

Adobe LiveCycle Incident Report Guide 2015



Prepared by the State of Utah, Division of Juvenile Justice Services
Investigations Bureau

Revised August 4, 2015



Adobe Live Cycle Instructions

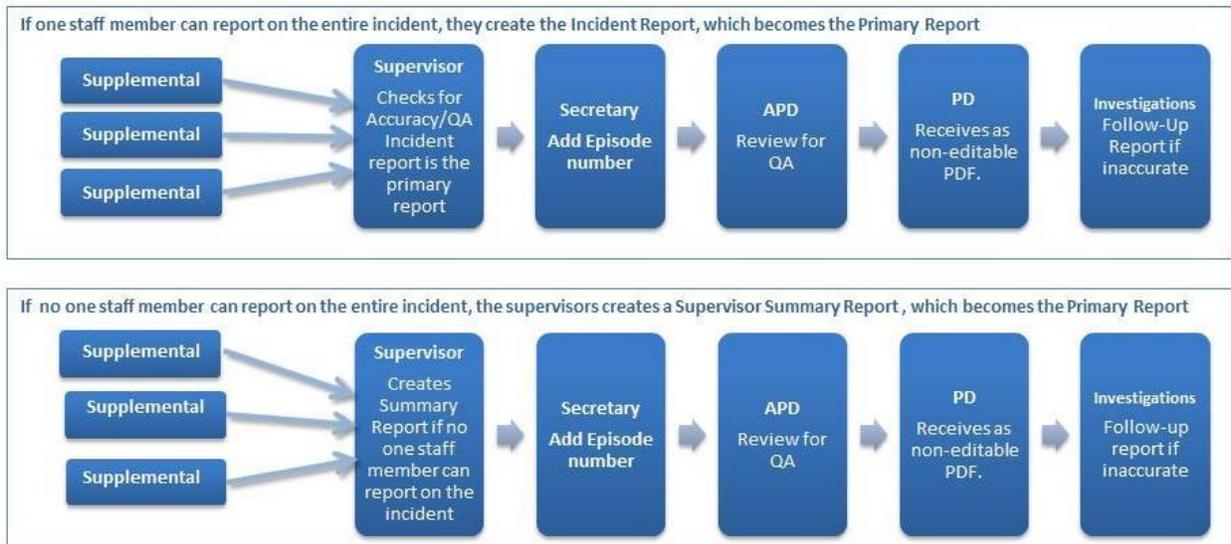
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Incident Report Flow Process



Note:

- The originator of the report will always select “**SUPPLEMENTAL**” report type.
- The supervisor will identify one report as the “**PRIMARY REPORT**”. When no one staff member can account for the entire incident, the supervisor writes a “**SUPERVISOR SUMMARY**” report, summarizing the incident in its entirety. The Supervisor Summary report will account for the incident details and an overview in the “Incident Details” section.
- If the supervisor requires revisions the report will be rejected and sent back to the originator. Once their revisions are completed the report will flow to the Secretary.
- The secretary role assigns an “**EPISODE NUMBER**” located in a Google Doc.
- The secretary will forward that Incident Report to the APD.
- The APD will review and either accept or request revisions to the report. If revisions are required they will reject the report and send it to the originator.
- The APD disseminates the incident reports to the Chain of Command and the Case Manager. Policy 05-15, allows the incident report to be disseminated within 3 business days (by the close of business on the 3rd day). All Level 2 incidents require either written or verbal notification to the Case Manager and APD within 24 hours. All **level 1** incidents require immediate notification to all members of the Chain of Command. Contact must be made with a live person.



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INITIAL REPORT

Access Adobe LiveCycle through the DJJS Incident Report icon and select the “DJJS” folder.

All highlighted **RED** areas must be filled in before the originator is able to “Complete” the report.

BASIC INFORMATION SECTION:

This section automatically fills in the originator’s name, Employee Identification Number (EIN), Date of the Incident and Time of the incident.

JJS Incident Report

Basic Information

Employee Name	Tara Jorgenson	Date of Incident	Jul 21, 2015
EIN		Time of Incident	3:37:00 PM

Date and time can be adjusted by using your cursor and clicking in the field

FACTORS OF THE EVENT SECTION:

This section determines the severity classification of the incident. The Event Table: Action, Results and Response delineates from the least severe to the most severe. This section is based on the Levels of Severity that are located in the Incident Report Reference Guide. This guide is accessible by way of the policy and procedure section of the DHS website: <http://.hspolicy.utah.gov> . (DJJS Policy 05-15A Incident Report Reference Guide)

Factors of the Event

Events Table

Participant	Action	Results	Response	
Juvenile on Juvenile	Assault by correctional juvenile with injury	Injury	Physical Intervention/Restraint	X
Juvenile	Accident/Injury/Illness	Injury	Physical Intervention/Restraint	X

Add Factor

The **Add Factor** button allows the originator to select additional incident factors. This section may be revised by the supervisor. If an item is not completely visible, hover your cursor and a text box will appear with a description of the factor.

INCIDENT INFORMATION SECTION:

The “Preparer Title” and “Facility/Program” will auto fill. The Facility/Program can be adjusted by using the drop down box. The originator will select “Supplemental” or “Addendum” as the Report Type. The



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supervisor is responsible to identify if a report will be assigned as the “Primary” report. Division functions are represented within the “Facility/Program Function”.

Incident Information	
Preparer Title	AUDIT MANAGER
Report Type	Supplemental
Facility/Program	MILLCREEK FACILITY
Facility/Program Function	Secure Care

This section can be adjusted by Support Staff

Juveniles Involved						
Individual's Name	Age	Sex	Race	Ethnicity	Case #	
Example	16	Male	White, non-Hispanic	Non-Latino/Hispanic	123456	X

Add Individual

This button allows the originator to account for all individuals involved in the incident.

Juveniles Assigned Placement	
Cottage A	
Location	Other (Not Listed)
Other Location	Cottage A Sally Port
Staff/Witnesses Involved	
Individual's Name	Role
Example	Staff

Add Individual

The following section describes how to identify a contracted provider within the “Facility/Program Function”.

CONTRACTED PROVIDER:

Select “Other” to reveal new field and identify the contracted provider

Incident Information	
Preparer Title	AUDIT MANAGER
Report Type	Supplemental
Facility/Program	ADMIN
Facility/Program Function	Other
Other Function	SLVDT - Salt Lake Valley Detention

Identify placement type.
Identify location of incident

Juveniles Involved						
Individual's Name	Age	Sex	Race	Ethnicity	Case #	
John Doe	14	Male	White, non-Hispanic	Cannot Determine	447447	X

Add Individual

Juveniles Assigned Placement	
Living Unit - Alpha	
Location	School



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1. In “Facility/Program Function” select “**Other**” and identify the provider by name in the “**Other Function**” text box.
2. “Juvenile Assigned Placement” identifies the type of provider (e.g. proctor home, group home or independent living).
3. “Location” of where the incident occurred. This section includes an “other not listed” option and text field.

INCIDENT DETAILS:

Incident Details	
Description	<p>Detailed description of the non-routine, unusual, or potentially threatening event that occurred. Incident Reports are to be completed by the end of the shift when the incident occurred, or within 24 hours when approved by a supervisor. Incident reports do not replace other required documentation (e.g. progress, CARE, shift log notes).</p> <p>The description should be clear, concise, accurate, specific and as detailed as possible. The writer should describe events as objectively, factually, and as accurately as possible.</p>

Answer all questions that apply to the incident. When completing the question/detail sections make sure to CHECK ALL THAT APPLY to the incident. This portion of the incident report is critical for data collection.

Was the incident gang-motivated? (Data point, no drop down box)

PHYSICAL INTERVENTION USED DETAILS:



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Was there a physical intervention? Yes No

Physical Intervention Used Details	
Intervention	Restraint
<input type="checkbox"/> Escort Intervention	<input type="checkbox"/> Mechanical Restraint
<input type="checkbox"/> Planned Intervention	<input type="checkbox"/> Other Restraint
<input type="checkbox"/> Reactive Intervention	<input type="checkbox"/> Physical Restraint
<input type="checkbox"/> Specialized Intervention Plan (SIP)	<input type="checkbox"/> Chemical Restraint
<i>Any time a juvenile is restrained medical must be notified.</i>	
Justification	<input type="text"/>
Type of Control Hold	<input type="text"/>
Use of Mechanical/ Other/Chemical Restraint Approved By	<input type="text"/>

This section is consistent with DJJS Policies: 05-07 Use of Physical Intervention, 05-06 Use of Restraint Devices, and 05-17 Specialized Interventions.

ASSAULT DETAILS:

Was there assault? Yes No

Assault Details		
Juvenile on Juvenile	Juvenile on Staff	Staff on Juvenile
<input type="checkbox"/> Unprovoked	<input type="checkbox"/> Unprovoked	<input type="checkbox"/> Unprovoked
<input type="checkbox"/> Mutual Combat/Fight	<input type="checkbox"/> Mutual Combat/Fight	<input type="checkbox"/> Mutual Combat/Fight
<input type="checkbox"/> During Restraint	<input type="checkbox"/> During Restraint	<input type="checkbox"/> During Restraint
<input type="checkbox"/> During Riot	<input type="checkbox"/> During Riot	<input type="checkbox"/> During Riot
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

***Note the header of each list and complete according to the correct circumstance.**

INJURY DETAILS:



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Was there an injury? Yes No

Injury Details	
Cause Of Injury	Accident - recreation <input type="button" value="X"/>
<input type="button" value="Add Cause"/>	
What Was Done	Facility Nurse was contacted by telephone and she directed staff to transport Resident Doe to the nearest hospital emergency room (ER).
Description Of Injury and Name Of Juvenile(s) Injured	While Cottage A residents were playing basketball, Resident John Doe, tripped and hit his head on basketball court floor. The basketball court is located in the outdoor recreation area by Cottage A. Resident Doe reported that he hit his head "hard" and currently has a headache and is tired. Resident <input type="button" value="What Was Done"/>

Was facility medical staff available? Yes No N/A: Medical Staff Not Required

Was facility medical staff available? Identify correct action regarding facility medical (No drop down box). This is a Performance based Standard (PbS).

COFINEMENT DETAILS:

Confinement Details						
<input type="checkbox"/> Isolation	<input checked="" type="checkbox"/> Confinement	<input type="checkbox"/> Self Time Out				
Date In	Apr 20, 2015	Date Out	<input type="text"/>			
Time In	12:00:00 PM	Time Out	<input type="text"/>			
Juveniles Confined/Isolated						
Individual's Name	Age	Sex	Race	Ethnicity	Case #	<input type="button" value="X"/>
<input type="button" value="Add Individual"/>						
Recreation Time	<input type="text"/>	Programming time	<input type="text"/>			
Move the cursor over the event in question to display a "description box" if needed.						

This section is consistent with DJJS Policy 05-05 Use of Confinement. When a youth remains confined after your shift or completion of an incident report, the supervisor is responsible to complete the "Date Out" and "Time Out" portion of this section.



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CONTRABAND DETAILS:

Was there contraband? Yes No

Contraband Details		
<input type="checkbox"/> Weapons	<input type="checkbox"/> Illegal Substance	<input type="checkbox"/> Pornography
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Program Prohibited Item	<input type="checkbox"/> Other
Description	<input type="text"/>	

This section is consistent with DJJS Policy 05-10 Contraband and 05-09 Evidence. When identifying an illegal substance, the description should be generalized, for example: a green leafy substance within a small clear plastic bag.

SEXUAL INVOLVEMENT DETAILS:

This section may parallel sections within the Utah State Code.

Was there sexual activity involved? Yes No

Sexual Involvement Details	
<input type="checkbox"/> Sexual Activity Between Juveniles w/o Force	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Juvenile Sexually Assaulted By Juvenile	<input type="checkbox"/> Lewdness/Sexual Battery
<input type="checkbox"/> Juvenile Sexually Assaulted By Staff	<input type="checkbox"/> Other
<input type="checkbox"/> Staff Sexually Assaulted By Juvenile	

OUTSIDE ENTITY DETAILS:

Was outside entity contacted? Yes No

Outside Entity Details	
------------------------	--

DCFS contacts require an Intake case number. When possible include a phone number or email.

<input checked="" type="checkbox"/> Law Enforcement Contacted	<input type="checkbox"/> Division Of Child & Family Services Contacted
<input type="checkbox"/> Mental Health Crisis Team	<input type="checkbox"/> Juvenile Court/Probation
<input type="checkbox"/> Other	
Description of Contact	<input type="text" value="Ogden Police Department"/>
Law Enforcement Case Number	<input type="text" value="15-110110"/>
Point(s) Of Contact <i>(Name, position, and phone number)</i>	<input type="text" value="Officer Responding"/>



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GRAMA DETAILS:

Was a GRAMA request made? Yes No

GRAMA Details	
Records Released Per GRAMA Request/Evidence Request	Release video surveillance and incident report to Officer Responding
Name/Position of Requestor	Ogden Police Department, Officer Responding

This section will commonly be used when law enforcement request records as part of their investigation of an incident. This is mainly used as a chain of custody for documentation. A GRAMA Specialist is responsible for the release of GRAMA records that are not usually provided immediately to a responding law enforcement agency.

SUICIDE BEHAVIOR DETAILS and SELF HARM:

This section includes a drop down box to identify the following:

- Suicide Watch based on Clinician/Assessment,
- Suicide Ideation,
- Suicide Planning,
- Suicide Behavior – minor injury,
- Suicide Behavior- major injury,
- Suicide Complete.

When a youth engages in self harm that is not deemed to be suicide behavior, select the appropriate means of determination (e.g. Clinician, SPS) .

NOTE: self- harm shall be addressed in the injury section.

Suicide behavior? Yes No

Suicide Behavior Details	
Suicide Behavior/Ideation Type	<input type="text"/>

Was self harm ruled not to be suicide behavior through SPS/clinician? Yes No

Self-Harm Ruled Out By:	
<input type="checkbox"/>	Clinician
<input type="checkbox"/>	Suicide Probability Scale (SPS) Score
<input type="checkbox"/>	Other

“Other” opens an additional text field



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AWOL DETAILS:

Was there an AWOL? Yes No

AWOL Details	
<input type="checkbox"/> Law Enforcement Contacted	<input type="checkbox"/> Warrant Obtained
<input type="checkbox"/> Juvenile Returned On Their Own	<input type="checkbox"/> Placed on NCIC

ATTACHMENT DETAILS:

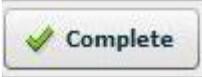
Currently Adobe LiveCycle is unable to attach documents to the incident report. All attachments shall be identified so the Chain of Command are aware of the supporting items attached to the incident.

Are there attachments? Yes No

Attachments Details				
<input type="checkbox"/> Diagram	<input type="checkbox"/> Evidence	<input type="checkbox"/> Pictures	<input type="checkbox"/> Surveillance Video	<input type="checkbox"/> Medical/Clinical Assessment
<input type="checkbox"/> Letters	<input type="checkbox"/> Other			
Details	<div style="border: 1px solid #ccc; height: 50px;"></div>			

COMPLETE AND SIGNATURE SECTION:

The supervisor of the originator will be automatically identified. This section can be adjusted to a designee . If the designee is not within the drop down box. The originator will select "Other (Not

Listed)" and type in their email address. Once the report is finished, select  in the lower right hand corner.

Please choose the supervisor to whom this incident report should go for approval. If the supervisor is not listed, selected "Other (Not Listed)" and enter the email address of your supervisor in the field that appears.

Supervisor Other

Signatures				
Originator Signature	<input type="text" value="Tara Jorgenson"/>	EIN	<input type="text"/>	Date <input type="text" value="Jul 21, 2015"/> <input type="button" value="Sign"/>



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The originator's supervisor or designee will receive a notification of a completed incident report by the originator.

☆ IncidentReportingAn IR has been completed by Tara Jorgenson and is waiting for your review.

Incident Report Revisions:

If revisions are required by the supervisor, the incident report will be rejected and sent back to the originator. The revision requested will be located in the "Supervisor Reject Reason".

If the form need revision and you are rejecting it, you must provide an explanation below:

Supervisor Reject Reason

The originator will receive an email if revisions are required. **It is critical for all Division staff to be diligent in reviewing their email account.**

SAVING AN INCOMPLETE INCIDENT REPORT

When an incident report is not completed and saved within the Adobe LiveCycle system. The incomplete document is located in the "To Do" section "Draft" tab.

OUT OF THE OFFICE

To identify a proxy for incident reports, select "PREFERENCE" in the upper right hand corner of Adobe LiveCycle. This tab opens to "Manage Out of Office".

NOTE: A PROXY will **NOT** receive an incident report notification email. The proxy shall be responsible to diligently access Adobe LiveCycle's "To Do" list.



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SUPERVISOR RESPONSIBILITIES

The supervisor will receive an email notification of a completed incident report.

IncidentReporting An IR has been completed by Tara Jorgenson and is waiting for your review.

1. Login into Adobe LiveCycle and open the **“TO DO”** tab.
2. **REVIEW** report details.
3. Identify if the Incident Level is correct.

DJS-5-15-B

JJS Incident Report

Basic Information

Employee Name	<input type="text" value="Tara Jorgenson"/>	Date of Incident	<input type="text" value="Apr 20, 2015"/>
EIN	<input type="text" value="113165"/>	Time of Incident	<input type="text" value="2:07:00 PM"/>

Factors of the Event

Events Table

Participant	Action	Results	Response	
<input type="text" value="Youth on Youth"/>	<input type="text" value="Assault by correctional youth with injury"/>	<input type="text" value="Injury"/>	<input type="text" value="Physical Intervention/Restraint"/>	<input type="button" value="X"/>
<input type="button" value="Add Factor"/>				

Incident Level

CONFINEMENT DETAIL: if a juvenile was placed in confinement and the “Date Out” and “Time Out” is blank. Fill in this the details of this section.

Confinement Details

Isolation Confinement Self Time Out

Date In	<input type="text" value="Apr 20, 2015"/>	Date Out	<input type="text"/>
Time In	<input type="text" value="12:00:00 PM"/>	Time Out	<input type="text"/>

Juveniles Confined/Isolated

Individual's Name	Age	Sex	Race	Ethnicity	Case #	
						<input type="button" value="X"/>
<input type="button" value="Add Individual"/>						

Recreation Time Programming time

Move the cursor over the event in question to display a "description box" if needed.

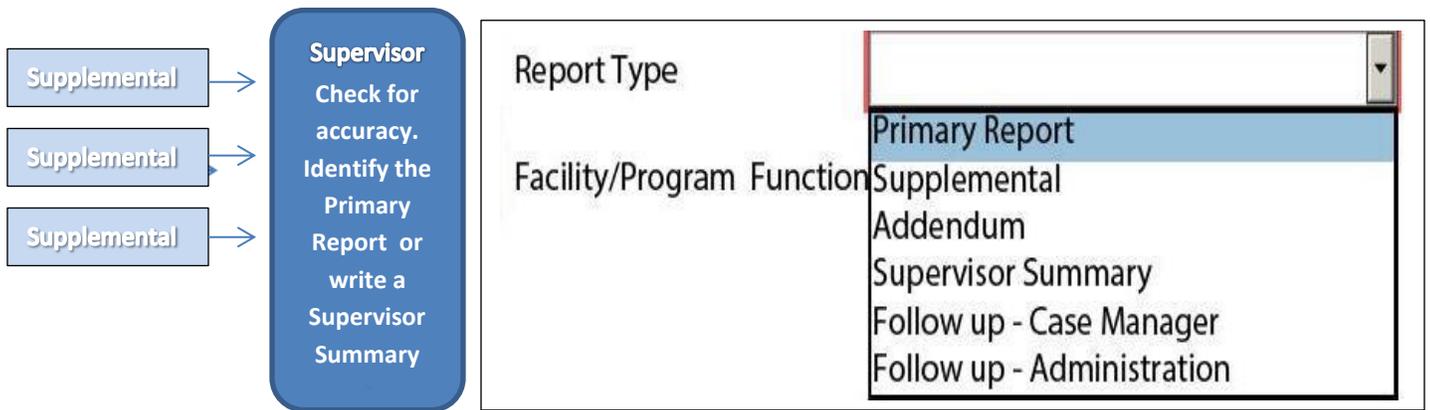


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PRIMARY REPORT or SUPERVISOR SUMMARY

PRIMARY REPORT (NEW PROCESS): The originator of the incident report will select “Supplemental” or “Addendum” as the report type. For data purposes, the supervisor is responsible to identify and select the “PRIMARY REPORT”.

The Primary Report is based on the report that contains **ALL** aspects of the incident and accounts for all of the areas pertinent to data collection. If no one staff member is able to report on the entire incident the supervisor will **NOT** select a Primary Report and will be responsible to write a “**SUPERVISOR SUMMARY**” report accounting for all the details of the incident.



When the incident report review is complete and revisions are required, document revisions in the “Supervisor Rejection Reason”, Identify the “Secretary” or designee, “Sign”, and click on the “Needs Revision” button. Sending the report back to its originator.

ADOBE® LIVECYCLE™ WORKSPACE S4

Start Process To Do (12) Tracking

Search Templates

Drafts (1)

Tara Jorgenson (12)

Show All

Supervisor Approval
Incident Reported By: Patricia Moore
Incident Date: 2015-02-12

APD Approval
Incident Reported By: Patricia Moore
Incident Date: 2015-02-04

Supervisor Approval
Incident Reported By: Tara

Task Details Form History Attachments (0)

111%

3 / 4

Tools Fill & Sign Comment

Fill & Sign Tools

- Add Text
- Add Checkmark
- Place Initials
- Place Signature
- Send or Collect Signatures
- Work with Certificates

Please fill out the following form. You can save data typed into this form.

Please choose the supervisor to whom this incident report should go for approval. If the supervisor is not listed, selected "Other (Not Listed)" and enter the email address of your supervisor in the field that appears.

Supervisor Other (Not Listed) Other tjorgens@utah.gov

Please choose the secretary to whom this incident report should go for review. If the secretary is not listed, selected "Other (Not Listed)" and enter the email address of the secretary in the field that appears.

Secretary Other (Not Listed) Other tjorgens@utah.gov

If the form need revision and you are rejecting it, you must provide an explanation below:

Supervisor Reject Reason Document necessary revisions. If youth was placed in confinement, complete confinement "Date Out" and "Time Out".

Signatures

Originator Signature Tara Jorgenson EIN [redacted] Date Apr 20, 2015

Supervisor Signature Tara Jorgenson EIN [redacted] Date Apr 20, 2015

Sign

Save Offline Approve Needs Revision

When the incident report does not require revisions:



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- Identify the “Secretary” (or designee),
- “Sign” the report
- Click on the “Accept” button.
- This action will notify the “Secretary”, through email, that an incident report is ready for the “Episode Number”.

NOTE: Once the report is identified as either “Accepted” or “Needs Revision”, it will flow back to the originator or to the secretary.



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SECRETARY/DESIGNEE RESPONSIBILITIES

The secretary/designee will receive an email notification of the completed incident report.

☆ IncidentReporting

An IR has been completed by Tara Jorgenson and is waiting for your review.

1. Login into Adobe LiveCycle and open the “TO DO” tab.
2. Access Google Drive and select the facility/program function, and facility/program tab.

	A	B	C	D	E	F	G	H	I	J	K	L
Date	Date Entered	Support Staff/Designee	Employee	Juveniles involved	Incident #	Level	Brief description	Total # of Reports	Attachments/Supporting Documentation	Medical/Clinical Form	IB/QA Report	External File
					2015-1SF-0001							
					2015-1SF-0002							
					2015-1SF-0003							
					2015-1SF-0004							
					2015-1SF-0005							
					2015-1SF-0006							
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					2015-1SF-0031							
					2015-1SF-0032							
					2015-1SF-0033							
					2015-1SF-0034							

Date

Secretary name

Employee name

Juvenile(s) name

Incident Episode

Level

Brief description

Total # of reports

Attachments

Medical/Clinical:

Program/facility tab

Completed by Internal Investigations Bureau or Quality Assurance

3. Complete the following:
 - Date “Episode Number” was assigned,
 - Secretary name that assigned the “Episode Number”,
 - Employee(s) involved in the incident,
 - Juveniles identified on the incident report,
 - The incident report level of severity,
 - Description of the incident (e.g. AWOL, Physical intervention, self-harm, suicide behavior)
 - Number of Primary/Supplemental/Addendum/Supervisor Summary reports assigned to the Episode Number. (i.e. 1 “Primary” report and 4 staff “Supplemental” reports totaling 5 reports with the same “Episode Number”.)



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- Identify all supporting documentation, including but not limited to: video surveillance, photographs, any outside entities documentation. This documentation will be emailed to all necessary entities in the Chain of Command. Adobe LiveCycle is unable to attach documentation at this time.
 - Identify when a Medical/Clinical Report is attached to the Episode Number.
 - The “IB/QA Report” section is for the Internal Investigations Bureau or Quality Assurance follow up. The “External File” is to notify the Program Director that the supporting documentation is contained in an Internal Investigations Bureau external file.
4. Once the secretary/ designee obtains the Episode Number from Google Drive, this number will be used in the “Episode Number” section of the incident report. The Episode Number will be assigned to all incident reports associated to the incident event.

Basic Information

Employee Name: Tara Jorgenson Date of Incident: Apr 20, 2015
EIN: [Redacted] Time of Incident: 2:07:00 PM

Factors of the Event

Events Table

Participant	Action	Results	Response	
Youth on Youth	Assault by correctional youth with injury	Injury	Physical Intervention/Restraint	X

Add Factor

Incident Level: 2

Incident Information

Episode Number: [Redacted]



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5. Identify the APD or designee and  the incident report.

Please fill out the following form. You can save data typed into this form. Highlight Existing Fields

Please choose the supervisor to whom this incident report should go for approval. If the supervisor is not listed, selected "Other (Not Listed)" and enter the email address of your supervisor in the field that appears.

Supervisor Other

Please choose the APD to whom this incident report should go for approval. If the APD is not listed, selected "Other (Not Listed)" and enter the email address of the APD in the field that appears.

Assistant Program Director

If the form need revision and you are rejecting it, you must provide an explanation below:

Supervisor Reject Reason

Signatures

Originator Signature EIN Date

Supervisor Signature EIN Date

Save Offline Complete

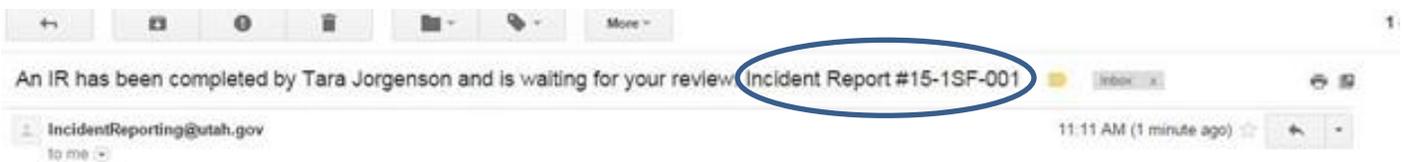
NOTE: The secretary/designee can revise the "Incident Information" section.



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ASSISTANT PROGRAM DIRECTOR RESPONSIBILITIES

1. The APD will receive an email notification of the completed incident report. The **Subject Title** of the email includes the Incident Report **EPISODE NUMBER**. This will prompt Google to bundle all incident reports with the same subject title.



2. Login into Adobe LiveCycle and open the “**TO DO**” tab.
3. **REVIEW** report details.
4. When the incident report review is complete and revisions are required, document revisions in the “APD Reject Reason” and click on the “Needs Revision” button. This action sends the report back to its originator. The originator will receive an email notification to make the revision.

If the form need revision and you are rejecting it, you must provide an explanation below:

Supervisor Reject Reason

APD Reject Reason

Signatures

Originator Signature	<input type="text" value="Tara Jorgenson"/>	EIN	<input type="text" value="REDACTED"/>	Date	<input type="text" value="May 20, 2015"/>
Supervisor Signature	<input type="text" value="Tara Jorgenson"/>	EIN	<input type="text" value="REDACTED"/>	Date	<input type="text" value="May 20, 2015"/>
APD Signature	<input type="text"/>	EIN	<input type="text"/>	Date	<input type="text"/>



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5. When revisions are not required, the APD will complete the After Action Response Checklist:

After Action Response Checklist			
Checklist			
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Were all Incident/Supplemental Reports collected and reviewed?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Was the surveillance video reviewed and copied?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Was Medical contacted?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Was the juvenile assessed by medical?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Was the medical documentation collected and reviewed(facility, hospital, clinic)?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Was the clinician contacted?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Was the juvenile assessed by the clinician?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Is the critical incident packet ready for dissemination within 3 business days?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Was staff adversely impacted by the incident?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Did staff require medical services?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Were all relevant notifications made (parents/guardians, case manager)?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Division policy appears to have been violated?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	Was staff injured in the line of duty?

6. Identify the APD 's Action from the drop down list. The list includes:

- No Further Action
- Critical Incident Debriefing Team (Completed report consistent with Policy 05-12A De-briefing Team Report).
- Individualized Incident Response (Review conducted by APD with individual staff, may include an improvement plan and/or disciplinary action.)
- Administrative Internal Investigation (Initiated by Division Director. Report completed by the Internal Investigations Bureau).

7. APD will identify the Program Director, Case Manager, YPA and any other appropriate entity. This section requires the correct email address. JJS investigations will be automatically be notified of all level 1 and 2 incidents.

Please choose the supervisor to whom this incident report should go for approval. If the supervisor is not listed, selected "Other (Not Listed)" and enter the email address of your supervisor in the field that appears.

Supervisor Other

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Send To Case Manager Case Manager Email

Send To Program Director Program Director Email

Send To Other Other Email

If multiple address are entered, separate with a comma ","



Adobe Live Cycle Instructions

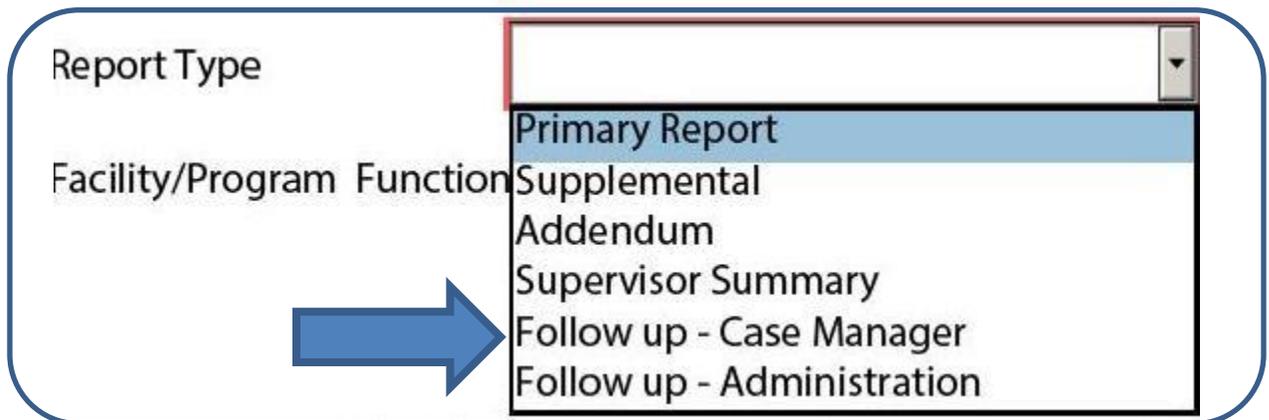
CASE MANAGEMENT RESPONSIBILITIES

Facility:

1. When responding to an incident that occurred within a Division facility/program, complete a **“Supplemental”** incident report.
2. During the flow process, the case management secretary or designee will contact the facility/program to obtain the **“EPISODE NUMBER”**. This is an essential step to connect the Case Manager’s incident response and follow up information with the facility/program incident reports.
3. Case Management will receive all facility/program incident reports consistent with Policy 05-15.

Contracted Providers:

1. When responding to an incident involving a contracted provider, the case manager will complete a **“Supplemental”** incident report accounting for the details of the incident. For data purposes, it is critical that the incident report accounts for all of the details involved in the incident.
2. Case Management may need to account for an incident that will not be required to go through the flow process. The **“Follow up – Case Manager”** report does not go through the flow process. If this report is used by the Case Manager they are responsible to contact the Secretary/Designee to obtain and assign an “Episode Number”. The case manager is also required to send the completed incident report to their APD and others within the Chain of Command





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Contracted Provider:

Incident Report:

Identify the contracted provider in **OTHER FUNCTION**

Individual's Name	Age	Sex	Race	Ethnicity	Case #	
John Doe	16	Male	White, non-Hispanic	Non-Latino/Hispanic	123456	X

1. In "Facility/Program Function" select "Other" and identify the provider in the "Other Function" section.
2. Juvenile Assigned Living Unit identifies the type of provider, for example: proctor location, group home or other. (Discuss if this should be a YIB, YAC...)
3. Location is where the incident occurred. When a youth absconds, were they at work, school, at the proctor home etc...

When Case Management receives a level 1 or 2 incident report from a contracted provider, which does not require case management follow up, they will forward the incident report electronically through email to Quality Assurance and the Internal Investigations Bureau. This process is consistent with the Incident Report Reference Guide and Division Policy 05-15.