



CHILDCARE INCIDENT REPORT

Group & Term	Child's Name & Age
Date of Incident	Name of Child's Mother
Location of Incident (e.g. Infant Room, Washroom)	Childcare Workers on Duty

- 1. WHAT HAPPENED? (What, when, where, who, how)**

- 2. WHY DID IT HAPPEN?**

- 3. WHAT IMMEDIATE ACTION WAS TAKEN? (Include any First Aid administered)**

- 4. WHO WAS IT REPORTED TO?**

- 5. WHAT FOLLOW-UP ACTIONS ARE REQUIRED/HAVE BEEN IMPLEMENTED?**

Completed by (Mumnet Caregiver):

Print name

Caregiver signature

Date

Childcare rep. signature

Mother's signature