

**SONCCA
INCIDENT REPORT: CHILD**

Description

Name of Child: _____ Site: _____

Date of Incident: _____ Time: _____ AM
PM

Detailed Description of Incident (Location of Incident, Origin & Cause, Contributing Factors):

Detailed Description of Action Taken:

Incident Management

Detailed Description of Resolution:

Parent/Guardian Notification

Date of Report: _____

Report Submitted By: Employee Name: _____

Position: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Site Supervisor's Signature: _____ Date: _____