Previously Faxed

COMMUNITY CARE FACILITIES LICENSING

INCIDENT REPORT

PLEASE COMPLETE NON-SHADED AREAS IN FULL IR #

FACILITY INFORMATION	FACILITY NAME	FACILITY LICENCE NUMBER	
	ADDRESS	PHONE NUMBER	
INVOLVED PERSONS	NAME OF PERSON IN CARE (1)	DATE OF BIRTH MMM/DD/YYYY	SEX M F NON-BINARY
	NAME OF PERSON IN CARE (2)	DATE OF BIRTH MMM/DD//YYYY	SEX M F NON-BINARY
	STAFF VISITOR OTHER (SPECIFY)	NUMBER OF PERSONS IN CARE AFFECTED	

TYPE OF INCIDENT BEING REPORTED:

- AGGRESSIVE/UNUSUAL BEHAVIOUR
- AGGRESSION BETWEEN PERSONS IN CARE [Res. Care Only]
- ATTEMPTED SUICIDE
- CHOKING
- DEATH EXPECTED UNEXPECTED
- DISEASE OUTBREAK OR OCCURENCE
- EMERGENCY RESTRAINT
- EMOTIONAL ABUSE
- FALL
- FINANCIAL ABUSE
- FOOD POISONING
- MEDICATION ERROR
- MISSING/WANDERING
- MOTOR VEHICLE INJURY
- NEGLECT
- POISONING
- PHYSICAL ABUSE
- SERVICE DELIVERY PROBLEMS
- SEXUAL ABUSE
- UNEXPECTED ILLNESS
- OTHER INJURY ____________

INDICATE TYPE OF INJURY BEING REPORTED & EQUIPMENT INVOLVED:

TYPE OF INJURY (all service types to complete):

- BRUISE/CONTUSION
- DISLOCATION
- SPRAIN/STRAIN
- BURN
- FRACTURE
- SURFACE CUT/SCRATCH
- CONCUSSION
- LACERATION/ABRASION
- OTHER ____________
- NO INJURY

EQUIPMENT (child care only):

- SWING
- SLIDING POLE
- SLIDE
- HORIZONTAL LADDER/MONKEY BARS
- SEESAW
- ROPE-LADDER
- COMPOSITE CLIMBER
- OTHER ____________

LOCATION OF INCIDENT (CHOOSE ONE OF THE FOLLOWING):

- RESIDENTIAL CARE
- CHILD CARE – INDOOR EXCLUDING PLAYGROUND CHILD
- CARE – INDOOR PLAYGROUND
- CHILD CARE – OUTDOOR EXCLUDING PLAYGROUND
- CHILD CARE – OUTDOOR PLAYGROUND

NOTIFIED	DATE	TIME
HEALTH CARE PROVIDER		
POLICE		
LICENSING/MHO		
CORONER		
OTHER (SPECIFY)		
AMBULANCE		
MCF		
MANAGER		
FIRE DEPARTMENT		

PARENT/REPRESENTATIVE/CONTACT PERSON CONTACTED

YES **NO** **DATE/TIME** ____________

NAME OF PERSON NOTIFIED ____________

PHONE NUMBER ____________

DETAILS OF INCIDENT AND FOLLOW UP (ATTACH ADDITIONAL PAGES IF NECESSARY)

DATE OF INCIDENT: TIME OF INCIDENT: INDICATE SERVICE TYPE (If applicable):

SIGNATURES	NAME	POSITION	SIGNATURE	DATE	TIME
Witness/Attending Staff:					
Form Completed by:					
Licensee/Manager					

Reported to Licensing

THIS SECTION TO BE COMPLETED BY THE LICENSING OFFICER UPON RECEIPT OF REPORT (ATTACH ADDITIONAL PAGES IF NECESSARY)

DATE: MMM/DD/YYYY | NOTIFICATION COMMENTS

Type of Incident Confirmed by Licensing

- AGGRESSIVE/UNUSUAL BEHAVIOUR
- ATTEMPTED SUICIDE
- DEATH EXPECTED
- DISEASE OUTBREAK OR OCCURENCE
- EMERGENCY RESTRAINT
- EMOTIONAL ABUSE
- MEDICATION ERROR
- MOTOR VEHICLE INJURY
- OTHER INJURY
- POISONING
- SERVICE DELIVERY PROBLEMS
- NO INCIDENT CONFIRMED
- AGGR. BTWN PERSONS IN CARE (res. care only)
- CHOKING
- DEATH UNEXPECTED
- FALL
- FINANCIAL ABUSE
- FOOD POISONING
- MISSING/WANDERING
- NEGLECT
- PHYSICAL ABUSE
- SEXUAL ABUSE
- UNEXPECTED ILLNESS

Residential Care Licensing Officers complete this box if confirmed MISSING/WANDERING or AGGR. BTWN PIC:

OUTCOME:

- NOT FOUND [Missing/wandering only]
- UNHARMED [Missing/wandering only]
- FIRST AID PROVIDED [Missing/wandering only]
- EMERG. Care by MD, NP or Transfer to Hospital
- DEATH

Death Reported to Coroner

Reported to Coroner by Facility | Reported to Coroner after Licensing Review | Not Reported to Coroner

Confirm Type of Injury & Equipment

TYPE OF INJURY:

- BURN
- CONCUSSION
- LACERATION/ABRASION
- OTHER ____________
- FRACTURE
- DISLOCATION
- BRUISE/CONTUSION
- SPRAIN/STRAIN
- SURFACE CUT/SCRATCH
- NO INJURY

EQUIPMENT(Child Care Playground Incidents):

- COMPOSITE CLIMBER
- HORIZ. LADDER/ MONKEY BARS
- ROPE-LADDER
- SLIDING POLE
- SEESAW
- SLIDE
- OTHER ____________

Indicate Service Type Confirmed: ____________

Licensing Follow-Up

No Follow-up Required by Licensing | Follow-up Required by Licensing | Licensing Follow-up Complete: MMM/DD/YYYY | Not a Reportable Incident

COMMENTS:

Licensing Officer's Name [Print]	Signature	Date	Page ___ of ___

Updated: June 13, 2024

Please keep a copy at the facility for your records and please notify the funding program, if any.