

§1103 Critical/Reportable Incident

Name of Facility: _____ License Number: _____
Address of Facility: _____ Contact Number: _____
Date of Incident: _____ Time of Incident: _____
Child(ren)/Age involved in Incident: _____ 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 any failed attempts to notify a parent (of the incident) below, including the name of parent you attempted to reach, as well as the date and time of each attempt.

- 1.) _____
- 2.) _____
- 3.) _____

Was notification made to emergency personnel and/or law enforcement? Yes No

If yes, list who was contacted, the date of contact and the time of contact.

- 1.) _____
- 2.) _____
- 3.) _____

Signature of staff notifying emergency personnel/law enforcement: _____

Was medical attention required? Yes No

Was insurance offered? Yes No

Was Child Welfare contacted? Yes No

If yes, list who was contacted, the date of contact and time of contact:

Signature of staff notifying Child Welfare: _____

Was Licensing emailed? Yes No

If yes, list the name of the person contacted, the date of contact and time of contact:

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

Signature of staff completing this report: _____ Date: _____

To submit this form to licensing push the submit button. You may also submit by saving the form and e-mailing ldelicensing@la.gov or fax 225-342-2498.

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