



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

Other: _____	____:____ AM/PM ____/____/____	
Notes:		