

**Idaho Department of  
Juvenile Corrections  
Institutional  
Policy/Procedure**

NUMBER  
600

REVISED  
02/20/24  
EFFECTIVE  
12/03/10

REVIEWED  
02/20/24  
PAGES  
7

**SUBJECT: DOCUMENTATION OF INCIDENTS**

**CATEGORY: CRITICAL OPERATIONS/  
JUVENILE SAFETY**

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**Policy**

The purpose of this policy is to establish guidelines for clear, concise, and thorough documentation of incidents that take place within Idaho Department of Juvenile Corrections (IDJC) facilities, or while a juvenile who is in IDJC custody is on a community pass supervised by staff or a parent/guardian.

As established in this policy, proper documentation of incidents defined in the Glossary of Terms and Acronyms is critical to ensuring the safety of staff, juveniles, and others in IDJC facilities. Additionally, accurately recording the circumstances leading up to an incident, our response to the incident, and the result of our intervention leading up to an incident is absolutely vital to documenting the IDJC's compliance with federal and state statute and rules, as well as our own IDJC policy governing daily operations and safety. Failure to provide adequate documentation of incidents may also result in disciplinary action for the staff involved.

It is therefore the policy of the IDJC that the minimum required standards established in this policy shall be enforced concerning the recording and documentation of incidents.

- A. It is the responsibility of each employee of the IDJC to complete the mandated incident report in IJOS when a juvenile or juveniles under their direct supervision (or they are the first on scene at the location of an incident) is involved in any incident that may compromise the safety or security of individual juveniles, staff, or others, or an incident that in some way disrupts the safe and secure operation of the unit. If the incident involves juvenile disclosure of criminal activity or abuse also refer to Juvenile Disclosure of Criminal Activity or Abuse (673) policy/procedure.
- B. An incident report is also required when an incident occurs during a home or community pass supervised by staff or the juvenile's parent or guardian. These incidents include those reportable incidents listed below in Section G, as well as any incident that is in violation of the rules and regulations listed on the home or community pass. The staff member who was informed of the incident is responsible for completing the incident report. If the juvenile is at a contract provider placement, the JSC will be responsible for ensuring the contract provider completes the incident report.
- C. Documentation in the incident report must provide a clear, concise, and factual description of the circumstances leading up to or precipitating the incident,

including possible staff action to de-escalate or minimize the impact of the situation, and a description of the resulting action taken to restore stability, including indication of any continued risk or follow-up action to be taken.

- D. Any other staff involved in the management of the incident may create an addendum including their factual observations to an open incident report. Addendums are additional facts and observations of the incident to supplement the existing incident report and are not to be used to document an opinion about how the incident was handled, or to amend the original incident report.
- E. Debriefings will be held for incidents of significant injury or death of staff or juvenile(s), major disruption of program, or major threat to safety or facility operations. Debriefing for all other incidents will be at the discretion of the Superintendent.

It is the responsibility of the supervisor, or designee, to conduct and document a debriefing of the incident as soon as possible (recommended within two days) but no later than ten working days of the incident. The occurrence of a debriefing will be noted in an addendum to the incident report.

- F. Reportable incidents include incidents that result in injury, harm, or exposure to body fluids to staff or juveniles, property damage, restraints (excluding mechanical restraint for routine transport), separation from program for longer than 15 minutes, or violation of law or facility rules that jeopardize the safety and security of one or more juveniles or staff.

Those incidents may be summarized in the following categories and are defined in the Glossary of Terms and Acronyms:

1. Injury (whether or not medical attention is provided)
2. Assaults of/by staff or juvenile(s) and fights (regardless of injury, restraint, or separation)
3. Escape or attempted escape
4. Contraband that presents a risk to safety and security
5. Significant property damage
6. Sexual misconduct (involving juveniles or staff)
7. Suicidal behavior, suicidal ideation, self-harming behavior
8. Application of physical intervention
9. Application of mechanical, chemical, peer-assisted, or physical restraint
10. Use of room confinement, segregation, or isolation
11. Loss of keys, tools, or any other item that may present risk to juveniles or staff
12. Medication refusal or error

## **Operating Procedures**

### **I. Reporting Options**

- A. IJOS – all incidents involving a juvenile or juveniles in the custody of IDJC will be completed using IJOS.
- B. Non-Juvenile Incident Report (DJC-175) form – all other incidents that do not involve a juvenile in IDJC custody will be completed using the DJC-175 form. The report is completed on the same day the incident occurs. The incident report serves as a permanent legal record. All information related to the incident must be included on this report form or attached. The DJC-175 is submitted to the Superintendent.
- C. Employee/Supervisor Accident Report (DJC-045) form– if the incident involves an injury to a staff member, the accident report form is submitted to the staff's supervisor. For incidents of staff injuries, refer to Work-Related Employee Injury or Illness (371) policy/procedure.

### **II. IJOS Incident Reporting Content**

- A. The incident report serves as a permanent legal record. All information related to the incident must be included in the report, in an addendum, or uploaded to the IJOS Incident Report. Printing of an incident report is not necessary or preferred except temporary copies for specific reference, which are destroyed when no longer needed.
- B. Once an IJOS incident report is created, it cannot be deleted, and once it is closed, it cannot be amended, with limited exceptions.
  - 1. Only a supervisor may approve that a closed incident report be reopened for corrections.
  - 2. Only a supervisor may approve that an incident report created in error is removed from view.
- C. Documentation in the incident report must clearly identify the juveniles (by first name and last initial) and staff (by their full name) involved and their role in the incident and state who was notified of the incident and when those notifications took place.
- D. The IJOS incident report is created as soon as possible following the reporting staff's involvement in the incident and no later than the end of that reporting staff's shift.
- E. Incident reports on every reportable use of mechanical restraint, room confinement, segregation, or isolation must be accompanied by the time the intervention began and the time it ended. If the intervention extends beyond the end of the reporting staff's shift, the reporting staff still submits the

report, and staff assuming responsibility for the juvenile updates the incident report with the time the intervention ended.

- F. If follow-up action or addendums are required of the incident report, the supervisor and reporting staff must ensure that this takes place prior to the closing of the incident report. On the rare occasion that it is necessary to document any follow-up information or to provide new/additional information regarding the incident after an incident report is closed, the supervisor communicates to IJOS Support approval to reopen the incident report and ensures needed corrections are made timely.
- G. Any time the incident involves multiple juveniles, the multiple juvenile's tool in IJOS must be used and each juvenile's report must be submitted individually.

### III. Mandatory Training Requirement

- A. Staff must have IJOS Basics training before being assigned sole responsibility of juveniles.
- B. Staff are oriented by a supervisor or mentoring staff on incident reporting.
- C. All IDJC staff who have any responsibility for working directly with juveniles must successfully complete instruction on the proper recording, documentation, and reporting of incidents within the first three months of their employment with the IDJC.
- D. Staff successfully completing the initial instruction are required to complete IDJC-approved annual refresher training on incident reporting.

### IV. Routing/Reviewing of IJOS Incident Reports

#### A. Creator Routing (reporting staff)

Creator submits a complete and accurate incident report to their supervisor or designee by the end of their shift.

#### B. Supervisor Review

- 1. It is the responsibility of the supervisor or designee to review the incident report to ensure that it is complete and meets all of the standards of this policy, and to ensure that any questions raised about the safety or security of the unit are addressed.
- 2. This review and submission to the next level, or taking follow-up action, must take place upon receipt of the incident report but no later than five working days after the filing of the incident report.

3. For incidents of suicide precautions, room confinement, or segregation, supervisor does not submit/forward the incident report until the intervention ends and supervisor has had the opportunity to review additional documentation such as Guard Tour Reports and/or Special Management/Close Observation Activity Log (DJC-133) sheets, if applicable.
4. County probation officers receive an automatic notification indicating a juvenile has an incident report once the supervisor approves the incident report.

C. Medical Review

1. Review by licensed medical staff is necessary if the incident report category is injury, illness, restraint, assault, use of separation/isolation (physical interventions), suicide related category, or any other category as determined by the Superintendent. When one of the above categories is selected, an automatic email is generated to licensed medical staff once the incident report is submitted by the creator.
2. Licensed medical staff document their review upon receipt of the notification no later than the next business day.
3. The supervisor does not forward the incident report until the review by licensed medical staff has been documented.

D. Clinical Review

1. Review by clinical staff is necessary if the incident report category is suicide-related. When a suicide category is selected, an automatic email is generated to clinical staff once the incident report is submitted by the creator.
2. Clinical staff document their review upon receipt of the notification no later than the next business day.
3. The supervisor does not forward the incident report until the review by clinical staff has been documented.
4. Anytime the Clinician, or designee, extends or changes the precautions, it is documented as an addendum and in suicide evaluator updates in IJOS.

E. Unit/Program Manager/Quality Assurance (QA) Review

1. The Unit/Program Manager reviews the incident report for completeness and ensures it meets all of the standards of this policy.

2. This review and submission to Superintendent must take place upon receipt of the notification but no later than two working days except in the case of ongoing suicide precautions, room confinement, isolation, or segregation.

F. Superintendent Review and Approval

1. The Superintendent reviews the incident report for completeness and ensures it meets all of the standards of this policy.
2. Approval by Superintendent, or designee, must be completed within five work days from the date the supervisor submits the incident report to the next level of review.
3. The Superintendent, or designee, may hold an incident report open pending debriefing information or resolution.

G. Closure due to Transfer

1. When a juvenile has an open incident report due to suicide precautions and they transfer to another placement, the incident report is closed and notifications are made as outlined in the Suicide Prevention and Assessment of Risk (605) policy/procedure.
2. If the transfer is to an IDJC facility, staff initiate a new incident report for suicide precautions upon arrival at the new placement.

V. Immediate Notification of Incidents

- A. The parent or guardian of a juvenile involved in certain types of incidents is called immediately following the incident and written follow-up notification is done within 24 hours. These incidents include:
1. Every instance of juvenile emergency medical care
  2. Refusal of medications, physician-ordered medical treatment, or food for two days
  3. Death of a juvenile
  4. Placed on suicide precautions.
  5. Sexual abuse, abuse or neglect of a juvenile (*The 24-hour clock requiring written notification starts after a report of alleged abuse or neglect is substantiated.*)
  6. Criminal activity resulting in arrest or filing of a report with law enforcement or a report with Health and Welfare
  7. Any use of restraints that are mechanical (excluding use for transport), medication, or chemical
  8. Major disasters affecting the location or well-being of juvenile

## 9. Escapes or attempted escapes by juvenile

- B. The time the call was made, the name of the parent/guardian called, and the name of the IDJC staff that made the call (such as Duty Officer, Suicide Evaluator, Unit/Program Manager, Rehabilitation Specialist) is documented by the caller in the designated section of the IJOS Incident Report. If not on site, the caller documents the notification by the next business day. If the caller is not returning to the facility within the required timeframe, the caller may delegate the task of documenting the notification to the incident report creator. This generates an auto-email notification for designated administrative support staff (support staff) to follow up with written notification.
- C. The support staff accesses the incident report and documents when the follow-up parent notification letter was sent.

## VI. Technical Problem-solving

- A. In the event that staff is unable to access IJOS before the end of their shift, staff documents the incident report on the Contract Provider Incident Report (DJC-291) form as a template and submits to their supervisor.
- B. The supervisor enters the report in IJOS as soon as IJOS is available.

*Reference:* [Glossary of Terms and Acronyms](#)

*Desk Manual(s):* *None*

*Related Policies:* [Duty Officer Responsibilities \(621\)](#)  
[Abuse, Neglect, and/or Exploitation of Juveniles \(606\)](#)  
[Behavior Management \(602\)](#)  
[Use of Mechanical Restraints \(603\)](#)  
[Suicide Prevention and Assessment of Risk \(605\)](#)  
[Work-Related Employee Injury or Illness \(375\)](#)  
[Control of Tools \(686\)](#)  
[Special Management Interventions \(604\)](#)  
[Escape/Escape Attempts \(609\)](#)  
[Reporting of Critical Incidents \(601\)](#)  
[Pharmaceuticals \(823\)](#)  
[Prison Rape Elimination Act \(PREA\) Compliance \(613\)](#)  
[Juvenile Disclosure of Criminal Activity/Abuse \(673\)](#)

*Related Forms:* [Incident Report \(IJOS\)](#)  
[Employee/Supervisor Accident Report \(DJC-045\)](#)  
[Non-Juvenile Incident Report \(DJC-175\)](#)  
[PREA Incident Supplemental Information \(DJC-089\)](#)  
[Special Management/Close Observation Activity Log \(DJC-133\)](#)  
[Contract Provider Incident Report \(DJC-291\)](#)