

Client:		Employee:				
Date:		Time:			AM	PM

Incident (must be completed immediately following the Incident)

<i>Employee Type of Incident/Accident</i>	<i>Client Type of Incident/Accident</i>
Injury with no medical treatment beyond first aid	Physical Aggression
Injury with medical treatment beyond first aid	Sexual Aggression
JFCAC Property Damage	Sexual Acting Out
Employee Property Damage	Client Injury
Employee – Client Conflicts	Suicidal Ideations
Employee – Employee Conflicts	Self-Harming Behaviors
Violation of Policy/Procedures	JFCAC Property Damage
Other –	Client Property Damage
	Inappropriate Action Towards Staff
	Other

Describe the incident fully. Include what happened just prior to the incident; what prompted the incident, was first aid administered, did child and/or employee remain at work or school...

<i>Employee Incident Measures Taken</i>	<i>Client Incident Measures Taken</i>
Documentation Completed	First Aid Administered if Applicable
Supervisor Notified	Hotline Call Made if Applicable
Program Director Notified	Parent's Notified
HR Notified	Supervisor Notified
Worker's Comp Form Completed (If Necessary & send to HR)	Supervisor Notified – Program Director
Other: (write In)	Chief Program Officer Notified
	Documentation Completed
	Head Start Child Abuse Form Filled Out
	Other: (write In)

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<i>List Witnesses:</i>			
Reporter Signature:		Date:	

Supervisor on Duty Review

I have reviewed the documentation and it is completed correctly and has all supporting forms attached including:						
Is an incident review (debriefing necessary?)		Yes		No	Date/Time of Debriefing:	
Supervisor:				Date:		

Administrative Review

Was follow up appropriate & timely for the client/employee?		Yes		No (Explain Below)	
QI Director:				Date:	

Additional Narrative and/or Witness Documentation

Name:		Date:	
Narrative Continue if Needed:			

Name:		Date:	
Witness Documentation:			