POLICY STATEMENT

Written reports shall be required to ensure that the Secretary of Corrections and appropriate administrative staff have access to critical information regarding incidents and situations that may impact the operations of the Department of Corrections. Any incident that results in death or physical injury or threatens the safety of any employee, volunteer, visitor, member of the public, or offender/parolee; threatens the security of any correctional facility; results in the loss or damage of offender/parolee, employee, visitor, volunteer or state property; or any other unusual or out-of-the-ordinary incident of a significant nature shall be documented by an incident report. In addition, certain incidents shall be considered immediately reportable and shall result in the immediate notification of designated departmental staff by telephone or electronic mail. (ACO 2-CO-1C-05, 4-APPFS-3G-02, 4-APPFS-3G-04)

DEFINITIONS

Duty Officer: A staff member designated by the Secretary of Corrections or principal administrator to receive and relay reports regarding emergency situations during evening hours, on weekends, and holidays.

Employee: Any person employed full-time, part-time, or on a temporary appointment to the Kansas Department of Corrections, including any person employed by an entity under contract to provide services to the Kansas Department of Corrections.

Principal Administrator: Person directly responsible for the overall administration of a KDOC facility, parole region, or Central Office work unit.

Significant Injury: One which requires emergency care and treatment, including, but not limited to broken bones, loss of consciousness, drug overdose, suicide attempt, or any other injury requiring medical treatment above and beyond first aid.

Special Agent Supervisor Field Operations: A specially trained staff member designated by the Director of Enforcement, Apprehensions and Investigations (EAI) authorized to supervise and perform all functions of Special Agents Field Operations.

Volunteer: Any person who works at a facility or for the KDOC on a voluntary basis (including interns) who has completed the minimum required volunteer training program.
PROCEDURES

I. Initiation and Processing of Incident Reports

A. Any employee who observes, is involved in, or has reported to him/her any incident, shall document the situation by completion of an Incident Report (Attachment A). (ACI 3-4176; APPFS-3G-02)

1. If more than one (1) employee is involved in an incident, the initial observer shall complete the incident report. All other staff members who observed the incident shall prepare a written report concerning the incident. These narratives shall be attached to the incident report.

2. If the incident being reported involves the use of force, completion of a Use of Force Report in accordance with DOC IMPP 12-111/JJA IMPP 12-111 shall satisfy the requirement to complete an Incident Report. (ACI 3-4198)

3. When completing the Incident Report Form (Attachment A), the author shall provide self-identification information, in the form of a State of Kansas or Kansas Department of Corrections identification number.

   a. The same requirement applies to all individuals who complete reports to be attached to an Incident Report Form.

   b. In addition, an offender subject of such a report shall be identified by offender register number, while visitors and business invitees who are the subject of a report shall be identified by race, sex, and date of birth.

   c. If such information is not readily available, then a reasonable attempt should be made to promptly ascertain and provide such information in a supplemental report.

B. Incident reports shall be completed prior to the end of the reporting employee's shift.

C. Completed incident reports shall be immediately forwarded, as appropriate, to the facility shift supervisor, Special Agent Supervisor Field Operations, and/or Parole Director who shall review the report and determine whether any further action is needed.

1. All incidents that result in significant injury to or death of an employee, a volunteer, a visitor, a member of the public or an offender/parolee shall be immediately reported to the principal administrator or designee. (ACO 2-CO-1C-05)

   a. Completed incident reports detailing such injury or death shall be forwarded, prior to the end of the shift in which the incident occurred, to the principal administrator or designee to review and to initiate any corrective actions required. (ACO 2-CO-1C-05)

   b. Incident reports regarding parolee injury or death shall be required only if the incident is the result of KDOC staff actions.

II. Numbering, Logging, Filing, and Routing of Incident Reports

A. Each correctional facility and each regional parole office shall number all incident reports consistent with the instructions outlined in Attachment B.

B Each correctional facility and each regional parole office shall maintain the following:

   1. An ongoing log of each incident report.
2. A chronological file which contains a copy of all incident reports, and any attachments thereto.

C. When an incident report identifies one (1) or more specific offender/parolees as a participant in an incident, or as a material witness to an incident, a copy of the report shall be placed in each offender’s master file or parole file, as per the provisions of IMPP 05-104.

III. Immediately Reportable Incidents

A. The following situations shall be considered immediately reportable incidents:

1. Major fires;
2. Natural disasters;
3. Escapes;
4. Apprehensions following an escape;
5. Any physical battery involving an offender/parolee and staff which result in either hospitalization or emergency room treatment of the staff member(s) involved;
6. Offender on offender battering, or parolee battering occurring upon the premises of a correctional facility or parole office, which result in the hospital admission of either party;
7. Threats of bodily harm or battering involving any visitor, volunteer, or other non-offender which occur on facility grounds, or on the premises of any parole office;
8. Significant injury or the death of an on-duty staff member or offender (Offender deaths shall be reported pursuant to procedures identified in IMPP 01-114D);
9. Significant injury or the death of any visitor, volunteer, or other non-offender which occurs on facility grounds or on the premises of any parole office;
10. Physical battering involving non-offenders and on duty KDOC staff;
11. Offender or on duty employee drug overdose requiring emergency care and treatment or medical treatment above and beyond first aid;
12. Hostage situations or attempts to take hostages;
13. Any intentional or accidental discharge of a firearm, whether resulting in injury or not; and,
14. Any other situation that has a high likelihood of drawing media attention.
   a. **ADULT:** Media related situations regarding offenders on community supervision shall be reported as indicated in Section V, using the Community Based Event form (Attachment C).
15. Incidents involving a juvenile offender suspected of being abused, neglected or exploited.

B. Immediately reportable incidents shall be brought to the attention of the principal administrator or facility duty officer without delay, any time of the day or night.

IV. Notification and Reports to Central Office

A. The principal administrator or designee shall inform the KDOC central office by telephone of any immediately reportable incident at the earliest possible time the emergency allows. This notification shall be made as follows:
1. During business hours (8:00 am to 5:00 pm), the appropriate Deputy Secretary or
designee, the KDOC Public Information Officer, and the KDOC Director of Enforcement,
Apprehensions and Investigations (EAI) shall be contacted by telephone.

   a. During non-business hours, the Central Office Duty Officer, as set forth in Section
   V. below, shall be contacted.

2. Incident Reports (a Use of Force Report may be submitted in lieu of an Incident Report
when applicable) of immediately reportable events shall be forwarded to the attention of
the EAI Director via FAX or Electronic-Mail no later than the next business day.

3. If the incident is an escape from a correctional facility, the escapee’s most current visiting
and phone list shall be attached to the incident report.

B. 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.

C. Original incident report forms that do not refer to an immediately reportable incident shall be
forwarded to the facility records area for imaging under TAB L-3 (DocTypeINCRPT) for each
participant offender/material witness. For parole offices, original incident report forms that do not
refer to an immediately reportable incident shall be forwarded to the Central Office records area
for imaging under TAB L-3 (DocTypeINCRPT) for each participant parolee/material witness.

   1. Any photographic evidence referenced or included in the Incident Report shall be imaged
as part of the file. Color photos shall be imaged in color to retain the integrity of the
evidence.

   2. The original copy of the Incident Report shall then be maintained per the Kansas Records
Retention Schedule (Series ID# 0487-521).

D. Within 24 hours of the incident or the first business day following a weekend or holiday, all original
incident report forms referring to an immediately reportable incident shall be forwarded to the EAI
Director.

E. The EAI Director shall forward a copy of incident reports resulting from an immediately reportable
incident to the appropriate Deputy Secretary.

   1. Facility initiated reports shall be forwarded to the Deputy Secretary of Facilities
Management.

   2. Parole initiated reports shall be forwarded to the Deputy Secretary of Community and
Field Services.

   3. Special Agent initiated reports shall be forwarded to the EAI Director.

V. **ADULT: Community Based Events**

A. Situations or events related to an offender living in the community and on KDOC supervision,
which are not Immediately Reportable Incidents, shall be reported and documented using the
Report of Community Based Event form (Attachment C).

B. Notifications shall be made when:

   1. An offender has been charged with the commission of a violent or high-profile crime and is
the focus of media report, or

   2. An event or situation is causing, or is expected to cause a high level of media attention, or

   3. An event or situation is noteworthy due to the circumstances involved, or
4. Other circumstances exist which indicate the need to make KDOC leadership aware of the event.

C. Community Based Event reports shall be prepared by the assigned Parole Officer or a designated staff person on the date that they become aware of the need to submit the report.

1. The report shall be provided to the Parole Supervisor and Parole Director.

2. The Parole Director shall provide the information to the KDOC Communications Director, the Public Information Officer for the geographic area involved, and the Deputy Secretary for Community and Field Services.

VI. Central Office Duty Officers

A. During non-business hours, the central office duty officer shall be contacted. Attempts to contact the duty officer shall begin with the home phone, followed by cell phone(s). All attempts to contact the duty officer shall be logged, including the time of the attempted contact. If contact is not established within 30 minutes of the initial attempt, calls shall be initiated to the others designated to serve as the duty officer. The calls shall continue until one (1) of the individuals listed below is reached. In the event of an ongoing emergency situation, the following calls shall be initiated without waiting the 30 minutes.

1. To ensure that executive personnel are available to receive reports regarding emergency situations during evening hours, weekends, and holidays, a Duty Roster shall be established. The following personnel shall be designated to serve as KDOC duty officers:
   a. Secretary of Corrections;
   b. Deputy Secretary, Division of Facilities Management;
   c. Deputy Secretary, Juvenile Services;
   d. Deputy Secretary, Division of Community and Field Services;
   e. Corrections Manager – Security;
   f. Public Service Executive – Classifications; and
   g. Executive Director – Fiscal and Contracts.

2. The duty officers shall rotate weekly in accordance with a schedule to be issued from the Office of the Secretary.
   a. Once distributed, no changes shall be made in the Duty Roster unless a revised schedule is issued.
   b. The duty officer roster, and any authorized changes, shall be forwarded to the Principal Administrator, Deputy Warden for Operations, Enforcement, Apprehensions, and Investigations office and facility control center.

B. If the nature of the incident justifies notification of additional executive/management staff, the central office duty officer shall be responsible for such notification, except as follows:

1. Contact with the EAI Director shall be initiated by facility Enforcement, Apprehensions, and Investigations staff.

2. In the event of an escape, the facility shall contact the Victim Services Director as soon as possible. If required, the Victim Services Director shall initiate victim notification pursuant to procedures established in IMPP 21-101.
C. As soon as circumstances permit, an incident report shall be prepared by the facility staff in accordance with Sections I. and IV. of this policy.

VII. No facility general orders or field service orders shall be developed which expand upon, replicate or diminish this policy. If determined necessary by the principal administrator, facility general orders or field service orders shall only specify procedures for internal processing of reports.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

<table>
<thead>
<tr>
<th>Name/Type of Report</th>
<th>By Whom/To Whom</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Report</td>
<td>Initial employee who observed, was involved in, or received report.</td>
<td>Within 24-hours of incident.</td>
</tr>
<tr>
<td>Use of Force</td>
<td>All personnel involved in the Use of Force incident (Use of Force Report may be submitted in lieu of Incident Report).</td>
<td>Within 24-hours of incident.</td>
</tr>
</tbody>
</table>

REFERENCES

IMPP 12-111  
ACO 2-CO-1C-05  
ACI 3-4176, 3-4198  
4-APPFS-3G-02, 4-APPFS-3G-04

ATTACHMENTS

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Title of Attachment</th>
<th>Page Total</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Incident Report</td>
<td>1 page</td>
</tr>
<tr>
<td>B</td>
<td>Incident Report Numbering Instructions</td>
<td>2 pages</td>
</tr>
<tr>
<td>C</td>
<td>Report of Community Based Event</td>
<td>1 page</td>
</tr>
</tbody>
</table>
Kansas Department of Corrections
INCIDENT REPORT

DATE:______________

FACILITY OR PAROLE REGION:________________________

UNIT (If Applicable) __________________________

Time Report Submitted:________________________ REPORT #: IR __ __ __ __ __

WHAT HAPPENED: (Briefly describe the incident.)

WHEN: Time______ AM/PM Date: __________________________

WHERE: __________________________

WHO WAS INVOLVED: (Provide name(s) of Victim(s), Perpetrator(s), Witness(es) and specify V, P, or W. Also indicate whether the individual(s) named are Employees, Volunteers, Private Citizens, Parolees, or offender by specifying E, V, C, P, or I. BE SURE TO USE FULL NAMES FOR ALL ENTRIES.) The R/O, including any narrative report writer, must include their State-issued ID number. A reasonable attempt should be made to include race, sex, and date of birth for subjects who do not have some form of state-issued ID number.

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>OFFENDER/ STATE ID NUMBER</th>
<th>V,P,W,</th>
<th>E-I</th>
<th>FULL NAME</th>
<th>OFFENDER / STATE ID NUMBER</th>
<th>V,P,W,</th>
<th>E-I</th>
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HOW DID IT HAPPEN: (Method of Operation-M.O.)

WHY DID IT HAPPEN: (State Motive or cause)

Description Of Weapon Or Evidence Found:

Was Search Of Area Made? _Yes _No by Whom: __________________________

Were Still Photographs Taken? _Yes _No by Whom: __________________________

Was a Video Recording Made? _Yes _No by Whom: __________________________

Evidence and/or Photographs/Videotape Turned Over To: __________________________

Was A Follow-Up Investigation Initiated? _Yes _No

COMMENTS: (Attach additional pages as necessary.)

RELATED REPORTS COMPLETED: (Check all that apply and attach a copy.)

Disciplinary _Yes _No Use of Force _Yes _No Wanted For Escape _Yes _No

Admin. Seg./Protective Custody _Yes _No Other Admin. Seg. _Yes _No

Placement in County Jail _Yes _No Other Narratives _Yes _No

NAME OF OFFICER FILING REPORT: __________________________

NAME OF REVIEWING SUPERVISOR: __________________________

Signature: __________________________ Signature of Supervisor: __________________________

State ID Number: __________________________ State ID Number: __________________________

Printed Full Name: __________________________ Printed Full Name: __________________________

Name: __________________________ Date: __________________________

Doc Type L3-INCRPT
INCIDENT REPORT NUMBERING INSTRUCTIONS

This is the numbering code for all incident reports.

It is a three part code used to identify all incident reports by facility or parole region, fiscal year, and sequential event within fiscal year.

Graphically, this item looks like this:

IR
Part I    Part II     Part III

PART I
- Comprised of 2 or 3 positions
- Alphanumeric Code (Letters and/or numbers used depending upon whether facility or parole region initiated as specified below)
- Designates facility or parole region of origin
- Valid entries are:

Facilities:

El Dorado Correctional Facility - Central .......................07
El Dorado Correctional Facility - RDU ...........................09
El Dorado Correctional Facility - Southeast ...............68
Ellsworth Correctional Facility .................................65
Hutchinson Correctional Facility -Central ..................02
Hutchinson Correctional Facility - East .......................66
Hutchinson Corr. Fac. - Work Release .......................22
Kansas Juvenile Correctional Complex .......................352
Lansing Correctional Facility - Central ....................01
Lansing Correctional Facility - East .........................05
Larned Correctional Mental Health Facility ............08
Larned State Hospital ...........................................96
Norton Correctional Facility - Central .......................60
Norton Correctional Facility -East ............................67
Topeka Correctional Facility - Central .....................03
Topeka Correctional Facility - RDU ...........................04
Wichita Work Release Facility .................................21
Winfield Correctional Facility .................................61
KDOC - Central Office .........................................40
Parole Regions:

Southern Region ......................................................... BB

Northern Region .................................................... EE

PART II
- Comprised of 2 positions
- Numeric Code (Numbers only)
- Designates the fiscal year within which the incident report originated.
- Examples for specific dates are:

For a report written on 07-01-2001 ............................................ 02
For a report written on 12-31-2001 ............................................ 02
For a report written on 01-01-2002 ............................................ 02
For a report written on 06-30-2002 ............................................ 02
For a report written on 07-01-2002 ............................................ 03

PART III
- Comprised of 4 positions
- Numeric Code (Numbers only)
- Designates the sequential order within which incident reports originate within a given fiscal year.
- Examples are:

For the 13th report written during FY 2001 ........................... 0013
For the 236th report written during FY 2001 ......................... 0236
For the 8345th report written during FY 2001 ....................... 8345
Report of Community Based Event

Date:

Reason for report: New offense □ Media attention □ Other □

Offender Name and KDOC #: ____________________________

Assigned Parole Officer: ____________________________

Offender’s County of Residence: ____________________________

Date Supervision Began: ____________________________ Current Sentence Discharge Date: ____________________________

Current LSIR score and supervision level: ____________________________

Mentally Ill offender? □ yes □ no Managed as a Sex Offender? □ yes □ no

Criminal Convictions that are active cases:

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

Violations and Interventions that have occurred during this supervision period:

<table>
<thead>
<tr>
<th>Type of Violation and Date</th>
<th>Response and/or Intervention Imposed</th>
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<tbody>
<tr>
<td>1.</td>
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</table>

Description and summary of the situation/event being reported:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Submitted by:________________________  Date: _______________