

Confidential

State of Georgia - Department of Juvenile Justice

Office of Quality Assurance

DJJ Special Incident Reporting Form

Incident Number: 202008028**Part A**

District# 8 Name of Facility/Program/Office: MUSCOGEE YDC Subsequent Report: (Y/N)
 Date of Rpt: 08/25/20 Time of Rpt: 12:42:00 PM Date of Incident: 08/25/20 Time of Incident: 5:00:00 PM
 Staff Filing Report (print): GALLOWAY JONATHAN Employee ID#: 01012693
 JPPS/Court Notified? Name: _____ Date: // By whom: _____
 Parent/Guardian Notified? Name: _____ Date: // By whom: _____

CODES: *Witness (1) Victim (2) Accused (3) Reporting Person - staff only (4) Notified of Incident - staff only (5)***Youth Involved:**

Name: TAYLOR NATHYN RHYAN Code: (1) DOB: 02/18/04 JuvID: TAYLNATH0218041 Race/Sex: WHITE/MALE
 Name: FARROW EMERMY IVAN-ALI Code: (3) DOB: 11/23/04 JuvID: FARREMER1123042 Race/Sex: BLACK/MALE
 Name: RODKA MICHAEL SCOTT Code: (3) DOB: 04/01/06 JuvID: RODKMICH0401061 Race/Sex: WHITE/MALE
 Name: MERCER RYDER JACKSON Code: (1) DOB: 03/04/04 JuvID: MERCRYDE0304041 Race/Sex: WHITE/MALE

Staff Involved:

Name: GALLOWAY JONATHAN Code: (-) Employee ID#: 01012693
 Name: GALLOWAY JONATHAN Code: (4) Employee ID#: 01012693
 Name: BENNETT JOHN Code: (-) Employee ID#: 01014412
 Name: RODRIQUEZ PETER Code: (-) Employee ID#: 01051249
 Name: RODRIQUEZ PETER Code: (2) Employee ID#: 01051249

Incident Description (attach additional sheets as necessary)

Location of Incident:

GYMNASSIUM / CAMPUS YARD

What happened before the incident:

COTTAGE #6 YOUTHS WERE AT RECREATION IN THE GYMNASIUM

What happened during the incident (actions taken by staff, youth, and supervisors)?

ON 8/25/20 AT 1242 HOURS YOUTHS RODKA AND FORROW ENGAGED IN A YOUTH ON YOUTH PHYSICAL ALTERCATION. THE YOUTH WERE SEPERATED AND ESCORTED OUT OF THE GYMNASIUM. YOUTH RODKA BEGAN RUNNING AROUND THE CAMPUS YARD UNAUTHROIZED. OFFICER RODRIQUEZ SECURED YOUTH RODKA AFTER YOUTH RODKA ATTEMPTED TO GRAB OFC RODRIQUEZ LEGS. OFC RODRIQUEZ TOOK YOUTH RODKA TO THE GROUND AND I LT BENNETT APPLIED THE HANDCUFFS, WHILE YOUTH RODKA WAS BEING ESCORTED TO MEDICAL YOUTH RODKA SPAT IN OFFICER RODRIQUEZ`S FACE.

Where were staff positioned?

Attempts made to de-escalate the situation (include primary and secondary strategies):

JOHN BENNETT
LIEUTENANT

08/25/20 12:42:00 PM

Name of Reporting Person

Signature

Date and Time

Physical Intervention Techniques

Part B (To be completed by all staff involved in the physical intervention)

Staff's Name:

Title:

Employee ID#:

Youth's Name:

DOB:

Positive Behavior Strategies & Special Management Plan

Were the youth's Positive Behavior Strategies used?

Recommended changes to Positive Behavior Strategies:

Was the youth's Special Management Plan used?

Recommended changes to Special Management Plan:

Least Restrictive Alternative

Lesser interventions attempted (or justification why lesser interventions not attempted):

Physical Intervention Technique used (be specific, include approximate time started and ended):

Reason for Physical Intervention Technique:

- Self Defense Enforcement of lawful orders and directives
- Protection of youth, staff or others Escape Prevention
- Prevention of substantial property damage, when that damage could legitimately cause a safety hazard

Describe any other control measure assistance given by other staff:

Were you injured during the course of this incident?

Mechanical Restraints

Was any type of mechanical restraint used?

Type of mechanical restraint used:

Did you apply the restraint? Time?

Did you remove the restraint?

Evidence

Was the camcorder used to capture the event? if not, explain:

Is there other evidence? Describe:

Brief Description of the Incident

Name of Staff

Signature

Date and Time

Special Incident Report Review**Shift Supervisor Review**

Date and Time of Notification: _

What action did you take?

Results of action taken, if known?

Who did you notify about the incident?

Commendations ("Catch someone doing something right"):

Potential policy/procedural violations:

What action did you take to correct the policy/procedural violation?

Should employee be referred to SCM Training Officer? _____

Who was referred?

Why?

Document Checklist

Quantity	Document	Requested From	Date Document Due
	SIR Part B - PIT		
	Restraint Flow Sheet (if applicable)		
	Therapeutic Restraint Order (if applicable)		
	Debriefing Conversation Guide		
	Report of Youth Injuries		
	Youth Witness Statement		
	Staff Witness Statement		
	Other		

Incident Debriefing

Assigned Debriefing Facilitator:

Name of Shift Supervisor **Signature** **Date and Time** //

Administrative Review

Date and Time of Notification:

What action did you take?

Results of action taken, if known?

Who did you notify about the incident?

Commendations ("Catch someone doing something right"):

Potential policy/procedural violations:

What action did you take to correct the policy/procedural violation?

Should employee be referred to SCM Training Officer? _____ Date of SCM Training Officer Referral: _____

Child Safety Assessment

After reviewing the known facts about this incident and reading the youth statement(s), does it reasonably appear that child abuse has occurred? _

Justification for the determination:

Was DFCS notified? _____ Date: // _____ By Whom: _____

Document Checklist

Have all the reports required by DJJ policy/procedures been reviewed and made a part of this submission? _____

Comments about missing reports:

Video Footage:

CCTV recording available?_ Reviewed?_

Camcorder Used?_ Reviewed?_

Brief summary of video footage:

In your preliminary judgement was the use of physical control measures appropriate and were all policies/procedures followed? _____

Explain the basis for your recommendation:

Corrective Action

Corrective action(s) taken:

Comments

Disposition

Incident Codes (See SIR Codes Guide)

Incident Code: F2P

Database Entry:

Enter into SIR database Do not enter into SIR database

Investigation Level:

Assign to Field-Based Investigator Do not assign to Field-Based Investigator

Name of Reviewer **Signature** **Date and Time**

Report of Youth Injuries

JuvID: _____ Name: _____ DOB: _____

What happened? (Record youth's verbatim response)

If youth alleges abuse, was it reported? _____

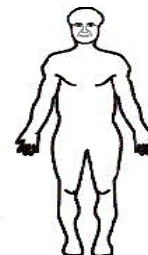
Reported to: _____ Date: _____ Time: _____

Detailed description of each injury: (To be completed by RN, NP or MD)

Injury Severity Rating:

- (1) No visible injury or pain (based on subjective and/or objective findings)
- (2) Injury or pain requiring one-time first aid treatment and/or one-time dose of ibuprofen or acetaminophen; does not require additional follow-up
- (3) Injury or pain requiring medical treatment beyond first aid treatment (e.g. taking medications for more than one dose, steri-strips, temporary splinting, activity/room restriction, x-ray services without positive radiology findings, follow-up treatment required or prescribed);
- (4) Injury or pain requiring assessment/treatment for ingestion of chemicals, suturing, or positive radiology findings
- (5) Injury or pain requiring assessment/treatment requiring surgery or admission to a hospital
- (6) Injury resulting in the death of a youth

Injury Severity Rating: _____ (describe injuries below if 2 or more)



Mark location of each

Are injuries consistent with youth's statement? _____

Emergency Medical Facility: _____

ER Disposition:

injury using the legend below:

- C** Contusion
- A** Abrasion
- L** Laceration
- B** Burn
- P** Puncture
- M** Muscle/Bone injury (not superficial)

Name of Medical Staff

Signature

Date and Time

Behavioral Health Evaluation

JuvID: _____

Name: _____

DOB: _____

What happened? (Check below and write brief statement)

- Self Harm Behavior Physical Control Measure Hospitalization/Outside MH Care Other

Brief Mental Status Exam: Not Applicable - Youth not present (hospitalized, transferred, etc)

Thought Process: Restlessness Logical/Coherent Illogical/Coherent

Delusional Beliefs: None Persecutory/Paranoid Grandiose

Somatic Other: _____

Hallucinations: None Auditory Visual

Tactile Olfactory

Mood: Undetermined Euthymic(normal) Dysphoric(sad)

Angry Apathetic Eurphoric(elevated)

Fearful Anxious Irritable

Affects: Appropriate Broad Exaggerated

Labile Inappropriate Restricted

Flattened

Manner Of Relations: Cooperative Evasive Manipulative

Uncooperative Defensive

Suicide Risk: Not Suicidal Ideation Intent

Plan Explain: _____

Comments:

For Hospitalization / Outside MH Care

Ordering DJJ Clinician or Outside Provider: _____

Comments:

Disposition

No further action

The following contacts were made: _____

Refer youth for mental health assessment

Youth on mental health caseload, notify mental health clinician

Name and Title of MH Staff

Signature

Date and Time

(12/07/09)