# Idaho Department of Juvenile Corrections

## **Contract Provider Incident report**

## incident details

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| Juvenile:  |       | IJOS No.: |       |
| Juvenile’s assigned group/housing unit: |       |
| Date of incident: |       | Time of incident: |       | [ ] am *[ ]* pm |
| Location of incident: |       | Reporting staff name: |       |
| Witness(es) & juveniles involved: |       |
| Brief narrative description of incident & action taken:  |
|       |

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| Type of incident (check all that apply): | [ ]  24-hour reporting | [ ]  72-hour reporting |
| [ ]  juvenile injury/illness | [ ]  juvenile death | [ ]  disclosure of criminal activity | [ ]  property damage |
| [ ]  assault (or attempt) on juvenile | [ ]  assault (or attempt) on staff | [ ]  escape (or attempt) |
| [ ]  Medication or food refusal for 3 days | [ ]  medical/mental health emergency  | [ ]  theft |
| [ ]  contraband; specify: |       | [ ]  juvenile arrest or law enforcement contact/report |
| [ ]  isolation/separation over 2 hours; time in:  |       | [ ] am *[ ]* pm | time out:  |       | [ ] am *[ ]* pm |
| [ ]  suicidal behavior/threat, self-harm; specify:  |       | [ ]  juvenile abuse/neglect |
| [ ]  sexual misconduct♦♦; specify:  |       |
| ♦♦ Incidents involving sexual misconduct have additional reporting requirements outlined in IDAPA rule 241.05. |
| [ ]  other; specify: |       |

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| Action taken (check all that apply): |
| [ ]  physical intervention | [ ]  physical restraint | [ ]  safety/protective measures implemented |
| [ ]  room time; time in:  |       | [ ] am *[ ]* pm | time out:  |       | [ ] am *[ ]* pm |
| [ ]  visitation restrictions due to juvenile’s behavior; date: |       | time: |       | [ ] am *[ ]* pm |
| [ ]  suicide precautions initiated; level: |       | date: |       | time: |       | [ ] am *[ ]* pm |
| [ ]  escape precautions initiated; level: |       | date: |       | time: |       | [ ] am *[ ]* pm |
| [ ]  other; specify: |       |

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| Injury information; cause of injury:  | [ ]  staff | [ ]  juvenile | [ ]  accident | [ ]  self-harm | [ ]  none |
| [ ]  injured during application of restraint | [ ]  other; specify: |       |
| Brief description of injury & treatment provided: |
|       |
| Checked by medical staff at the time of the incident:  | [ ]  yes [ ]  no |
| medical staff name: |       | date: |       | time: |       | [ ] am *[ ]* pm |
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## Notifications

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| Persons notified (full name, date, & time of notifications): |
| Supervisor: |       | date: |       | time: |       | [ ] am *[ ]* pm |
| IDJC medical: |       | date: |       | time: |       | [ ] am *[ ]* pm |
| JSC: |       | date: |       | time: |       | [ ] am *[ ]* pm |
| JPO: |       | date: |       | time: |       | [ ] am *[ ]* pm |
| Parent/Guardian: |       | date: |       | time: |       | [ ] am *[ ]* pm |
| OTHER CONTACTS (as determined necessary and/or as outlined in policy or IDAPA rule): |
| Other: |       | date: |       | time: |       | [ ] am *[ ]* pm |
| Other: |       | date: |       | time: |       | [ ] am *[ ]* pm |
| Other: |       | date: |       | time: |       | [ ] am *[ ]* pm |
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## provider certification

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|       | report date:  |       | time: |       | [ ] am *[ ]* pm |
| Name and title of person preparing report |
| *The information reported above is true and correct to the best of my knowledge.* |
|  |  |  |
| Staff signature |  | Date |
|       | report date:  |       | time: |       | [ ] am *[ ]* pm |
| Name and title of reviewing supervisor/quality control |
|  |  |
| Supervisor/quality control signature |  | Date |
|  |  |