

GREAT FUTURES START **HERE.**



BOYS & GIRLS CLUBS
OF MID CENTRAL COAST

POL010-2 Incident Reporting Policy

The Boys & Girls Clubs of Mid Central Coast (BGC MCC) is committed to ensuring the safety of its members, staff and volunteers. Any employee or volunteer of BGC MCC who becomes aware of an incident, as defined in this policy, shall immediately report it to Club Leadership and the Incident Tracking Form in our Project Management Tracking Software. Unless otherwise instructed, leadership is responsible for reporting the incident to authorities and BGCA and executing the organization's Crisis Communication Plan.

General Incident Description

:

- Missing children
- Bullying behavior (See also POL007- Bullying Policy)
- Employee Handbook or Safety Policy violations
- Inappropriate activity between adults (18 and over) and youth (See POL003 One on One Contact Policy)see also sexual harassment/misconduct policy (POL 008 and 009)
- Inappropriate activity between youth (See POL007, 008 and 009)
- Inappropriate electronic or written communications between adults (18 or over) and youth (See POL003 and 008)
- Minor and major medical emergencies
- Accidents, including slips and falls
- Threats made by or against staff, volunteers, and/or members (See POL007 and 009)
- Physical assaults and injuries, including fights (See POL009)
- Allegations of abuse (See POL 007, 008, 009)
- Criminal activity, including theft and robbery
- Failure to follow safety rules
- Witness to unsafe environment or workplace practice
- Other incidents Club leadership deem appropriate

Safety incidents include those that occur during Club programs, on Club premises, and/or during a Club-affiliated program or trip.

Internal Incident Reporting

Any employee or volunteer who becomes aware of an incident, as defined in this policy, shall immediately complete an Incident Report and submit the form to Club leadership as noted above.

The following information shall be included on an Incident Report attached to this policy:

- Date and location.
- Incident details (if applicable).
- Witnesses and contact information.
- Names of all involved (youth and staff if applicable).
- All notifications made (first responders, parents, leadership, etc.).

External Incident Reporting

BGCMCC follows all applicable mandated reporting statutes and regulations (see for more detail: <https://www.cde.ca.gov/ls/ss/ap/childabusereportingguide.asp>), and all applicable federal, state and local laws for the protection and safety of youth. Types of incidents reported include, but is not limited to:

- Inappropriate activity between adults (18 or over) and youth;
- Inappropriate activity between youth;
- Allegations of child abuse;
- Any form of child pornography;
- Criminal activity, including assault, theft and robbery;
- Children missing from the premises.

Incident Investigation

BGCMCC takes all incidents seriously and is committed to supporting external investigations of all reported incidents and allegations, or internal investigations by the Safety Committee when not an external reportable incident.

Federal, state and local criminal and or mandated child abuse reporting laws must be complied with before any consideration of an internal investigation. The internal investigation should never be viewed as a substitute for a required criminal or child protective services investigation.

In the event that an incident involves an allegation against a staff member, volunteer, or Club member, the Club shall suspend that individual immediately (employees with pay) and maintain the suspension throughout the course of the investigation.

BGCA Critical Incident Reporting

BGCMCC shall immediately report any allegation of abuse or any potential criminal matter to law enforcement. In addition, BGCMCC shall report the following critical incidents to BGCA within 24 hours:

- Any instance or allegation of child abuse, including physical, emotional or sexual abuse; sexual misconduct or exploitation (Club-related or not) against any child by a current employee or volunteer; or any Club-related instance by a former employee or volunteer.
- Any instance or allegation of child abuse, including physical, emotional or sexual abuse; or sexual misconduct or exploitation by a youth towards another youth at a Club site or during a Club-sponsored activity.
- Any child who might have been abducted or reported missing from a Club site or Club-sponsored activity.
- Any major medical emergency involving a child, staff member or volunteer at a Club site or during a Club-sponsored activity leading to admitted hospitalization, permanent injury or death; or a mental health crisis with a child requiring outside care.
- Any instance or allegation of abuse, including physical, emotional or sexual abuse; sexual misconduct; harassment; or exploitation (Club-related or not) involving any staff member; or any Club-related instance or allegation of abuse, including physical, emotional or sexual abuse; sexual misconduct; harassment; or exploitation against a volunteer or visitor.
- Any known or suspected felony-level criminal act committed at a Club site or during a Club-sponsored activity.
- Any misappropriation of organizational funds in the amount of \$10,000 or greater; or any amount of federal funds.
- Any criminal or civil legal action involving the organization, its employees or volunteers, as well as any changes in the status of an open organization-related legal action.
- Negative media attention that could compromise the reputation of BGCMCC or the Boys & Girls Club brand.
- Any other incident deemed critical by BGCMCC.

Failure to report safety incidents to Boys & Girls Clubs of America could result in a funding hold or the organization being placed on provisional status.

24-HOUR HOTLINE: All Clubs have access to a 24-hour hotline (866-607-SAFE) that can be used for confidential advice, guidance and resources through a partnership with nationally recognized risk prevention and safety expert Praesidium.

Current Incident Report forms are attached to this policy as an appendix.

Reviewed and Approved: 11/26/2024

Date: _____

BY: 

Chief Executive Officer

Daniel Lillard

Board Chair

APPENDIX

Incident / Accident Report Form:



Incident / Accident Report

Accident (Involves physical injury)
Incident

Department _____ Off-site Facility _____

Name _____ Phone _____
Day Evening

Address _____
Street City/State ZIP

Date of Birth _____

Parent/Guardian Name _____
(If under 18 yrs old)

Incident Date _____ / _____ / _____	Gender	Age	elementary <input type="checkbox"/>	young adult <input type="checkbox"/>	Affiliation
Time : _____ <input type="checkbox"/> <i>am</i> <input type="checkbox"/> <i>pm</i>	female <input type="checkbox"/>	nursery <input type="checkbox"/>	middle school <input type="checkbox"/>	adult <input type="checkbox"/>	staff on duty <input type="checkbox"/>
	male <input type="checkbox"/>	preschool <input type="checkbox"/>	high school <input type="checkbox"/>	senior <input type="checkbox"/>	staff off duty <input type="checkbox"/>
	non-binary <input type="checkbox"/>				participant <input type="checkbox"/>
					guest <input type="checkbox"/>
					member <input type="checkbox"/>
					volunteer <input type="checkbox"/>

General Information (Nature of activity, place, general condition)

Describe exactly what happened. (Attach additional sheets as needed).

Medical Information

Fully describe the injured party's condition and any first aid given.

First aid administered? *yes* *no*
by whom: _____
Blood-borne exposures?
to whom: _____

Further medical attention? *yes* *no* *declined* If so, where and by whom: _____

Was parent / guardian / emergency contact notified? *yes* *no* If so, when? _____

Who was called and what was the outcome? _____

With whom did the injured party leave the site? (Name and relationship to injured). _____

Witnesses

(check box to indicate staff [s], participant [p], or volunteer [v]; indicate age for youth witnesses)

s	p	v	name	age	phone	address	city	state	zip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____

Accident management

Staff member filing report _____ position _____ date _____
 Supervisor reviewing report _____ position _____ date _____
 EO/Executive reviewing report _____ position _____ date _____

Corporate management

HR: Name & Title _____ date _____
 Filed with: WC CPS (Insurance Co.) date report filed _____

Follow-up

Was there follow-up contact? *yes* *no* If yes, date and by whom? _____ by _____
 If yes, detail status. _____

please also complete the reverse side of this form

Incident / Accident Form, page 2 Injured Person: _____ Injury Date: _____

Please check all that apply in each of the following sections

Category		
<input type="checkbox"/> Equipment failure	<input type="checkbox"/> Bullying	<input type="checkbox"/> Suspected contagious disease
<input type="checkbox"/> Environmental Hazard	<input type="checkbox"/> Suspected self-harm	<input type="checkbox"/> Suspected contagious condition
<input type="checkbox"/> Intruder	<input type="checkbox"/> Suspected Alcohol Use/Abuse	<input type="checkbox"/> Suspected Injury during program
<input type="checkbox"/> *Shooting	<input type="checkbox"/> *Suspected Sexual Abuse	<input type="checkbox"/> Suspected head/face injury
<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> *Suspected Physical Abuse	<input type="checkbox"/> *Appears to present danger to self
<input type="checkbox"/> Fighting / Assault	<input type="checkbox"/> *Suspected Child Neglect	<input type="checkbox"/> *Appears to present danger to others
<input type="checkbox"/> *Suspected Weapons	<input type="checkbox"/> *Missing / Abducted Member	<input type="checkbox"/> Online or technology Involved
<input type="checkbox"/> *Suspected Drugs	<input type="checkbox"/> Major Medical	<input type="checkbox"/> *Suspected bias or hate incident
<input type="checkbox"/> *Suspected suicidal Ideations	<input type="checkbox"/> Allergy	<input type="checkbox"/> Mental Health Crisis
		<input type="checkbox"/> Suspected Sexual Misconduct
		<input type="checkbox"/> Suspected Sexual Harrassment
		<input type="checkbox"/> Suspected Sexual Exploitation
		<input type="checkbox"/> Aquatic/Water Safety
		<input type="checkbox"/> 1:1 Contact
		<input type="checkbox"/> Other: _____
		<i>* requires reporting to local authorities</i>

Allegation Type		
<input type="checkbox"/> Member harming member	<input type="checkbox"/> Staff harming member	<input type="checkbox"/> Volunteer harming member
<input type="checkbox"/> Member harming staff	<input type="checkbox"/> Staff harming staff	<input type="checkbox"/> Volunteer harming staff
<input type="checkbox"/> Member harming volunteer	<input type="checkbox"/> Staff harming Volunteer	<input type="checkbox"/> Volunteer harming volunteer
		<input type="checkbox"/> Parent/Family harming member
		<input type="checkbox"/> Parent/Family harming staff
		<input type="checkbox"/> Parent/Family harming vol.
		<input type="checkbox"/> Involving former Club staff
		<input type="checkbox"/> Other: _____

Specific Location		
<input type="checkbox"/> Art Room	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Teen Center
<input type="checkbox"/> Boys Locker Room	<input type="checkbox"/> Lobby	<input type="checkbox"/> Transportation to/from Club
<input type="checkbox"/> Childcare Rm # _____	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Wellness Center
<input type="checkbox"/> Computer Room	<input type="checkbox"/> Playground	<input type="checkbox"/> Off Site Location: _____
<input type="checkbox"/> Girl's Locker Room	<input type="checkbox"/> Stairwell	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Game Room	<input type="checkbox"/> Sports Field	Specific location

Program: (Indicate name)		
<input type="checkbox"/> Aquatics: Organized Youth	<input type="checkbox"/> Childcare: Before/After	<input type="checkbox"/> Open Gym
<input type="checkbox"/> Aquatics: Facility Rental	<input type="checkbox"/> Childcare: Preschool	<input type="checkbox"/> Personal Training
<input type="checkbox"/> Aquatics: Open Swim	<input type="checkbox"/> Child Watch	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Aquatics: SwIm Team	<input type="checkbox"/> Group Fitness Class	<input type="checkbox"/> Special Events / field trips
		<input type="checkbox"/> Social outreach
		<input type="checkbox"/> Sports
		<input type="checkbox"/> Sports Team
		<input type="checkbox"/> 21st Century
		<input type="checkbox"/> Virtual Programming
		<input type="checkbox"/> Other: _____

Specific Action (Alleged)		
<input type="checkbox"/> Aggressive behavior of / by	<input type="checkbox"/> Exertion	<input type="checkbox"/> Horseplay
<input type="checkbox"/> Fight	<input type="checkbox"/> Verbal Taunting/Teasing	<input type="checkbox"/> Struck by / against
<input type="checkbox"/> Caught in, by, or between	<input type="checkbox"/> Fall (from, onto, into, or against)	<input type="checkbox"/> Intimidation
<input type="checkbox"/> Contact with / exposure to	<input type="checkbox"/> Handle / use / touch	<input type="checkbox"/> Inhale / Ingest
		<input type="checkbox"/> Participation / playing
		<input type="checkbox"/> Pushed / pulled / bumped
		<input type="checkbox"/> Theft
		<input type="checkbox"/> Other: _____

Source of Injury		
<input type="checkbox"/> Aquatics facility: deck / dock	<input type="checkbox"/> Blood / body fluids	<input type="checkbox"/> Equipment: Playground
<input type="checkbox"/> Aquatics facility: equipment	<input type="checkbox"/> Door	<input type="checkbox"/> Floor / Ground
<input type="checkbox"/> Aquatics facility: sides / bottom	<input type="checkbox"/> Environment (sun, heat, etc.)	<input type="checkbox"/> Furniture
<input type="checkbox"/> Aquatics facility: water, body of	<input type="checkbox"/> Equipment: Exercise	<input type="checkbox"/> Insect / animal
		<input type="checkbox"/> Locker / cabinet
		<input type="checkbox"/> Object (ball / bat / toy / etc.)
		<input type="checkbox"/> Person (another)
		<input type="checkbox"/> Self
		<input type="checkbox"/> Wall / vertical surface
		<input type="checkbox"/> Other - _____

Body part injured of affected		
<input type="checkbox"/> Arm	<input type="checkbox"/> Leg	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Hand / finger	<input type="checkbox"/> Foot / toe	<input type="checkbox"/> Chest
<input type="checkbox"/> Wrist	<input type="checkbox"/> Ankle	<input type="checkbox"/> Stomach
<input type="checkbox"/> Elbow	<input type="checkbox"/> Knee	<input type="checkbox"/> Side
		<input type="checkbox"/> Back
		<input type="checkbox"/> Buttocks
		<input type="checkbox"/> Hip
		<input type="checkbox"/> Groin
		<input type="checkbox"/> Face
		<input type="checkbox"/> Ear
		<input type="checkbox"/> Eye
		<input type="checkbox"/> Nose
		<input type="checkbox"/> Head
		<input type="checkbox"/> Neck
		<input type="checkbox"/> Heart
		<input type="checkbox"/> Mouth / lips / teeth
		<input type="checkbox"/> None / not applicable
		<input type="checkbox"/> Other - _____

Conditions at Scene (Collect all Evidence; Take Pictures) : _____

Actions taken to prevent secondary effects (Attach add'l sheets if needed): _____

Comments(Attach add'l sheets if needed): _____
