# Idaho Department of Juvenile Corrections

## **Contract Provider Incident report**

## incident details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |
|  | | | | | | | | | | | | | | |

## 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 |
|  | |  | | | |  |  |  |  |  |

## 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 | | |
|  |  | | | | | | | |