



Incident Report: Notification Timeline

Subject of report: _____ Location of Incident: _____

Date of Incident: _____ Time of Incident: _____ AM/PM

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	____:____ AM/PM ____/____/____	
Notes:	<input type="checkbox"/> N/A	

Incident reported to Director (or designee). Who: Administrator/Designee When: Immediately How: Telephone/ In-Person contact	____:____ AM/PM ____/____/____	
Notes:	<input type="checkbox"/> N/A	

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	____:____ AM/PM ____/____/____	
Notes:	<input type="checkbox"/> N/A	

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.	____:____ AM/PM ____/____/____	
Notes:	<input type="checkbox"/> N/A	

Office of Children and Family Services Day Care Licensing Who: Center Director/ Administrator When: Immediately How: Telephone	____:____ AM/PM ____/____/____	
Notes:	<input type="checkbox"/> N/A	

**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

____: ____ AM/PM
____ / ____ / ____

MAIL FORM

____ / ____ / ____

Notes: N/A**Families of children in a classroom with an investigation**

Who: Center Director/ Administrator

When: As soon as possible.

How: Letter

____: ____ AM/PM
____ / ____ / ____**Notes:** 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.

____: ____ AM/PM
____ / ____ / ____**Notes:** 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

____: ____ AM/PM
____ / ____ / ____**Notes:** 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.

____: ____ AM/PM
____ / ____ / ____**Notes:** N/A**Other:** _________: ____ AM/PM
____ / ____ / ____**Notes:**