



FLORIDA DEPARTMENT OF JUVENILE JUSTICE PROTECTIVE ACTION RESPONSE INCIDENT REPORT



DATE COMPLETED: _____ / _____ / _____
month day year

SECTION ONE

Facility/Program/Unit: _____
Please, no abbreviations.

Youth's Name: _____ last / first Birth Date: _____ / _____ / _____
month day year

Age: _____ Race: _____ Sex: _____ Height: _____ Weight: _____

SECTION TWO

Date of Incident: _____ / _____ / _____ Time of Incident: _____ a.m. / p.m. (Circle one.)
month day year

**Print the Names & Titles of All Staff Members
Who Were Engaged With the Youth During the
Incident (Including the Lead Staff Member)**

**Print the Names & Titles of Other Staff Members &
Names & Identities of Non-Staff Members
(youths, parents, etc.) Who Observed the Incident**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SECTION THREE

(a) The lead staff member (*person initiating the intervention*) and each other staff member *engaged* with the youth, as listed above in the left-hand column, shall give a complete explanation of what occurred, using the guidelines provided on the page entitled, "*Continuation Sheet – Explanation of Incident.*"

(b) Were mechanical restraints used? Yes No If "Yes," attach the Mechanical Restraints Supervision Log.

(c) After asking those involved in the incident, were any injuries reported or observed as a result of the type of response used? Yes No If "Yes," please explain. Include names and titles. _____

SECTION FOUR

(a) **Lead Staff Member (Person Who Initiated Intervention)**

Name / Title _____

Signature _____ Telephone (_____) _____

(b) **Supervisor/Acting Supervisor on Duty at Time of Incident:** I have reviewed this report. Date ____/____/____
month day year

Name / Title _____ Signature _____

Comments: (If additional space is needed, use the page entitled, "Continuation Sheet – Other Pertinent Information.")

(c) **PAR Instructor or PAR Certified Supervisory Staff Person:**

I have reviewed this report. Date ____/____/____ Signature _____
month day year

Name / Title _____

1. The use of the physical intervention techniques and/or mechanical restraints was in compliance with PAR policy and the PAR training curriculum. Yes No If you answered "no," explain why.

Comments: (If additional space is needed, use the page entitled, "Continuation Sheet – Other Pertinent Information.")

(d) **Post PAR Interview - Administrator/Designee:** (NOTE: Completion of this section is not required if the staff member completing the PAR Report is a Juvenile Probation Officer (JPO), Senior JPO, or a JPO Supervisor.)

1. I have interviewed the youth within the 30-minute time frame. A Medical Review is necessary. Yes No

Name / Title _____ Date ____/____/____
month day year

Signature _____ Telephone (_____) _____

Post PAR Interview Comments:

(e) **Administrator/Designee:** I have reviewed this report. Date ____/____/____
month day year

Name / Title _____ Signature _____

Comments/Corrective Action Taken by Administrator _____
