UNUSUAL INCIDENT REPORT

ONOSOAL INCIDENT RELOKT					
Name of Child:		Date of	Incident:	Time of Incident:	
Name of Staff Writing Report:		Namo	Name of Staff That Notified the Parent:		
		Name of Staff filat Notified the Parent.			
Name of Parent:		Date Pa	Date Parent Notified:		
Other Individuals Involved: (i.e. Other Staff/Adults, Witnesses, Children (Described as Child #1, Child #2, etc.)					
•	Relationship to Child:	Age:	Other Important Informa		
ivame.	relationship to office.	Age.	Other important imorma	tion.	
Please Indicate, in as Much Detail as Possible, the Incident That Occurred: (Who, What, When, Where, Why, How)					
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The sponsor, sponsor representative, director, or any staff member shall verbally notify the <i>State Central Registry Hotline (1-877 NJ</i>					
ABUSE/1-877-652-2873) immediately whenever there is reasonable cause to believe that a child has been subjected to abuse or					
neglect by a staff member, or any other adult. Additionally, the parent(s) shall be notified on the same day of the occurrence of any					
unusual incident(s) that occurred at the center. Such incidents may include, but are not limited to, unusual sexual activity; violent or					
destructive behavior; withdrawal or passivity; or significant change(s) in the child's personality, behavior or habits. The center shall					
maintain on file a record of such incidents and documentation that parents have been informed of them.					
Does the nature of this incident in		•			
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YES, the incident was immediat	ely reported to the Child	Abuse	Hotline at 1-8//-NJAE	3USE (1-8/7-652-28/3)	
Name/ID of NJ Abuse Hotline Screener:	Date of Call:	Comme	ents:		
Follow-Up Comments and/or Actions (if Needed):					
. Show the distance fractions (in thousand).					