



## INCIDENT REPORTING & FOLLOW-UP SYSTEM

### Sample Forms

\*First Name:

Middle Name:

\*Last Name:

Date of birth (MM/DD/YY) or Approximate Age:

\*Genders:

☐ Female ☐ Male

\*Is this a minor?

☐ Yes ☐ No

Address:

City:

State:

Zip Code:

\*Unacceptable behaviors:

☐ Dangerous Behaviors

☐ Deliberate Damage of Property

☐ Disregard of Staff Instructions

☐ Disrespectful Behaviors

☐ Leaving Program Area Alone

☐ Physical Violence Toward

☐ Swearing/Rude Language

☐ Other

Do you feel another department has involvement with or needs notification of this event?

☐ Yes ☐ No

#### Consequences:

1. If any of the behaviors checked above occur, a written notice will be sent home to the parent/guardian. If three notices are sent within any period of four weeks, the child will be suspended from the program for a period of time decided by the Director.
2. If the child is suspended twice within any four week period, and again receives another notice with any four week period, the next suspension will be for a period longer than the last suspension.
3. If the problem behaviors continue after the child has been suspended, the parent will have two weeks to find alternate care.
4. If at any time the child deliberately injures another person, that child will be immediately expelled from the program and may not be re-registered for the remainder of the school year.

#### Preventative Measures

YMCA Staff Agree To:

Parent Agrees To:

## Sample Forms

Home Event Number: 50004

Save

Reset

X Cancel

NOTE: Required questions marked with \*

This planning form must be completed as least 30 days prior to the field trip, or it may result in cancelation. All field trips must be approved by the Executive Director, new locations must be approved by the Director of Risk Management. On departure day, a final trip check and headcount groups must be uploaded as an attachment.

\*Event Date/Time

Hour: 0 Min: 0

\*Location

\*Sub-Location

Please select Sub-Location

\*Sub-Sub-Location

Please select Sub-Sub-Location

Group Name (i.e. Teen Day Camp):

\*Event Type

\*Sub Event Type

Please select Sub Event Type

Staff Completing Request:

Lead YMCA Staff Attending Trip:

Is there a contract on file for the trip?

☐ Yes ☐ No

Trip Location Name:

Trip Location Address:

Trip Location Phone Number:

Departure Date:

Estimated Departure Time:

Hour: Min:

Departure Location:

Return Date to YMCA:

Estimated Return to YMCA Time:

Hour: Min:



## Sample Forms

NOTE: Required questions marked with \*

\*Date of incident:

02/20/2024 Hour: 13 Min: 49

\*Type of Incident:

\*Sub Incident Type:

Please select Sub Incident Type:

### AGENCIES/INDIVIDUALS NOTIFIED

#### Licensing

Name:

Phone:

#### Law Enforcement

Name:

Phone:

#### Placement Agency

Name:

Phone:

#### Authorized Representative

Name:

Phone:

IF A POLICE REPORT WAS FILED, PROVIDE NUMBER IF KNOWN:

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.

IF MEDICAL TREATMENT WAS REQUIRED, LIST NAME OF ATTENDING PHYSICIAN, FINDINGS, AND TREATMENT, IF ANY

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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