**Policy:** Upon the occurrence of any significant incidents affecting the health and safety of program participants, as outlined in HSPPS 1302.12 and IM-HS-22-07, the administration team will fill out the information below and submit to the Program Director along with corresponding forms referenced below, for submission to the Office of Head Start through HSES Correspondence.

**Procedure:** Complete the following questions 1-4 and review Other Pertinent Information section to ensure all information is complete and accurate in supporting documentation (BCAL4605 & Illness/Incident Report Form). When submitting documentation include any of the following as applicable

1. Number of staff:

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Position | Employment Status (full/part-time, permanent/substitute) | Length of Employment (with the agency) | Length of time (in current position) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Number of Children in Group:
2. Below summarize additional investigative steps taken by NMCAA management not included in BCAL4605/Illness/Incident Report Form:
3. Date of governing body notifications:
4. When submitting documentation to the Office of Head Start include any of the following documentation as applicable
	* CCL 4605 (previous title BCAL 4605)
	* Illness/Incident Report
	* Disciplinary actions/Corrective action (if applicable)
	* Upload video (if applicable)
	* Initial Licensing Report
	* Other supporting documentation

**Other Pertinent Information Locations:**

Date, time and specific location of the incident (Center, classroom and area)

* CCL 4605, Illness incident report

Age and gender of the child(ren) involved

* CCL 4605, Illness incident report (includes the age of the victim)

Description of the incident

* CCL 4605, Illness incident report