
 <p>Corrections and Community Supervision</p> <p>DIRECTIVE</p>	<p>TITLE</p> <p>Unusual Incident – Community Supervision</p>		<p>NO. 9430</p>
			<p>DATE 09/03/2020</p>
<p>SUPERSEDES</p> <p>DOP P&P Manual Item 9401.00</p>	<p>DISTRIBUTION</p> <p>A</p>	<p>PAGES</p> <p>PAGE 1 OF 3</p>	<p>DATE LAST REVISED</p>
<p>REFERENCES (Include but are not limited to)</p> <p>Directives #4905, #9218, #9800</p>	<p>APPROVING AUTHORITY</p> 		

- I. **PURPOSE:** To instruct Community Supervision staff in reporting, responding to, investigating, and documenting unusual incidents.
- II. **POLICY:** Community Supervision staff are required to immediately report any unusual incident to their supervisor or designee and ensure that [Form #CS1033](#), “Unusual Incident Report” (UIR), is completed within 24 hours.
- III. **DEFINITIONS**
 - A. Unusual Incident: Any noteworthy incident requiring immediate notification through the chain of command, including:
 1. Any act committed in the normal course of duties or while off duty that results in serious physical injury or death to Community Supervision staff or to another person;
 2. Suicide or attempted suicide by a parolee while in custody;
 3. Accident resulting in serious physical injury/death to staff (on duty);
 4. Accident resulting in serious physical injury/death to parolee (in custody);
 5. Discharge of a State-issued or approved personally owned firearm;
 6. Escape or attempt to escape of a person in Community Supervision custody;
 7. Theft, damage, or loss of a State firearm or State-approved personally owned firearm;
 8. Motor vehicle accidents resulting in damage;
 9. Automobile accidents while on duty resulting in injury to any person;
 10. Hostage situation or standoff with police or Department of Corrections and Community Supervision (DOCCS) staff;
 11. Parolee homicide, parolee suicide, or parolee death while in custody;
 12. Use of Oleoresin Capsicum/Baton to counter resistance to an arrest;
 13. Any arrest of a staff member (misdemeanor or felony);
 14. Any conduct by Community Supervision staff which could reflect negatively on the Department;
 15. Any domestic violence incident involving a staff member;
 16. Loss of a piece of State-issued equipment other than a firearm, handcuffs, magazines, ammunition, baton, ballistic vest, or police radio;
 17. Loss of or damage to a State cell phone; and
 18. Minor damage to a State vehicle.

- B. Serious Physical Injury: Physical injury which creates a substantial risk of death or which causes death or serious and protracted disfigurement, protracted impairment of health, or protracted loss or impairment of the function of any bodily organ.

NOTE: Any Community Supervision staff involved in a work-related accident must contact the Accident Reporting System and must submit an Employee Accident Report (EAR) within 24 hours unless they are unable to return to work, regardless of whether or not there is an injury. Supervisors will complete and submit the UIR, [Form #CS1033](#), and EAR for any staff who are unable to return to work.

IV. PROCEDURE

A. Reporting Unusual Incidents

1. Community Supervision Staff: Community Supervision staff will immediately complete a verbal report of any unusual incident to their supervisor or designee. Notification must also be made through the chain of command to the Assistant Commissioner.
 - a. The supervisor or designee will direct the staff member to submit a completed UIR, [Form #CS1033](#), within 24 hours of the notification of the unusual incident.
 - b. In response to an escape from custody, Community Supervision personnel must immediately notify the Command Center and Community Supervision Operations Center (CSOC) via telephone call and complete all incident reports as required by Department policies and procedures.
 - c. Victim Assistance shall initiate victim notification pursuant to Department procedures and protocols.
 - d. If the unusual incident involves a motor vehicle accident, the report must include a police report and estimate of repair costs.
 - e. In the event of staff injury, the Accident Reporting System procedures must be followed and the Accident Reporting System number must be noted in the UIR narrative.

NOTE: The following unusual incidents will be reported immediately, via the chain of command, to the respective Community Supervision Assistant Commissioner and the Office of Special Investigations (OSI): serious injury or death of a staff member in the line of duty or of a parolee in custody; discharge or loss of a State-issued or approved personally owned firearm; escape of a parolee; fire, explosion, or burglary of a Community Supervision office; or arrest of a staff member.

2. Bureau Chief or Designee
 - a. Where appropriate, the Bureau Chief or designee will immediately report to the scene and will assume command of Community Supervision personnel and their activities and act in the capacity of Community Supervision liaison with law enforcement and emergency response personnel.
 - b. The Bureau Chief or designee may make a request to the Regional Director for the Critical Incident Response Team to report to the scene.

B. Documenting Unusual Incident Reports

1. Community Supervision Staff: Community Supervision staff must complete and submit a UIR, [Form #CS1033](#), within 24 hours of the notification of the unusual incident and distribute the report to the staff members and office locations delineated on the report form.

2. Bureau Chief or Designee: The Bureau Chief or designee will review, sign, and distribute the report to the Community Supervision chain of command as soon as possible and will ensure that any additional reports, photographs, records, and statements necessary to document the incident are attached.
3. Regional Director or Designee
 - a. The Regional Director or designee will review the UIR to ensure accuracy and verify that all required reports, photographs, records, and statements are included and then distribute the UIR and associated documents to the respective Assistant Commissioner, Director of Internal Operations, and the Office of Special Investigations (OSI). Any report involving vehicle damage will include distribution to Support Operations.
 - b. The Assistant Commissioner will review the UIR and accompanying documentation and, where required, send the report to the Director of OSI and to the Director of Personnel.

NOTE: Information not available at the time of preparation of the initial report must be submitted as a supplementary UIR.

V. INVESTIGATION OF UNUSUAL INCIDENTS

- A. Regional Director for Community Supervision: A Director or above ranking staff member may, upon review of the UIR, initiate an investigation at a local level.
- B. Office of Special Investigations (OSI): OSI initiates investigations of incidents as follows:
 1. All firearm-related incidents involving staff where the firearm was discharged **MUST** be investigated;
 2. Any incident involving injury to an employee in the performance of their duties **MAY** be investigated at the discretion of OSI and the Deputy Commissioner for Community Supervision;
 3. Any injury to a parolee as a result of any involvement with staff **MAY** be investigated at the discretion of OSI and the Deputy Commissioner for Community Supervision; and
 4. Any conduct by staff that is considered detrimental to the best interests of the Department **MAY** be investigated at the discretion of OSI and the Deputy Commissioner for Community Supervision.

NOTE: UIR's containing confidential medical information **MUST** be forwarded in a sealed envelope labeled "CONFIDENTIAL." If the information pertains to Community Supervision staff, the Regional Director **MUST IMMEDIATELY** forward the information to the Director of Human Resources. UIR's and other documents containing confidential medical information are **NOT** to be kept on file at the bureau, area, or regional office. They are to be **DESTROYED** once it has been verified that the Director of Human Resources has received the information.

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
UNUSUAL INCIDENT REPORT
COMMUNITY SUPERVISION

FORM COMPLETED BY:	
TITLE:	

REGION		Bureau/Facility		Date of Incident		Time of Incident	
Staff Member Involved (Name & Title)							
Other Community Supervision Staff Involved (Names & Titles)							
Releasees/Inmates Involved (Names/NYSIDs)							
Other Witnesses (Names/Addresses)							

TYPE OF INCIDENT

- ☐ An act committed in the normal course of duties or while off duty that results in serious physical injury or death to Community Supervision staff or to another person
- ☐ Suicide or attempted suicide by a parolee while in custody
- ☐ Accident resulting in serious physical injury/death to staff (on duty)
- ☐ Accident resulting in serious physical injury/death to parolee (in custody)
- ☐ Discharge of State-issued or approved personally owned firearm
- ☐ Escape or attempt to escape of a person in Community Supervision custody
- ☐ Theft, damage, or loss of a State firearm or State-approved personally owned firearm
- ☐ Motor vehicle accidents resulting in damage
- ☐ Automobile accidents while on duty resulting in injury to any person
- ☐ Hostage situation or standoff with police or DOCCS staff
- ☐ Parolee homicide, parolee suicide, or parolee death in custody
- ☐ Use of Oleoresin Capsicum/Baton to counter resistance to an arrest
- ☐ Any arrest of a staff member (misdemeanor or felony)
- ☐ Any conduct by Community Supervision staff which could reflect negatively on the Department
- ☐ Any domestic violence incident involving a staff member
- ☐ Loss of a piece of State-issued equipment other than a firearm, handcuffs, magazines, ammunition, baton, ballistic vest, or police radio
- ☐ Loss of or damage to a State cell phone
- ☐ Minor damage to a State vehicle
- ☐ Other:

Location of Incident:

--

Description of Incident (who, what, when, where, why, how, including events leading to incident):

--

Police or Other Agency Involved: ☐ YES ☐ NO
(If yes, include name(s), injury, status, etc.)

--

Was there injury or death? ☐ YES ☐ NO
(If yes, name/address/phone/name of officers responding, case #, etc.)

--

Was State property damaged? ☐ YES ☐ NO
(If yes, explain extent and repair cost)

--

Was private property damaged? ☐ YES ☐ NO

State Vehicle: Damaged ☐ Stolen ☐ N/A ☐

Plate #		Make:		Model:		Year:	
Vehicle Assigned To:				State Vehicle I.D. #			

(attach copy of accident report, if applicable)

Was State-issued or State-approved personally owned equipment lost or stolen? ☐ YES ☐ NO
(If yes, list equipment, serial numbers, and to whom assigned)

--

NOTE: Lost or stolen State property must be reported to the police department (attach copy of police report)

Initial Report of Incident

Date	Time	Reported To	Reported By

Written Report of Incident

Completed By:	Signature:	Date:
Supervisor's Name:	Signature:	Date:

Supervisor's Comments:

Supervisor's Name:	Signature:	Date:

Bureau Chief's Recommended Action:

Bureau Chief:	Signature:	Date:

Assistant/Regional Director's Decision:

ARD/RD:	Signature:	Date:

If workplace violence, please describe actions taken as a result of the incident to prevent further occurrences:

ARD/RD:	Signature:	Date:

DISTRIBUTION:

ORIGINAL/FULLY EXECUTED – Director of Human Resource Management

cc: Deputy Commissioner for Community Supervision, Assistant Commissioner, Director of Internal Operations

Retain copies at Regional Office and Bureau Office

NOTE: Where information provided in this report indicates a diagnosis of disease or infection, or a domestic violence incident the form shall be labeled "CONFIDENTIAL" and sent only to the Director of HRM.