

# Special Incident Reports (SIR)

(Revised 05/17/24)

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## Related Policies

Additional information can be found in the following policies:

- Professional Assault Crisis Training (Pro-ACT)
- Polinsky Children's Center - Absent Without Leave (AWOL)
- Email Policy
- Hotline – Non-Hotline Staff Takes Referral
- Mandated Reporters
- Critical Incident Protocol

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## Forms

This policy references the following forms:

- 06-26 A.B. and Jessie Polinsky Children's Center -Special Incident Report Packet
- 06-11 Missing Person Report
- 04-51A Child Welfare Services Critical Incident Report
- 04-184 Suspected Child Abuse Report Referral From

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## Background

A.B. and Jessie Polinsky Children's Center (PCC) is licensed by the State of California Health and Human Services Agency Department of Social Services, Community Care Licensing (CCL) Division and is governed by Temporary Shelter Care Facility Interim Licensing Standards and existing CCL regulations contained in Title 22, Division 6, Chapters 1 & 5.

Per, [Title 22, Div 6, Chap 1, Art 5-6 - General Licensing Requirements](#), section 80061, Community Care Licensing (CCL) requires prompt, accurate, complete documentation and reporting of accidents or incidents that occur that concern the safety, health, and wellbeing of a child/youth at PCC. The Special Incident Report (SIR) packet, (06-26), is the document completed by PCC staff that is submitted to CCL. It serves to improve communication among staff and to track and report on significant events involving the child/youth while in temporary shelter care.

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## **SIR Training**

All staff who provide direct care and supervision of children/youth at PCC are required to attend 2.00 hours of SIR writing training as part of the New Employee Orientation. The training must be completed every 2 years. Training is offered onsite and provided by PCC's designated CCL Liaison.

Direct care staff who must complete the SIR initial training include the following job classifications:

- Residential Care Worker (RCW)
- Residential Child Care Specialist (RCCS)
- Residential Care Worker Supervisor (RCWS)
- Social Work Supervisor (SWS)
- Protective Services Supervisor (PSS)
- PCC Protective Service Program Managers (PSPM)
- Temporary Staff Classifications
- Protective Services Worker (PSW)

**NOTE:** Should a Duty Officer (DO) and/or RCWS reviewing the 06-26, identify any training needs, they must inform the preparer's direct supervisor. The direct supervisor will ensure that additional training/coaching is provided by training supervisors.

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## **SIR Documentation**

PCC Staff are expected to begin the 06-26 within one hour after the incident/accident and submit for Supervisor review and approval prior to the end of their work shift. PCC has a built-in coverage system to allow for staff to complete the 06-26.

The 06-26, is the SIR Packet that includes the following:

- Facesheet
- Narrative
- Multiple Children
- Restraint Addendum

To ensure the 06-26 provides a concise timeline of the incident as it occurred, staff completing the 06-26 are encouraged to consider the following guidelines when writing the Narrative section:

- Write the incident as it unfolds from beginning to end including the following:
  - Who was involved
  - What happened before, during, and after
  - When the incident occurred
  - Where the incident occurred
- Describe the child/youth's behavior and the types(s) of intervention utilized by staff
- Use direct quotes and report only what was directly heard and observed

When completing the 06-26, staff will:

- Ensure that all applicable sections are completed.
  - Sign electronically.
  - Document incident number if law enforcement (LE) was contacted.
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**SIR  
Documentation  
(cont.)**

If the incident involves utilizing Professional Assault Crisis Training (Pro-ACT) debriefing is required. Refer to the Professional Assault Crisis Training (Pro-ACT) policy for additional information on Pro-ACT. For all other incidents, debriefing should occur if necessary. Debriefing will assist in discussing the details of the incident prior to the lead staff writing the SIR to ensure accuracy of what occurred, and the types of interventions used to de-escalate the situation.

The staff who first observed the incident will take the lead in writing the SIR. The table below outlines specific tasks for staff when completing an SIR.

Step	Who	Action
1	RCW/ RCCS	<ul style="list-style-type: none"><li>• Notify the RCWS as soon as an incident/accident occurs, or an observation is made that requires an 06-26 to be completed.</li><li>• Debrief with all staff involved or witness to the incident/accident to ensure that everything is captured in the 06-26.</li><li>• Complete and sign applicable sections of the 06-26:<ul style="list-style-type: none"><li>○ Facesheet</li><li>○ Narrative</li><li>○ Multiple Children Report, if applicable.</li></ul></li><li>• Ensure to check the box at the top of each section in the packet that indicates a section was skipped, if applicable.</li><li>• Sign electronically</li><li>• Email the 06-26 to RCWS</li></ul> <p><b>NOTE:</b> Ensure to respond to any requests for revision(s). For incidents that involve LE contact, complete the 06-26 follow up section to include the disposition of incident. For incidents involving child/youth that leaves PCC without permission/runaway include return date. If no disposition or child/youth has not returned, <b>complete step 8.</b></p>
2	RCWS	<ul style="list-style-type: none"><li>• Ensure accuracy and clarity of 06-26 and request additional revisions, as needed.</li><li>• Ensure that any follow-up action(s) noted in the 06-26 is taken (e.g., child is taken to nursing).</li><li>• Complete and sign the following sections of 06-26 electronically, as needed:<ul style="list-style-type: none"><li>○ Restraint Addendum</li></ul></li><li>• Email the completed 06-26 to the DO</li></ul> <p>For incidents in which a child runs away from PCC refer to Polinsky Children's Center - Absent Without Leave (AWOL) policy for further guidance</p>

**SIR  
Documentation  
(cont.)**

Step	Who	Action
3	DO (SWS/ PSS)	<ul style="list-style-type: none"> <li>• Ensure follow-up actions have been taken as noted in the 06-26 and request additional revisions, as needed.</li> <li>• Review accuracy of report</li> <li>• Complete all sections identified for DO as well as the following sections: <ul style="list-style-type: none"> <li>○ Special Procedures Report</li> </ul> </li> <li>• Sign the 06-26 electronically</li> <li>• Email the 06-26 to the CCL Liaison</li> <li>• Upload the 06-26 to S Drive</li> </ul>
4	PCC CCL Liaison	<ul style="list-style-type: none"> <li>• Notice CCL of all SIRs that require reporting within <b><u>24 hours</u></b> of the incident.</li> <li>• Review overall accuracy of the 06-26 and inform staff of any final revisions made, as needed.</li> <li>• Complete the outcome(s) sections of incident on: <ul style="list-style-type: none"> <li>○ SIR Facesheet</li> <li>○ Multiple Children, as needed.</li> </ul> </li> <li>• Send all 06-26 that required LE involvement to PCC PSPM for signature.</li> </ul> <p><b>NOTE:</b> If the incident did not require LE involvement, <b>skip step 5.</b></p>
5	PCC PSPM	<ul style="list-style-type: none"> <li>• Review 06-26 for overall accuracy and clarity</li> <li>• Sign 06-26 electronically</li> <li>• Send 06-26 back to PCC CCL Liaison</li> </ul>
6	PCC CCL Liaison	<ul style="list-style-type: none"> <li>• Send all 06-26 to CCL within 7 calendar days of the incident (use email encryption per Email Policy) and include PCC PSPM).</li> <li>• Send 06-26 to PCC Clerical for distribution.</li> </ul> <p>If additional time is needed to send the competed 06-26 to CCL, send an incident notification e-mail to inform CCL, PCC PSPM, and the child/youth's assigned SW.</p>
7	PCC Clerical	<p>Send 06-26 to PCC's internal and regional distribution list.</p> <p>For incidents involving LE contact go to <b>step 8.</b></p>

**SIR  
Documentation  
(cont.)**

Step	Who	Action
8	PCC CCL Liaison	<p>Within 6-months of an incident involving LE contact, PCC CCL Liaison must provide an update to CCL on the previously submitted 06-26.</p> <ul style="list-style-type: none"><li>• PCC CCL Liaison will:<ul style="list-style-type: none"><li>○ Include a supplementary comment in the “Follow up Actions” section of the Facesheet of the 06-26.</li><li>○ Obtain PCC PSPM signature.</li><li>○ Resubmit the 06-26 to CCL.</li></ul></li></ul>

**NOTE:** If the incident requires that a Suspected Child Abuse Report be submitted, refer to the Hotline – Non-Hotline Saff Takes Referral and Mandated Reporters policy.

**NOTE:** Some of the incidents will require PCC staff to complete a Critical Incident Report. A PCC supervisor will consult with a PCC PSMP and will refer to Critical Incident Protocol for guidance.

**Incidents that  
Require an SIR**

The table below lists the categories, type of incident(s), and descriptions of behaviors that require completion of an SIR.

**NOTE:** Incidents with an asterisk\* must be reported to CCL within 24 hours.

Category	Type of Incident(s)	Description
Avoidance	Attempted to Leave PCC Without Permission	Child/youth attempted to leave without permission.
	Leaves PCC Without Permission/Runaway *	<ul style="list-style-type: none"><li>• Child/youth is a low-risk runaway</li><li>• Child/youth is a high-risk, high-profile runaway (e.g., child/youth with diabetes, medication needs, experiencing suicidal ideation, CSEC)</li></ul>

**Incidents that  
Require an SIR  
(cont.)**

Category	Type of Incident(s)	Description
Aggressive Acts	Child on Child Assault *	<ul style="list-style-type: none"> <li>Child/youth assaults another child/youth without injury or causes injury that requires medical attention.</li> <li>Mild level aggression (pushing, grabbing without great force) or more serious aggressive acts (punching, biting, hitting etc.).</li> <li>May warrant assessment for danger to self or others.</li> </ul>
	Child on Staff Assault *	<ul style="list-style-type: none"> <li>Child/youth assaults an adult without injury or causes injury that requires medical treatment.</li> <li>Mild level aggression (pushing through staff, mildly resisting manual restraint) or more serious aggressive acts (punching, biting, etc.).</li> <li>May warrant assessment for danger to self or others.</li> </ul>
	Property Damage	Child/youth has damaged property accidentally or intentionally (including major property damage).
	Physical Aggression	Outbursts of anger by the child/youth including but not limited to behaviors such as throwing objects, slamming doors, overturning furniture, or slamming fists.
Interventions	Moving Restraint *	Per the Professional Assault Crisis Training (Pro-ACT), the temporary touching of the forearm, bicep, or shoulder for the purpose of moving a child to a safe place.
	Restraint *	Per Pro-ACT, the application of physical intervention that reduces or restricts the ability of an individual to move their limbs freely.

**Incidents that  
Require an SIR  
(cont.)**

Category	Type of Incident(s)	Description
Mental Health Assessment	Self-Destructive Behavior	Child/youth inflicts self-injury or subjects self to potential danger (e.g., scratching, cutting self) that is not life threatening but may warrant assessment for danger to self or others.
	Suicidal Ideation	Child/youth verbalizes thoughts of suicide or demonstrates behavior or gesture indicating suicidal tendencies.
	Suicide Attempt *	Child/youth attempts suicide.
	Emergency Screening Unit *	A child/youth is transported by Law Enforcement to be evaluated at the Child and Adolescent Psychiatric Services (CAPS) or Emergency Screening Unit (ESU).
	Psychiatric Hospitalization *	Child/youth is admitted to a psychiatric hospital.
Sexualized Behaviors	Sexual Acts with Another Child *	Child/youth engages in inappropriate sexual behavior (mutual sexual involvement, high risk, high profile, forced, or coerced sexual behavior).
First Aid/ Medical	Child Death *	Death of a child/youth that temporarily resides at PCC.
	Emergency Department *	<ul style="list-style-type: none"> <li>Severe injuries that require emergency care.</li> <li>Any emergency medical service call to a cottage, gym, school, etc.</li> </ul>
	First Aid at PCC Clinic *	Minor injuries such as cuts, scrapes, bruises, visible marks, etc. that are resolved by PCC Nursing staff.
	Injury to Child *	Any injury to a child/youth; i.e.: injuries such as cuts, scrapes, bruises, visible marks.

**Incidents that  
Require an SIR  
(cont.)**

Category	Type of Incident(s)	Description
First Aid/ Medical (cont.)	Injury to Staff	Any injury to a staff member caused by a child/youth regardless of if the staff received medical treatment or not.
	Medical Hospitalization *	Child/youth is admitted to a hospital for medical treatment by a health care professional beyond routine medical care.
Other	Police Involvement *	<ul style="list-style-type: none"> <li>• Less serious offenses such as minor shoplifting, loitering.</li> <li>• Major offenses such as car theft, vandalism, assault.</li> <li>• Any incident where the child has been the perpetrator or victim of any of the following: <ul style="list-style-type: none"> <li>○ Homicide</li> <li>○ Child Stealing (custody)</li> <li>○ Kidnapping</li> <li>○ Attempted Murder</li> <li>○ Rape</li> <li>○ Sodomy</li> <li>○ Unlawful Sexual Intercourse</li> <li>○ Lewd or Lascivious Acts</li> <li>○ Oral Copulation</li> </ul> </li> </ul>
	Substance Abuse *	<ul style="list-style-type: none"> <li>• Any use, suspected use, dealing, and/or selling by the child/youth of alcohol or illegal drugs.</li> <li>• Illegal Substance is found on a child/youth or with their belongings.</li> </ul>
	Arrest *	Child/youth is arrested.
	Contraband	When a child/youth has an item/object that can cause harm to the child(ren)/youth, staff and/or property damage at PCC to include, but not limited to spray paint, weapons, makeshift items that could be considered weapons, illegal substances, paraphernalia, alcohol, and/or prescription medications not prescribed to the child/youth etc.



**Incidents that  
Require an SIR  
(cont.)**

Category	Type of Incident(s)	Description
Other (cont.)	Other	Any additional significant information not addressed in incidents above (e.g., unauthorized person on grounds, attempts to incite a riot, confiscation of dangerous items).

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**Alignment with  
SET**

This policy supports SET [Value 1](#) and its guiding principle that enhancing safety for children and youth is the top priority for everyone involved. It also supports SET [Value 3](#) and the guiding principle that when children come into temporary shelter care at PCC, the continual focus is on their overall well-being.

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