

**DISTRICT OF COLUMBIA
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT**

BULLETIN NO. 72

SEPTEMBER 2006 (Reissued)

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REFERRAL OF JUVENILE FIRE-SETTERS

Section 1. Program Information

The Juvenile Fire-Setters Intervention Program is a short-term counseling/education intervention program designed to enlighten parents and children about fire safety and the consequences of fire. This program identifies and services juveniles ranging in ages from 2 to 17. The program will identify and provide short-term counseling needs of the juvenile as well as make referrals when long-term counseling services are needed.

The success of the Juvenile Fire-Setters Intervention Program depends on several factors. First, the community must be educated about the real problems of juvenile fire-setting. It is critical that the public understand the seriousness of juvenile involvement in fire-setting and their role in aiding in its control. This understanding will make the public knowledgeable enough to take appropriate steps to assist the intervention program objectives. The "public" includes District of Columbia Government Agencies, D.C. Public Schools, parents, and community organizations.

Section 2. Referral Procedures

Referrals can be accepted from any source in the community. However, the members of the Fire/Arson Investigation Unit are the rudimentary source for revealing incidents involving potential or repeat juvenile fire-setters. Through their daily involvement in fire incident investigations, this Unit identifies approximately 85% - 90% of the "at risk" or "repeat" juvenile fire-setters. In the event a fire incident does not warrant contacting the Fire/Arson Investigation Unit and a juvenile is suspected of having fire-setting/fire play tendencies, the Battalion Chief or his designee will complete the Juvenile Fire-Setters Referral Form and inform the parent/guardian that the counselor will contact them. The form should then be sent along with the "Incident Report" to the Juvenile Fire-Setter counselor within the time frame that coincides with the referral classification.

In the event that a parent/guardian brings a juvenile into the fire house to be spoken to about playing with matches, lighters, etc., the Battalion Chief or his designee will inform the parent that the Juvenile Fire-Setter counselor will be contacting them. The Referral Form should be filled out completely and sent to the counselor within a three day period.

Through community involvement, the Firefighting Division will be very essential in disseminating information, provided by the Fire Prevention Division, regarding the Juvenile

Fire-Setters Intervention Program's objectives and counseling services. This can be done during open houses and school field trip visits.

Section 3. Juvenile Fire-Setters Referral Form

The Juvenile Fire-Setters Referral Forms serve dual roles, for assessment, evaluation, as well as data collection. When completing the referral form you must complete the following sections accurately:

1.	Incident Number	Obtained from Office of Unified Communications or should indicate juvenile is a walk-in.
2.	File Number	To be filled out by Juvenile Fire-Setter Counselor.
3.	Incident Time	Obtained from Office of Unified Communications or should indicate time of walk-in.
4.	Incident Date	Date incident occurred.
5.	Evaluation	To be completed by Juvenile Fire-Setter Counselor
6.	Referred By	Person making referral.
7.	Contact Number	Where person making referral can be reached during the day.
8.	Respondent's Name	Juvenile's Name.
9.	Nickname/Alias	Other names used for that juvenile.
10.	Address	Juvenile's current residence.
11.	Ward #	Ward where juvenile lives.
12.	Home Phone #	Juvenile's current home phone number.
13.	Sex	Gender of juvenile.
14.	Race	Racial make up of juvenile.
15.	Height/Weight	Juvenile's approximate physical make-up.
16.	Birth Date	Needed to determine age of juvenile.
17.	Birthplace	Needed to understand the make-up of the juvenile's background
18.	Parent/Guardian Info	Needed in order to obtain permission to counsel juvenile. In some cases, the parent's address is different from juvenile's.
19.	School Information	Needed for statistical purposes
20.	Incident Location	Needed if different from residence. Ward # for statistical information
21.	Referral Classification	<p>(Immediate) - In the event a fire incident is of a large magnitude there is a fire casualty or traumatic injury involving a juvenile, the counselor should be contacted immediately, through Office of Unified Communications and in most cases, shall proceed to the incident scene for immediate crisis intervention. Note: This referral should only be made by Fire/Arson Investigators.</p> <p>All other incidents that are not "immediate", referral forms should be received by the Juvenile Fire-Setter Counselor</p>

		within three days.
22.	Summary of Incident	Brief summary should be given about the child's involvement in the incident / occurrence.
23.	Signatures	The officer in charge of the fire house during the time of incident/occurrence should sign the bottom of the referral form under Approving Supervisor. In the event that another person takes the initial report (i.e., Sergeant, Lieutenant, Firefighter), that person will sign under the Reporting Investigator section while the officer in charge signs under the Approving Supervisor section.

A copy of the form shall be kept on file by the reporting unit. The original and a copy shall be sent to the Juvenile Fire-Setter Counselor in the Fire Marshal's Office.

Copy of Form Attached.



District of Columbia Fire and EMS Department

Fire Prevention Division
441 4th Street N.W., Suite 370
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202-727-1600

Juvenile Firesetter's Incident / Referral

Incident Number _____		File Number: _____	
Incident Time _____		Incident Date: _____	
Evaluation Date _____		Referred By _____	
Contact # _____		Respondent's Name: _____	
Nicknames / Alias: _____		Address: _____	
Ward # _____		Home Phone # _____	
Phone # _____		City _____ State _____ Zip Code _____	
Sex: _____ Race: _____		Birth Date: _____	
Height: _____ Weight: _____		Birthplace: _____	
Respondent's Parent/ Guardian, Information:		Home Phone # _____	
Name: _____		Work Phone # _____	
Address: _____		Other Phone # _____	
Respondent's School Information:		Grade: _____	
Name of School _____		Attending: Yes ___ No ___	
		Suspend: Yes ___ No ___	
Location of Incident:		Ward # _____	
Address: _____			
Referral Classification: <input type="checkbox"/> Immediate <input type="checkbox"/> Two Days <input type="checkbox"/> Three Days <input type="checkbox"/> Uncertain			

Summary of incident: Give brief summary of incident leading to referral :

Signature of Reporting Investigator _____	Signature of Approving Supervisor _____
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