

Incident Report Form

Name of person completing Report	
Role - <i>circle one</i>	Child Care Provider / RECE Home Visitor / Licensee
Child Care Address	
Location of Incident	
Incident Date & Time	MM/DD/YYYY

Child(ren) Involved	Age
_____	_____
_____	_____
_____	_____

Other Person(s) Involved Name:	Relationship to Child (ie. Peer, Parent, Volunteer, etc.)
_____	_____
_____	_____
_____	_____

Incident Type(s) - *Refer to policies and procedures for reportable incident definitions*

Circle incident type(s)

Aggressive/unusual behaviour / Choking / Death / Disease Outbreak/outbreak / Emotional Abuse / Food poisoning / Medication error / missing/wandering / Motor Vehicle Injury / Neglect / Other Injury / Physical Abuse / Poisoning / Unexpected Illness

Detailed Description of Incident

Please continue on back of page if needed

Name of Person Contacted (parent/guardian, RECE Home visitor, Director/Licensee, Ministry of Education, Medical/Nurse Practitioner, Ambulance, Children's Aid Society, Police, Other)	Date and Time of notification
_____	_____
_____	_____
_____	_____

Signature of those involved: _____
