JUVENILE REHABILITATION ADMINISTRATION (JRA)

ADMINISTRATIVE REPORT OF INCIDENTS

Residential Programs

TO: DIVISION DIRECTOR

FACILITY	DATE OF REPORT	DATE OF INCIDENT
PLACE OF INCIDENT		TIME OF INCIDENT

TYPE OF INCIDENT (CHECK ALL THAT APPLY)

- ☐ Escape
- ☐ Apprehension
- ☐ Serious offense (on grounds)
- ☐ Serious resident disturbance
- ☐ Serious damage to property
- ☐ Serious suicide attempt
- ☐ Resident on resident assault
- ☐ Resident on staff assault
- ☐ Staff on resident assault
- ☐ Serious injury
- ☐ Death
- ☐ Natural disaster
- ☐ Bomb threat
- ☐ Other:

If Escape, date and time warrant was issued: _____

Description of Incident (attach additional sheets, if necessary):

Action taken:

Was Law Enforcement assistance required? ☐ Yes ☐ No

Referral/Notification: ☐ Law Enforcement Notification ☐ Law Enforcement Referral ☐ CPS ☐ Other:

If appropriate, was youth's family contacted? ☐ Yes ☐ No

Committing Offense type: ☐ Violent offender ☐ Sex offender ☐ Non-violent offender ☐ Stalking offender ☐ Kidnapping offender

Youth's Name:				**Aggregate Length of Sentence:**	
JRA Number:				**Residential placement(s) during this commitment:**	
Date of Birth:		**Age:**		**Committing Offense(s):**	
Admit date for current commitment:				SENTENCING COURT	COUNTY OF RESIDENCE
Date admitted to current facility:				Youth's security classification: ☐ Maximum ☐ Medium ☐ Institution minimum ☐ Minimum	
RELEASE DATE Minimum: Maximum:					
Date and score of most recent CRA:				RESIDENTIAL COUNSELOR NAME	

Previous commitment(s) and offense(s):

Name(s) of staff involved:

Media attention: ☐ Yes ☐ No If yes, please describe:

SIGNATURE OF STAFF COMPLETING FORM	REVIEWED BY (SUPERINTENDENT, REGIONAL ADMINISTRATOR OR DESIGNEE)

NOTE: When completing follow-up reports, attach copy of initial Administrative Report of Incident. Updates can be done in memo format. Complete a separate report for each JRA youth involved.