|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of youth or employee:** | | **D.O.B.:** | | **FOCUS PID:** |
| **Date of incident:** | **Time of incident:** | | **Shift:** | |
| **Facility or location of incident:** | | | | |

**Critical Incident: Events requiring person-to-person notification:**

|  |  |  |
| --- | --- | --- |
|  |  | Allegation of institutional abuse of a Delaware youth by Program Staff Member. |
|  |  | Allegation of sexual abuse and/or sexual harassment of a youth who is (check one):  Perpetrator  Victim (also submit all required PREA forms per Policy #2.13). |
|  |  | Child Death – the loss of life of any child who is active with the Division or has been active within 12 months preceding his or her death. |
|  |  | Escape, AWOL, or runaway from (check one)  24-hr facility  Home pass, or an escape of a registered sex offender that is court committed to a community-based or a residential placement. |
|  |  | Injury, illness, or event (including suicide attempt) requiring medical or psychiatric hospital admission beyond emergency room |
|  |  | Suicide attempt (as determined by the facility’s behavioral health staff) |
|  |  | Disturbance that has the potential for harming a child or causing major program disruption such as a natural disaster, bomb threat, hostage taking, etc. |
|  |  | Abduction of youth active with the Division. |
|  |  | Any incident/issue that may attract media attention or a direct inquiry from the media. |
|  |  | An incident in which any child active in a department operated or contracted program is involved as the victim or alleged perpetrator of a stabbing or shooting. |

**Non-Critical Incident: Events requiring immediate notification via text message or voicemail:**

|  |  |  |
| --- | --- | --- |
|  |  | Arrest of an employee of a state operated or contracted program for an incident that may affect security, child, or public safety. |
|  |  | Contraband (i.e., weapons, drugs, and other illegal or dangerous items) |
|  |  | Infection/illness that may have been caused by conditions in the program facility (non-life threatening). |
|  |  | Injury or illness that results in ER visit or requires outside medical attention (exclude follow-up appts). |
|  |  | Medication error/lapses. |
|  |  | Pattern of self-harm (client attempts to hurt themselves i.e., scratching, or superficial cutting on an arm, hitting head against the wall etc.). |
|  |  | Police called for assistance with youth or youth arrested on new delinquency charges stemming from an incident that occurred in a DYRS facility. |
|  |  | Removal of an employee from duty as a result of a performance issue that may affect security or child safety (i.e., intoxication or drug use while on duty, etc.). |
|  |  | Significant event or activity (riot, work, or program stoppage) that presents a safety risk to self or others in a community or state operated facility. |
|  |  | Any legal/court issue that may require Director’s Office intervention (i.e., discharge error, non-supervised youth in the community). |

**NOTE - For ALL incidents, complete the following:**

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| --- |
| **Description of incident (to include person(s) involved, where and when the incident occurred, and what happened, what did we do to assist, etc.):** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name:** | **First Name:** | **DOB:** | **Event Date:** |

**NOTE - For incidents 1 through 10 ONLY, complete the following:**

|  |  |
| --- | --- |
| **Youth Background/Case Information (provide in chronological order):**  *This is background information from your experience and history with this youth. An example would be known gang involvement, history of resisting authority from previous admissions, history of suicidal behavior attempts.* | |
|  | |
| **Adjudication History (provide in chronological order):** | |
| Date of adjudication | Name of charge/offense |
|  |  |
|  |  |
| **Placement History, if applicable (provide in chronological order):** | |
| Admission and discharge dates | Name of program |
|  |  |
|  | |
| **Psychiatric History, if applicable (provide in chronological order):**  *Placement in psychiatric programs/psychiatric programs/hospitals or treatment services* | |
| Admission and discharge dates | Name of program |
|  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Persons Notified** | | | | | | |
| **Contact Category** | | **Name** | **Contact**  **Y/N** | **Contact Type** | **Date** | **Time** | **Staff who completed notification** | |
| Parent/Guardian/Custodian | |  |  |  |  |  |  | |
| Supervisor On-Duty (review) | |  |  |  |  |  |  | |
| Program Administrator (review) | |  |  |  |  |  |  | |
| Community Svc. Worker (PO) | |  |  |  |  |  |  | |
| DFS Worker | |  |  |  |  |  |  | |
| PBH Worker | |  |  |  |  |  |  | |
| Emerg./Medical | |  |  |  |  |  |  | |
| Inst. Abuse/DE Abuse Hotline | |  |  |  |  |  |  | |
| Police | |  |  |  |  |  |  | |
| Other | |  |  |  |  |  |  | |

|  |  |
| --- | --- |
| **PERSON COMPLETING FORM** | |
| **Reporter’s Name:** | **Reporter’s Title:** |
| **Date Report Completed:** | **Time Report Completed:** |

|  |
| --- |
| **Email with attachments must be sent to:**  Director  Deputy Director  Professional Standards Manager (Office of the Director)  Quality Assurance Manager (Office of the Director)  Management Analyst (Office of the Director)  Administrative Specialist (Office of the Director) |