PLEASE COMPLETE THIS DOCUMENT WHEN REQUIRED AND SEND ORIGINAL TO OFFICE

Taree Great lakes Gloucester Five Star Family Day care
CRITICAL INCIDENT REPORT FORM (CIRF)

1. **Full Name of Person making the Report:**	2. **Address:**
3. **Telephone Number:**	4. **Date Report was made:**
5. **Date of Incident:**	6. **Time of Incident:**

7. **Location of Incident:**
8. **Person in charge during the Incident:**
9. **Names of persons involved in the Incident e.g carers, children, parents etc**

10. **Incident Type: (Please circle)**

- Medical Emergency
- Death of a person
- Missing child
- Responding to a fire
- Responding to a bush fire
- Responding to a storm or flood
- Responding to an earthquake/cyclone
- Responding to an internal emergency e.g gas leak, collapsed building
- Responding to a hold up/intruder/vandalism/theft
- Telephone threat/bomb threat/suspicious mail
- Responding to collection of children by an unauthorised person OR the Adult is affected by drugs/alcohol
- Responding to a child not collected from care

DESCRIPTION OF INCIDENT; (Who, what, where, when, how and any other factors that may have contributed to the incident)

NEXT STEPS:

1. **Phone the Family Day Care service** as soon as practicable after the incident has occurred (This may mean calling the out of hours emergency number)

2. **Fax OR deliver** this CIRF to the Family Day Care service **within 24** hours of the Critical Incident occurring.

Signature: _____ Print name: _____