

**§1103 Critical/Reportable Incident**

Name of Facility: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address of Facility: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Child(ren) Involved in Incident: \_\_\_\_\_ Staff involved and other staff present: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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 contacted? Yes No  
If yes, list the name of the person contacted, the date of contact and time of contact:

\_\_\_\_\_  
Signature of staff notifying Licensing Staff: \_\_\_\_\_  
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](mailto:ldelicensing@la.gov) or fax 225-342-2498.*