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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: |   |
| **Type of Service** |
| Full day care service  |  | Pre-school service in a drop-in centre |  |
| Part-time day care service |  | Childminding service |  |
| Sessional pre-school service |  | Overnight service |  |
| 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:** |   |