

# CAMP SARADAC

## FORMS



# CITY OF SARATOGA SPRINGS, NY 2015 INCIDENT REPORT

Date of Occurrence:	Time of Occurrence:	Date Reported:	Time Reported:
Employee's Completing This Form:			
Employee's Contact No.:			
Specific Location of Incident:			
Condition of Area Where Incident Occurred:			
Weather Conditions as Applicable:			
Character of Case: <input checked="" type="radio"/> INCIDENT <input type="radio"/> PROPERTY DAMAGE <input type="radio"/> COMPLAINANT PROPERTY DAMAGE <input type="radio"/> THEFT			
Description of Incident/Damage/Issue:			
Complainant Injury/Damage/Issue:			
Complainant Name:		Complainant Telephone No.:	
Complainant Address:			
Witnesses' Names/Addresses/Telephone Numbers:			
City Property Damage:			
Employee Statement: (Briefly describe the nature of the accident and the circumstances that resulted in damage to Private or City owned property.)			
Supervisor's Statement:			
Police Report Filed:		Date:	Case No.:
Employee Signature/Date:			
Supervisor's Signature/Date:			

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**RECORD OF FIRE DRILLS FOR CHILD DAY CARE**

PROVIDER/PROGRAM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

❖❖❖ It is recommended that you alternate exits and days with each drill ❖❖❖

DATE (Check Day)	TIME		NUMBER OF CHILDREN	NAME OF PERSONS CONDUCTING DRILL	EXIT ROUTE FOLLOWED			COMMENTS (Include any special conditions)
	Start	End			P=Primary O=Other (Please Specify)	S=Secondary		
1. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Camp Saradac Lesson Plans**

Date \_\_\_\_\_

Counselors \_\_\_\_\_

Group \_\_\_\_\_

**8:45-9:00**

**9:00-9:30**

**9:30-10:00**

**10:00-10:30**

**10:30-11:00**

**11:00-11:30**

**11:30-12:00**

**12:00-12:30**

**12:30-1:00**

**1:00-1:30**

**1:30-2:00**

**2:00-2:30**

**2:30-3:00**

**3:00-3:30**

**3:30-4:00**

**4:00-4:30**

**4:30-4:45**

Discipline Notice

Child's Name \_\_\_\_\_ Group \_\_\_\_\_  
Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
Time \_\_\_\_\_ 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> Notice

**Nature of Infraction:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interventions Done By Staff Member:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Administrative Action:**

Conference with child                       Assigned Time Out  
 Call Home     Suspension  
 Conference with Parent on \_\_\_\_\_

**Notes/Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Next Action will result in:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_