

§1915.B

Incident/Injury/Accident/Illness/Behavior Report

Name of Facility: _____ License Number: _____

Address of Facility: _____ Contact Number: _____

Date of Incident: _____ Time of Incident: _____

Child(ren) Involved in Incident:

Staff involved and other staff present:

Description of incident: _____

Name of Parent notified: _____ Date of Notification: _____

Time of Notification: _____ Signature of staff notifying parent: _____

List any failed attempts to notify a parent (of the incident) below, including the name of the attempted parent, as well as the date and time of each attempt.

- 1.) _____
- 2.) _____
- 3.) _____

Corrective Action Taken and/or needed to prevent reoccurrence:

Signature of staff completing this report: _____ Date: _____

Parent Signature: _____ Date: _____ Time: _____