

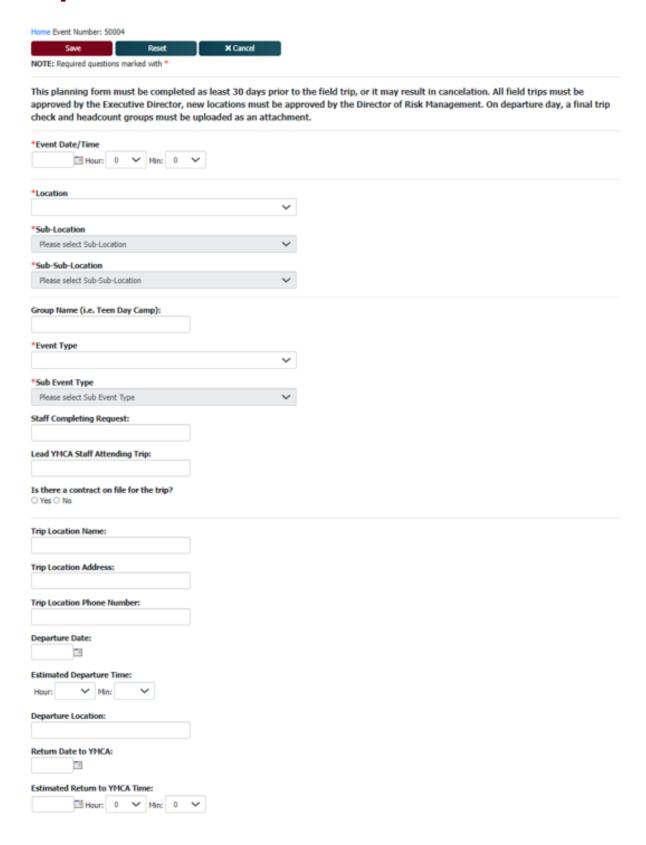
## INCIDENT REPORTING & FOLLOW-UP SYSTEM

## Sample Forms

*First Name:	
Middle Name:	
*Last Name:	
Date of birth (MM/DD/YY) or Approximate Age:	
*Gender: ○ Female ○ Male	
•Is this a minor?  ○ Yes ○ No	
Address:	
City:	
State:	
Zip Code:	
*Unacceptable behaviors:	Leaving Program Area Alone
☐ Dangerous Behaviors ☐ Deliberate Damage of Property	Physical Violence Toward
☐ Disregard of Staff Instructions	Swearing/Rude Language
☐ Disrespectful Behaviors	☐ Other
Do you feel another department has involvement with or o	needs notification of this event?
	Consequences:
weeks, the child will be suspended from the program for a 2. If the child is suspended twice within any four week pe period longer than the last suspension. 3. If the problem behaviors continue after the child has be	notice will be sent home to the parent/guardian. If three notices are sent within any period of four in period of time decided by the Director. Iriod, and again receives another notice with any four week period, the next suspension will be for a een suspended, the parent will have two weeks to find alternate care. Ison, that child will be immediately expelled from the program and may not be re-registered for the
Preventative Measures	
YMCA Staff Agree To:	
Parent Agrees To:	



## Sample Forms





## Sample Forms

*Date of incident:
02/20/2024 Tell Hour: 13 V Minc 49 V
*Type of Incident:
~
*Sub Incident Type:
Please select Sub Incident Type:
AGENCIES/INDIVIDUALS NOTIFIED
Licensing
Name:
Therito:
Phone:
FIMIC
Law Enforcement
Law Enforcement
Name:
Phone:
Placement Agency
Name:
Phone:
Authorized Representative
Name:
Phone:
IF A POLICE REPORT WAS FILED, PROVIDE NUMBER IF KNOWN:
a A POLICE REPORT WEST LEED, PROVIDE ROTHER AT ROTHER
INCLUDE NATURE OF INCIDENT, ACTION TAKEN BY STAFF IN RESPONSE TO THE INCIDENT, AND DISPOSITION OR CURRENT STATUS OF THE INCIDENT. FOR INCIDENTS IN GROUP HOMES, INCLUDE A DESCRIPTION OF THE EVENTS LEADING UP TO THE INCIDENT.
<i>"</i>
IF MEDICAL TREATMENT WAS REQUIRED, LIST NAME OF ATTENDING PHYSICIAN, FINDINGS, AND TREATMENT, IF ANY
le le
MANUAL RESTRAINTS (GROUP HOMES / RUNAWAY AND HOMELESS YOUTH SHELTERS/ COMMUNITY TREATMENT FACILITIES ONLY): IF THE INCIDENT
INVOLVED THE USE OF MANUAL RESTRAINTS, ATTACH A SEPARATE SHEET REPORTING INFORMATION REQUIRED BY SECTION 84061(h)(6) OF TITLE 22
REGULATIONS.
RUNAWAYS (GROUP HOMES/COMMUNITY TREATMENT FACILITIES ONLY): IF THE INCIDENT INVOLVED A RUNAWAY SITUATION, ATTACH A SEPARATE SHEET REPORTING INFORMATION REQUIRED BY SECTION 84061(h)(7) OF TITLE 22 REGULATIONS.

Contact Josh Hoots, Reporting Consultant, to learn more about SafetyZone Reporting for YMCA Facilities

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