

§1103 Critical/Reportable Incident

Note: Submit critical incident forms under the Health and Safety section of your center's EdLink Account. Only if you are having trouble with the EdLink account, with your email open complete the form and click submit at the bottom.

Name of Facility: _____ License number: _____
Address of Facility: _____ Contact number: _____
Date of incident: _____ Time of incident: _____
Child(ren) involved in incident: _____ Age: _____ Staff involved and other staff present: _____

Detailed description of incident: _____

Name of Parent notified: _____ Date of notification: _____
Time of notification: _____ Signature of staff notifying parent: _____

List the failed attempt to notify a parent of the incident below; including the name of the parent you attempted to reach, as well as the date and time of the attempt.

Were emergency personnel and/or law enforcement contacted? Yes No
If yes, list who was contacted, the date and time contact was made.
1. _____
2. _____
3. _____

Signature of staff who notified emergency personnel/law enforcement: _____

Was medical attention required? Yes No Was insurance offered? Yes No

Did this incident require Child Welfare to be contacted Yes No
If yes, list who was contacted, the date and time contact was made:

Signature of staff who notified Child Welfare: _____

Does the Facility have cameras? Yes No

Corrective action taken and/or needed to prevent reoccurrence: _____

Signature of staff completing this report: _____ Date: _____

SUBMIT