A logo with text on it

Description automatically generated with medium confidence3900 University Blvd, Tyler, TX 75799

Email: [yp@uttyler.edu](mailto:yp@uttyler.edu)

Phone: (903) 565-5723

Website: [www.uttyler.edu/camps/youth-protection](http://www.uttyler.edu/camps/youth-protection)

**Youth Program Incident Report**

This form is to be used for all incidents of illness, medical accident/injury, and program rule violations including all incidents where participants are given a warning in which consequences are stated, or any early departures. Incidents are to be documented completely and emailed to the Youth Program Liaison at [yp@uttyler.edu](mailto:yp@uttyler.edu).

**Instructions:**

1. Call the Youth Protection Liaison at (903) 565-5723 or (210) 870-0159 immediately (regardless of time of day) after incidents where police, EMS, and/or parents are contacted and give a detailed explanation of the incident. Please leave a message.
2. Fill out all applicable sections of this report.
3. Email the completed report to [yp@uttyler.edu](mailto:yp@uttyler.edu) within twelve (12) hours.
4. Save an electronic copy for any future reference.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Basic Information** | | | | | | | | | | | |
|  | Program Name | | |  | | | | | | | |
|  | Program Information | | |  | | | | | | | |
|  | Program Director Name | | |  | | | | | | | |
|  | Person who Originally Reported | | |  | | | | | | | |
|  | Reporter Name | | |  | | | | | | | |
|  | Reporter Contact Information | | |  | | | | | | | |
|  | Date Report Completed | | |  | | | | | | | |
| **Incident Information** | | | | | | | | | | | |
|  | Date of Incident | | |  | | | | | | | |
|  | Time of Incident | | |  | | | | | | | |
|  | Location of Incident | | |  | | | | | | | |
|  | Were there any witnesses? | | | Yes | | | | No | | | |
|  | Witness Contact Information | | |  | | | | | | | |
|  | Times Incident has Occurred | | | First | | | Second | Third | | Recurring | |
| **Type of Incident** | | | | | | | | | | | |
|  | | | Behavioral | | | | | | | | |
|  | | | Accident | | | | | | | | |
|  | | | Illness | | | | | | | | |
|  | | | Injury (Mark Body Part Affected Below) | | | | | | | | |
| **X** | | **Mark Appropriately** | | | **X** | **Mark Appropriately** | | | **R** | | **L** |
|  | | Head | | |  | Eye | | |  | |  |
|  | | Face | | |  | Shoulder | | |  | |  |
|  | | Neck | | |  | Arm | | |  | |  |
|  | | Chest | | |  | Hand | | |  | |  |
|  | | Stomach | | |  | Finger | | |  | |  |
|  | | Back (lower) | | |  | Wrist | | |  | |  |
|  | | Back (upper) | | |  | Leg | | |  | |  |
|  | |  | | |  | Knee | | |  | |  |
|  | |  | | |  | Ankle | | |  | |  |
|  | |  | | |  | Foot | | |  | |  |
|  | |  | | |  | Toe | | |  | |  |
|  | | | Suspected or witnessed abuse or neglect | | | | | | | | |
|  | | | Other program violation | | | | | | | | |
| **Detailed Description of Incident** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Incident Follow-Up** | | | | | | | | | | | |
|  | Were Parents/Guardians Notified? | | | Yes | | | | No | | | |
|  | Method used | | | Phone | | | E-mail | In-Person | | N/A | |
|  | Date and time | | |  | | | | | | | |
|  | Who notified parents/guardians | | |  | | | | | | | |
|  | Was EMS Contacted? | | | Yes | | | | No | | | |
|  | Date and time | | |  | | | | | | | |
|  | Did patient accept treatment | | | Yes | | | | No | | | |
|  | Was Law Enforcement Contacted? | | | Yes | | | | No | | | |
|  | Date and time | | |  | | | | | | | |
|  | Was the Texas Department of Child Services Contacted? | | | Yes | | | | No | | | |
|  | Date and Time | | |  | | | | | | | |
|  | Was Youth Protection Contacted? | | | Yes | | | | No | | | |
|  | Date and Time | | |  | | | | | | | |
|  | Consequences of Incident | | |  | | | | | | | |
|  | Was there Follow-Up Contact? | | | Yes | | | | No | | | |
|  | If yes, date and by whom? | | |  | | | | | | | |
| **Additional Comments** | | | | | | | | | | | |
|  | | | | | | | | | | | |

**YP USE ONLY**

|  |  |
| --- | --- |
| **Date Report Received** |  |
| **Date Report Sent to Executive Director of Compliance** |  |