

INCIDENT REPORT

*** Please make sure that all spaces on this form are filled out. All incidents reports must be submitted to the agency by the last working day of the month. Critical incidents must be reported to the agency immediately. Critical incidents are listed on p. 32 of the Family Dayhome Standards Manual***

Name of Child: _____ Date of Birth: _____

Date of Incident: _____ Time: _____

Educator's Name: _____ Phone number: _____

Parent/Emergency Contact Notified: _____

(Name)
Date: _____ Time: _____ Phone number: _____

How was the parent notified? Phone in writing in person

Details of Incident: _____

Where did the incident occur: _____

What first aid was administered: _____

By Whom? Specify: _____

Was there anyone else present at the time of the incident? Yes No

If yes then who? _____

Were the Authorities contacted? (E.g. police, ambulance) Yes No

If yes then who? _____

Additional information/ Comments related to the incident:

Agency Personnel/Notified: _____

Name	Signature
Date: _____	Time: _____

Educator Signature

Date

Parent Signature

Date

Created:

Revised: October 11, 2017
Docuware/Child Files/Incident Report

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