



INSTRUCTIONS FOR COMPLETING THE FSY PARTICIPANT CRITICAL SITUATIONS REPORT FORM

1. Complete all information before submitting the report. In order to complete a police report, all information is required.
2. Please complete the form online if at all possible. If completing the form manually, **write clearly and legibly**.
3. Once complete, **immediately** submit the form to the session administrator by uploading it to the Box Drive and notifying the administrator that you have done so.

CRIMINAL ACTIVITY/MORAL TRANSGRESSIONS/EATING DISORDER BEHAVIORS

4. Situations in which participants are involved in criminal activity (such as shoplifting, theft, and drugs), moral transgressions, or eating disorder behaviors should be reported to the coordinators. Coordinators should follow protocol as listed on the chart and complete and submit the report form. **Any criminal activity should also be reported to the CE Compliance Officer for Clery reporting purposes. Please list the following information in the Disclosed Information Section: Reporter's Name, Report Date, Victim's Name, Suspect's Name, Type of Crime, Location of Crime (be as precise as possible), Other Information, as applicable.**

SUICIDAL IDEATION/SELF-HARM/DEPRESSION

5. When a participant discloses to a staff member that they are experiencing depression, self-harm, or suicidal ideations, follow these steps:
 - The staff member will talk with the coordinator at the session and complete the report form, logging the information the participant has disclosed.
 - The coordinator will then contact the administrator. The administrator will determine who will make an immediate phone call to the parent or guardian to inform them of the welfare of the child.
 - The administrator and/or coordinator will document in the "Action Taken" section of the report form that contact was made with the parent.
 - The report form **does not** need to be sent to law enforcement. The administrator will keep the report form until the summer is over.

IMMEDIATE THREAT OF SUICIDE

6. **If a staff member receives information of an imminent suicide threat, immediately call 911 and the session coordinators and administrator. Stay with or try to find the participant until help arrives.**

If a staff member has any questions or concerns at any time during FSY about critical situations

CHILD ABUSE OR SEXUAL MISCONDUCT

This report form does not apply to reports of **child abuse or sexual misconduct**. Instructions for reporting child abuse and sexual misconduct are found in the FSY Youth Protection Policy (page 13) and FSY Sexual Misconduct Policy (page 14).

protocol, he or she should talk with the session CDs and the administrator.



FSY PARTICIPANT CRITICAL SITUATIONS REPORT FORM

Check all that apply:

- CRIMINAL ACTIVITY MORAL TRANSGRESSIONS
 MENTAL HEALTH—Suicidal Ideation/Self-Harm (including Eating Disorder Behaviors)/Depression

If any information is missing on this form, please inform your administrator. All information is required.

FSY Session Date:		Session Location:	
FSY Reporting Staff Information			
Name:		Date of Birth: (optional)	Gender:
Permanent Address:			
Telephone Number:		Email:	
Participant Information			
Participant Name:		Date of Birth:	Gender:
Permanent Address:			
Parent/Guardian of Participant Information			
Parent/Guardian Name(s):		Parent/Guardian Phone Number(s):	
		Email address:	
Disclosed Information: (If manually completing this form, write clearly and legibly.)			
Action Taken			
FSY Administrator Notified		<input type="checkbox"/> Yes <input type="checkbox"/> No	Administrator Name:
Notified by:			Date:
Parent/Guardian Notified		<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Name(s):
Notified by:			Date:
Police Dept. Notified		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contact:
Notified by:			Date:
State Child Welfare Office Notified		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contact:
Notified by:			Date:
CE Compliance Officer Notified		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contact:
Notified by:			Date:
Incident has been reported previously to law enforcement, family, or clergy.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reported by: (If disclosed)
			Date: (If disclosed)