



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)
<b>Incident reported to Immediate Supervisor (or designee).</b> Who: Individual involved in the incident. When: Immediately How: Telephone/ In-Person contact		
Notes:		<input type="checkbox"/> N/A
<b>Incident reported to Director (or designee).</b> Who: Administrator/Designee When: Immediately How: Telephone/ In-Person contact		
Notes:		<input type="checkbox"/> N/A
<b>Contact First Responders (EMS, Law Enforcement, Fire)</b> 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
<b>Family of subject involved in incident</b> 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
<b>Office of Children and Family Services Day Care Licensing</b> Who: Center Director/ Administrator When: Immediately How: Telephone		
Notes:		<input type="checkbox"/> N/A



<b>New York State Mandated Reported Hotline</b> <b>Who:</b> Staff person that witnessed the incident/ disclosure was made to with support of Center Director/ Administrator <b>When:</b> Immediately <b>How:</b> Telephone <b>To Do:</b> 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

<b>Families of children in a classroom with an investigation</b> <b>Who:</b> Center Director/ Administrator <b>When:</b> As soon as possible. <b>How:</b> Letter		
Notes:		<input type="checkbox"/> N/A

<b>Office of Head Start</b> <b>Who:</b> Center Director/ Administrator <b>When:</b> As soon as possible but, no more than 7 days after the incident. <b>How:</b> 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

<b>Board of Directors</b> <b>Who:</b> Executive Director/Designee <b>When:</b> As soon as possible, but within 24 hours of the incident <b>How:</b> Email. If necessary, the Board President may be contact by phone prior to notification of the entire Board		
Notes:		<input type="checkbox"/> N/A

<b>Policy Council</b> <b>Who:</b> Executive Director/Designee <b>When:</b> As soon as possible, but within 24 hours of the incident <b>How:</b> 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

<b>Other:</b> _____		
Notes:		