



JUVENILE REHABILITATION ADMINISTRATION (JRA)
Administrative Report of Incidents
 Residential Programs

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| DIVISION DIRECTOR | | |
| TO: | | |
| FACILITY | DATE OF REPORT | DATE OF INCIDENT |
| BUILDING/LOCATION OF INCIDENT | | TIME OF INCIDENT |
| TYPE OF INCIDENT (CHECK ALL THAT APPLY) | | |
| <input type="checkbox"/> Escape <input type="checkbox"/> Apprehension <input type="checkbox"/> Serious offense (on grounds) <input type="checkbox"/> Serious resident disturbance <input type="checkbox"/> Serious damage to property <input type="checkbox"/> Serious injury <input type="checkbox"/> Other: | <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Death <input type="checkbox"/> Resident on resident assault <input type="checkbox"/> Resident on staff assault <input type="checkbox"/> Staff on resident assault <input type="checkbox"/> Natural disaster | <input type="checkbox"/> Bomb threat <input type="checkbox"/> Non-Consensual Sex Act (resident to resident) <input type="checkbox"/> Abusive sexual contact (resident to resident) <input type="checkbox"/> Staff sexual misconduct (staff to resident) <input type="checkbox"/> Staff sexual harassment (staff to resident) |
| If Escape, date and time warrant was issued: _____ | | |
| Description of Incident (attach additional sheets, if necessary): | | |
| Action taken: | | |
| Institution Incident Report Reference Number(s): | | |
| Was Law Enforcement assistance required? <input type="checkbox"/> Yes <input type="checkbox"/> No Law Enforcement Notification <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which law enforcement agency: _____ Date/time: _____ Outcome: | | |
| Law Enforcement Referral <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which law enforcement agency: _____ Date/time: _____ Outcome: | | |
| Was a CPS report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name/phone of contact person: _____ Date/time: _____ Outcome: | | |
| Was youth's family contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No Outcome: | | |
| Committing offense type: <input type="checkbox"/> Violent offense <input type="checkbox"/> Sex offense <input type="checkbox"/> Non-violent offense <input type="checkbox"/> Stalking offense <input type="checkbox"/> Kidnapping offense | | |

