



Incident Report: Notification Timeline

Subject of report: _____ Location of Incident: _____

Date of Incident: _____ Time of Incident: _____

Form Completed by: _____ Date completed: _____

Action	Time/Date Completed	Completed By (Staff Person Name)
Incident reported to Immediate Supervisor (or designee). Who: Individual involved in the incident. When: Immediately How: Telephone/ In-Person contact		
Notes:	<input type="checkbox"/> N/A	

Incident reported to Director (or designee).

Who: Administrator/Designee

When: Immediately

How: Telephone/ In-Person contact

Notes:	<input type="checkbox"/> N/A
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Contact First Responders (EMS, Law Enforcement, Fire)

Who: Individual involved in the incident or other staff person.

When: Immediately (In extreme emergencies the first call should be 911)

How: Telephone/ In-Person contact

Notes:	<input type="checkbox"/> N/A
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Family of subject involved in incident

Who: Center Director/ Designee

When: Immediately

How: Telephone/In-Person contact. Provide Incident Report form for family review and obtain signature.

Notes:	<input type="checkbox"/> N/A
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Office of Children and Family Services Day Care Licensing

Who: Center Director/ Administrator

When: Immediately

How: Telephone

Notes:	<input type="checkbox"/> N/A
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New York State Mandated Reported Hotline Who: Staff person that witnessed the incident/ disclosure was made to with support of Center Director/Administrator When: Immediately How: Telephone To Do: Complete form LDSS-2221A. If the call is taken, the form must be mailed as required by the administrator. Please note the date the form was mailed.	CALL		
	MAIL FORM		
Notes:	<input type="checkbox"/> N/A		
Families of children in a classroom with an investigation Who: Center Director/ Administrator When: As soon as possible. How: Letter			
Notes:	<input type="checkbox"/> N/A		
Office of Head Start Who: Center Director/ Administrator When: As soon as possible but, no more than 7 days after the incident. How: Serious Incident Reporting Form uploaded to the correspondence tab of HSEC. Additional items including video footage, medical reports, policies, may be uploaded. Include OHS Reporting Flow Chart.			
Notes:	<input type="checkbox"/> N/A		
Board of Directors Who: Executive Director/Designee When: As soon as possible, but within 24 hours of the incident How: Email. If necessary, the Board President may be contact by phone prior to notification of the entire Board			
Notes:	<input type="checkbox"/> N/A		
Policy Council Who: Executive Director/Designee When: As soon as possible, but within 24 hours of the incident How: Email. If necessary, the Policy Council Chair may be contact by phone prior to notification of the entire Policy Council.			
Notes:	<input type="checkbox"/> N/A		
Other: _____			
Notes:			