Incident / Accident Report

Wylari

Complete the same day as the incident. Give one copy to the parent and keep one on file.

Child's name

Date of birth

Classroom / group

Date of incident

Time

Location (room, playground, etc.)

Staff present / witnesses

TYPE OF INCIDENT

☐ Injury / accident ☐ Illness ☐ Behavior ☐ Bite ☐ Fall ☐ Allergic reaction ☐ Other: _____

WHAT HAPPENED

Describe what happened, what led up to it, and how staff responded. Stick to facts.

INJURY & CARE

Body part(s) affected

Nature of injury (bruise, scrape, bump, etc.)

First aid provided

Medical attention required? ☐ No ☐ Yes — describe: _____

PARENT NOTIFICATION

Notified by (staff member)

Method (in person, phone, message)

Date / time notified

FOLLOW-UP

Steps taken to prevent this in the future (if applicable)

SIGNATURES

Staff member completing report

Date

Director / provider review

Date

Parent / guardian acknowledgment

Date