



COMMUNITY CARE FACILITIES LICENSING

INCIDENT REPORT

PLEASE COMPLETE NON-SHADED AREAS IN FULL IR #

Previously Faxed

FACILITY INFORMATION: FACILITY NAME, ADDRESS, FACILITY LICENCE NUMBER, PHONE NUMBER. PERSONS INVOLVED: NAME OF PERSON IN CARE (1), DATE OF BIRTH, SEX, NAME OF PERSON IN CARE (2), DATE OF BIRTH, SEX, STAFF, VISITOR, OTHER (SPECIFY), NUMBER OF PERSONS IN CARE AFFECTED.

TYPE OF INCIDENT BEING REPORTED: AGGRESSIVE/UNUSUAL BEHAVIOUR, AGGRESSION BETWEEN PERSONS IN CARE, ATTEMPTED SUICIDE, CHOKING, DEATH, DISEASE OUTBREAK OR OCCURENCE, EMERGENCY RESTRAINT, EMOTIONAL ABUSE, FALL, FINANCIAL ABUSE, FOOD POISONING, MEDICATION ERROR, MISSING/WANDERING, MOTOR VEHICLE INJURY, NEGLIGENCE, 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: RESIDENTIAL CARE, CHILD CARE - INDOOR EXCLUDING PLAYGROUND, CHILD CARE - INDOOR PLAYGROUND, CHILD CARE - OUTDOOR EXCLUDING PLAYGROUND, CHILD CARE - OUTDOOR PLAYGROUND. NOTIFIED: 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: WITNESS/ATTENDING STAFF, FORM COMPLETED BY, LICENSEE/MANAGER. NAME, POSITION, SIGNATURE, DATE, TIME.

THIS SECTION TO BE COMPLETED BY THE LICENSING OFFICER UPON RECEIPT OF REPORT (ATTACH ADDITIONAL PAGES IF NECESSARY): Reported to Licensing, Day/Month/Year, NOTIFICATION COMMENTS. Type of Incident Confirmed by Licensing: AGGRESSIVE/UNUSUAL BEHAVIOUR, ATTEMPTED SUICIDE, DEATH EXPECTED, DEATH UNEXPECTED, DISEASE OUTBREAK OR OCCURENCE, FALL, 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, FINANCIAL ABUSE, FOOD POISONING, MISSING/WANDERING, NEGLIGENCE, PHYSICAL ABUSE, SEXUAL ABUSE, UNEXPECTED ILLNESS. Residential Care Licensing Officers complete this box if confirmed MISSING/WANDERING or AGGR. BTWN PIC: OUTCOME: NOT FOUND, UNHARMED, FIRST AID PROVIDED, 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, FRACTURE, BRUISE/CONTUSION, CONCUSSION, DISLOCATION, SPRAIN/STRAIN, LACERATION/ABRASION, SURFACE CUT/SCRATCH, OTHER. EQUIPMENT (Child Care Playground Incidents): COMPOSITE CLIMBER, SEESAW, HORIZ. LADDER/ MONKEY BARS, SLIDE, ROPE-LADDER, SLIDING POLE, SLIDING POLE, OTHER. Indicate Service Type Confirmed:

Licensing Follow-Up: No Follow-up Required by Licensing, Follow-up Required by Licensing, Licensing Follow-up Complete, Not a Reportable Incident. COMMENTS: Licensing Officer's Name [Print], Signature, Date, Page of.