



# Protective Action Response (PAR) Fidelity Request Form



CCC Report Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Program Area:      Detention                      Probation                      Residential                      Other

Region:              North                      Central                      South

Program/Facility Name: \_\_\_\_\_

Program/Facility Address: \_\_\_\_\_

Administrator/Program Monitor: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Regional Director: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Type of Request (check ALL that apply):

Review of Incident

PAR Instructor Remediation

Comments/Explanation: Please specify the purpose for the PAR Fidelity Request:

Were all staff involved, PAR certified at the time of the incident?

Yes

No

Supporting Documentation:

List of staff involved

PAR Report(s)

Incident Report(s)

Video(s)

Please specify other documents provided: \_\_\_\_\_

\_\_\_\_\_  
Requestor Signature /Title

\_\_\_\_\_  
Email Address/ Phone #

*For the use of the Office of Staff Development and Training*

Incident assigned to: \_\_\_\_\_

Date assigned: \_\_\_\_\_

Assigned by: \_\_\_\_\_

\_\_\_\_\_  
Signature of DJJ Master PAR Instructor

\_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_  
Email Address/Phone #

*Use the PAR Fidelity Monitoring Form to report findings, provide recommendations, and/or a PAR Corrective Action Plan.*