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| **Child Care Act (Early Years Services) Regulations 2016**  **Part VIII, Article 31, Notification of Incident Form** |

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| Tusla ID No.: | |  | | Date of Notification | |  |
| Service Name and Address |  | | | Service Contact Number: | |  |
| Day of Event | | Date of Event | | Time of Event | Location of Event | |
|  | |  | |  |  | |
| Names of those present at time of incident: | | |  | | | |

|  |  |  |  |
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| **Type of Event Article 31** | | | |
| Death of a Child in service |  | Irregular Closure of a centre |  |
| Death of a child in hospital /home following transfer from service |  | Serious Injury to a child |  |
| Diagnosed Infectious Disease Child |  | Child missing from service |  |
| Diagnosed Infectious Disease staff member |  | Child removed without consent from service |  |

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| Sequence/chronology and description of the incident |
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**Actions taken by the service to manage the incident**

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| Actions taken by the service to manage the incident |
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| Are there outstanding safety / risk matters to be addressed at the time of notification? |
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| **Notification Details** | | | | | |
| **Notified to** | **Yes** | **No** | **Date** | **Details** |
| Parents/Guardians |  |  |  |  |
| Ambulance |  |  |  |  |
| Fire Services |  |  |  |  |
| An Garda SÍochána |  |  |  |  |
| EHO |  |  |  |  |
| HSE Public Health |  |  |  |  |
| Registered provider (if offsite) |  |  |  |  |

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| **Service Incident Report** | |
| Has the service completed a separate incident report? | Name and contact details of person who wrote incident report? |
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| **Declaration (To be Completed by Person in Charge)** | |
| I confirm that the information contained in this notification is accurate and correct | |
| **Signature:** |  |
| **Print Name:** |  |
| **Date:** |  |