



# Incident Report

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Incident: \_\_\_\_\_

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Action Steps: \_\_\_\_\_

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Parent notified by: Phone: \_\_\_\_\_ In Person: \_\_\_\_\_ Email: \_\_\_\_\_ Time: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff & Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A copy of this report was provided to parent/guardian within 24hours / next business day of the incident.***

***Staff initials \_\_\_\_\_ Parent/Guardian initials \_\_\_\_\_***