

§1103 Critical/Reportable Incident

Instructions: Submit this critical incident form by saving the form and emailing LDELicensing@la.gov, faxing 225-342-2498, or (with your email open) click on the submit button at the bottom of the form.

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

Were emergency personnel and/or law enforcement contacted? Yes No

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

1. _____
2. _____
3. _____

Signature of staff who notified emergency personnel/law enforcement: _____

Was medical attention required? Yes No Was insurance offered? Yes No

Did this incident require Child Welfare to be contacted? Yes No

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

Signature of staff who notified Child Welfare: _____

How was Licensing contacted? Fax Email

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

Signature of staff completing this report: _____ Date: _____

