

Supplemental Critical/Reportable Incident

Instructions: Submit this supplemental 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: _____

Date of original incident form submission: _____

Contact number: _____

Continuation Update

Date of incident: _____

Additional information: _____

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: _____

SUBMIT