child protective case,⁴ the provider must notify the youth's foster parent and/or foster care provider case planner as soon as possible, but no later than two (2) hours after learning of the AWOL or program absence.

³ See 18 NYCRR § 432.3.

⁴ See Article 10 (a subject child in a child protective case), Article 10c (a destitute child) or Article 7 of the Family Court Act (a Person in Need of Supervision [PINS]); see section 358-a of the Social Services Law (a child placed via a voluntary placement agreement).

C. Notification to the Justice Center

1. All incidents of abuse and neglect and significant incidents⁵ for youth in Close to Home facilities must be reported to the VPCR.
2. Incidents requiring Justice Center notification shall be called in or electronically submitted to the Justice Center **immediately**⁶ unless reporting must be delayed for the sole purpose of preventing harm.
3. Provider staff shall call the VPCR Hotline at the following phone numbers which operate 24 hours per day seven (7) days per week and can accommodate non-English speakers through its interpreter services:
 - a. 1-855-373-2122;
 - b. 1-855-373-2124 for a youth fatality in an NSP or LSP facility; or
 - c. 1-855-373-2123 for hearing impaired individuals calling in a report.
4. The reporter shall record the assigned Justice Center case identification number and the name of the Justice Center employee who accepted the report on the Close to Home Incident Report Form and in the Facility Activity/Communication Log Book, and shall provide that information to MCCU.

D. Notification to the SCR – Home Passes Only

Provider staff shall call the SCR hotline on the following numbers which operate 24 hours per day seven (7) days per week if there is a suspicion of child abuse or neglect for youth returning from a home pass:

1. Mandated reporters: 1-800-635-1522; or
2. Callers who are deaf or hard of hearing: 1-800-638-5163.

Staff shall document the SCR case ID number in CONNECTIONS (CNNX) and any necessary incident reports.

E. Notification to MCCU

1. All incidents shall be reported by phone immediately to MCCU and no later than within one (1) hour of their occurrence or as soon as staff members become aware

⁵ See 18 NYCRR § 433.2. A significant incident is an incident, other than an incident of abuse or neglect, that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety, or welfare of a person receiving services.

⁶ See ACS Policy and Procedure *AWOLs and Program Absences from Juvenile Justice Placement Facilities*; see *Vulnerable Persons Central Register (VPCR) Reportable Incidents and Notification*.

of the incident. Any report to MCCU shall occur after the Justice Center or SCR has been notified where such notification is required. The facility director or designee shall be responsible for reporting the incidents to MCCU.

2. When calling MCCU to report an incident, the following information shall be provided:
 - a. Date and time the incident occurred;
 - b. Facility residential sub-location;
 - c. Location within the community where the incident took place (including the address), if applicable;
 - d. Name and title of person reporting the incident and the person's relationship to the incident;
 - e. Name of youth involved and role in the incident;
 - f. Name(s) and title(s) of staff involved in the incident or present at the scene of the incident;
 - g. All agencies, authorities, victims, and/or any individuals involved besides the youth or staff;
 - h. Brief chronological description of the incident including circumstances/actions leading up to the incident, de-escalation strategies attempted if applicable, and the resolution of the incident;
 - i. Initial follow-up action taken including medical services and mental health services referrals;
 - j. Any obvious injuries and/or complaints of injuries, including how the injuries occurred and any subsequent medical treatment and/or observations provided;
 - k. All contraband discovered, if applicable;
 - l. Parties or agencies involved or notified of the incident including parents/guardians, local law enforcement, EMTs, or other uniformed services responding to the scene. If law enforcement is involved, staff must obtain the name and badge numbers of those that responded to the event;⁷
 - m. Justice Center or SCR case identification number and the name of the Justice Center or SCR employee who accepted the report (if applicable);
 - n. Types of physical interventions used and the duration of the physical interventions, if applicable; and
 - o. Any other pertinent information that is not included in the above.

4. If notification to MCCU occurs before all required information is available, reporters shall update MCCU as soon as additional required information becomes available.

⁷ See ACS Policy and Procedure *Interaction with Law Enforcement in Juvenile Justice Placement*.

V. DOCUMENTATION

- A. Providers must maintain all incident reports and supporting documentation in the Incident Reports File, arranged chronologically in an unbound binder, and stored in a secure location readily accessible to direct care staff.⁸ These files shall include the Close to Home Incident Report Form and all items pertinent to the incident including addenda and medical reports, if applicable. In addition and in accordance with the ACS policy *Log Books and Paper Files for Juvenile Justice Placement Facilities*, the following files must be maintained and stored **separately** in a secure location readily accessible to direct care staff:
1. Searches for Contraband File
 2. Physical Restraints File⁹
 3. LSP Mechanical Restraints File¹⁰
 4. LSP Room Isolation File¹¹
- B. Staff members directly involved or witness to an incident – Any provider agency staff member, contractor, intern, or volunteer who was either directly involved in, witness to, or became aware of an incident shall, at the conclusion of the incident:
1. Record clearly in the appropriate log books and paper files¹² and on the appropriate incident report form a summary of the incident that includes the information in section IV. E. 2. a-o. above;¹³
 2. Handle any discovered contraband in accordance with the ACS contraband policy.¹⁴ A record of the contraband is to be made in the facility Searches for Contraband Form (Attachment D) for that date and the tour of duty;
 3. Record any incident involving the use of a physical intervention in the appropriate paper file by the staff and supervisors involved in the incident. Note: OCFS requires the use of the New York State Automated Restraints Tracking System (ARTS) as the system of record for tracking physical interventions; and

⁸ See ACS Policy and Procedure *Required Log Books and Paper Files for Juvenile Justice Placement Facilities*.

⁹ See ACS Policy and Procedure *Safe Intervention Policy for Juvenile Justice Placement*.

¹⁰ See ACS Policy and Procedure #2015/13, *Mechanical Restraints for Limited Secure Placement*.

¹¹ See ACS Policy and Procedure #2015/10, *Room Isolation in Limited Secure Juvenile Justice Placement*; see 18 NYCRR § 450.7(e)(9).

¹² See ACS Policy and Procedure *Required Log Books and Paper Files for Juvenile Justice Placement Facilities*.

¹³ ACS staff, contractors, or volunteers without access to facility-based log books and paper files must complete and submit a Close to Home Incident report Form to the DYFJ Field Operations Director of Incident Review.

¹⁴ See Policy and Procedure #2015/03, *Contraband for Juvenile Justice Placement*.

4. Submit the appropriate completed Close to Home incident report form to the supervisor/manager on duty. The following protocols shall be followed when completing an incident report:
 - a. Any staff member who is required to prepare an incident report for either a reportable or a critical incident shall do so within one (1) hour of the time of the occurrence, where practicable.
 - b. In the case of any staff incapacity or injury which requires the staff member to leave the facility during his or her shift, the staff member shall provide a verbal report to his or her supervisor or the supervisor's designee as soon as is practicable. The staff member shall then submit the Close to Home Incident Report Form as soon as is practicable.
 - c. Staff members are responsible for writing their incident reports to reflect only their own observations. Staff members who discuss their written statements with other staff or who otherwise submit false reports are to be reminded that making intentionally false statements is strictly prohibited and may lead to prosecution and/or disciplinary action.
 - d. The incident report must be completed independently from other staff involved or alleged to be involved in the incident. Under no circumstances shall staff members be allowed to compare their reports with or among each other.
 - e. The incident report shall be typed or written legibly and with sufficient detail and clarity so as to allow for a reader to recreate the events described based on the written descriptions provided. At the conclusion of the written statement in the space provided near the signature line, staff members must include the date and time that the report was completed and signed.
 - f. If a staff member determines that he or she has made an error or omission in the incident report, he or she shall submit an addendum to his or her supervisor.
- C. Supervisors/managers/directors who were not involved in or witness to an incident and who receive incident reports shall:
 1. Confirm that staff completed all required reports independently, without having discussed the reports with other staff, and in a timely manner;
 2. Gather all incident reports from staff, visitors, youth (if youth are willing to provide or write statements), and other witnesses to and/or participants in the incident;

3. Assess whether an incident report can be obtained from staff who may have been injured or incapacitated during the incident;
 - a. Assess whether a verbal report can be provided by the staff member who is injured or incapacitated. All verbal reports shall be immediately converted to written reports by the receiving supervisor.
 - b. Upon the injured or incapacitated staff member's return to duty, the supervisor shall obtain a written incident report from the staff member.
4. Review all reports and confirm that they are legible, detailed, complete, signed by all required parties, and accurate. If necessary, obtain additional information or clarification by directing staff to submit a second written report (addendum). All addenda must be submitted by the staff person and assessed by the supervisor within 24 hours of the incident. Any further addenda shall be treated as additional information requiring another call to MCCU;
5. Document in the Follow-Up Section provided on the relevant incident reports all corrective actions taken, intervention methods used during the incident, the type(s) of injury sustained, if any, outcomes of incident debriefing if appropriate, and resolution of the incident;
 - a. Any required medical or mental health follow-up, staff and youth debriefing follow-up, and any recommendations shall be included.
 - b. At the conclusion of the supervisor's entries, in the Follow-Up Section in the space provided near the signature line, staff must include the date and time this section was completed and signed.
6. Document in CNNX and any other record-keeping system used by the agency any additional follow-up beyond the first 24 hours until all information is received;
7. Submit the incident reports with any addenda to the appropriate supervisor;
8. Place copies of the incident report and any addenda in the case files of all youth involved;
9. Verify that all reports associated with an incident and debrief outcomes are documented in the youth's electronic case record and any other record-keeping system used by the agency;

10. In the event of a fatality or a near fatality,¹⁵ the facility director or designee must immediately:
 - a. Notify the Justice Center (see section IV. C.);
 - b. Contact the OCFS New York City Regional Office via telephone at 212-383-1788;
 - c. Contact MCCU;
 - d. Email the completed OCFS form 7065, *Agency Reporting Form for Serious Injuries, Accidents, or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases* to the OCFS New York City Regional Office;
 - e. Mail hard copies of the report within five (5) days of the incident's occurrence to OCFS; and
 - f. In the event of a fire,¹⁷ the facility director must immediately notify OCFS via telephone and send a written report to OCFS within 10 business days.
11. In addition to MCCU and other required contacts, the facility director or his or her designee shall contact the Associate Commissioner for Close to Home or his or her designee via telephone to notify him or her of the pertinent facts and any incident involving:
 - a. The death of a youth;
 - b. Any injury to a youth which requires the services of a physician and which, in the opinion of the physician, may cause death, serious disability, or disfigurement;
 - c. Any suicide attempt requiring off-site emergency medical attention;
 - d. Any fires;
 - e. Absences without leave (AWOLs) from LSP; or
 - f. Any allegations of sexual abuse of youth or staff.

D. Debriefing of Incidents with Staff/Youth

1. The facility director, supervisor, or a designee shall facilitate a debriefing process with all staff involved in any youth-related incident before the staff involved in the

¹⁵ See 18 NYCRR § 441.7 (c).

¹⁶ A serious physical injury or accident resulting in a medical treatment, hospitalization or death of a child in foster care; see OCFS form 7065

¹⁷ See 18 NYCRR §§ 442.5(q); 447.2 (b) (4) (xviii); and 448.3(d)(10)(xvii).

incident depart the facility, where practicable. Each incident shall result in both a staff debriefing and a separate youth debriefing. Provider staff shall maintain required staff ratios during debriefings.

2. **Staff debriefing** shall include all staff present during the incident. The process shall examine the circumstances and outcome of each incident, and identify corrective action that may be needed. The staff debriefing must be documented in the appropriate log books, paper files, incident report forms, and in ARTS. In the case of any staff incapacity or injury which precludes their participation in the debriefing process, an additional debriefing shall occur upon their return to the facility.
3. **Youth debriefing** shall occur following all incidents, after a cool down period. All youth directly involved in an incident shall meet with the facility director, supervisor, or designee facilitating the debriefing and others to process events leading up to and during the incident. Each youth's Behavior Support Plan (BSP) must be reviewed with the youth and changes to the BSP shall be made as needed.
4. Both the **Staff Debriefing Form** (Attachment B) and the **Youth Debriefing Form** (Attachment C) must be completed in the event of a physical intervention restraint.

DRAFT

DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME INCIDENT REPORT FORM



DIRECTIONS: PRINT or TYPE all information and complete the entire form, including an Emergency Safety Physical Intervention Form for all restraints. All ORIGINAL Incident Reports are to be forwarded to the NSP or LSP Facility Director or designee. All incidents must be called in to MCCU within one (1) hour of occurrence.

Provider Agency: _____ Facility Name: _____

Facility Address: _____ Facility Type (circle one): NSP [] LSP []

Full Name of Report Writer: _____ Title: _____

Incident Type: Reportable [] Critical [] Incident Date: ___/___/___ Time: _____ AM/PM

MCCU Incident Report #: _____

Youth's Name: _____ Role in Incident: Victim [] Subject/Aggressor []

Youth's Name: _____ Role in Incident: Victim [] Subject/Aggressor []

Youth's Name: _____ Role in Incident: Victim [] Subject/Aggressor []

Youth's Name: _____ Role in Incident: Victim [] Subject/Aggressor []

Youth's Name: _____ Role in Incident: Victim [] Subject/Aggressor []

Youth's Name: _____ Role in Incident: Victim [] Subject/Aggressor []

All staff involved (full names and titles):

Witnesses (full names, titles, and indicate if youth, staff, or other):

**DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME PHYSICAL RESTRAINT FORM**



DIRECTIONS: Complete this form for each youth involved in a restraint and attach it to the accompanying incident report. Your supervisor will review this form with you during incident debriefing.

Name of Youth: _____ MCCU Incident #: _____

Name(s) of Staff who administered the restraint:

Was an emergency safety physical intervention used? Yes No If yes, check all of the technique(s) used below:

Lower Level emergency physical interventions: [indicate the amount of time the youth was in a physical intervention]

TCI	Breaking up a Fight _____	Standing Hold _____				
ESPI	Hook Transport and Assist to Seated /Kneeling Position _____	Multiple-Person Upper Torso Assist _____	Cradle Assist (Single Person) _____	Upper Torso Assist _____	Cradle Assist to Seated/Kneeling Position _____	Crossed Arm Assist _____

Higher Level emergency physical interventions: [indicate the amount of time the youth was in a physical intervention]

TCI	Supine – Seated Hold _____	Small Child _____				
ESPI	Upper Torso Assist to Seated/Kneeling Position _____	Side Assist _____	Multiple-Person Supine Torso Assist _____	Sitting Up From a Supine Position _____	Multiple-Person Seated/Kneeling Upper Torso Assist _____	Multiple–Person Seated/Kneeling Bicep Assist _____

Other Intervention Used – Provide Explanation:

Time Restraint(s) Started: _____AM/PM **Time Restraint(s) Concluded:** _____AM/PM

Duration of Restraint(s): _____minutes _____seconds

Reason for Restraint(s): Youth presented risk of physical injury to self or to others []

Youth clearly indicated physical attempt to AWOL and presented danger to self or others []

Limited Secure Placement ONLY:

Was the youth transitioned into mechanical restraints? Yes [] No []

If yes, please complete an **LSP Mechanical Restraints Form**

Staff Signature/Title: _____ **Date Submitted:** __/__/__

Supervisor Initials: _____ **Date Reviewed by Supervisor:** __/__/__

DRAFT

DIVISION OF YOUTH AND FAMILY JUSTICE
LIMITED-SECURE PLACEMENT MECHANICAL RESTRAINT FORM



DIRECTIONS: Complete this form for each youth involved in a mechanical restraint and attach it to the accompanying incident report form. Your supervisor will review this form with you during incident debriefing.

Name of Youth: _____ MCCU Incident #: _____

Name(s) of Staff who applied the mechanical restraint(s):

Time Mechanical Restraint Applied: _____ AM/PM

Time Mechanical Restraint Removed: _____ AM/PM

Duration of Mechanical Restraint: _____ minutes

When was the parent/guardian notified about the ESPI/physical restraint(s) and/or mechanical restraint(s)?

Date: ____/____/____ Time: _____ AM/PM

Document all efforts taken to notify the parent/guardian if staff could not reach the parent/guardian.

Staff Signature/Title: _____ Date Submitted: ____/____/____

Supervisor Initials: _____ Date Reviewed by Supervisor: ____/____/____

ACS DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME STAFF INCIDENT DEBRIEFING FORM



Instructions: To be used after all youth-involved incidents. A supervisor with training in SCM or TCI shall document **all** staff members involved in an ESPI/physical restraint on 1 Staff Debriefing Form.

Date: _____ Time: _____ Agency and Facility Name: _____

Youth Name(s): _____

Staff Involved in the incident: _____ Title: _____

Staff Involved in the incident: _____ Title: _____

Staff Involved in the incident: _____ Title: _____

Facilitator's Name: _____ Title: _____

Incident #: _____ Date of Incident: _____

Was youth injured? Yes No Time: _____ AM/PM If yes, which youth: _____

1. Could anything have been done to prevent injury to the youth?

Was staff injured? Yes No If yes, which staff member: _____

2. Could anything have been done to prevent injury to staff?

ACS DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME STAFF INCIDENT DEBRIEFING FORM



Staff Debriefing: Ask the following questions of staff directly involved in an ESPI/physical restraint.

1. What were the precipitating events that led to the physical restraint? _____

2. What primary or secondary strategies were utilized to prevent the use of ESPI/Physical Restraint?

3. What worked well during this incident (e.g., techniques, interventions)? _____

4. Is there anything that you would have done differently in this incident? _____

5. Do you feel that you need additional support or training? Yes No If yes, please explain:

6. How did you feel helped or hindered by other staff and supervisors present? _____

7. Was the Behavior Support Plan (BSP) followed? Yes No No Plan in Place. If no, please explain:

8. If yes, what changes, if any, do you recommend be made to the BSP? _____

ACS DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME STAFF INCIDENT DEBRIEFING FORM



9. Do you have any other suggestions to help avoid a similar situation in the future? _____

10. If other youth were involved in the incident, how was the incident debriefed with them? _____

11. How was the incident debriefed with uninvolved youth (e.g., circle up, group meeting)? _____

Supervisor Signature

Title

Date

DRAFT

ACS DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME STAFF INCIDENT DEBRIEFING FORM



ACTIONS FOR DIRECTOR OR DIRECTOR'S SUPERVISOR(S)

1. Video review Yes No Date of Review: _____

2. Photograph(s) review:
 - a. Photograph(s) taken Yes No Date of Photographs: _____
 - b. Photograph(s) reviewed Yes No Date of Review: _____

3. Youth debrief complete Yes No

4. All incident reports collected and reviewed Yes No

5. Medical reports, if any, collected and reviewed Yes No

6. VPCR contacted, if applicable Yes No

7. Notification to parent/guardian Yes No Date of notification: _____
Method of Notification: _____ Notification Documented in: _____

9. Follow-up [write "N/A" if not applicable]
 - a. Staff training needs identified: _____

 - b. Youth needs identified: _____

 - c. Programming needs identified: _____

DRAFT

Signature Title Date

ACS DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME YOUTH INCIDENT DEBRIEFING FORM



Instructions: To be used after all youth-involved incidents. Debriefing begins when the individual youth and staff involved are calm. Explain to the youth why he/she is there and state the process and the point of the debriefing. The Facilitator should be someone trained in facilitation. Staff conducting the debriefing shall complete this form. Staff shall document only 1 youth per Youth Debriefing Form, even if more than 1 youth was involved in the incident. Note: If an ESPI/physical restraint resulted in a child abuse allegation, the staff named in the allegation must not participate.

This form is to be attached to the original Incident Report. A copy of this form is to be placed in the youth's Case Management Folder.

Today's Date: _____ Youth Name: _____

Agency and Facility Name: _____

Is the staff member involved in the ESPI/physical restraint present? Yes No

Incident #: _____ Date: _____ Time: _____ (AM/PM)

Staff Member(s) Involved in ESPI/physical restraint:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Facilitator's Name: _____ Title: _____

Other Participants in Conference (list names and titles):

ACS DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME YOUTH INCIDENT DEBRIEFING FORM



1. Can you describe the incident as you experienced it? [What were your thoughts at the time? How were you feeling (e.g., what were you upset about)?]

2. What were the results/outcomes of your actions? [What were the consequences (e.g., how you felt, loss of privileges, injury, disruption of program, potential new charges, family)?] Are any of the consequences important to you?

3. How are you feeling now?

4. Do you think there was anything you could have done differently? [Was there a more positive way to handle the issue/problem? What could you do differently in the future? What skills might you use? What did staff do that was helpful? Is there anything staff could have done differently?]

ACS DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME YOUTH INCIDENT DEBRIEFING FORM



5. What do you take responsibility for? What actions will you commit to that can assure us that your safety and respect and everyone else's safety and respect are maintained (e.g., I can do the following...)? What needs to be done in order for you to return to program safely? Will you respond more positively? Do you understand the consequences for future negative behavior?

6. Staff shares with the youth their interpretation of the incident [as a reality check]. Connect the incident to a pattern of the youth's behavior (if one exists). Clarify his/her pattern of behavior. Document the youth's response.

Youth Signature

Date

Facilitator Signature

Title

Date

Other Participant

Title

Date

Other Participant

Title

Date

CRITICAL INCIDENTS	REPORTABLE INCIDENTS
Any Reportable Incident that Occurs in the Community	Accident
Arrest	Classroom Disruption
Attempted AWOL	Contraband
AWOL	Destruction of Property
Community Arrest	Facility Plant Management Event
Birth	Inappropriate Sexual Behavior
Child Abuse Allegation - Internal	Inappropriate Statement
Child Abuse Allegation - External	Manager Requested Report
Community Altercation	Medical Illness
Community Assault	Physical Aggression
Death	Physical Altercation w/o Injury (YOY)
Fire	Physical Assault w/o Injury (YOY, YOS)
Group Altercation (YOY, YOS)	Security Breach
Group Assault (YOU, YOS)	Self-Injurious Behavior
Inappropriate Sexual Behavior - Immediately Reportable	Self-Injurious Statement
Major Disorder	Theft/Stolen Property
Miscarriage	Threat of Physical Injury to Youth
Physical Altercation with Injury (YOY)	Threat of Physical Injury to Staff
Physical Assault with Injury (YOY, YOS)	Vehicular Accident
Physical Restraint	
Program Absence	
Suicide Attempt	

**DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME INCIDENT DEFINITIONS**



EVENT	DEFINITION
AWOL	<ol style="list-style-type: none"> 1. The youth has left the supervision of the facility without permission, has been missing for 24 hours, and Children’s Services has issued a warrant. The 24 hour count begins at the point where the youth has gone missing. OR 2. On a supervised off grounds trip or a home visit, the youth has left the presence of the person responsible for the supervision of that youth without such person’s permission, has been missing for 24 hours, and Children’s Services has issued a warrant. The 24 hour count begins at the point where the youth has gone missing. OR 3. On an unsupervised off grounds trip or home visit, the youth has not returned to the facility on the assigned date and at the assigned time, has been missing for 24 hours, and Children’s Services has issued a warrant.
Attempted AWOL	A youth has attempted an AWOL as defined above.
Community Arrest	A youth is arrested for a crime in the community unrelated to an event in a placement facility or is arrested while AWOL.
Birth	A youth in placement gives birth.
Child Abuse Allegation-Internal	<p>Any alleged act of abuse, neglect, or maltreatment by ACS or Provider Agency staff which involves a youth that has been accepted by the State Central Register-NYS OCFS.</p> <p>All allegations of child abuse, neglect, and maltreatment shall be called into the State Central Register and must also be reported to MCCU. Reports to MCCU must include the name of the SCR person taking the report and the SCR number.</p>
Child Abuse Allegation-External	<p>Any alleged act of abuse, neglect, or maltreatment by any non-ACS or Provider Agency staff which involves a youth that has been accepted by the State Central Register-NYS OCFS.</p> <p>All allegations of child abuse, neglect, and maltreatment shall be called into the State Central Register and must also be reported to MCCU. Reports to MCCU must include the name of the SCR person taking the report and the SCR number.</p>
Community Altercation with or without Injury	<p>Any intent by reciprocal aggressors, to cause physical injury to another person in the community.</p> <p>Participants: The event-type classification must define the parties involved in the altercation as follows (Aggressor-on-Victim): Youth-on-Youth (YOY), and Youth-on-Staff (YOS), or Youth-on-Other (YOO).</p> <p>Injury: This classification requires Medical Assessment of the reported injury.</p>

**DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME INCIDENT DEFINITIONS**



<p align="center">Community Assault with or without Injury</p>	<p>Any intent, by an aggressor(s), to cause physical injury to a non-aggressor.</p> <p>Participants: The event-type classification must define the parties involved in the altercation as follows (Aggressor-on-Victim): Youth-on-Youth (YOY), and Youth-on-Staff (YOS), or Youth-on-Other (YOO).</p> <p>Injury: This classification requires Medical assessment of the reported injury.</p>
<p align="center">Death</p>	<p>The death of a youth, ACS, or Provider Agency employee, contracted staff member, Department of Education employee or visitor while.</p>
<p align="center">Fire</p>	<p>A fire that occurs in any facility, vehicle, or any other location. Additionally, fire alarms resulting in response from fire department and any false reporting or setting off fire alarms by youth.</p>
<p align="center">Group Altercation with or without Injury</p>	<p>Any intent, by five or more reciprocal aggressors, to cause physical injury to each other or staff.</p> <p>Participants: The event-type classification must define the parties involved in the altercation as follows: Youth-on-Youth (YOY), Youth-on-Staff (YOS)</p> <p>Injury: This classification requires Medical Assessment of the reported injury.</p>
<p align="center">Group Assault with or without Injury</p>	<p>Any intent, by five or more aggressors, to cause physical injury to a non-aggressor. Note: if a youth is assaulted and physically reciprocates in self-defense, the incident shall be classified as a Group Assault.</p> <p>Participants: The event-type classification must define the parties involved in the altercation as follows (Aggressor-on-Victim): Youth-on-Youth (YOY), and Youth-on-Staff (YOS).</p> <p>Injury: This classification requires Medical assessment of the reported injury.</p>
<p align="center">Inappropriate Sexual Behavior – Immediately Reportable</p>	<p>An incident that involves soliciting, forcing, coercing, or requesting a staff or youth to engage in any behavior which is determined by staff to be of a sexual nature.</p>
<p align="center">Major Disorder</p>	<p>Any incident that seriously disrupts the operation of the facility e.g., riots, and serious breaches of security or mechanical breakdowns (see Security Breach).</p>

**DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME INCIDENT DEFINITIONS**



<p align="center">Medical Illness</p>	<p>An unintended incident caused from a medical condition or illness, which results in urgent/emergency medical treatment for youth. Only illnesses that result in unscheduled medical treatment, including calls to 911, trips to the Emergency Room or urgent care centers, or unscheduled visits to medical professionals.</p>
<p align="center">Miscarriage</p>	<p>A miscarriage by a youth in ACS care.</p>
<p align="center">Physical Altercation With Injury</p>	<p>Any intent, by two to four reciprocal aggressors, to cause physical injury to another youth or staff, which results in injury and medical treatment to any participant.</p> <p>Participants: The event-type classification must define the parties involved in the altercation as follows (Aggressor-on-Victim): Youth-on-Youth (YOY), and Youth-on-Staff (YOS)</p> <p>Injury: This classification requires Medical Assessment of the reported injury.</p>
<p align="center">Physical Assault with Injury</p>	<p>Any intent, by an aggressor (s), to cause physical injury to a non-aggressor which results in injury and medical treatment to any participant. Note: if a youth is assaulted and physically reciprocates in self-defense, the incident shall be classified as a Physical Assault.</p> <p>Participants: The event-type classification must define the parties involved in the altercation as follows (Aggressor-on-Victim): Youth-on-Youth (YOY), and Youth-on-Staff (YOS).</p> <p>Injury: This classification requires Medical assessment of the reported injury.</p>
<p align="center">Program Absence</p>	<ol style="list-style-type: none"> 1. The youth has left the supervision of the facility without permission and has been missing for less than 24 hours. OR 2. On a supervised off grounds trip or a home visit, the youth has left the presence of the person responsible for the supervision of that youth without such person's permission and has been missing for less than 24 hours. OR 3. On an unsupervised off grounds trip or home visit, the youth has not returned to the facility on the assigned date and at the assigned time and has been missing for less than 24 hours.
<p align="center">Suicide Attempt</p>	<p>An act intended to end one's life, consisting in actions taken which, by virtue of the method employed and circumstances chosen, either results in or could likely result in medically serious injuries that might threaten the individual's life or have other irreversible medical consequences. The determination of a suicide attempt is made exclusively by the ACS Executive Director.</p>

**DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME INCIDENT ATTRIBUTES**



EVENT	DEFINITION
Accident	An unintended incident not caused by a medical condition or illness, which results in an injury to a resident or staff.
Classroom Disruption	Any instance of youth leaving the classroom without permission which causes an interruption or disorder in a classroom or school setting. This incident category includes all disruptions, regardless of length of time of the interruption.
Contraband	<p>Illegal Items: Those articles, the possession of which is prohibited under any law applicable to the general public</p> <p>Items which are believed to have been used in the commission of a crime, but would otherwise be legal (i.e. bed sheet believe to have been use dot choke another youth or staff member or book used as a weapon to cause serious injury)</p> <p>Potential Injury Causing Items: Those articles, which are readily capable of being used to cause injury including, but not limited to, firearms, cartridges, knives, razor blades, explosives, or sharpened objects.</p> <p>Prescription Meds and OTC Meds: Prescription medications that are not lawfully issued to the bearer or over the counter (OTC) medications that are not authorized or issued to the bearer.</p> <p>Illegal Substance/Drugs</p> <p>Unauthorized Items: (i.e. tobacco products, lighters and matches)</p>
Destruction of Property	An incident which involves destroying city or agency property (e.g., a piece of furniture, light fixture, door). If a youth or staff member strikes or throws property, but no damage occurs to the property, staff or other residents, then call MCCU and classify the act as a Physical Aggression with no injury.
Facility Plant Management Event	<p>Any instance of an infrastructure and/or plant management issue at a facility that significantly impact operations or security and require immediate repair (e.g. flood in youth sleeping area).</p> <p>Any incident involving a malfunction/breakdown of hardware, plant management equipment, electronic equipment, plumbing, or any machinery that affects the operation of a facility or vehicle. Such a breakdown can occur in any facility, court building or vehicle.</p>

**DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME INCIDENT ATTRIBUTES**



<p>Inappropriate Sexual Behavior</p>	<p>An incident that involves any physical contact that upon review by staff is determined to be of a sexual nature. Or An incident that involves a youth or staff engaging in any behavior which is determined by staff to be of a sexual nature. Or An incident that involves exposing or simulating the exposure of private parts in a lewd or obscene manner. Note: The use of sexually obscene language intended to offend another without any intent to engage in inappropriate sexual behavior should not be classified under this event-type.</p>
<p>Inappropriate Statement</p>	<p>A statement made by a youth that is deemed inappropriate due to its nature be that sexual, vulgar, and/or AWOL.</p>
<p>Manager Requested Report</p>	<p>An event that cannot be classified under any other event-type definition, but that is reported under the instruction of an ACS Executive Director, a Provider Facility Director or above, or a Commissioner-level manager. (This includes Medication Errors.)</p>
<p>Physical Aggression</p>	<p>Any act that involves flipping or throwing objects; striking property (without damage to property); or approaching staff or youth in a hostile manner with no assault or physical injury. Note: If damage occurs to property during the act of physical aggression, then classify the incident as <i>Destruction of Property</i>.</p>
<p>Physical Altercation w/o Injury</p>	<p>Any intent, by two to four reciprocal aggressors, to cause physical injury to another youth or staff, which does not result in injury or medical treatment to any participant. Participants: The event-type classification must define the parties involved in the altercation as follows: Youth-on-Youth (YOY), and Youth-on-Staff (YOS)</p>
<p>Physical Assault w/o Injury</p>	<p>Any intent, by an aggressor(s), to cause physical injury to a non-aggressor which does not result in injury or medical treatment to any participant. Note: if a youth is assaulted and physically reciprocates in self-defense, the incident shall be classified as a Physical Assault. Participants: The event-type classification must define the parties involved in the altercation as follows (Aggressor-on-Victim): Youth-on-Youth (YOY), and Youth-on-Staff (YOS).</p>

**DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME INCIDENT ATTRIBUTES**



<p align="center">Security Breach</p>	<p>An incident that poses a risk to the security of staff or youth, but does not disrupt the operation of a facility—e.g., unauthorized movement, lost, misplaced, unattended items, discovery of an open door, Major security hardware or equipment failure, bomb threat, or loss of tools, sharps or utensils.</p> <p>Any possession or importation of unauthorized articles by youth or staff that could be used as a security breach item should go under the Contraband event category as a Security Breach Item.</p>
<p align="center">Self-Injurious Behavior</p>	<p>A self-injurious behavior is injury to oneself that is not life threatening. The ACS Executive Director shall review categorization of a self-injurious behavior.</p>
<p align="center">Self-Injurious Statement</p>	<p>Any statement made by a youth that suggests that a youth is contemplating self-injury. This includes non-verbal statements; self-injurious behavior should not be classified under this event-type. The ACS Executive Director shall review categorization of a self-injurious statement.</p>
<p align="center">Suspected or Observed Contraband</p>	<p>Any time contraband (as defined in the “Contraband” event) is seen, suspected, smelled or observed, but is not able to be retrieved.</p>
<p align="center">Theft/Stolen Property</p>	<p>Any act of removing or possessing an item that belongs to another youth, staff, or facility without the express written or verbal approval of that youth or staff.</p>
<p align="center">Threat of Physical Injury to Youth</p>	<p>An incident which involves making a verbal, written or gestured threat of physical harm or injury against any youth.</p>
<p align="center">Threat of Physical Injury to Staff</p>	<p>An incident which involves making a verbal, written or gestured threat of physical harm or injury against any ACS or Provider staff member.</p>
<p align="center">Vehicular Accident</p>	<p>Any vehicular accident (e.g. hitting another vehicle, being hit by another vehicle, or ACS or Provider vehicle malfunction) that does not result in medical treatment for youth or staff</p>

DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME INCIDENT ATTRIBUTES



ATTRIBUTE ASSOCIATED WITH EVENTS	DEFINITION
Injury A	An injury requiring clinical treatment beyond what can be provided by a layperson with over-the-counter products. Categorization is made by medical staff.
Injury B	An injury that is treatable by a layperson with over-the-counter products such as ibuprofen, antibiotic ointment, etc. Categorization is made by medical staff.
EMS (911)	Any time 911 is called, for support by emergency medical services for medical or mental health reasons, by ACS or by Contract Agency Staff.
Police (911)	Any time 911 is called, for support by the police, by ACS or by Contract Agency Staff.
Arrest	Any time a youth is arrested for an event that occurred while in placement or on aftercare.
Loss of Consciousness	Any incident that may result in the occurrence of a youth's loss of the ability to perceive and respond.
Hospital Admission	Any time a youth is admitted to the hospital.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**AGENCY REPORTING FORM FOR SERIOUS INJURIES,
ACCIDENTS, OR DEATHS OF CHILDREN IN FOSTER CARE
AND
DEATHS OF CHILDREN IN OPEN CHILD PROTECTIVE OR PREVENTIVE CASES**

INSTRUCTIONS

Call the appropriate Regional Office to report a serious injury, accident or death of a child in foster care or a fatality involving a child in an open protective or preventive case within 24 hours of death or as soon thereafter as the agency becomes aware of the injury, accident or death.

This form is to be filled in by an agency official to report:

- A serious injury or accident resulting in a medical treatment, hospitalization or death of a child in foster care.
- The death of a child in an open protective case.
- The death of a child in an open preventive case.

The form must be completed and sent to the appropriate Regional Office of the New York State Office of Children and Family Services (OCFS) within 72 hours of the injury, accident or death.

Check Case Type (Please check all that apply): <input type="checkbox"/> Foster Care <input type="checkbox"/> Protective <input type="checkbox"/> Preventive		
Was the SCR called? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was an SCR report registered <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Death/Injury:	CIN#:	Date of Birth:
Name of Child:		
Agency or Individual having legal custody:		
Address:		
City:	State:	Zip Code:
List any witnesses to the <input type="checkbox"/> injury, <input type="checkbox"/> accident or <input type="checkbox"/> death:		
Address:		
City:	State:	Zip Code:
Describe the circumstances of child's accident or injury, or cause of death. Details should include the date, time, location, and person responsible for the child's care.		
For a report involving a serious injury or accident of a foster child, describe the agency's actions following the accident or injury.		

For a report involving the death of a child in foster care or in an open preventive or protective case, report the name, address and telephone number of the child's parents or legal guardian.

For a report involving the death of a foster child, indicate if the parents were notified, describe when and the method of notification.

Attending Physician's Name: _____ (if any)

Hospital, clinic or other treatment facility to which child was taken:

- For serious injury or accident involving a foster child, note where the child is now.
- For all reports, check if a hospital or medical report is attached.
- If a hospital or medical report is not attached, check if such a report has been requested.

Date the OCFS Regional Office was notified by telephone:

Name of Agency Caller:

Name of the Regional Office:

Name of representative contacted:

Additional comments to supplement the above information or to clarify the child's situation, condition, prognosis, official cause of death, etc.

Signature of individual completing the form: **X**

Name of Agency:

Date form completed:

Title of Agency Official:

To be completed by the OCFS Regional Office

Date Received in Regional Office:

OCFS Fatality Report Number (RO/Year#):

Reviewed by (Name of Regional Director):

Additional information that is needed by Regional Office:

DRAFT

Follow-up action assigned to:

ACS DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME SEARCHES FOR CONTRABAND FORM

Dates Logged: _____

Provider Agency and Facility Name: _____

Facility Address: _____

Date of Search	Circle Shift of Search	Area of Search	Circle Contraband Found	List Specific Type of Contraband Found If None Found, List "None" If Money Found, Indicate Amount	Circle Category of Search	Circle Type of Search (Circle all that apply)	Name of Staff who Conducted the Search	Name and Signature of Staff who Found Contraband	If contraband was found, what did the staff do with the contraband?	Voucher #	Signature of Supervisor on Duty During the Search
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
Page Totals	AM= PM= NIGHT=		W= D= SRI= UP=		S= U=						

Signature of Facility Director: _____ Date: _____ Page Number: _____

**ACS DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME
ROOM ISOLATION FORM**



DATE: _____

YOUTH'S NAME & DOB: _____

LSP PROVIDER/FACILITY: _____

Reason for Room Isolation (include an explanation of what interventions were tried unsuccessfully):

Items not allowed in Room: _____

Authorization provided by: _____

Room Isolation Start Time: _____ AM / PM End Time: _____ AM / PM
(circle AM or PM)
Use additional sheets as necessary.

PARENT/GUARDIAN NOTIFICATION

Time	Staff Person Making Notification	Contact Made (yes or no)	Notes

MEDICAL SERVICES PROVIDED
YOUTH IS PRESCRIBED MEDICATION? [YES] [NO]

During 1st hour of room isolation, medical staff should examine the youth for health issues. If medical staff is not available, the Facility Director or designee must determine whether the youth has any obvious injuries or a known medical problem. Document below.

Time	Medical Screening/ Service Provided	Provided By	Location	Logged By	Does the Youth Need Follow Up?

CLINICAL SERVICES PROVIDED

Time	Clinical Service Provided	Provided By	Logged By	Does the Youth Need Follow Up?

FOOD / DRINKS PROVIDED

Time	Meal or Snack?	Served/Refused	Logged By	Notes

BATHROOM BREAKS

Time	Logged By	Time	Logged By	Time	Logged By

