

APPENDIX Q
Alabama Department of Early Childhood Education
OSR Incident Report Form

Use this form to report accidents, injuries, medical situations or behavior incidents. (Incidents involving a crime or traffic incident should be reported directly to the police.) If possible, the report should be completed within 24 hours of the event. Submit completed forms to your OSR Regional Director.

INFORMATION ABOUT ADULT PERSON INVOLVED IN THE INCIDENT			
Full Name:			
Classroom Name:			
<input type="checkbox"/> Program Employee Name: _____ _____	<input type="checkbox"/> Partner Organization Employee Name: _____ _____	<input type="checkbox"/> Visitor/Volunteer Name: _____ _____	<input type="checkbox"/> Vendor Name: _____ _____

INFORMATION ABOUT THE INCIDENT		
Date of Incident:	Time:	Police Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No DHR Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident:		
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attach additional sheets if necessary)		
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach separate sheet with names, addresses and phone numbers.		
Was there media coverage of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the media outlet and attach news clipping if available.		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of the body injured, and any other information known about the resulting injury(ies).		
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided? <input type="checkbox"/> On site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other		
Page 30REPORTER INFORMATION		
Individual Submitting Report (print name):		
Signature:		
Date Report Completed:		

FOR OFFICE USE ONLY

Report Received By _____ Date: _____
 (Regional Director Signature)

***Regional Director should forward a signed copy to the OSR Director.**

Document any follow-up action taken after receipt of the incident report.

Date	Action Taken	By Whom