

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: \_\_\_\_\_