



INTERNAL MANAGEMENT POLICY & PROCEDURE	SECTION NUMBER 12-120	PAGE NUMBER 1 of 9
	CHAPTER & SUBJECT: SECURITY AND CONTROL: Critical Incident Reporting – Juvenile Correctional Facilities	
Approved By:  Teresa Williams, Acting Commissioner		Original Date Issued: 05/01/00 Current Amendment Effective: 09/17/12 Replaces Amendment Issued: 08/01/12

POLICY

The Juvenile Justice Authority (JJA) shall utilize a standardized process for reporting critical incidents that occur at a juvenile correctional facility.

DEFINITIONS

Critical Incident: Any event or situation that threatens staff or juvenile offenders that occurs at a juvenile correctional facility or outside a juvenile correctional facility involving a juvenile offender that is sentenced to a juvenile correctional facility who is in transport to or from a juvenile correctional facility. Critical Incident includes, but is not limited to:

- The death, serious injury or serious illness of any juvenile offender who is in the custody of the Commissioner;
- The death, serious injury or serious illness of an employee, contract staff, volunteer, or any other individual while on the premises of a juvenile correctional facility or while an employee, contract staff, volunteer are on duty outside of the juvenile correctional facility;
- Any self-harm or attempted self-harm by a juvenile offender, employee, contractor, volunteer or visitor, while at a juvenile correctional facility or while a juvenile offender is in transport to or from a juvenile correctional facility;
- Any escape or attempted escape from custody;
- Any suspected abuse or neglect of a juvenile offender in the custody of the Commissioner while at a juvenile correctional facility or while a juvenile offender is in transport to or from a juvenile correctional facility;
- A major or violent disturbance, including riot or near riot, that negatively impacts facility operations;
- Any outside law enforcement entry to a juvenile correctional facility during an emergency situation;
- A fire resulting in a call to the local fire department or any fire resulting in significant property damage or any physical injury or if the event causes a major disruption of facility activity;
- Any allegation of sexual misconduct or abuse alleged to have occurred in a juvenile correctional facility or while a juvenile offender is in transport to or from a juvenile correctional facility;
- Any action, including a strike, walk out, sit down or other such incident causing an interruption in normal or routine facility operations;
- Any hazardous substance contamination, natural disaster or other similar incident causing an interruption in normal or routine facility operations; or

- Any incident that involves a juvenile offender in the custody of the Commissioner, an employee, contractor, volunteer or visitor, where the result or the likely result may present a negative community reaction or publicity in the news media.

Minor Self-Harm: Includes any injury or illness that is not a serious injury or serious illness.

Serious Injury: Includes, but is not limited to:

- Any injury requiring emergency off-site medical treatment;
- Any injury requiring lifesaving treatment or procedures such as CPR or rescue breathing;
- Any injury resulting in a break in the skin that requires suture(s);
- Any injury resulting in bruising accompanied by swelling or extreme pain; or
- Any injury resulting in possible internal injury.

Serious Illness: Includes, but is not limited to:

- Any illness requiring emergency off-site medical treatment;
- Any illness requiring lifesaving treatment or procedures such as CPR or rescue breathing; or
- Any illness causing an interruption in normal or routine facility operations.

PROCEDURES

I. Verbal Reporting

- A. The individual who observes, is involved in, or has reported to him/her any critical incident shall immediately provide a verbal report of the incident to his/her immediate supervisor including, but not limited to:
 1. The type of incident;
 2. The number of juvenile offenders involved;
 2. The number of employees, contract staff, volunteers, and/or general public involved;
 3. The date and time of the incident;
 4. The location of incident;
 5. Any injuries necessitating medical care; and
 6. Whether the incident scene has been secured.
- B. The immediate supervisor shall immediately document, in writing, the information provided by the reporting party, and shall immediately provide a verbal report to the Superintendent or designee.
- C. The superintendent shall then provide immediate telephone notification to the commissioner and chief attorney.
- D. The commissioner or chief attorney shall notify the public information officer when the situation has the potential for media attention.
- E. The facility on-call procedure shall be used for notifications after hours and on weekends.
- F. All persons verbally notified of the incident shall have their names recorded on the Critical Incident Report.

II. Written Critical Incident Reports (2-CO-1C-05)

- A. Employees having direct knowledge of the critical incident shall submit to his/her immediate supervisor a written report using the Critical Incident Report (Attachment A, Form #12-120-001) by the end of the assigned work period or shift.
1. Critical incidents involving a juvenile offender suspected of being abused, neglected or exploited shall be immediately reported to the Kansas Protection Report Center at 1-800-922-5330.
 2. If there is reason to suspect that a child under 18 has been harmed as a result of physical, mental or emotional abuse or neglect or sexual abuse, the "Suspected Child Abuse & Neglect in State Institutions (SISI) form (<http://ag.ks.gov/docs/forms/suspected-child-abuse-neglect-in-state-institutions-form.pdf?sfvrsn=8>) (Attachment B, Sample SISI form) shall be completed and immediately faxed to the Office of the Attorney General and a copy of said report shall be forwarded to the superintendent/designee, commissioner, and the chief attorney/designee by 9:00 a.m. the next business day, instead of the Critical Incident Report form (Attachment A).
- B. Except as provided herein, all individuals involved in the incident, including witnesses, shall be required to write a statement that will be attached to the Critical Incident Report by the end of the work period or shift.
1. If any individual is unavailable to provide a statement by the end of the shift or work period, the reason shall be documented and the person's supervisor shall be notified by that individual.
 2. Incidents that may be criminal in nature should be investigated by the JJA special investigator or by outside law enforcement.
 - a. Corrections or administrative staff should not attempt to obtain statements, either written or verbal, from witnesses, victims or suspects of any incident that may constitute a crime.
 3. All efforts to obtain a statement shall be documented by the person attempting to obtain such statement.
- C. Completed written critical incident reports shall be immediately forwarded to the immediate supervisor for review. After the review by the immediate supervisor the critical incident report shall be forward to the superintendent/designee, the chief attorney/designee, and the commissioner by 9:00 a.m. the next business day.
- D. The chief attorney/designee shall maintain a master file of all critical incident reports received from the facilities.

III. Critical Incident Debriefing (4-JCF-2A-30)

- A. A debriefing shall be conducted as soon as possible after each critical incident, with the exception of:
1. Incidents consisting only of minor self-harm or attempted self-harm by a juvenile offender, employee, contractor, volunteer or visitor;
 2. Unsubstantiated cases of abuse or neglect of a juvenile offender; or
 3. Unfounded allegations of sexual abuse or sexual harassment.
 - (a) In all substantiated and unsubstantiated sexual abuse or sexual harassment cases, a sexual abuse incident review shall be conducted in accordance with IMPP 07-101 Prevention, Intervention and Reporting Abuse, Neglect, Sexual Abuse and Sexual Harassment.

- (b) Even if not required, a debriefing may be conducted at the discretion of the superintendent.

- B. The debriefing process includes coordination and feedback about the incident with staff of the facility designated by the superintendent, which may include Health Services, the JJA special investigator, and any other staff designated by the commissioner. The debriefing shall include, but not be limited to:
 - 1. A review of staff and juvenile offender actions during the incident;
 - 2. A review of the impact on staff and juvenile offenders;
 - 3. A review of corrective action taken and an assessment of corrective action still needed; and
 - 4. Plans for improvement to avoid similar incidents.

- C. For serious injuries or illnesses, the review, report and written recommendations of the incident by the facility's safety committee may substitute for the critical incident debriefing at the discretion of the superintendent with the exception of those requiring lifesaving treatment or procedures such as CPR or rescue breathing.

- D. A follow-up debriefing shall occur within 30 days of the conclusion of the investigation to review all relevant policies, facility orders, plans and information used during the critical incident.

REPORTS REQUIRED

Critical Incident Report

REFERENCES

ACA: 2-CO-1C-05
JCF: 4-JCF-2A-29; 2A-30

ATTACHMENT

Attachment A: Critical Incident Report, Form #3-120-001, 4 Pages.
Attachment B: Sample - Suspected Child Abuse & Neglect in State Institutions reporting form, 1 Page.



This report must be transmitted to the Superintendent/designee and the JJA Chief Attorney/designee by no later than 9:00 am of the next business day following the critical incident.

JJA FACILITY CRITICAL INCIDENT REPORT

I. Type of Incident: (check all that apply)

- The death, serious injury or serious illness of any juvenile offender who is in the custody of the Commissioner;
- The death, serious injury or serious illness of an employee, contract staff, volunteer, or any other individual while on the premises of a juvenile correctional facility or while an employee, contract staff, volunteer are on duty outside of the juvenile correctional facility;
- Any self-harm or attempted self-harm by a juvenile offender, employee, contractor, volunteer or visitor, while at a juvenile correctional facility or while a juvenile offender is in transport to or from a juvenile correctional facility;
- Any escape or attempted escape from custody;
- Any suspected abuse or neglect of a juvenile offender in the custody of the Commissioner while at a juvenile correctional facility or while a juvenile offender is in transport to or from a juvenile correctional facility;
- A major or violent disturbance, including riot or near riot, that negatively impacts facility operations;
- Any outside law enforcement entry to a juvenile correctional facility during an emergency situation;
- A fire resulting in a call to the local fire department or any fire resulting in significant property damage or any physical injury or if the event causes a major disruption of facility activity;
- Any allegation of sexual misconduct or abuse alleged to have occurred in a juvenile correctional facility or while a juvenile offender is in transport to or from a juvenile correctional facility;
- Any action, including a strike, walk out, sit down or other such incident causing an interruption in normal or routine facility operations;
- Any hazardous substance contamination, natural disaster or other similar incident causing an interruption in normal or routine facility operations; or
- Any incident that involves a juvenile offender in the custody of the Commissioner, an employee, contractor, volunteer or visitor, where the result or the likely result may present a negative community reaction or publicity in the news media.

II. Location of Incident: (check all that apply)

- KJCC
- LJCF
- Central Office
- Other (please specify)_____

III. Date and Time of Incident

Date Incident Began _____
Month Day Year

Time Incident Began _____ m

Date Incident Ended _____
Month Day Year

Time Incident Ended _____ m

Date Incident Was First Reported to JJA Staff * _____
Month Day Year

Time Incident Was First Reported to JJA Staff * _____ m

* _____
Print full name of staff member (Include rank or title if applicable)

IV. Juvenile Offender(s) Involved (Include all JO victims, suspects and witnesses)

Print full name of Juvenile Offender, number Date of Birth Male/Female

Print full name of Juvenile Offender, number Date of Birth Male/Female

Print full name of Juvenile Offender, number Date of Birth Male/Female

Print full name of Juvenile Offender, number Date of Birth Male/Female

Attach additional sheets if necessary

V. JJA Staff Members(s) Involved (Include all victims, suspects and witnesses)

Print full name of staff member, title Print full name of staff member, title

Print full name of staff member, title Print full name of staff member, title

Print full name of staff member, title Print full name of staff member, title

Attach additional sheets if necessary

VI. Summary of Incident (Print or type a description of the incident)

VII. JJA Supervisor In Charge of Incident Review

Print full name of staff member in charge of incident review, title

Phone number of staff member in charge of incident review

VIII. Is a critical incident debriefing required? Yes No

Will a critical incident debriefing be conducted? Yes No If yes, attach a copy of findings.

Superintendent/designee's signature

Date



SAMPLE

ATTACHMENT B

State of Kansas
Office of the Attorney General
Derek Schmidt

SUSPECTED CHILD ABUSE & NEGLECT IN STATE INSTITUTION

Pursuant to K.S.A. 2010 Supp. 38-2225 and K.S.A. 2010 Supp. 38-2226

Please complete entire form. You may attach additional sheets if necessary. Immediately print and fax this form to (785) 291-3875.

Questions (785) 296-7968.

After hours emergency (785) 296-8262 and fax form to (785) 296-6296

1 GENERAL INCIDENT INFORMATION

State Institution: _____ Unit or POD Location: _____

Date of Incident _____ Time of Incident _____ Shift _____

2 SUBJECT INFORMATION

Subject 1 Name _____ Date of Birth _____ SSN _____

Male Female Juvenile Offender Juvenile Correctional Officer Shift _____

Injuries _____

Subject 2 Name _____ Date of Birth _____ SSN _____

Male Female Juvenile Offender Juvenile Correctional Officer Shift _____

Injuries _____

3 VICTIM INFORMATION

Victim Name _____ Male Female Date of Birth _____

Juvenile Offender Juvenile Correctional Officer Shift _____

Injuries _____

4 WITNESS INFORMATION

Witness Name _____ Male Female Date of Birth _____

Juvenile Offender Juvenile Correctional Officer Shift _____

5 SUMMARY OF INCIDENT

Summary

6 REPORTING PARTY INFORMATION

R/P Name (optional) _____ Title _____ Phone _____

Print Form



EMPLOYEE STATEMENT OF RECEIPT AND ACKNOWLEDGMENT OF IMPP OR FACILITY ORDER

SUBJECT:

IMPP NUMBER:

FACILITY ORDER NUMBER:

KJCC-EAST **KJCC-WEST** **LJCF**

TITLE:

EFFECTIVE DATE:

I have received one (1) electronic copy of the IMPP or Facility Order as titled above. I acknowledge that I have read and have had the opportunity to ask questions about the policy or Facility Order. I further acknowledge that I understand and agree to comply with the policy or Facility Order.

SIGNATURE (Typing name signifies your signature.)

DATE