



**Department of Labor and Training**

Center General Complex  
1511 Pontiac Avenue  
Cranston, RI 02920-4407

Telephone: (401) 462-8000  
TDD: (401) 462-8006

Donald L. Carcieri  
Governor  
Sandra M. Powell  
Director

## **WORKFORCE INVESTMENT NOTICE: 09-02**

**TO:** WORKFORCE INVESTMENT AREAS

**FROM:** Donna Treglia, Administrator - Workforce Investment Office

**SUBJECT:** Incident Reporting – WIA/ARRA Summer Youth Participants

**DATE:** July 10, 2009

- 1. PURPOSE.** To provide local areas with guidance in reporting incidences involving youth participating in the WIA/ARRA Summer Employment Opportunities for Youth program.
- 2. REFERENCE(S).** Protocol Reporting Document from Regional Office staff
- 3. BACKGROUND.** The Department of Labor – Employment and Training Administration (ETA) has developed a protocol to report incidences/injuries occurring to youth participating in the WIA/ARRA Summer Employment Opportunities for Youth program. Information describing the incident must be forward to the State Workforce Investment Office (SWIO) **immediately** following the incident. SWIO will then notify the Regional Office. Any incident involving the following must be reported:
  - Death or serious injury
  - Physical assault
  - Inappropriate sexual behavior
  - Any incident requiring police involvement
  - Any incident attracting negative media attention

Information submitted to SWIO must include:

- Local Program Representative with Contact Information
- Description of Incident (including date, time and location)
- Description of medical assistance, law enforcement or other intervention required
- Media coverage involvement (include copies if available)
- Action taken to address problem and any follow-up activity, if necessary
- Identification of Youth involved in the incident (name and age)
- Parental notification
- Status at the time of incident (at training location/worksite/offsite/other)
- Medical Status
- Local/State involvement
- Resolution/Followup

**4. ACTION REQUIRED.** Local areas are required to notify program vendors of these requirements and to ensure that the attached Incident Report is forwarded to SWIO the day of the occurrence.

**5. INQUIRIES.** Questions concerning this WIN may be directed to [me](#) at 462-8784 or to [Mavis McGetrick](#) at 462-8791.

**WIA Youth Services  
2009-2010 INCIDENT REPORT**

**DATE SUBMITTED TO SWIO:**

**LOCAL PROGRAM CONTACT INFORMATION**

**NAME:**

**EMAIL ADDRESS:**

**PHONE:**

**DESCRIPTION OF INCIDENT**

**DATE:**

**TIME:**

**LOCATION :**

**MEDICAL AND/OR LAW ENFORCEMENT INTERVENTION  
IF YES, PLEASE PROVIDE REASON.**

**MEDIA COVERAGE:**

**CORRECTIVE ACTION TAKEN:**

**WIA YOUTH PARTICIPANT INFORMATION**

**NAME:**

**AGE:**

**PARENTS NOTIFIED:**

**STATUS AT TIME OF INCIDENT: (At training location/off site/other)**

**MEDICAL STATUS:**

**LOCAL/STATE INVOLVEMENT:**

**RESOLUTION / FOLLOWUP:**