3900 University Blvd, Tyler, TX 75799

 Email: 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.

**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 within twelve (12) hours.
4. Save an electronic copy for any future reference.

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| **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** |  |