NOTICE: The University of Maryland Extension (UME) 4-H Youth Development Program requests information to report the nature and circumstances of incidents that occur related to Maryland 4-H programs, activities, or events. Information recorded in this report may be shared with UME employees, officials, or volunteers, medical personnel and/or other individuals as necessary and appropriate. Information in this report may also be shared among offices of the University of Maryland, University System of Maryland, and outside entities as necessary and appropriate in the conduct of legitimate University business and consistent with applicable law and policy. Because the University of Maryland is a state educational institution, information in this report is subject to disclosure under the Maryland Public Information Act. Individuals may inspect and/or correct their personal information as provided by the Public Information Act and/or other applicable law or University policy.

INCIDENT

☐ Check if Incident occurred at a 4-H Camp

Date of Incident: October 1, 2020
Time of Incident: 7:30 pm

4-H Activity where Incident occurred: Clover Commandos 4-H Robotics Team meeting
Location where Incident occurred: Clover County 4-H office Picnic Pavilion
Nature of Incident:
- Behavior
☐ Property Damage
☐ Injury
☐ Illness
☐ Other (specify)
- Refusal to wear mask

INVOLVED PARTIES (add pages if necessary)

<table>
<thead>
<tr>
<th>Name</th>
<th>4-H Status</th>
<th>Participation Status</th>
<th>Dismissed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jimmy Jones</td>
<td>Youth member</td>
<td>Robotics team member</td>
<td>Yes</td>
</tr>
</tbody>
</table>

WITNESSES (add pages if necessary)

<table>
<thead>
<tr>
<th>Name</th>
<th>4-H Status</th>
<th>Participation Status</th>
<th>Statement*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neville Newton</td>
<td>4-H Volunteer</td>
<td>Activity leader</td>
<td>Yes</td>
</tr>
<tr>
<td>Sandy Shamrock</td>
<td>4-H Volunteer</td>
<td>Activity leader</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Attach written statements or notes documenting verbal statements

DETAILS OF INCIDENT (Describe what happened, as completely as possible. Attach additional pages or documentation as needed)

During the Clover Commandos Robotics Team practice on 10/1/2020 Jimmy Jones had to be repeatedly reminded to wear his mask properly. He kept pushing his mask down so it was under his chin with his mouth and nose exposed. Activity leaders Mrs. Shamrock and Mr. Newton corrected his mask wear approximately 7 times over a 20-minute period. Each time Jimmy would put his mask on correctly, then wait until a leader wasn’t looking and push it back down to his chin. Other 4-Hers started announce to the group “He’s doing it again!” every time Jimmy pushed his mask down, which made him mad and caused him to start yelling at other 4-Hers to stop tattling. When this happened Mr. Neville walked Jimmy to the side of the pavilion, away from the group, and told him his behavior was not appropriate and that he would have to wear his mask properly or he would have to leave. Jimmy yelled “NO!” and yanked his mask off his face and threw it on the ground.
RESPONSE (Describe how the incident was managed and identify who handled response. Attach additional pages as needed)

Both activity leaders attempted to correct Jimmy’s failure to correctly wear his mask numerous times. When other 4-Hers started to point out his misbehavior, a leader (Mr. Newton) had a quiet one-on-one conversation with Jimmy about the requirement to wear his mask. When Jimmy had his outburst and threw the mask on the ground, it was clear he was not willing to continue the activity within the rules. Mr. Newton calmly directed Jimmy to pick up his mask and put it back on, then told him his behavior was unacceptable so his mother would need to come pick him up. Mr. Newton called Mrs. Jones, who was waiting in the parking lot, and explained the situation. Mrs. Jones agreed to take Jimmy home. Mr. Newton directed Jimmy to collect his things and walked him over to the parking lot. He further explained what had happened to Mrs. Jones as Jimmy got in the car. Mr. Newton told Mrs. Jones that Jimmy would not be allowed to come to the next Robotics Team practice if he could not follow rules. Mrs. Jones said she understood and she and her husband would talk to Jimmy about his behavior.

NOTIFICATIONS (Add pages if necessary. Record UME/4-H notifications in Staff Use section)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship/Status</th>
<th>Contacted by</th>
<th>Time of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janet Jones</td>
<td>Jimmy’s Mother</td>
<td>Neville Newton</td>
<td>7:35 pm</td>
</tr>
</tbody>
</table>

ILLNESS OR INJURY

DESCRIPTION OF ILLNESS OR INJURY

N/A

RESPONSE TO ILLNESS OR INJURY (Add details on additional page, if necessary)

How was illness or injury handled? (check all that apply)

- First Aid on-site
- Call for Assistance
- Self or Guardian Transport
- Emergency Transport
- Refused Treatment
- Refused Transport

Describe Response

(Include what on-site first aid was administered, what assistance was requested, details of transport, refusal of treatment/transport, etc)

N/A

REPORTER

Neville Newton

Neville Newton

Clover Commandos Robotics Team Coach/4-H Volunteer

10/1/2020

Printed Name of Reporter

Signature of Reporter

Reporter’s Title

Date of Report

4-H STAFF USE

Notifications

- 4-H Educator
- A/CED
- Camp Director
- State Specialist
- State Volunteer Specialist
- State Risk Mgmt Coord
- State Program Leader
### INCIDENT

- **Date of Incident:** October 1, 2020  
  **Time of Incident:** 7:25 pm

#### 4-H Activity where Incident occurred: Clover Commandos 4-H Robotics Club meeting  
#### Location where Incident occurred: Clover County 4-H office Picnic Pavilion

**Nature of Incident:**  
- [ ] Behavior  
- [ ] Property Damage  
- [ ] Injury  
- [x] Illness  
- [ ] Other (specify)

### INVOLVED PARTIES

<table>
<thead>
<tr>
<th>Name</th>
<th>4-H Status</th>
<th>Participation Status</th>
<th>Dismissed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Astro</td>
<td>4-H youth member</td>
<td>Club member</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### WITNESSES

<table>
<thead>
<tr>
<th>Name</th>
<th>4-H Status</th>
<th>Participation Status</th>
<th>Statement*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandy Shamrock</td>
<td>4-H Volunteer</td>
<td>Activity leader</td>
<td>Yes</td>
</tr>
<tr>
<td>Neville Newton</td>
<td>4-H Volunteer</td>
<td>Activity leader</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Attach written statements or notes documenting verbal statements

### DETAILS OF INCIDENT

About 20 minutes after the Clover Commandos club meeting started, club leader Neville Newton noticed Aaron was not his usual bouncy self. Aaron was observed sitting listlessly in his chair and repeatedly rubbing his eyes. Aaron’s face was flushed and sweaty. Club Leader Sandy Shamrock took Aaron to the back (west) corner of the pavilion, away from the group but in sight of Mr. Newton as he supervised the other kids. When Mrs. Shamrock asked Aaron if he felt OK he said “my head hurts and my eyes are itchy.” Mrs. Shamrock took Aaron’s temperature with the infrared thermometer in the club’s health kit, and determined Aaron had a slight temperature, but not over 100.4°F.
RESPONSE (Describe how the incident was managed and identify who handled response. Attach additional pages as needed)

Based on Aaron’s answers and symptoms, Mrs. Shamrock determined he should not stay at the meeting since he didn’t feel well. Mrs. Shamrock called Aaron’s father, who was waiting in his vehicle in the parking lot. Mr. Astro came to the pavilion, as requested, and took Aaron out of the meeting and home.

NOTIFICATIONS (Add pages if necessary. Record UME/4-H notifications in Staff Use section)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship/Status</th>
<th>Contacted by</th>
<th>Time of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Astro</td>
<td>Aaron’s father</td>
<td>Mrs. Shamrock</td>
<td>7:35 pm</td>
</tr>
</tbody>
</table>

ILLNESS OR INJURY

DESCRIPTION OF ILLNESS OR INJURY

Aaron was acting listless and not his usual self. He said he had a headache and his eyes were itchy. Mrs. Shamrock observed Aaron rubbing his eyes and that his face was flushed & sweaty.

RESPONSE TO ILLNESS OR INJURY (Add details on additional page, if necessary)

How was illness or injury handled? (check all that apply)

- ☑ First Aid on-site
- ☐ Self or Guardian Transport
- ☐ Emergency Transport
- ☐ Refused Transport
- ☐ Refused Transport

Describe Response

(Include what on-site first aid was administered, what assistance was requested, details of transport, refusal of treatment/transport, etc)

Mrs. Shamrock isolated Aaron from the group, then asked him questions about how he felt and took his temperature. When an elevated temperature was observed, Mrs. Shamrock contacted Aaron’s parent to pick him up. When speaking with Mr. Astro, Mrs. Shamrock described Aaron’s symptoms and recommended the family contact Aaron’s doctor. No treatment was administered on-site, but Aaron’s temperature was taken with a touchless infrared thermometer.

REPORTER

Sandy Shamrock
Printed Name of Reporter
Sandy Shamrock
Signature of Reporter
Clover Commandos Robotics Club Leader/4-H Volunteer
Reporter’s Title
10/1/2020
Date of Report

4-H STAFF USE

Notifications

- ☑ 4-H Educator
- ☐ A/CED
- ☐ Camp Director
- ☐ State Specialist
- ☐ State Volunteer Specialist
- ☐ State Risk Mgmt Coord
- ☐ State Program Leader

Maryland 4-H Incident Report Form - 2
**NOTICE:** The University of Maryland Extension (UME) 4-H Youth Development Program requests information to report the nature and circumstances of incidents that occur related to Maryland 4-H programs, activities, or events. Information recorded in this report may be shared with UME employees, officials, or volunteers, medical personnel and/or other individuals as necessary and appropriate. Information in this report may also be shared among offices of the University of Maryland, University System of Maryland, and outside entities as necessary and appropriate in the conduct of legitimate University business and consistent with applicable law and policy. Because the University of Maryland is a state educational institution, information in this report is subject to disclosure under the Maryland Public Information Act. Individuals may inspect and/or correct their personal information as provided by the Public Information Act and/or other applicable law or University policy.

**INCIDENT**

- **Check if Incident occurred at a 4-H Camp**
- **Date of Incident:** October 1, 2020
- **Time of Incident:** 6:45 pm
- **4-H Activity where Incident occurred:** Clover Commandos 4-H Robotics Club meeting
- **Location where Incident occurred:** Clover County 4-H office Parking Lot
- **Nature of Incident:**
  - [x] Behavior
  - [ ] Property Damage
  - [ ] Injury
  - [ ] Illness
  - [x] Other (specify) Denial of entry

**INVOLVED PARTIES (add pages if necessary)**

<table>
<thead>
<tr>
<th>Name</th>
<th>4-H Status</th>
<th>Participation Status</th>
<th>Dismissed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Smith</td>
<td>4-H parent</td>
<td>Parent</td>
<td>Yes</td>
</tr>
<tr>
<td>Suzie Smith</td>
<td>4-H youth member</td>
<td>Club member</td>
<td>Yes</td>
</tr>
<tr>
<td>Shane Smith</td>
<td>4-H youth member</td>
<td>Club member</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**WITNESSES (add pages if necessary)**

<table>
<thead>
<tr>
<th>Name</th>
<th>4-H Status</th>
<th>Participation Status</th>
<th>Statement*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandy Shamrock</td>
<td>4-H Volunteer</td>
<td>Activity leader</td>
<td>Yes</td>
</tr>
<tr>
<td>Neville Newton</td>
<td>4-H Volunteer</td>
<td>Activity leader</td>
<td>Yes</td>
</tr>
<tr>
<td>Jason Jones</td>
<td>4-H parent</td>
<td>Parent (waiting in lot)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Attach written statements or notes documenting verbal statements

**DETAILS OF INCIDENT (Describe what happened, as completely as possible. Attach additional pages or documentation as needed)**

At approximately 6:45 pm the Smith family arrived for the Clover Commandos Robotics Club meeting. When Mrs. Smith pulled up to the location where parents were dropping off kids, Mrs. Shamrock (club leader) asked her to present Suzie’s & Shane’s Health Pledges before the kids got out of the car. Mrs. Smith said she didn’t bring Health Pledges for Suzie & Shane because she had filled them out last week and those were “still good.” Mrs. Shamrock explained a current Health Pledge is required EVERY time a person comes to a meeting and that Suzie & Shane would not be able to join the meeting until she completed new Health Pledges for them. Mrs. Shamrock offered blank Health Pledge forms to Mrs. Smith, but Mrs. Smith refused and started to yell at Mrs. Smith that “this is crap!” and that leaders couldn’t keep 4-H members from attending a club meeting because that was “discrimination.” Mrs. Shamrock attempted to calm down Mrs. Smith but Mrs. Smith kept yelling. Mrs. Shamrock told her if she didn’t calm down she would have to leave. Mrs. Smith yelled back “Oh, we’re LEAVING!”, then put her car in drive and peeled out of the parking lot.
RESPONSE (Describe how the incident was managed and identify who handled response. Attach additional pages as needed)

When Mrs. Smith became impatient with Mrs. Shamrock, Mrs. Shamrock tried to calmly explain the policy that Health Pledges are required for each child to enter each meeting. As Mrs. Smith became confrontational Mrs. Shamrock firmly but calmly responded, telling Mrs. Smith that the 4-Hers could not come into the meeting without a completed Health Pledge. Mrs. Shamrock offered blank pledge forms to Mrs. Smith, who declined. When Mrs. Shamrock’s efforts to calm Mrs. Smith and reason with her failed, Mrs. Shamrock asked the Smith Family to leave. The interaction was witnessed by Neville Newton (club leader) and Jason Jones, who was waiting in his vehicle in line behind Mrs. Smith, to drop off is kids. After Mrs. Smith left and after all other kids were dropped off, Mrs. Shamrock contacted 4-H Educator Chris Clover to tell him what had happened.

NOTIFICATIONS (Add pages if necessary. Record UME/4-H notifications in Staff Use section)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship/Status</th>
<th>Contacted by</th>
<th>Time of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ILLNESS OR INJURY

DESCRIPTION OF ILLNESS OR INJURY

N/A

RESPONSE TO ILLNESS OR INJURY (Add details on additional page, if necessary)

How was illness or injury handled? (check all that apply)

- □ First Aid on-site
- □ Self or Guardian Transport
- □ Emergency Transport
- □ Refused Treatment
- □ Refused Transport

Describe Response
(Include what on-site first aid was administered, what assistance was requested, details of transport, refusal of treatment/transport, etc)

N/A

REPORTER

Sandy Shamrock
Printed Name of Reporter

Sandy Shamrock
Signature of Reporter

Clover Commandos Robotics
Club Leader/4-H Volunteer

10/1/2020
Date of Report

4-H STAFF USE

Notifications

- ☑ 4-H Educator
- □ A/CED
- □ Camp Director

- □ State Specialist
- □ State Volunteer Specialist
- □ State Risk Mgmt Coord
- □ State Program Leader
NOTICE: The University of Maryland Extension (UME) 4-H Youth Development Program requests information to report the nature and circumstances of incidents that occur related to Maryland 4-H programs, activities, or events. Information recorded in this report may be shared with UME employees, officials, or volunteers, medical personnel and/or other individuals as necessary and appropriate. Information in this report may also be shared among offices of the University of Maryland, University System of Maryland, and outside entities as necessary and appropriate in the conduct of legitimate University business and consistent with applicable law and policy. Because the University of Maryland is a state educational institution, information in this report is subject to disclosure under the Maryland Public Information Act. Individuals may inspect and/or correct their personal information as provided by the Public Information Act and/or other applicable law or University policy.

INCIDENT

☐ Check if Incident occurred at a 4-H Camp

Date of Incident: October 1, 2020

Time of Incident: 7:40 pm

4-H Activity where Incident occurred: Got Your Goat 4-H project meeting

Location where Incident occurred: Clover County fairgrounds

Nature of Incident:
☐ Behavior
☐ Property Damage
☐ Injury
☐ Illness
☐ Other (specify)

INVOLVED PARTIES (add pages if necessary)

<table>
<thead>
<tr>
<th>Name</th>
<th>4-H Status</th>
<th>Participation Status</th>
<th>Dismissed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tina Toggenburg</td>
<td>4-H youth member</td>
<td>Youth participant</td>
<td>No</td>
</tr>
</tbody>
</table>

WITNESSES (add pages if necessary)

<table>
<thead>
<tr>
<th>Name</th>
<th>4-H Status</th>
<th>Participation Status</th>
<th>Statement*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clem Fandango</td>
<td>4-H Volunteer</td>
<td>Activity leader</td>
<td>Yes</td>
</tr>
<tr>
<td>Barry Boer</td>
<td>4-H Volunteer</td>
<td>Activity leader</td>
<td>Yes</td>
</tr>
<tr>
<td>Kari Kiko</td>
<td>4-H youth</td>
<td>Junior leader</td>
<td>No</td>
</tr>
</tbody>
</table>

DETAILS OF INCIDENT (Describe what happened, as completely as possible. Attach additional pages or documentation as needed)

At about 7:40 pm as goat showmanship practice was wrapping up, Tina was closing the show ring gate behind some other 4-Hers. One of the goats acted up and hit the metal gate just as Tina was latching it, causing the gate to slam closed and catching Tina’s finger in the latch. Tina yelled and jerked her hand out of the latch, which caused additional injury to her finger, besides it being pinched in the latch. Tina’s finger was not crushed in the latch but it was badly pinched, and her jerking her hand away caused a cut that started to bleed.
RESPONSE (Describe how the incident was managed and identify who handled response. Attach additional pages as needed)

Club leader Barry Boer was standing near the gate when the accident happened. He immediately went to Tina and looked at her finger. Tina said her finger “really hurt” because of the pinch, but she could fully bend and flex it so no bones appeared to be broken. Mr. Boer took Tina to the announcer box and used the first aid kit to help Tina clean the cut and wrap it in clean gauze and tape. Once Tina wrapped her finger she said it felt better and she wanted to finish the practice. Mr. Boer called Tina’s Dad to let him know what happened, and he spoke with Tina. She asked to stay at the practice and her Dad said she could. Tina stayed until practice was over, then left with her older brother.

NOTIFICATIONS (Add pages if necessary. Record UME/4-H notifications in Staff Use section)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship/Status</th>
<th>Contacted by</th>
<th>Time of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ted Toggenburg</td>
<td>Tina’s father</td>
<td>Barry Boer</td>
<td>7:55 pm</td>
</tr>
</tbody>
</table>

ILLNESS OR INJURY

DESCRIPTION OF ILLNESS OR INJURY

Tina’s right index finger was caught in the latch mechanism of the gate when a goat pushed against it, causing it to slam shut. There was visible bruising around the middle joint of the finger and an approximately one-inch long cut on the top (from the nail bed to the joint) caused by Tina instinctively jerking her finger out of the latch when it was pinched. The cut was superficial and bleeding, but not serious.

RESPONSE TO ILLNESS OR INJURY (Add details on additional page, if necessary)

How was illness or injury handled? (check all that apply)
- [ ] First Aid on-site
- [ ] Self or Guardian Transport
- [ ] Call for Assistance
- [ ] Emergency Transport
- [ ] Refused Treatment
- [ ] Refused Transport

Describe Response
(Include what on-site first aid was administered, what assistance was requested, details of transport, refusal of treatment/transport, etc)

Mr. Boer helped Tina use supplies from the first aid kit (water, antiseptic wipes, gauze, tape) to clean and bandage the wound. Tina cleaned the cut but Mr. Boer wrapped it in gauze and tape.

REPORTER

Clem Fandango

Printed Name of Reporter

Clem Fandango

Signature of Reporter

Goat Project Leader

Reporter’s Title

10/1/2020

Date of Report

4-H STAFF USE

Notifications
- [ ] 4-H Educator
- [ ] A/CED
- [ ] Camp Director
- [ ] State Specialist
- [ ] State Volunteer Specialist
- [ ] State Risk Mgmt Coord
- [ ] State Program Leader

Maryland 4-H Incident Report Form - 2