# CCC Reporting Action Steps for Staff on Duty

If staff determine an event is reportable based on the “Reportable Incident Types for CINS/FINS” list the following steps should be completed **immediately** after the incident. The report must be sent to the CCC within 2 hours.

1. Fill out the CCC Form
2. Contact a Supervisor to consult (Go up the chain of command as necessary)
3. Call the CCC at 1-800-355-2280 and provide the Operator the information requested from the CCC Form
4. Fax the CCC form to the Chief Operations Officer 1-352-334-3817
5. Fax Reports or e-mail reports accepted by CCC to DJJ Office of Prev.& Victim Services, Jean Hall 1-850-922-6189 [J.Hall@djj.state.fl.us](mailto:J.Hall@djj.state.fl.us) Jean Hall’s direct line is 850-717-2429.
6. Document all actions taken and results in the Program Log Book

**DJJ Central Communication Center (CCC)**

**Reportable Incident Types**

**For CINS/FINS**

**Program Disruption Incidents**

1. Accident, Building Emergency or System Malfunction
2. Discovery of Illegal or Controlled Drugs, Alcohol, Firearms or Other Weapons
3. Contraband
4. Food Boycott
5. Disturbance
6. Hostage Situation
7. Incidents Involving Visitors
8. Natural or Environmental Disaster
9. Media Attention
10. Loss or Theft of Department Vehicles, Equipment or Youth Property
11. Threatened Use or Discovery of an Explosive Device
12. Vehicle Traffic Crash
13. Detention Placement Alert

**Escape/Abscond Incidents**

**Medical Incidents**

1. Contagious Diseases
2. Employee Death
3. PAR Restraint, Youth or Staff Injury
4. Off-site Medical Transport
5. Youth Injury
6. Medical Illness
7. Youth Death

**Mental Health and Substance Abuse Incidents**

1. Self-Inflicted Injury
2. Suicide Attempt and /or Suicide Gestures

**Complaints Against Staff Incident**

1. Force
2. Accessing, Downloading or Introducing Sexually Explicit Material
3. Sexual Misconduct
4. Improper Relationships
5. Employment Prior to Clearing Background Screening
6. Employee Arrest
7. Falsification of Records/Documents
8. Criminal Activity
9. Unauthorized Release
10. Health or Mental Health/Substance Abuse Services Complaint
11. Other Agency Investigations
12. Use of Intoxicating Substances
13. Threats by Staff

**Youth Behavior Incidents**

1. Battery (resulting in law enforcement arrest)
2. Felony Activity or Incidents Involving Youth on Community Supervision
3. Felony Arrests of Youth for Violations Committed While in Custody
4. Youth on Youth Sexual Contact

**INCIDENT REPORT-CENTRAL COMMUNICATION CENTER**

**CCC # 1-800-355-2280**

**CDS Family & Behavioral Health Services, Inc.**

1. **Incident Site/Code Number:** (check one) \_\_\_\_\_\_IYPC/ 5745 \_\_\_\_\_\_IYPNW/5746 \_\_\_\_\_\_IYPE/5747
2. **Incident Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_ \_\_\_am or \_\_\_pm Specific Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Date staff learned of the incident\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_ \_\_\_am or \_\_\_pm**
4. **Name(s) of those involved and their status:**

**Name Participant Staff Parent Other Person Involved**

C/F, DCF

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1. **Incident Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Description/Summary of Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Other important information:**

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1. **Action taken to correct/resolve the incident:**

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1. **Supervisor Contacted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ am \_\_pm
2. **Individual calling CCC Incident: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Date called CCC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time called CCC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**am or **\_\_\_\_\_**pm
4. **CCC Operators Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Check if message left \_\_\_\_**
5. **CCC Response: \_\_\_\_\_Not Accepted \_\_\_\_\_Accepted Confirmation # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Staff Completing Form Date Supervisor Signature Date**