I. **Policy Statement**

Division staff shall complete an incident report anytime a non-routine, unusual, or potentially threatening event occurs. Reports shall ordinarily be completed prior to the end of one’s shift when the incident occurred, but may be delayed up to 24-hours from the time of the incident if approved by a supervisor. This system of notification, documentation, and distribution shall be performed in accordance with this policy.

II. **Rationale**

The purpose of this policy is to establish a consistent and comprehensive reporting system that accounts for all incidents occurring within the Division. This system will ensure communication occurs during a crisis situation, a chain of command is followed and the Division is able to monitor all incidents, thereby enhancing Division efficiency.

III. **Definitions**

A. “Incident” is any non-routine, unusual, or potentially threatening event.

B. “Incident Report Reference Guide” provides instruction for how the Division shall document incidents, who shall be notified of incidents, and how reports shall be disseminated.

C. “Incident Report” is a report generated by the staff member who is the primary person involved in the incident. There should only be one Incident Report per incident episode.

D. ”Supplemental Report” is a report generated by any other staff who witnessed an incident or who received information about an incident. This report should accompany the Incident Report.

E. “Addendum Report” is a report generated by a staff member who has already submitted either an Incident or Supplemental Report and has additional information needing to be documented regarding the incident.

F. “Level of Severity” defines the seriousness or urgency of an incident as classified in the Incident Report Reference Guide.

G. “Classification” of an incident is the process of identifying the type of behavior, activity, or potentially threatening situation involved in an incident.
H. “Submitted” indicates the status of the incident report that is finalized at the facility/program level and released by the Assistant Program Director (APD) for distribution.

IV. Procedures

A. Incident Report Form/Guide

1. Division staff shall use the Incident Report Reference Guide when determining whether an incident report is required and how to complete the report.

2. Each incident shall be documented in the appropriate report format using the current incident reporting form (attached to this policy).

3. Reports shall ordinarily be completed prior to the end of one’s shift when the incident occurred, but may be delayed up to 24-hours from the time of the incident if approved by a supervisor.

4. A request made by administration for additional incident documentation, shall be accommodated within one business day or within a reasonably stipulated time frame.

5. Each incident shall be classified according to the level of severity, as identified in the Incident Report Reference Guide. Supervisors and APD’s shall review each incident report to ensure proper level and classification. The level system is comprised of four Levels of Severity. Level 1 incidents shall be considered the most severe and Level 4 incidents shall be considered the least severe.

6. Once a report has been submitted by the APD, regardless of whether it has been signed or not, its contents shall not be altered, modified, or amended. Any further clarification or correction of facts about an incident shall be accomplished by an addendum report.

7. Original signed incident reports shall be maintained at the facility/program.

B. Notification of Incidents and Distribution of Incident Reports

1. All Level 1 incidents require immediate notification to the person(s) or party(s) outlined in the chain of command section of the Incident Report Reference Guide.
a. Notification shall be done by telephone and contact shall be made with a live person.
b. A voicemail message is not sufficient as notification for a Level 1 incident, although a message should be left indicating that notification was attempted.
c. Once a live person has been contacted, it is the responsibility of that contacted person to notify the next person or party in the chain of command.
d. Case managers, when applicable, shall be notified immediately of a Level 1 incident. This notification is in addition to the chain of command. Staff shall attempt to speak to the case manager directly, but may leave a voicemail or text message.

2. Staff shall inform the APD of incidents Level 2 through 4 no later than 24-hours after the occurrence via email, text, voice mail, or incident report.

3. Case managers (when applicable) shall be notified within 24 hours of a Level 2 incident. Staff shall attempt to speak to the case manager directly, but may leave a voicemail or text message.

4. Parents/guardians, and other appropriate parties shall be notified of all level 1 and 2 incidents, as well as, other incidents involving medical concerns or law enforcement action as soon as possible. Staff shall attempt to speak to a live person, but may leave a voicemail or text message.

5. Distribution of incident reports shall begin with the staff’s immediate supervisor, and then proceed as indicated by following the chain of command:
Chain of Command:

Level 1 – Maximum Severity
1. Division Director/Deputy Director
2. Investigations Bureau
3. Program Director (PD)
4. Assistant Program Director (APD)
5. Supervisor

Level 2 – Intermediate Severity
1. Investigations Bureau
2. PD
3. APD
4. Supervisor

Level 3 – Minimum Severity
1. APD (may determine to refer to PD or Investigations Bureau.)
2. Supervisor
Level 4 – Information Only

1. APD (may determine to refer to PD or Investigations Bureau)
2. Supervisor

6. Incident reports for all levels shall be distributed to the chain of command, and case manager (when applicable) within three (3) business days of the incident.

C. Referrals and distribution of incident reports to law enforcement shall be authorized by the APD.

D. Incident, Supplemental, or Addendum Report(s) are all classified as “private” under the Governmental Records Access Management Act (GRAMA, UCA 62-3-204). Incident/Supplemental Report(s) that are collected during the course of an Internal Investigation are considered “protected” under GRAMA.

V. Continuous Renewal

This policy shall be reviewed every three (3) years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Board of Juvenile Justice Services on this date, and is approved upon the signature of the Director.

Russell K. Van Vleet, Chair
Board of Juvenile Justice Services

Susan V. Burke, Director
Division of Juvenile Justice Services

03-02-15
Signature Date