

Incident Report Form

Little Lambs Home Daycare

Name of person completing Report:	
Role, circle one	<input type="checkbox"/> Child Care Provider. <input type="checkbox"/> RECE Home Visitor <input type="checkbox"/> Licensee
Child care address:	
Location of incident:	
Incident date and times: MM/DD/YYYY	

child(ren) involved

Name:	Age:

Other Persons Involved

Name	Relationship to child: parent, employee, volunteer, etc

Notifications made:

	Name of person Contacted	Date and time of notification
Parent/guardian		
RECE-supervisor		
Director/Licensee		
Ministry of Education		
medical/nurse practitioner		
Ambulance		
Children's Aid/Protection		
Police		
Other:		

Office Use Only

Licensee/Director actions- describe actions and or/corrective measure taken to prevent reoccurrence*

Signatures of those involved:
