



## INCIDENT REPORT

### Incident Information

Child's Full Legal Name: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

Date of Incident (dd/mm/yyyy) \_\_\_\_\_

Time of Incident (hh:mm AM/PM): \_\_\_\_\_

**Location where the incident occurred (e.g., preschool room, playground etc.):**

**Was the incident directly observed? Yes\_\_\_\_\_ No\_\_\_\_\_**

**Name(s) of individual(s) who observed the incident and where they were/what they were doing during the incident:**

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

**Description of the incident and action taken by the provider (What happened - if more than one child is involved in the incident only use the name of the child this incident is being written for):**


**Child's Reaction to the Incident:**

- ☐Crying      ☐Child has a positive attitude      ☐No reaction from child  
☐Other: \_\_\_\_\_

**First Aid Administered – What type and by Whom:**

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**How and when the parent was notified:**

- |   |                      |                |
|---|----------------------|----------------|
| <input type="checkbox"/> Phone                | Time notified: _____ | By Whom: _____ |
| <input type="checkbox"/> Voicemail was left   | Time notified: _____ | By Whom: _____ |
| <input type="checkbox"/> Email                | Time notified: _____ | By Whom: _____ |
| <input type="checkbox"/> In-person at pick-up | Time notified: _____ | By Whom: _____ |

**Additional information/comments related to the incident (Ex: corrective action):**


**Parent/Guardian Signature:** \_\_\_\_\_

**Date:**\_\_\_\_\_

**Provider Signature:** \_\_\_\_\_

**Date:**\_\_\_\_\_