

8/25/20

12:42

P2P, F1P, F7P, F2P

PIP, G2P (both staff) G3P

SPECIAL INCIDENT REPORT CHECKLIST

SIR IN-HOUSE NUMBER 202008028

DOCUMENTS FOR SPECIAL INCIDENT REPORT	YES	NO	IF NO, EXPLAIN:
CAMCORDER/CCTV FOOTAGE VIEWED & ATTACHED		✓	CAMCORDER OPERATOR: Disk will not burn (Bad Disk)
PART A COMPLETE & ACCURATE (All names involved should be included)	✓		
PART B(s) COMPLETE & ACCURATE	✓		
RESTRAINT FLOW SHEET COMPLETE & ACCURATE	✓		
SUPERVISOR REVIEW COMPLETE	✓		
STAFF STATEMENT(S) ATTACHED		✓	
YOUTH STATEMENT ATTACHED (02 IF REFUSE)	✓		
LOG BOOK ENTRY ATTACHED		✓	
DISCIPLINARY REPORT ATTACHED	✓		
RELEASE INTERVIEW ATTACHED (Isolation)		✓	
ADMINISTRATIVE REVIEW ATTACHED		✓	
CONTRABAND (CHAIN OF CUSTODY & EVIDENCE BAG COMPLETE)		✓	

NOTIFICATIONS CHECKLIST:	TIME	NAME	DETERMINATION
ADO	1310	Ms Brown-Williams	
MEDICAL	1300	Ms Crawford	
MENTAL HEALTH	no		
WORKER'S COMPENSATION (IF INJURY)	yes	De Rodriguez	

By signing this form, you are agreeing that all of the information is complete and accurate

Reviewing Supervisor Signature: Lf. Danny Walker

Date/Time: 08-26-20 / 1005

**SPECIAL INCIDENT REPORT
PART A**



District #: <u>8</u>	Facility/Office: <u>Muscogee YDC</u>	Subsequent Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident Date: <u>8-25-20</u>	Incident Time: <u>1242</u>	Report Date: <u>25 Aug 20</u>	Report Time: <u>17:00</u>
JPPS/Court Notified? <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	Date:	By Whom:
Parent/Guardian Notified? <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	Date:	By Whom:

YOUTH INVOLVEMENT

CODES: (1) Witness (2) Victim (3) Accused

Youth's Name	DJI ID	Codes
<u>Farrow, Emermy</u>	<u>FARREMER1123042</u>	<u>3</u>
<u>Rodka, Michael</u>	<u>RODKMICH0401061</u>	<u>3</u>
<u>Taylor, Nathan</u>	<u>TAYLNATH0218041</u>	<u>1</u>
<u>Mercer Ryder</u>	<u>MERCRYDE0304041</u>	<u>1</u>
<u>Rodka Micheal</u>	<u>RODMICH0401061</u>	<u>2</u>

STAFF INVOLVEMENT

CODES: (1) Witness (2) Victim (3) Accused (4) Reporting Person (5) Notified of Incident (6) Participant (6) Participant

Staff's Name	Code	Employee ID #	Title
<u>Jonathan Galloway</u>	<u>4, 6</u>	<u>01012693</u>	<u>JCO II</u>
<u>Peter Rodriguez</u>	<u>6, 2, 3^</u>	<u>01051249</u>	<u>JCO II</u>
<u>John Bennett</u>	<u>5, 3, 6, 1</u>	<u>01014412</u>	<u>Lieutenant</u>
<u>Jullian Banks</u>	<u>2, 1</u>	<u>00975354</u>	<u>IPD Program</u>
<u>Kalvin White</u>	<u>2, 6, 1</u>	<u>00853604</u>	<u>Admin Lt</u>
<u>Gwendolyn Brazell</u>	<u>1</u>	<u>01009528</u>	<u>RN medical</u>

INCIDENT DESCRIPTION

(attach additional sheets if necessary)

Location of Incident: Gymnasium / 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 and youth)? On 8-25-20 at 1242 hours youths Rodka & Farrow engaged in a youth on youth physical altercation. The youths were separated and escorted out of the gymnasium. Youth Rodka began running around the campus yard unauthorized. Officer Rodriguez secured youth Rodka after youth Rodka attempted to grab ofc Rodriguez's legs. Ofc Rodriguez 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 Rodriguez's face

Signature and Title of Reporting Person: <u>John Bennett Lieutenant</u>	Date: <u>8-25-20</u>	Time: <u>1700</u>
--	-------------------------	----------------------

State of Georgia
Department of Juvenile Justice
(For Internal Use Only)

F P PROGRESS NOTES

202008028

BEHAVIORAL HEALTH EVALUATION

RODKA, MICHAEL

DATE/TIME OF SERVICE: 09/02/20 4:55:23 PM

STAFF NAME: EVANS NIYA

NUMBER OF UNITS (1 UNIT = 15 MINUTES): 1

COMPLETED BY: EVANS NIYA

COMPLETED AT: MUSCOGEE YDC

RODKMICH0401061

TYPE OF SERVICE: BEHAVIORAL HEALTH EVALUATION

SERVICE PROVIDER: JDC

PLACEMENT: MUSCOGEE YDC

COMPLETED DATE/TIME: 09/02/20 5:40:22 PM

BEHAVIOR

ON 08/25/2020 @ 12:42 PM IN THE GYM YOUTH M. RODKA WAS INVOLVED IN A YOUTH ON YOUTH PHYSICAL ALTERCATION WITH YOUTH E. FARROW. M. RODKA WENT UNAUTHORIZED OUT THE GYM AND BEGAN THROWING/PROPELLING ITEMS. HE REFUSED STAFF DIRECTIVES. M. RODKA WAS PLACED IN RESTRAINTS. HE THEN, BECAME COMBATIVE WITH STAFF. SIR CODE(S): P2P, F1P, F7P

PHYSICAL INTERVENTION TECHNIQUE - P2P

INTERVENTION-MENTAL STATUS EXAM

THOUGHT PROCESS

LOGICAL/COHERENT

DELUSIONAL BELIEFS

NONE

HALLUCINATIONS

NONE

MOOD

EUTHYMIC(Normal)

AFFECT

APPROPRIATE

MANNER OF RELATIONS

COOPERATIVE

SUICIDE RISK FACTORS

NOT SUICIDAL

RESPONSE

JDC MET WITH YOUTH RODKA TO ASK ABOUT HIS INVOLVEMENT IN THE ABOVE SIR. YOUTH RODKA SAID, "I GOT IN A FIGHT WITH FARROW IN THE GYM AND I CAME OUT AND START FLIPPING SHIT (A CHAIR. I KEPT THROWING IT AROUND) BECAUSE I WAS MAD. THEY (THE OFFICERS) CAME OVER TO TRY AND PUT ME IN RESTRAINTS AND RODRIGUEZ PUNCHED AND SLAPPED ME AND I SPIT ON HIM AND WHEN THEY GOT ME IN RESTRAINTS I WAS KICKING OFF HIM (YOUTH SHOWED A MOTION OF KICKING HIS LEGS TO THE SIDE) TO TRY TO GET THE RESTRAINTS OFF ME BECAUSE HE WAS STILL TALKING SHIT."

PLAN

YOUTH ON MH CASELOAD, SSPII NOTIFIED AND WILL FOLLOW-UP WITH YOUTH.

USE OF FORCE
 (to be completed by all staff involved in the Use of force intervention)
PART B

Staff's Name: <u>Galloway J COTT</u>	Title: <u>JCO II</u>	Employee ID #: <u>01012693</u>
Youth's Name: <u>Redka Michael</u>	DOB: <u>4-1-06</u>	

LEAST RESTRICTIVE ALTERNATIVE

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

Verbal directives given

Use of Force Technique Used (be specific, include approximate time started and ended):

Control #1 with handcuff to take down position

Reason for use of force technique:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Self-Defense | <input checked="" type="checkbox"/> Enforcement of lawful orders and directives |
| <input checked="" type="checkbox"/> Protection of youth, staff or others | <input type="checkbox"/> Escape prevention |
| <input type="checkbox"/> Prevention of substantial property damage and/or when that damage could legitimately cause a safety hazard | |

Were you injured during the course of this incident? Yes No

MECHANICAL RESTRAINTS

Was any type of mechanical restraint used? Yes (complete questions below) No

Type of Mechanical Restraint Used: <u>Handcuff / Leg irons</u>	Did you apply the restraint? <input checked="" type="checkbox"/> Yes Time: _____ <input type="checkbox"/> No	Did you remove the restraint? <input checked="" type="checkbox"/> Yes Time: _____ <input type="checkbox"/> No
---	--	---

EVIDENCE

Was the camcorder used to capture the event? Yes No
 If not, explain why: youth had broke out of medical

Was the Body camera used to capture the event? Yes No
 If not, explain why: we don't have any body cams

BRIEF DESCRIPTION OF THE INCIDENT

Provide a Brief Description Of The Incident: On 25 Aug 20 @ 1255 I ofc Galloway was in the sym. I observed youth Redka being chased by Lt. White out of medical. I ofc Galloway ran behind cottage #2 and caught the youth turning the corner. The youth gave up and went to the ground on his own. I grabbed the youth shirt until Lt. Bennett and Lt. White arrived. We all then assisted each other in placing the youth in leg irons and handcuffs. I secured the youths upper torso while leg irons was placed on him. Then I secured his left side of his upper torso while his right hand was placed in restraints. Then Lt. White controlled his right hand til I secured his left hand into handcuffs. Then we all escorted the youth to medical.

Signature of Staff: [Signature] Galloway J COTT Date: 25 Aug 20 Time: 1530

USE OF FORCE
 (to be completed by all staff involved in the Use of force intervention)
PART B

Staff's Name: <u>OFC. RODRIGUEZ</u>	Title: <u>SCOT</u>	Employee ID #: <u>01051249</u>
Youth's Name: <u>RODKA, MICHAEL</u>	DOB: <u>4-1-06</u>	

LEAST RESTRICTIVE ALTERNATIVE

Lesser Interventions Attempted (or justification why lesser interventions not attempted):
AT 12:42 ON 8-25-20 VERBALS WERE GIVEN.

Use of Force Technique Used (be specific, include approximate time started and ended): AT 12:42 ON 8-25-20
A CONTROL 1 WAS PERFORMED.

Reason for use of force technique:

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

Were you injured during the course of this incident? Yes No

MECHANICAL RESTRAINTS

Was any type of mechanical restraint used? Yes (complete questions below) No

Type of Mechanical Restraint Used: <u>HANDCUFFS</u>	Did you apply the restraint? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Time: <u>13:15</u>	Did you remove the restraint? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Time: <u>13:30</u>
--	--	---

EVIDENCE

Was the camcorder used to capture the event? Yes No
 If not, explain why: TIME DID NOT PERMIT

Was the Body camera used to capture the event? Yes No
 If not, explain why: N/A

BRIEF DESCRIPTION OF THE INCIDENT

Provide a Brief Description Of The Incident: AT 12:42 ON 8-25-20 YOUTH RODKA WENT OUT OF THE GYM UNAUTHORIZED AND BEGAN THROWING A CHAIR AROUND THE REEL YARD AND CAMPUS. I OFC. RODRIGUEZ ENGAGED YOUTH RODKA PERFORMING A CONTROL 1, YOUTH RODKA ATTEMPTED TO GRAB I OFC. RODRIGUEZ LEGS, I OFC. RODRIGUEZ RESTRAINED YOUTH RODKA WITH ASSISTANCE OF LT. WHITE. YOUTH RODKA THEN PROCEEDING TO KICK I OFC. RODRIGUEZ, YOUTH RODKA WAS THEN ESCORTED TO MEDICAL WHEN YOUTH RODKA TURNED HIS HEAD AND SPIT IN I OFC. RODRIGUEZ FACE, LT. BENNETT AND LT. WHITE ESCORTED ^{PR} ~~TO MEDICAL~~ YOUTH RODKA. TO MEDICAL.

Signature of Staff: [Signature] Date: 8-26-20 Time: 14:00



Restraint Flow Sheet

Youth: <u>Michael Rodka</u>	DOB: <u>04-01-06</u>
Facility:	Date:

REASON FOR RESTRAINT

<input type="checkbox"/> To prevent recurrence of a medical injury	<input type="checkbox"/> To prevent property damage
<input checked="" type="checkbox"/> To gain control of a youth who is out of control	<input type="checkbox"/> To prevent self-injury

SECURITY RESTRAINT

<input checked="" type="checkbox"/> Hand cuffs	<input type="checkbox"/> Restraint chair
<input checked="" type="checkbox"/> Leg irons	<input type="checkbox"/> Helmet
<input type="checkbox"/> Belly chains with hand cuffs	<input type="checkbox"/> Restraint Mitts
<input type="checkbox"/> Flex Cuffs	<input type="checkbox"/> Spit Shield

Authorizing Staff: John Bennett Lieutenant Time: 1315
Name Title

Supervisor on Duty: John Bennett Lieutenant Time: 1315
(If available) Name Title

THERAPEUTIC RESTRAINT *(Attach Order for Therapeutic Restraint from a physician, psychiatrist or psychologist to this flow sheet)*

<input type="checkbox"/> Wrist to Waist Restraint	<input type="checkbox"/> Ankle Restraint	Position: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Supine (lying face up) <input type="checkbox"/> Other:
<input type="checkbox"/> Restraint Jacket	<input type="checkbox"/> Helmet	
<input type="checkbox"/> Restraint Bed	<input type="checkbox"/> Restraint Mitts	
<input type="checkbox"/> Restraint Chair	<input type="checkbox"/> Spit Shield	

ROLES: YOUTH MUST REMAIN ON CONSTANT OBSERVATION WHILE RESTRAINED

Security (Code **S**) -- Record behavior and interventions (feeding, toileting, etc.) every 15 minutes
Medical (Code **M**) -- (1) Evaluate within 2 hours. (2) For therapeutic restraints, check every 15 minutes, incl. circulation, pulse & respirations; Blood Pressure to be checked when accessible, and at least at discontinuation of restraint
Mental Health (Code **MH**) -- (1) Evaluate within 2 hours. (2) Evaluate prior to any therapeutic restraint.
 (3) Re-evaluate every 15 minutes, or as authorized by the Special Management Plan

Date	Time	Beh Code	Assessment	Intervention / Task	Role Code	Name (print) & Initials
8-25-20	1315	2	uncooperative	placed in restraints	S	John Bennett JB
8-25-20	1330	3	cooperative	removed restraints	S	John Bennett JB

Behavior Codes:

1	Awake, Alert	2	Uncooperative	3	Cooperative	4	Non-Communicative	5	Pacing
6	Sleeping	7	Quiet	8	Yelling	9	Combative	10	Banging



DISCIPLINARY REPORT

DR # _____

Facility: Muscooke YOC Reporting Staff: Galloway JC011
 Violation Date: 25 Aug 20 Violation Time: 1242 Report Date: 25 Aug 20 Report Time: 1244

INVOLVEMENT	CODES:	(1) Witness	(2) Victim	(3) Accused	Rule Violation	PHC
Youth's Name	Code	Housing/Room#				
Farrow Emermy	3	6		1 youth on youth		<input type="checkbox"/>
Rodka Michael	3	6		physical altercation		<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Staff Witnesses: _____

DESCRIPTION OF RULE VIOLATION(S)
(attach additional sheets if necessary)

Location: On 25 AUG 20 at hrs in the gym during recreation
 What happened? (Give detailed information that supports the rule violation(s) listed above) On 25 Aug 20 at hrs in the gym during recreation youths Farrow and Rodka got involved in a youth on youth physical altercation. Youths Rodka and Farrow came to the gym entrance door way and I observed the two youths exchanging punches. I gave verbal directives for them to stop and they complied. Once I step inbetween the youths, Rodka spit on youth Farrow and I escorted youth Rodka out the gym and then called 10-10 code over the radio.

Actions taken by staff: called code 10-10, gave verbal directives

Physical intervention technique used? Yes No Restraints used? Yes No

Physical evidence: (also indicate where the evidence is located)
CCTV

Reporting Staff Signature: [Signature] Galloway JC011 Date: 25 Aug 20 Time: 1513
 Shift Supervisor Signature: [Signature] Date: 8-25-20 Time: 1646

YOUTH NOTIFICATION

I have read or had read to me this Disciplinary Report. I understand that I will receive a copy of this report within 24 hours. I also understand that I will have a fair and impartial hearing on the charges described in this report.

Youth Signature: <u>Ivanfarrow</u>	Date: <u>8-20-20</u>	Time: <u>0932</u>
Youth Signature: <u>[Signature]</u>	Date: <u>8-26-20</u>	Time: <u>0940</u>
Youth Signature:	Date:	Time:
Youth Signature:	Date:	Time:
Youth Signature:	Date:	Time:
Serving Order Signature: <u>[Signature]</u>	Date: <u>8-26-20</u>	Time: <u>0941</u>



SIR # _____

SPECIAL INCIDENT REPORT
YOUTH STATEMENT FOR THE RECORD

Youth Name: <u>Michael Rodka</u>		DOB: <u>4/11/06</u>
1.	Are you willing to write an official statement? (Circle one)	<input checked="" type="radio"/> Yes <input type="radio"/> No
2.	What happened during the incident?	<p>I got to fighting with farrow, then we went outside and threw a chair over + over. when I did, Ofc Rodriguez, Ofc White and officer benett, approached me. I ran beside ^{M.P.D.} and I was put in restraints. I was then hit across the face + the back of my head by ofc rodriguez. So I spit on him</p>
3.	Did any other staff or youth witness the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, who?	<p>I DK</p>
4.	Were you restrained during the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, how were you restrained?	<p>Cuffs + Shackles</p>
5.	Were you injured during the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, how were you injured?	<p>My left ankle is sore.</p>
6.	Is there anything you would report regarding this incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>I was hit by ofc Rodriguez</p>

FOR YOUTH TO COMPLETE

The statement given above is true and correct to the best of my knowledge and belief.

Michael Rodka 8/26/2020
Youth's Signature Date

If Youth refused to complete a youth statement, two staff must witness

Staff Signature Date Staff Signature Date



SIR # _____

**SPECIAL INCIDENT REPORT
YOUTH STATEMENT FOR THE RECORD**

Youth Name: Taylor Nathyn	DOB: 2-18-4
1.	Are you willing to write an official statement? (Circle one) Yes No
2.	What happened during the incident?
3.	Did any other staff or youth witness the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, who?
4.	Were you restrained during the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how were you restrained?
5.	Were you injured during the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how were you injured?
6.	Is there anything you would report regarding this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR YOUTH TO COMPLETE

The statement given above is true and correct to the best of my knowledge and belief.

Youth's Signature Date

If Youth refused to complete a youth statement, two staff must witness

Staff Signature Date Staff Signature Date



SIR # _____

SPECIAL INCIDENT REPORT YOUTH STATEMENT FOR THE RECORD

Youth Name: Ivan Farrow

DOB: 11-23-04

1. Are you willing to write an official statement? (Circle one)

Yes

No

2. What happened during the incident?

3. Did any other staff or youth witness the incident? Yes No
If YES, who?

4. Were you restrained during the incident? Yes No
If YES, how were you restrained?

5. Were you injured during the incident? Yes No
If YES, how were you injured?

6. Is there anything you would to report regarding this incident? Yes No

FOR YOUTH TO COMPLETE

The statement given above is true and correct to the best of my knowledge and belief.

Ivan Farrow
Youth's Signature

8-25-20
Date

If Youth refused to complete a youth statement, two staff must witness

Staff Signature

Date

Staff Signature

Date



**SPECIAL INCIDENT REPORT
YOUTH STATEMENT FOR THE RECORD**

SIR # _____

Youth Name: <u>Mercer Ryder</u>	DOB: <u>3-4-4</u>
1.	Are you willing to write an official statement? (Circle one) Yes <input type="radio"/> No <input type="radio"/>
2.	What happened during the incident?
3.	Did any other staff or youth witness the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, who?
4.	Were you restrained during the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how were you restrained?
5.	Were you injured during the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how were you injured?
6.	Is there anything you would like to report regarding this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR YOUTH TO COMPLETE

The statement given above is true and correct to the best of my knowledge and belief.

Youth's Signature

Date

If Youth refused to complete a youth statement, two staff must witness

Staff Signature

Date

Staff Signature

Date



SIR # _____

**SPECIAL INCIDENT REPORT
SHIFT SUPERVISOR/JPM REVIEW**

ACTIONS

(attach additional sheets if necessary)

Staff Full Name and Title: Danny Williams Lieutenant

What action did you take?

Reviewed SIR packet

Who did you notify about the incident?

Time of Notification:

Ms Brown-Williams

1300

Potential policy / procedural violations:

16.5 Disciplinary Reports & Hearings

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

N/A

DOCUMENT CHECKLIST

Quantity	Document	Missing Document Requested From	Date Document Due
<i>3</i>	SIR Part B – Physical Intervention Techniques		
<i>1</i>	Restraint Flow Sheet (if applicable)		
<i>0</i>	Therapeutic Restraint Order (if applicable)		
<i>2</i>	Report of Youth Injuries (if applicable)		
<i>4</i>	Youth Statement for the Record		
<i>0</i>	Staff Statement for the Record		
<i>1/1</i>	Other: <i>SIR part A/DR</i>		

Signature of Staff: *Lt. Danny Williams*


Date: *08-26-20*


Time: *1007*

8/25/20

Youths E. Farrow and M. Rodka were in a youth on youth physical altercation in the gym. The youths were separated and escorted out of the gym. While being escorted, youth Rodka became combative and Ofc. Rodriguez took youth Rodka to the ground and youth Rodka was placed in restraints. As Ofc. Rodriguez and Lieutenant Bennett were escorting youth Rodka toward the medical building, youth Rodka was lifted up to walk, but he didn't put his feet down on the ground. Youth Rodka, while in leg restraints, kicked Officer Rodriguez's leg. Officer Rodriguez slapped youth Rodka in the face and youth Rodka spat in Officer Rodriguez's face. Officer Rodriguez then hit youth Rodka in the back of the head with a closed fist.

Betty B. Williams, Facility Director


8/28/20

Put all of this information in the brief summary of video footage. Use another page if it can't all enter on 1 page. 



SIR # 202008028

SPECIAL INCIDENT REPORT
ADMINISTRATIVE REVIEW

ACTIONS (attach additional sheets if necessary)

Notification: Date 8/25/20 Time 1242

Who did you notify about the incident? PA M. Brandenburg and Field Supv. Roderick Crawford

Potential policy / procedural violations: Policy 3.10 Conduct & Ethics
SIR code G3P - Conduct and Ethics

What action did you take to correct the policy / procedural violation? Consulted with FS Crawford and was advised to include G2P codes

Should employee be referred to Training Officer? Yes No Date of Training Officer Referral: 8/31/20

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?
 YES NO

Justification for the determination:
Youth's injury severity rating was 2.

Was DFCS notified?
 YES NO NA

Date:
Time:
By Whom:

DOCUMENT CHECKLIST

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

Comments about missing reports:

Video Footage:	Yes	No	Reviewed?	Yes	No
CCTV recording available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Camcorder used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reviewed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bodycam used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reviewed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Brief summary of video footage: See attached F4SA

COMMENTS

OI will be at the facility (Muscookee) today 8/28/20 to start the investigation of the incident.

DISPOSITION

INCIDENT CODES: F1P, P1P, P2P, G2P (both staff) G3P (F2P) (F7P)

DATABASE ENTRY: Enter into SIR Database File as In-House SIR (Do not enter into database)

Investigation Notified: Yes NO N/A

Reviewer (Print/Sign): Betty B. Williams Date: 8/28/20 Time: 0929

Rev. 10/19 Betty B. Williams



SIR # _____

**SPECIAL INCIDENT REPORT
STAFF STATEMENT FOR THE RECORD**

Staff Name: Jillian Banks		Employee ID #: 00975354	
Incident Date: 08/25/20	Incident Time: 12:44pm	Statement Date: 09/01/20	Statement Time: 02:45pm

INCIDENT DESCRIPTION
(attach additional sheets if necessary)

Location of Incident: Rec yard

What happened before the incident? I IPD Banks was walking toward Medical area observing youth M.Rodka refusing staff directives.

What happened during the incident (actions taken by youth, staff, and supervisors)? On 8/25/20 at approx. 12:44pm I IPD Banks gave youth M.Rodka along with Lt White several verbal commands to comply with staff directives. Youth M.Rodka refuse to comply and kept walking around the rec yard. Ofc Rodgeriuz and LT Bennett was notified of the situation and began to give Youth M.Rodka verbal commands. Youth M.Rodka attempt to grab Ofc Rodgeriuz leg, but failed. Ofc Roderiuz and LT White immediately used PIT on youth M.Rodka and applied handcuffs. While preparing youth for transport to Medical, Youth M.Rodka became aggressive and verbally threaten staff. Youth M.Rodka spit on Ofc. Rodgeriuz. Ofc Rodgeriuz instantly slap youth on side of his face. Lt White immediately instructed Ofc Rodgeriuz to disengage. Youth M. Rodka was transported to Medical where as he became combative and began kicking toward staff. I IPD Banks assisted by securing youth legs, while LT Bennett placed the leg restraints. Lt White and IPD Banks gave youth verbal commands to calm down and youth slowing began to comply. Youth was transported to Aaron Cohn RYDC for isolation by security.

Signature and Title of Reporting Person:

J. Banks IPD

Date:

9/1/2020

Time:

2:45pm

