



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.

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 <input type="checkbox"/>	No <input type="checkbox"/>		
Witness Contact Information				
Times Incident has Occurred	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Recurring <input type="checkbox"/>

TYPE OF INCIDENT

<input type="checkbox"/>	Behavioral				
<input type="checkbox"/>	Accident				
<input type="checkbox"/>	Illness				
<input type="checkbox"/>	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		
<input type="checkbox"/>	Suspected or witnessed abuse or neglect				
<input type="checkbox"/>	Other program violation				

DETAILED DESCRIPTION OF INCIDENT

INCIDENT FOLLOW-UP

Were Parents/Guardians Notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Method used	Phone <input type="checkbox"/>	E-mail <input type="checkbox"/>	In-Person <input type="checkbox"/>	N/A <input type="checkbox"/>
Date and time				
Who notified parents/guardians				
Was EMS Contacted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Date and time				
Did patient accept treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Was Law Enforcement Contacted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Date and time				
Was the Texas Department of Child Services Contacted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Date and Time				
Was Youth Protection Contacted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Date and Time				
Consequences of Incident				
Was there Follow-Up Contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, date and by whom?				

ADDITIONAL COMMENTS

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YP USE ONLY

Date Report Received	
Date Report Sent to Executive Director of Compliance	