

2022-2023 Student Safety Data Systems



South Hunterdon Regional School District

2022-2023 Data Collected from
September – June

Incident Information

School		
Incident date ____ / ____ / ____ (mm/dd/yyyy)		
Incident description		
Incident Type (multiple incident types may be selected for a single incident)		
<input type="checkbox"/> Arson	<input type="checkbox"/> Fight	<input type="checkbox"/> Sexual Contact
<input type="checkbox"/> Assault	<input type="checkbox"/> HIB Alleged	<input type="checkbox"/> Sexual Assault
<input type="checkbox"/> Computer Trespass	<input type="checkbox"/> HIB Confirmed	<input type="checkbox"/> Trespass
<input type="checkbox"/> Damage to Property	<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Theft (>\$10)
<input type="checkbox"/> False Public Alarm	<input type="checkbox"/> Robbery/Extortion	
<input type="checkbox"/> Threat, Simple	<input type="checkbox"/> Substance suspected/refused exam	
<input type="checkbox"/> Threat, Criminal <i>select type→</i>	<input type="checkbox"/> Aggravated Assault	<input type="checkbox"/> Homicide <input type="checkbox"/> Sexual Assault
	<input type="checkbox"/> Arson	<input type="checkbox"/> Kidnapping
<input type="checkbox"/> Substance Use Confirmed <i>select type→</i>	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Heroin
	<input type="checkbox"/> Anabolic steroids	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Substance Possession <i>select type→</i>	<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Unauthorized over-the-counter substances
	<input type="checkbox"/> Designer/Synthetic Drugs	<input type="checkbox"/> Unauthorized prescription drugs
<input type="checkbox"/> Substance Sale/Distribution <i>select type→</i>	<input type="checkbox"/> Drug paraphernalia	<input type="checkbox"/> Undetermined
<input type="checkbox"/> Weapon Use <i>select type→</i>	<input type="checkbox"/> Air Gun	<input type="checkbox"/> Knife/Blade
<input type="checkbox"/> Weapon Possession <i>select type→</i>	<input type="checkbox"/> Bomb	<input type="checkbox"/> Spray
<input type="checkbox"/> Weapon Sale/Distribution <i>select type→</i>	<input type="checkbox"/> Handgun	<input type="checkbox"/> Other
Incident location		
On school grounds		
<input type="checkbox"/> In school building		
<input type="checkbox"/> At school entrance		
<input type="checkbox"/> Outside of school building		
<input type="checkbox"/> Off school grounds (HIB only)		
<input type="checkbox"/> Both on and off school grounds		
Reported to police? <input type="checkbox"/> check if yes		
Was incident bias-related? <input type="checkbox"/> check if yes		
If yes, did bias intimidation occur? <input type="checkbox"/> yes <input type="checkbox"/> no		
Number of known offenders		
Number of known victims		
____ victim(s) at this school		
____ victim(s) from another school		
____ staff victim(s)		
____ other non-student victim(s)		
Total known victim(s)		
Was this a violent criminal offense? <input type="checkbox"/> yes <input type="checkbox"/> no (If no, stop here)		
Transfer available to student victim(s)? <input type="checkbox"/> yes <input type="checkbox"/> no		
If no, explain why transfer option not available: _____		
If yes, was transfer completed within 30 days? <input type="checkbox"/> yes <input type="checkbox"/> no		
If transfer not completed within 30 days, explain why: _____		

Student Safety Data System (SSDS) Incident Report Form

Offender Information

Attach additional page for each offender

Offender type <input type="checkbox"/> Student at this school	
<input type="checkbox"/> Student from another school	
<input type="checkbox"/> Non-student	
<i>Complete the section below for students at this school only.</i>	
First Name _____ Last Name _____ <i>(offender name not entered in SSDS)</i>	
NJ SMART ID _____ <i>(10-digit state identification number)</i>	
Does this student have an IEP? <input type="checkbox"/> check if yes If yes, was this district responsible for the student's IEP at the time of this incident? <input type="checkbox"/> yes <input type="checkbox"/> no If no, enter the 4-digit code of the district responsible for this student's IEP at the time of this incident. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did the offender cause injury? <input type="checkbox"/> check if yes If yes, what injury did offender cause? <input type="checkbox"/> minor injury <input type="checkbox"/> major injury <input type="checkbox"/> serious bodily injury
Was offender arrested? <input type="checkbox"/> yes <input type="checkbox"/> no	
Was offender suspended? <input type="checkbox"/> yes <input type="checkbox"/> no	
Educational services provided during suspension? <input type="checkbox"/> yes <input type="checkbox"/> no	
In-school suspension _____ Number of days <i>(minimum 0.5)</i>	
Out-of-school suspension _____ Number of days <i>(minimum 0.5)</i>	
Total days suspended _____	
Other removal type <input type="checkbox"/> None <input type="checkbox"/> Removal to another school <input type="checkbox"/> Removal to alternative education program <input type="checkbox"/> Expulsion <input type="checkbox"/> Unilateral removal _____ Number of days <i>(minimum 0.5)</i> <input type="checkbox"/> Removal by hearing officer _____ Number of days <i>(minimum 0.5)</i> <input type="checkbox"/> Removal to other	
Did the offender receive other disciplinary action? <input type="checkbox"/> yes <input type="checkbox"/> no	
How was the Gun-Free Schools Act followed? <i>(for weapons incidents involving air gun, handgun, rifle or bomb only)</i> _____ _____	

Harassment, Intimidation, or Bullying (HIB) Information

Student Safety Data System (SSDS) Incident Report Form

Harassment, Intimidation, or Bullying (HIB) Information

Complete this section for HIB Alleged and Confirmed incidents

Incident Investigated within 10 days? yes no

Lead Investigator First Name _____ Last Name _____

Nature of HIB incident (check all that apply)

<input type="checkbox"/> Race and/or color	<input type="checkbox"/> Religion	<input type="checkbox"/> Ancestry and/or origin	<input type="checkbox"/> Gender and/or gender identity & expression
<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Mental, physical or sensory disability	<input type="checkbox"/> Other distinguishing characteristics	<input type="checkbox"/> No identifiable nature (<i>HIB alleged only</i>)

Complete this section for HIB Confirmed incidents only

Effect of HIB Incident
The effect of the HIB incident must have substantially disrupted or interfered with orderly operation of school or rights of other students. (Check all other effects that apply.)

- Offender knew action would physically or emotionally cause harm to the victim or damage to the victim's property
- Victim was in fear of physical or emotional harm or damage to personal property
- Insulted or demeaned a student or a group of students
- Interfered with a victim's education
- Created a hostile educational environment by severely or pervasively causing physical or emotional harm to the student

Mode of HIB Incident (check all that apply)

Gesture Written Verbal Physical Electronic communication

Remedial Action(s) for the Offender(s) (check all that apply)

Intervention and Referral Services Parent conference Peer support group Referral for therapy treatment

Restorative practices Student counseling Other measures

Remedial Action(s) for the Victim(s) (check all that apply)

Intervention and Referral Services Parent conference Peer support group Referral for therapy treatment

Restorative practices Student counseling Other measures

Complete victim information for HIB Alleged and Confirmed incidents (for student victims at this school only)

Victim
First Name _____ Last Name _____ *Victim name not entered in SSDS*

Gender Male Female Non-Binary/Undesignated

Race/Ethnicity

Hispanic or Latino of any race Asian Black or African American White

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Two or more races

LEP yes no **Disability Status** yes (IDEA) yes (504 only) no

Victim
First Name _____ Last Name _____ *Victim name not entered in SSDS*

Gender Male Female Non-Binary/Undesignated

Race/Ethnicity

Hispanic or Latino of any race Asian Black or African American White

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Two or more races

LEP yes no **Disability Status** yes (IDEA) yes (504 only) no

Count Incidents by Location 2022-2023

School	Substance Offense	Vandalism	Violence	Weapons	HIB Reported	HIB Confirmed
LPS	0	0	0	0	1	0
WAS	0	0	2	0	4	1
MS/HS	2	0	2	0	15	5
Total	2	0	4	0	20	6

District Trends - 4 Years

	2019-2020	2020-2021	2021-2022	2022-2023
Violence	5	0	5	4
Vandalism	0	0	2	0
Weapons	0	0	3	0
Substance Offense	4	0	8	2
HIB Reported	6	4	12	20
HIB Confirmed	4	4	8	6

What we have in place within the district:

- Educating the “whole” child
 - District Goal
 - Mindfulness
 - Conscious Discipline training
 - Crisis Prevention Intervention training for all staff
- Youth Mental Health First Aid Training for all staff working with students ages 12-18.
- Counselors
- Student Assistance Counselor
- Anti-Bullying Specialists
- Restorative Practices
- Hunterdon Safe Schools App
- Children’s First Mental Health Clinician
- Threat Assessment Team
- Week of Respect (10/2 – 10/6)
- Violence and Vandalism Awareness Week (10/16 -10/20)
- Challenge Day (8th and 9th grade students) on November 28, 29
- Holocaust Survivor speaker (7th and 8th grade students) on November 8.