

Commonwealth of Virginia
Department of Juvenile Justice

Service Provider Incident Report
for Youth not in Direct Care Status

To be completed by designated service provider staff.

1. Program Name (no abbreviations):	
2. Program Type/Funding: <input type="checkbox"/> RSC Direct Service Provider <input type="checkbox"/> VJCCCA <input type="checkbox"/> DJJ Regulated Program	
3. Program Address:	
4. Incident Location:	
5. Incident Location Address (if different from program):	
6. Incident Date:	7. Incident Time:
8. Activity When Incident Occurred:	
9. Report Date:	10. Report Time:
11. Reporting Person:	12. Work Title:
13. Contact Email:	14. Contact Number:

15. **Incident Type:** Note: Reporting incidents to DJJ does not preclude service providers from mandatory reporting to licensing agencies and child protective services (CPS), as applicable.

Check all categories that apply: All serious incidents, <i>actual or alleged</i> , relating to a youth must be reported by the provider.	
<input type="checkbox"/> Absent without Leave (AWOL) <input type="checkbox"/> Allegation of Sexual Assault on Youth <input type="checkbox"/> Allegation of Sexual Child Abuse or Neglect <input type="checkbox"/> Allegation of Staff Sexual Misconduct <input type="checkbox"/> Allegation of Suspected Child Abuse or Neglect <input type="checkbox"/> Allegation of Youth Consensual Sexual Activity <input type="checkbox"/> Assault on Staff (by Anyone) <input type="checkbox"/> Assault on Youth (by Anyone) <input type="checkbox"/> Death	<input type="checkbox"/> Fire <input type="checkbox"/> Major Arrest of Youth <input type="checkbox"/> Other <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Serious Youth Injury or Illness <input type="checkbox"/> Serious Staff Injury <input type="checkbox"/> Staff Arrest <input type="checkbox"/> Suicide Attempt

16. Youth's Identification Information:

Youth Name (First & Last)	DJJ Juvenile Number	Date of Birth	Service Start Date

17. (A) Describe the incident (who, what, when, where, how):

(B) Describe response or action taken as a result of the incident:

18. Communication of Incident: *The following parties have been notified of this incident:*

Notified Party	Name/Contact	Date	Time	Notification Type	Reported by
<input type="checkbox"/> Referring CSU Staff					
<input type="checkbox"/> CSU Supervisor					
<input type="checkbox"/> Parent / Legal Guardian					
<input type="checkbox"/> Parent / Legal Guardian					
<input type="checkbox"/> VJCCCA Coordinator					
<input type="checkbox"/> RSC – AMIKids					
<input type="checkbox"/> RSC – EBA					
<input type="checkbox"/> DJJ Certification Unit					
<input type="checkbox"/> Non-DJJ Licensing Agency					
<input type="checkbox"/> Human Rights					
<input type="checkbox"/> CPS					
<input type="checkbox"/> Law Enforcement					
Other:					
Other:					
Other:					
Other:					

19. Follow-up questions should be directed to:

Name:		Title:	
Phone:		Email:	

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INSTRUCTIONS FOR VJCCCA PROGRAMS

A typed incident report shall be securely emailed to the referring court service unit (CSU) staff or CSU supervisor and the Regional VJCCCA Coordinator. The following incidents must be reported as soon as the situation is under control and without undue delay: Allegation of sexual assault on youth, Allegation of sexual child abuse or neglect, Allegation of suspected child abuse or neglect, Death, Fire, and Serious youth injury or illness. All other incident types must be reported as soon as practicable following the incident but no later than 24 hours from the incident.

Supplemental documentation should be attached to provide additional detail of the incident when necessary. In addition to the above entities, when the incident is being reported by a residential program regulated by DJJ, the incident should also be reported to the DJJ Certification Unit. Note: Reporting incidents to DJJ does not preclude service providers from mandatory reporting to licensing agencies and child protective services (CPS), as applicable.

1. Program Name: Enter the full name (no abbreviations) of the program reporting the incident.
2. Program Type/Funding: Check VJCCCA and, if applicable, DJJ Regulated Program.
3. Program Address: Enter the full physical address of the program.
4. Incident Location: Enter the location where the incident occurred (e.g., youth's home, school, dayroom)
5. Incident Location Address: Enter the full physical address where the incident occurred if the incident occurred off-site from the program.
6. Incident Date: Enter the date the incident occurred.
7. Incident Time: Enter the time the incident occurred.
8. Activity when Incident Occurred: Describe the activity (e.g., therapy session, school, meal) the youth was involved in when the incident occurred.
9. Report Date: Enter the date that the report was completed.
10. Report Time: Enter the time the report was completed.
11. Reporting Person: Enter the name of the person completing the form.
12. Title: Enter the work title of the person completing the form.
13. Contact Email: Enter the e-mail address for the person completing the form.
14. Contact Number: Enter the telephone number for the person completing the form.
15. Incident Type: Indicate the type of incident(s) with a checkmark. Review the incident definitions and check all incident types that apply.
16. Youth Identification Information
 - Youth Name: Enter the full name of the youth involved in the incident.
 - DJJ Juvenile Number: Enter the youth's assigned DJJ number.

- Date of Birth: Enter the youth's date of birth as MM/DD/YY.
- Service Start Date: Enter the date the youth began receiving services by the program as MM/DD/YY.

** If multiple DJJ youth were involved in the incident, insert additional rows to include identifying information for each youth. Provide identifying information only on youth under supervision with DJJ.

17. (A) Describe the incident (who, what, when, where, how): Enter a thorough description of what occurred. Attach supporting program documentation and/or additional sheets, as needed. The description, at a minimum, should include the following:

- Names, titles, and locations of staff involved, including who responded;
- Clear statement of what happened, including any physical evidence;
- Nature of the immediate response, including any use of physical force, medical treatment, external assistance, and who was notified; and
- Any program sanctions and/or criminal charges.

(B) Describe response or action taken as a result of the incident: The description, at a minimum, should include the follow-up action(s) and step(s) moving forward (e.g., how will program participation be impacted?).

Alternatively, the provider may submit their internal incident report in lieu of completing 17 (A) and (B), notating "See Attached" under each subsection. The provider's internal incident report must include all of the requirements above.

18. Communication of Incident: Identify additional parties who have been notified of the incident, the date and time of notification, type of notification (e.g., phone, voicemail, e-mail), and who made the notification. This should include licensing agencies.

- All incidents must be communicated to the placing agency. If the placing agency is the CSU, notify the referring CSU staff and CSU supervisor. The CSU will subsequently notify DJJ's PREA Coordinator, as appropriate, and the community chain of command.
 - The service provider should always ensure that that their agency/company has contact information for the referring CSU staff and their immediate supervisor.
 - In the event that the service provider cannot reach the referring CSU staff or CSU supervisor, the service provider should contact DJJ's 24-hour after-hours intake call center at (757) 887-5163 to request assistance in connecting with the CSU Director or another on-call staff member from the CSU.
- The parent/legal guardian must be notified of serious incidents involving youth under age 18. This includes notification of the Department of Social Services, when applicable.
- The Regional VJCCCA Coordinator must be notified of all incidents. The Regional VJCCCA Coordinator will subsequently notify the VJCCCA Supervisor.
- Once received at the DJJ Central Office, a DJJ Community Division administrative staff will input the information into the incident reporting module of DJJ's electronic data system.

19. Follow-up questions should be directed to: Note the designated staff name, title, phone number, and email address of the staff that DJJ should contact with any questions regarding the incident and/or youth.

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INSTRUCTIONS FOR DJJ REGULATED PROGRAMS

A typed incident report shall be securely emailed to the DJJ Certification Unit. The following incidents must be reported as soon as the situation is under control and without undue delay: Allegation of sexual assault on youth, Allegation of sexual child abuse or neglect, Allegation of suspected child abuse or neglect, Death, Fire, and Serious youth injury or illness. All other incident types must be reported as soon as practicable following the incident but no later than 24 hours from the incident.

Supplemental documentation should be attached to provide additional detail of the incident when necessary. In addition to the above entities, when the incident is being reported by a residential program regulated by DJJ, the incident should also be reported to the DJJ Certification Unit. Note: Reporting incidents to DJJ does not preclude service providers from mandatory reporting to licensing agencies and child protective services (CPS), as applicable.

1. Program Name: Enter the full name (no abbreviations) of the program reporting the incident.
2. Program Type/Funding: Check DJJ Regulated Program.
3. Program Address: Enter the full physical address of the program.
4. Incident Location: Enter the location where the incident occurred (e.g., youth's home, school, dayroom)
5. Incident Location Address: Enter the full physical address where the incident occurred if the incident occurred off-site from the program.
6. Incident Date: Enter the date the incident occurred.
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10. Report Time: Enter the time the report was completed.
11. Reporting Person: Enter the name of the person completing the form.
12. Title: Enter the work title of the person completing the form.
13. Contact Email: Enter the e-mail address for the person completing the form.
14. Contact Number: Enter the telephone number for the person completing the form.
15. Incident Type: Indicate the type of incident(s) with a checkmark. Review the incident definitions and check all incident types that apply.
16. Youth Identification Information
 - Youth Name: Enter the full name of the youth involved in the incident.
 - DJJ Juvenile Number: Enter the youth's assigned DJJ number.

- Date of Birth: Enter the youth's date of birth as MM/DD/YY.
- Service Start Date: Enter the date the youth began receiving services by the program as MM/DD/YY.

** If multiple DJJ youth were involved in the incident, insert additional rows to include identifying information for each youth. Provide identifying information only on youth under supervision with DJJ.

17. (A) Describe the incident (who, what, when, where, how): Enter a thorough description of what occurred. Attach supporting program documentation and/or additional sheets, as needed. The description, at a minimum, should include the following:

- Names, titles, and locations of staff involved, including who responded;
- Clear statement of what happened, including any physical evidence;
- Nature of the immediate response, including any use of physical force, medical treatment, external assistance, and who was notified; and
 - Any program sanctions and/or criminal charges.

(B) Describe response or action taken as a result of the incident: The description, at a minimum, should include the follow-up action(s) and step(s) moving forward (e.g., how will program participation be impacted?).

Alternatively, the provider may submit their internal incident report in lieu of completing 17 (A) and (B), notating "See Attached" under each subsection. The provider's internal incident report must include all of the requirements above.

18. Communication of Incident: Identify additional parties who have been notified of the incident, the date and time of notification, type of notification (e.g., phone, voicemail, e-mail), and who made the notification. This should include licensing agencies.

- All incidents must be communicated to the placing agency. If the placing agency is the CSU, notify the referring CSU staff and CSU supervisor. The CSU will subsequently notify DJJ's PREA Coordinator, as appropriate, and the community chain of command.
 - The service provider should always ensure that that their agency/company has contact information for the referring CSU staff and their immediate supervisor.
 - In the event that the service provider cannot reach the referring CSU staff or CSU supervisor, the service provider should contact DJJ's 24-hour after-hours intake call center at (757) 887-5163 to request assistance in connecting with the CSU Director or another on-call staff member from the CSU.
- The parent/legal guardian must be notified of serious incidents involving youth under age 18. This includes notification of the Department of Social Services, when applicable.
- Once the incident is communicated to the DJJ Certification Unit, a staff will input the information into the incident reporting module of DJJ's electronic data system.
- Ensure the contact name and number are included for the law enforcement agency for subsequent follow-up by the DJJ Certification Unit.

19. Follow-up questions should be directed to: Note the designated staff name, title, phone number, and email address of the staff that DJJ should contact with any questions regarding the incident and/or youth.

Incident Definitions	
<p>Absent without Leave (AWOL): A DJJ youth's unauthorized absence from the facility, failure to return to the facility, or failure to report back to the supervising person as directed. <i>For residential providers only.</i></p>	<p>Major Arrest of Youth: Any arrest of a DJJ youth while at the provider's location and/or during provider-related events on such serious charges or under such unusual circumstances that the incident is likely to attract the attention of the media or general public.</p>
<p>Allegation of Sexual Assault on Youth: Any alleged non-consensual sexual assault of a youth by any non-staff person occurring at the provider's location and/or during provider-related activities. <i>Staff sexual assaults are categorized as "Allegation of Sexual Child Abuse or Neglect." Do not report the juvenile injury as a separate "Serious Juvenile Injury or Illness" (that injury is captured here).</i></p>	<p>Other: Any serious occurrence out of the ordinary course of operations that (i) is likely to attract attention of the media or the general public or (ii) could result in litigation.</p>
<p>Allegation of Sexual Child Abuse or Neglect: Any sexual allegation of child abuse and neglect at the provider's location or during any provider-related activities on the part of staff, volunteers, or other individual over whom the provider has supervisory authority which is reported to the local Child Protective Services (CPS) and/or law enforcement. <i>Accusations of a non-sexual nature are categorized separately. Child abuse or neglect involves (i) a victim under the age of 18; (ii) an abuser who is a custodian or caretaker; and (iii) suspected child abuse or neglect.</i></p>	<p>Physical Restraint: The application by staff of a physical intervention to prevent a youth from moving all or part of his or her body.</p>
<p>Allegation of Staff Sexual Misconduct: Any allegation of staff sexual misconduct that does not rise to the level of suspected sexual child abuse (e.g., staff engaging in sexual acts in the presence of youth, flirting with youth, showing videos to youth, sexual acts with a youth over the age of 18). <i>Accusations of sexual child abuse and neglect are captured separately.</i></p>	<p>Serious Staff Injury: Any staff injury at the provider's location and/or during provider-related activities for which the treatment provided or the condition diagnosed prevents the immediate return of the staff to duty after the treatment. <i>Provide an overview of the incident without providing personal medical information. If the injury is the result of an assault, do not report it here (that injury is captured in the Juvenile Assault on Staff incident).</i></p>
<p>Allegation of Suspected Child Non-Sexual Child Abuse or Neglect: Any allegation of child abuse or neglect involving a DJJ youth against provider staff, volunteers, or other individual over whom the provider has supervisory authority which is reportable to the local Child Protective Services (CPS) and/or law enforcement. <i>Child abuse or neglect involves (i) a victim under the age of 18; (ii) an abuser who is a custodian or caretaker; and (iii) suspected child abuse or neglect.</i></p>	<p>Serious Youth Injury or Illness: Impairment or sickness of a DJJ youth that requires immediate medical treatment (excluding basic first aid) from medical staff on-site or off-site. The treatment provided or condition diagnosed causes significant disruption to continue services due to required follow-up medical care. <i>If the injury is the result of an assault, do not report it here (that injury is captured in the assault reporting).</i></p>
<p>Allegation of Youth Consensual Sexual Activity: Any alleged consensual sexual activity involving a DJJ youth and another youth occurring at the provider's location and/or during provider-related activities. <i>For residential providers only. Nonconsensual sexual acts are categorized as "Allegation of Sexual Assault on Youth." Do not report the juvenile injury as a separate "Serious</i></p>	<p>Staff Arrest: Any known arrest of an employee, volunteer, or other individual over whom the facility has supervisory authority for a felony or a Class 1 or 2 misdemeanor at the provider's location and/or during provider-related activities.</p>

<p><i>Youth Injury or Illness” (that injury is captured here).</i></p>	
<p>Assault on Youth (by Anyone): An unprovoked physical attack, by any person on a DJJ youth occurring at the provider’s location and/or during provider-related activities resulting in an injury that requires immediate medical treatment (excluding basic first aid). The treatment provided or condition diagnosed causes significant disruption to continue services due to required follow-up medical care.</p>	<p>Suicide Attempt: When a youth makes a deliberate act to take his or her life, involving a definite risk. The intent must be determined by a mental health professional. <i>List in the narrative the evaluating mental health professional.</i></p>
<p>Death: The death of (i) a DJJ youth or (ii) any person that occurs at the provider’s location and/or during provider-related activities. For residential programs, this includes any youth being served by the facility, regardless of whether the death took place at the facility or during program activities.</p>	<p>Youth Assault on Staff: An unprovoked physical attack by a DJJ youth on a staff member, volunteer, or other individual over whom the provider has supervisory authority that results in an injury that requires immediate medical treatment (excluding basic first aid) from medical staff on- or off-site. The treatment provided or condition diagnosed causes significant disruption to the ability to continue providing services due to required follow-up medical care.</p>
<p>Fire: A fire or suspected fire at the provider location and/or during provider-related activities that requires the fire department to respond and provide assistance.</p>	