



COMMUNITY CARE FACILITIES LICENSING

INCIDENT REPORT PLEASE COMPLETE NON-SHADED AREAS IN FULL IR

FACILITY	FACILITY NAME				FACILITY LICENCE N	NUMBER
INFORMATION	ADDRESS				PHONE NUMBER	
	NAME OF PERSON IN CARE (1)				DATE OF BIRTH	SEX
PERSONS INVOLVED	NAME OF PERSON IN CARE (2)				DD/MMM/YYYY DATE OF BIRTH	□ M □ F SEX
	· · ·				DD/MMM/YYYY	\square M \square F
	□ STAFF	□ VISITOR □ OTHER (SPECIFY)		IN CARE AFFECTED		
		INDICATE TYPE EQUIPMENT INV	NVOLVED: CHOC		LOCATION OF INCIDENT DSE ONE OF THE FOLLOWING:	
AGGRESSIC CARE [Res. Ca ATTEMPTED CHOKING DEATH DEXP DISEASE OU EMERGENC EMOTIONAL FALL FINANCIAL FOOD POISO MEDICATION MISSING/W/ MOTOR VEH NEGLECT POISONING PHYSICAL AB SERVICE DE SEXUAL AB	D SUICIDE ECTED UNEXPECTED JTBREAK EY RESTRAINT ABUSE ABUSE ONING N ERROR ANDERING HICLE INJURY ABUSE ELIVERY PROBLEMS USE ED ILLNESS JRY DETAI	BRUISE/COI DISLOCATIO SPRAIN/STF BURN FRACTURE SURFACE CO CONCUSSIO LACERATIO OTHER NO INJURY EQUIPMENT (CO SWING SLIDING PO SLIDE HORIZONT. SEESAW ROPE-LADD COMPOSITE OTHER	ON RAIN SUT/SCRATCH ON N/ABRASION Child care only): SLE AL LADDER/MONKEY BARS DER E CLIMBER AND FOLLOW UP (ATTACH ADD	NAME OF PERSON NOT	OR PLAYGROUND OOR EXCLUDING PLAY OOR PLAYGROUND DATE ER VE/CONTACT PERSON (DATE/TIME	TIME TIME CONTACTED
SIGNATURES	l N	AME	POSITION	SIGNATURE	DATE	TIME
Witness/Attend	ing Staff:	AME	POSITION	SIGNATURE	DATE	TIME
Witness/Attend Form Complete	ing Staff: ed by:	AME	POSITION	SIGNATURE	DATE	TIME
Witness/Attend Form Complete Licensee/Mana Reported to	ing Staff: ed by: ger THIS SECTION TO BE COM	PLETED BY THE	LICENSING OFFICER UPON REC			
Witness/Attend Form Complete Licensee/Mana Reported to	ing Staff: ed by: ger THIS SECTION TO BE COM		LICENSING OFFICER UPON REC			
Witness/Attend Form Complete Licensee/Manage Reported to Licensing Type of	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII	PLETED BY THE FICATION COMMI	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN	EIPT OF REPORT (ATTACH		
Witness/Attend Form Complete Licensee/Manage Reported to Licensing Type of Incident Confirmed	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED	PLETED BY THE FICATION COMMI	LICENSING OFFICER UPON REC	EIPT OF REPORT (ATTACH CARE (res. care only) Residential Car	ADDITIONAL PAGES II	F NECESSARY) blete this box if
Witness/Attend Form Complete Licensee/Manage Reported to Licensing Type of Incident Confirmed by	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK	PLETED BY THE FICATION COMMI L BEHAVIOUR	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL	EIPT OF REPORT (ATTACH CARE (res. care only) Residential Car	ADDITIONAL PAGES II	F NECESSARY) blete this box if
Witness/Attend Form Complete Licensee/Manage Reported to Licensing Type of Incident Confirmed	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE	PLETED BY THE FICATION COMMI L BEHAVIOUR	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING	EIPT OF REPORT (ATTACH CARE (res. care only) Residential Car confirmed MISS OUTCOME:	ADDITIONAL PAGES II re Licensing Officers comp SING/WANDERING or AG	F NECESSARY) Delete this box if GGR. BTWN PIC:
Witness/Attend Form Complete Licensee/Manage Reported to Licensing Type of Incident Confirmed by	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE MEDICATION ERROR MOTOR VEHICLE INJUI	PLETED BY THE FICATION COMMI L BEHAVIOUR	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING MISSING/WANDERING NEGLECT	EIPT OF REPORT (ATTACH CARE (res. care only) Residential Car confirmed MISS OUTCOME:	ADDITIONAL PAGES II re Licensing Officers comp SING/WANDERING or AG ID [Missing/wandering or	F NECESSARY) Delete this box if GGR. BTWN PIC:
Witness/Attend Form Complete Licensee/Manage Reported to Licensing Type of Incident Confirmed by	ing Staff: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE MEDICATION ERROR	PLETED BY THE FICATION COMMI L BEHAVIOUR	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING MISSING/WANDERING	EIPT OF REPORT (ATTACH CARE (res. care only) Residential Car confirmed MISS OUTCOME: NOT FOUN UNHARME FIRST AID	re Licensing Officers comp SING/WANDERING or AG ID [Missing/wandering or D [Missing/wandering on PROVIDED [Missing/wa	plete this box if GGR. BTWN PIC:
Witness/Attend Form Complete Licensee/Manage Reported to Licensing Type of Incident Confirmed by	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE MEDICATION ERROR MOTOR VEHICLE INJURY POISONING SERVICE DELIVERY PR	PLETED BY THE FICATION COMMI L BEHAVIOUR NT RY ROBLEMS	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING MISSING/WANDERING NEGLECT PHYSICAL ABUSE	EIPT OF REPORT (ATTACH CARE (res. care only) Residential Car confirmed MISS OUTCOME: NOT FOUN UNHARME FIRST AID	re Licensing Officers comp SING/WANDERING or AG ID [Missing/wandering or D [Missing/wandering on	plete this box if GGR. BTWN PIC:
Witness/Attend Form Complete Licensee/Manare Reported to Licensing Type of Incident Confirmed by Licensing Death Reported to	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE MEDICATION ERROR MOTOR VEHICLE INJURY POISONING	PLETED BY THE FICATION COMMI L BEHAVIOUR NT RY ROBLEMS MED	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING MISSING/WANDERING NEGLECT PHYSICAL ABUSE	EIPT OF REPORT (ATTACH CARE (res. care only) Residential Car confirmed MISS OUTCOME: NOT FOUN UNHARME FIRST AID EMERG. Ca	re Licensing Officers comp SING/WANDERING or AG ID [Missing/wandering or D [Missing/wandering on PROVIDED [Missing/wa	plete this box if GGR. BTWN PIC:
Witness/Attend Form Complete Licensee/Manate Reported to Licensing Type of Incident Confirmed by Licensing Death Reported to Coroner Confirm	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE MEDICATION ERROR MOTOR VEHICLE INJURY POISONING SERVICE DELIVERY PRONO INCIDENT CONFIRM Reported to Coroner by	PLETED BY THE FICATION COMMI L BEHAVIOUR NT RY ROBLEMS MED Facility	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING MISSING/WANDERING NEGLECT PHYSICAL ABUSE SEXUAL ABUSE UNEXPECTED ILLNESS	EIPT OF REPORT (ATTACH CARE (res. care only) Residential Carconfirmed MISS OUTCOME: NOT FOUN UNHARME FIRST AID EMERG. Care DEATH T. Licensing Review Rould Care	additional pages in a company of the Licensing Officers company of the Licensing Officers company of the Licensing Officers company of the Licensing of the Licensia of the Li	plete this box if GGR. BTWN PIC: hly] ndering only] er to Hospital
Witness/Attend Form Complete Licensee/Manate Reported to Licensing Type of Incident Confirmed by Licensing Death Reported to Coroner	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE MEDICATION ERROR MOTOR VEHICLE INJUIT OTHER INJURY POISONING SERVICE DELIVERY PR NO INCIDENT CONFIRM Reported to Coroner by	PLETED BY THE FICATION COMMI L BEHAVIOUR NT RY ROBLEMS MED Facility FINJURY: RACTURE ISLOCATION IN	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING MISSING/WANDERING NEGLECT PHYSICAL ABUSE SEXUAL ABUSE UNEXPECTED ILLNESS	EIPT OF REPORT (ATTACH CARE (res. care only) Residential Car confirmed MISS OUTCOME: NOT FOUN UNHARME FIRST AID EMERG. Ca DEATH	ADDITIONAL PAGES II The Licensing Officers composition of AG ID [Missing/wandering or D [Missing/wandering on PROVIDED [Mi	Delete this box if GGR. BTWN PIC: Inly] Indering only] Inder to Hospital OR POLE
Witness/Attend Form Complete Licensee/Manate Reported to Licensing Type of Incident Confirmed by Licensing Death Reported to Coroner Confirm Type of Injury &	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE MEDICATION ERROR MOTOR VEHICLE INJUIT OTHER INJURY POISONING SERVICE DELIVERY PR NO INCIDENT CONFIRM Reported to Coroner by TYPE OF BURN CONCUSSION LACERATION/ABRASIO OTHER OTHER	PLETED BY THE FICATION COMMI L BEHAVIOUR NT RY ROBLEMS MED Facility FINJURY: RACTURE ISLOCATION IN	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING MISSING/WANDERING NEGLECT PHYSICAL ABUSE SEXUAL ABUSE UNEXPECTED ILLNESS Reported to Coroner after	EIPT OF REPORT (ATTACH CARE (res. care only) Residential Carconfirmed MISS OUTCOME: NOT FOUN UNHARME FIRST AID EMERG. Ca DEATH CILICENSING REVIEW ROMPOSITE CLIMBER HORIZ. LADDER/ MOI ROPE-LADDER	ADDITIONAL PAGES II The Licensing Officers composition of AGE ID [Missing/wandering or D [Missing/wandering on PROVIDED [M	Delete this box if GGR. BTWN PIC: Inly] Indering only] Inder to Hospital OR POLE
Witness/Attend Form Complete Licensee/Manage Reported to Licensing Type of Incident Confirmed by Licensing Death Reported to Coroner Confirm Type of Injury & Equipment Licensing	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE MEDICATION ERROR MOTOR VEHICLE INJUE OTHER INJURY POISONING SERVICE DELIVERY PR NO INCIDENT CONFIRM Reported to Coroner by TYPE OF BURN BURN CONCUSSION LACERATION/ABRASIO OTHER Indicate Service Type Conf	PLETED BY THE FICATION COMMI L BEHAVIOUR NT RY ROBLEMS MED Facility FINJURY: RACTURE ISLOCATION IN	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING MISSING/WANDERING NEGLECT PHYSICAL ABUSE SEXUAL ABUSE UNEXPECTED ILLNESS Reported to Coroner after	EIPT OF REPORT (ATTACH Residential Car confirmed MISS OUTCOME: NOT FOUN UNHARME FIRST AID EMERG. Ca DEATH T Licensing Review Note Composite Climber Horiz. LADDER/ MOID ROPE-LADDER SLIDING POLE	ADDITIONAL PAGES II re Licensing Officers comp SING/WANDERING or AG ID [Missing/wandering or D [Missing/wandering on PROVIDED [Missing/wandering on PROVI	blete this box if GGR. BTWN PIC: Inly] Indering only] If to Hospital OR POLE ER
Witness/Attend Form Complete Licensee/Manage Reported to Licensing Type of Incident Confirmed by Licensing Death Reported to Coroner Confirm Type of Injury & Equipment Licensing	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE MEDICATION ERROR MOTOR VEHICLE INJUIT OTHER INJURY POISONING SERVICE DELIVERY PR NO INCIDENT CONFIRM Reported to Coroner by TYPE OF BURN CONCUSSION LACERATION/ABRASIO OTHER Indicate Service Type Conf	PLETED BY THE FICATION COMMI L BEHAVIOUR NT RY ROBLEMS MED Facility FINJURY: RACTURE ISLOCATION IN	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING MISSING/WANDERING NEGLECT PHYSICAL ABUSE SEXUAL ABUSE UNEXPECTED ILLNESS Reported to Coroner after BRUISE/CONTUSION SPRAIN/STRAIN SURFACE CUT/SCRATCH NO INJURY	EIPT OF REPORT (ATTACH Residential Car confirmed MISS OUTCOME: NOT FOUN UNHARME FIRST AID EMERG. Ca DEATH T Licensing Review Note Composite Climber Horiz. LADDER/ MOID ROPE-LADDER SLIDING POLE	ADDITIONAL PAGES II THE Licensing Officers composition of AGE ID [Missing/wandering or Definition of AGE of Inc. 1] ID [Missing/wandering or Definition of Inc. 1] ID [Mis	blete this box if GGR. BTWN PIC: Inly] Indering only] If to Hospital OR POLE ER
Witness/Attend Form Complete Licensee/Manage Reported to Licensing Type of Incident Confirmed by Licensing Death Reported to Coroner Confirm Type of Injury & Equipment Licensing	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE MEDICATION ERROR MOTOR VEHICLE INJUE OTHER INJURY POISONING SERVICE DELIVERY PR NO INCIDENT CONFIRM Reported to Coroner by TYPE OF BURN BURN CONCUSSION LACERATION/ABRASIO OTHER Indicate Service Type Conf	PLETED BY THE FICATION COMMI L BEHAVIOUR NT RY ROBLEMS MED Facility FINJURY: RACTURE ISLOCATION IN	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING MISSING/WANDERING NEGLECT PHYSICAL ABUSE SEXUAL ABUSE UNEXPECTED ILLNESS Reported to Coroner after BRUISE/CONTUSION SPRAIN/STRAIN SURFACE CUT/SCRATCH NO INJURY	EIPT OF REPORT (ATTACH Residential Car confirmed MISS OUTCOME: NOT FOUN UNHARME FIRST AID EMERG. Ca DEATH T Licensing Review Note Composite Climber Horiz. LADDER/ MOID ROPE-LADDER SLIDING POLE	ADDITIONAL PAGES II THE Licensing Officers composition of AGE ID [Missing/wandering or Definition of AGE of Inc. 1] ID [Missing/wandering or Definition of Inc. 1] ID [Mis	blete this box if GGR. BTWN PIC: Inly] Indering only] If to Hospital OR POLE ER
Witness/Attend Form Complete Licensee/Manage Reported to Licensing Type of Incident Confirmed by Licensing Death Reported to Coroner Confirm Type of Injury & Equipment Licensing	ing Staff: d by: ger THIS SECTION TO BE COM Day/Month/Year NOTII AGGRESSIVE/UNUSUA ATTEMPTED SUICIDE DEATHEXPECTED DISEASE OUTBREAK EMERGENCY RESTRAI EMOTIONAL ABUSE MEDICATION ERROR MOTOR VEHICLE INJUE OTHER INJURY POISONING SERVICE DELIVERY PR NO INCIDENT CONFIRM Reported to Coroner by TYPE OF BURN BURN CONCUSSION LACERATION/ABRASIO OTHER Indicate Service Type Conf	PLETED BY THE FICATION COMMI L BEHAVIOUR NT RY ROBLEMS MED Facility FINJURY: RACTURE ISLOCATION IN	LICENSING OFFICER UPON RECENTS AGGR. BTWN PERSONS IN CHOKING DEATH UNEXPECTED FALL FINANCIAL ABUSE FOOD POISONING MISSING/WANDERING NEGLECT PHYSICAL ABUSE SEXUAL ABUSE UNEXPECTED ILLNESS Reported to Coroner after BRUISE/CONTUSION SPRAIN/STRAIN SURFACE CUT/SCRATCH NO INJURY	EIPT OF REPORT (ATTACH Residential Car confirmed MISS OUTCOME: NOT FOUN UNHARME FIRST AID EMERG. Ca DEATH T Licensing Review Note Composite Climber Horiz. LADDER/ MOID ROPE-LADDER SLIDING POLE	ADDITIONAL PAGES II THE Licensing Officers composition of AGE ID [Missing/wandering or Definition of AGE of Inc. 1] ID [Missing/wandering or Definition of Inc. 1] ID [Mis	blete this box if GGR. BTWN PIC: Inly] Indering only] If to Hospital OR POLE ER