**Incident Report**

| **Name/s of youth/s involved in the incident:** |
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| **Name of Guardian:** |
| **Name/s of the YUI staff and/or foster parent/s involved in the incident:** |
| **Date of incident:** **Time of Incident**: **Location of incident (address)**:  |
| **Type of Incident:**   |
| **Was it a Critical Incident**? |
| **Description of the incident or crisis intervention, including event leading up to behavior, what did you do to de-escalate the youth (CPS Plan A, B, or C), and description of what happened/describe behaviors during the incident (include what room of the home/outdoors, if you were standing or sitting);** |
| **If a restraint or escape/release was used please circle the OIS restraint that you used:** |
| **Escapes/Releases:** * **One-arm/one hand grab**
* **One-arm/two hand grab at wrist**
* **One-arm/clasp at forearm**
* **One arm/two hand grab on forearm**
* **Grabbed Finger**
* **Grabbed thumb**
* **Escape from Pinch**
* **Escape from Scratch**
* **Escape from clothing grabs**
	+ **front**
	+ **back**
* **Escape from biting**
* **Hair pull stabilization**
* **Escape from bear hug**
	+ **arms trapped inside hug**
	+ **arms outside the hug**
* **Escape from choking**
	+ **Hand choke from the front**
	+ **Hand choke from behind**
	+ **Forearm choke from behind**
 | **Restraints:*** **Limb Control**
* **Belt-Arm Pivot Control**
* **Belt-Shirt Control**
	+ **Belt-Belt position**
	+ **Belt-Hand position**
	+ **Shirt-shirt Position**
	+ **Iliac Crest position**
	+ **Towel/article of clothing position**
* **Belt-Shirt Escort**
* **One Person One-Arm**
* **One Person Two-Arm**
* **Two Person Belt/Arm Control**
* **Two Person Standing- approach from the side**
* **Two Person Standing-approach from the back (Grip Variations)**
	+ **Attach to shirt sleeve**
	+ **Attach to the Forearm**
	+ **Attach to your own clothing**
* **Two Person Seated Couch**
* **Two Person Wall**
 |
|  **Name of the OIS certified adult who administered the restraint:N/A**  |
| **(Optional)Name and contact information of the non-OIS certified adult who administered restraint:** |
| **If a restraint was used please describe the emergency reason for the restraint:** |
| **How long were the physical restraints used in the context of the incident: (for all restraints used please give the start and end time for each restraint used).****What verbal cues did you use to find out if the youth was calming down? (ex: do you feel you can be safe now?)** |
| **Physical injuries to the client or others resulting from the incident or crisis intervention, including information regarding any follow-up medical care or treatment:** |
| **Documentation*** **Police case number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Abuse Hotline/Children’s Protective Services case #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Missing and Exploited Children case#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Crisis Line:**

**Contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agency phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

| **Witnesses (other adults):** Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Mandatory Incident Report Follow Up**

| **All contacts below must be checked off ASAP once the incident is calmed.**  | **Names:** |
| --- | --- |
| * **Contacted Guardian-DHS or OYA Worker (email or leave a voicemail):**
 |  |
| * **Contacted YUI Case manager by phone**
* **For After-Hours Contact On-Call YUI Staff after 5pm**
 |  |
| * **Email Incident Report to youth/s YUI Case Manager (or On-Call if out of business hours) within 1 HOUR AFTER THE INCIDENT CALMS:**
 |  |

| **Name: Date:** |
| --- |

**BRS Documentation Requirements 410-170-0030 12 (b)**

Youth Unlimited provides immediate verbal notification to the caseworker, the agency’s designated contact, and as applicable the appropriate licensing entity of the following types of incidents: incidents posing a risk to the status or custody of the BRS client, and any other incidents that are of a nature serious enough to raise safety, programmatic, or other serious concerns. Verbal notification must be followed up by the submission of a written incident report to the individuals or entities described in this section within 1 business day. Compliance with this notification requirement does not satisfy child abuse reporting requirements under ORS 419B.005 to 419B.045;