




Crisis Management Reporting Packet Checklist

Use the checklist below to ensure all required information is sent to Clever Bee Academy's Human Resources Team for all incidents. Please mark either a **✓** if the item is included in the documentation, or **N/A** if it is not applicable to the incident.

1. Academy: _____
2. Date of Incident: _____
3. Subject of Incident: (circle one)
 Child Staff Parent
 Other (explain): _____
4. Subject's Name: _____
5. If child incident, circle program funding:
 PreK Counts PHMC EHS/HS
 EarlyLearn Private Pay State Funded
 Other (explain): _____

Reporting Packet			
 (Included)	N/A (Not Applicable)	What To Collect:	
		State required incident form (when reporting a child incident)	Incident Information
		PHL – If child is in PHMC classroom, complete PHMC Significant Incident Form OH – Serious Incident Reporting Form	
		Management summary of incident, completed on a Clever Bee Academy Statement of Incident Form, including: *Summary of conversation with parent(s), when/how they were notified, what they were told, and details of their reaction *Notes on child's condition during the day, follow up done after the injury, etc. *List of witnesses	
		Witness statements, completed on a Clever Bee Academy Statement of Incident Form	
		Ratio (Sign In/Out) Sheet	
		Police Report	
		Child's enrollment application with child's DOB and family contact information	Child Information
		Copy of other incident reports (IEPs, Pre-existing Injury Form, etc.)	
		Other information academy deems relevant	
		Photos of where incident occurred	Photos
		Photos of any equipment involved in incident	

Statement of Incident Form



Today's Date: _____

Name:	Relationship to Clever Bee Academy: <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other: _____		Relationship to Incident:
Phone:	<input type="checkbox"/> Staff (Title): _____		<input type="checkbox"/> Involved <input type="checkbox"/> Witness
INCIDENT			
Date of Incident:		Time of Incident: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Address:			
Location Within Address (e.g. parking lot, room number, etc.):			
Description of Incident: Use the space below to describe the nature of the incident, injuries sustained or additional details. (Attach additional pages if needed)			
LIST OTHER PARTIES INVOLVED (Attach additional pages if needed)			
Name:	Relationship to Clever Bee Academy: <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other: _____		Relationship to Incident:
Phone:	<input type="checkbox"/> Staff (Title) _____		<input type="checkbox"/> Involved <input type="checkbox"/> Witness
Name:	Relationship to Clever Bee Academy: <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other: _____		Relationship to Incident:
Phone:	<input type="checkbox"/> Staff (Title) _____		<input type="checkbox"/> Involved <input type="checkbox"/> Witness
Name:	Relationship to Clever Bee Academy: <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other: _____		Relationship to Incident:
Phone:	<input type="checkbox"/> Staff (Title) _____		<input type="checkbox"/> Involved <input type="checkbox"/> Witness
SUPERVISION			
List Manager on Duty at Closest Clever Bee Academy Location			
Name:		Location:	Phone:
EMERGENCY ACTIONS			
Called Police: <input type="checkbox"/> Yes, Report Number _____ <input type="checkbox"/> No		Called Ambulance: <input type="checkbox"/> Yes, Case Number _____ <input type="checkbox"/> No	
Police Department:		Hospital Name:	
CERTIFICATION			
I certify that the information documented above is true and accurate.			
Print Name:		Signature:	Date: