



700 Kipling Street, Suite 1000  
 Lakewood, CO 80215

## Office of Community Corrections CCC-020: Incident Notification and Resolution

*Please send all incident correspondence to [cdps\\_dcj\\_occ@state.co.us](mailto:cdps_dcj_occ@state.co.us).*

**Form Instructions:**

This is a fillable PDF form. You will need either Adobe Acrobat or Adobe Reader to complete and save this form. Adobe Reader may be downloaded for free at <http://get.adobe.com/reader>.

Please fill out the form completely and send it to the email address above. If you have any questions or need assistance, please do not hesitate to contact the Office of Community Corrections.

**Guidance:**

Notification must clarify the status of the incident and any action(s) being taken to resolve the situation. Any information obtained after the initial notification that is relevant to the status or outcome of the incident at the time of resolution should be reported, including any accommodations\* that were necessary or made by the program to support after the incident.

**Program/Agency Information**

**Reporting Staff Information**

Agency: Address: City: Zip:	Name: Title: Phone Number: JD/County:
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**Agencies Notified**

<input type="checkbox"/> Community Corrections Board Name/Title:	<input type="checkbox"/> Judicial   <input type="checkbox"/> Dept. of Corrections Name/Title:	<input type="checkbox"/> Other Agency Notified Name/Title:
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**Incident Notification Type**

<input type="checkbox"/> PREA Allegation/Investigation <sup>1</sup> <input type="checkbox"/> (a) The occurrence of any communicable disease that poses a significant threat to staff or clients; <input type="checkbox"/> (b) <sup>2, 3</sup> Any criminal offense alleged to have been committed by a client or staff member on or off grounds; <input type="checkbox"/> (c) <sup>3</sup> Any altercation, on or off grounds, involving a client resulting in injury or law enforcement involvement; <input type="checkbox"/> (d) <sup>4</sup> The death of a client; <input type="checkbox"/> (e) <sup>3</sup> Use of force by a staff member; <input type="checkbox"/> (f) Any event that has compromised or may compromise the provision of supervision and safe care, including but not limited to: damage to the facility, employee strike, interruption in food service, and/or protracted interruption in utilities; <input type="checkbox"/> (g) Any event that has the potential for media coverage; <input type="checkbox"/> (h) Occurrences in which a client, staff or visitor is transported by ambulance, treated in an emergency department or admitted to a hospital due to serious bodily injury, <b>overdose</b> or there is a significant risk to loss of life. Emergency transports for routine health conditions need not be reported to the OCC.
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<sup>1</sup> All subsequent correspondence containing status updates / outcome / resolution after the initial notification shall be sent to the OCC PREA Coordinator.

<sup>2</sup> Client escape notifications do not need to be submitted.

<sup>3</sup> A copy of the police report may be requested for review.

<sup>4</sup> A summary of the findings from the opinion of the coroner (cause / manner of death) shall be reported. A copy of the coroner's report does not need to be submitted.

\*Accommodations may be necessary to resolve the situation and assist in moving forward after the situation. These may include but are not limited to medical care, crisis support services, potential changes to room arrangements (i.e. closer to the security office), additional checks on / with the affected client(s), enhanced cleaning procedures, additional room searches / facility searches, and more. These actions may be in response to additional information obtained upon a client's return to the facility, or during follow-ups, and help us know where the incident stands.



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**Incident Notification Details** *Must be received within 24 hours*

Date of Notification:

Notification Type:

Phone

Email

Notification Involves:

Client

Client Name:

Client Status:

Active

In Review – Estimated Review Decision Date:

Terminated – Termination Date:

Client Placement Type:

DIV

DOC

COP

Other (specify other placement type):

Staff

Staff Name:

Staff Status:

Active

In Review – Estimated Review Decision Date:

Terminated – Termination Date:

**OMA-014: Staff Criminal Conduct**

Not Applicable

Program wishes to retain the current employee who has been formally charged with or convicted of a crime.

- Program will request approval from the local community corrections board, referral agencies and the OCC.
- Notification to referral agencies will include a plan for addressing the continued employment of the staff person.

Visitor(s):

Facility

Nature of Incident:

Other (specify other involved party):

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Description of the Incident:

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Status of the Incident/Action(s)\* being taken to resolve the situation:

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**Additional Correspondence** *Include any accommodations\* that were necessary or made by the program to support after the incident*

Information obtained after the initial notification relevant to the status/outcome of the incident:

*Please note that our staff may reach out for additional information or follow-up, as necessary.*

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