

Confidential

State of Georgia - Department of Juvenile Justice

Office of Quality Assurance

DJJ Special Incident Reporting Form

Incident Number: 202010282**Part A**

District# 2 Name of Facility/Program/Office: GAINESVILLE RYDC Subsequent Report: _ (Y/N)
 Date of Rpt: 11/16/20 Time of Rpt: 7:15:00 PM Date of Incident: 11/16/20 Time of Incident: 7:15:00 PM
 Staff Filing Report (print): HARRISON ASHLEY Employee ID#: 01109108
 JPPS/Court Notified? No Name: _____ Date: // By whom: _____
 Parent/Guardian Notified? No 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: SANCHEZ ALONDRA CRYSTAL Code: (2) DOB: 02/25/04 JuvID: SANCALON0225046 Race/Sex: OTHER/FEMALE
 Name: FRANKLIN MARIAH Code: (1) DOB: 12/04/03 JuvID: FRANMARI1204035 Race/Sex: BLACK/FEMALE
 Name: HOWARD KYLA T Code: (1) DOB: 02/10/05 JuvID: HOWAKYLA0210057 Race/Sex: BLACK/FEMALE

Staff Involved:

Name: HARPER HARLAN Code: (-) Employee ID#: 00333084
 Name: SARAVIA-PEREZ LITZY Code: (3) Employee ID#: 01107954
 Name: HARRISON ASHLEY Code: (4) Employee ID#: 01109108

Incident Description (attach additional sheets as necessary)

Location of Incident:

D UNIT

What happened before the incident:

A BOX OF NOTES WAS FOUND IN YOUTH SANCHEZ`S ROOM. YOUTH HOWARD AND FRANKLIN WERE TALKING ABOUT NOTES AND THEIR CONCERN ABOUT YOUTH SANCHEZ AND RELATIONSHIP ALLEGATIONS WITH OFC SARAVIA.

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

AFTER I SEIZED THE BOX OF NOTES AFTER YOUTH SANCHEZ LEFT, YOUTH HOWARD TALKED ABOUT HER CONCERN THAT THE NOTES THAT WERE ALLEGEDLY BETWEEN OFC SARAVIA AND YOUTH SANCHEZ WOULD BE FOUND. YOUTH HOWARD AND YOUTH FRANKLIN ALSO DISCUSSED HOW OFC SARAVIA WOULD ALLEGEDLY SPEND EXTRA TIME IN YOUTH SANCHEZ`S ROOM. THREE NOTES WERE FOUND BETWEEN YOUTH AND OFC SARAVIA. ALLEGEDLY NOTES WERE TURNED IN.

ASHLEY HARRISON-JCO

I

11/16/20 7:15:00 PM

Name of Reporting Person

Signature

Date and Time

Use of Force**Part B** (To be completed by all staff involved in the Use of Force intervention)

Staff's Name: _____ Title: _____ Employee ID#: _____
 Youth's Name: _____ DOB: _____

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: 11/16/20 7:20:00 PM

What action did you take?

NOTIFIED ADO CAPTAIN SWITZER. SIR REPORT.

Who did you notify about the incident?

CAPT. SWITZER

Potential policy/procedural violations:

YES

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

NONE

Document Checklist

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

HARLAN HARPER _____ 11/16/20

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

Administrative Review

Notification Date and Time: 11/16/20 7:55:00 PM

Who did you notify about the incident?

INVESTIGATOR HARRIS

Potential policy/procedural violations:

EMPLOYEE MISCONDUCT

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

INVESTIGATIONS IS REVIEWING THE INCIDENT.

Should employee be referred to Training Officer? No Date of 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? No

Justification for the determination:

Was DFCS notified? No Date: // By Whom: _____

Document Checklist

Have all the reports required by DJJ policy/procedures been reviewed and made a part of this submission? No

Comments about missing reports:

STATEMENT FROM OFFICER SARA VIA

Video Footage:

CCTV recording available?Yes Reviewed?Yes

Camcorder Used?No Reviewed?No

Bodycam Used?No Reviewed?No

Brief summary of video footage:

CCTV HAS BEEN REVIEWED AND THE STAFF MEMBER CAN BE SEEN GOING IN THE ROOM OF THE YOUTH. INVESTIGATIONS WILL BE REVIEWING THE FOOTAGE.

Comments

INVESTIGATION CHARLES HARRIS WAS NOTIFIED OF THE INCIDENT AND RECOMMENDED A G2P CODE. THIS INCIDENT IS CURRENTLY UNDER INVESTIGATION.

Disposition

Incident Codes (See SIR Codes Guide)

Incident Code: G2P

Database Entry:

Enter into SIR database File as In-House (Do not enter into database)

Investigation Level:

YES NO

PHILLIP WALLACE

Signature

11/18/20 9:50:00 AM

Date and Time

Name of Reviewer

Report of Youth Injuries

JuvID: _____ Name: _____ DOB: _____

What happened? (Record youth's verbatim response)

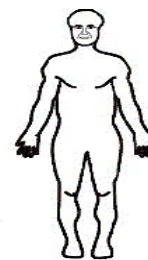
If youth alleges abuse, was it reported? _____

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)

Are injuries consistent with youth's statement? _____

Emergency Medical Facility: _____

ER Disposition:

Mark location of each 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 Euphoric(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

	Signature	Date and Time
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Printed On: 11/19/2020 2:33:26 PM

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(12/07/09)