Incident and injury report

Complete the same day. Write only what was observed. Name another child involved only if your program policy allows it.

1 · CHILD, TIME, AND PLACE

CHILD'S NAME

DATE OF BIRTH

ROOM OR GROUP

DATE OF INCIDENT

EXACT TIME

WHERE IN THE PROGRAM IT HAPPENED

Type: ☐ Injury ☐ Illness onset ☐ Behavior incident ☐ Head or face ☐ Bite ☐ Other

2 · WHAT HAPPENED

observable facts and the sequence, not conclusions

3 · CARE GIVEN

☐ Comfort only ☐ Washed area ☐ Cold pack ☐ Bandage

☐ Rest or observation ☐ Sent home ☐ Emergency services ☐ Other

WHAT WAS DONE, BY WHOM, AND HOW THE CHILD RESPONDED AFTERWARD

ANYTHING CONSIDERED AND NOT DONE, AND WHY

4 · WHO WAS NOTIFIED

WHO	TIME	METHOD	BY WHOM
Parent or guardian			
Director or owner			
Emergency services			
Licensor			

5 · WITNESSES AND FOLLOW-UP

STAFF PRESENT

STAFF SUPERVISING AT THE TIME

WHAT WE ARE CHANGING SO IT IS LESS LIKELY TO HAPPEN AGAIN

6 · SIGNATURES

if a signature is refused, note the date and the staff member who asked

STAFF COMPLETING THIS REPORT

DATE

DIRECTOR OR OWNER

DATE

PARENT OR GUARDIAN

DATE

Give the family a copy and keep the original in the child's file. In the app, an incident logged in the moment carries its own timestamp and reaches the parent before pickup.