**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:** |
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**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;