

INCIDENT REPORT

Child's Name		Date of Incident		Time of Incident	
Description of Incident (provide only facts of the incident)					
Follow-Up of Incident with Child / Teaching Team Member					
Additional Comments					
Person Addressing Incident		Other Adults Present			
Team Member Signature		Director Signature			
Parent Signature		Date			

**Refer to the Incident Reporting Policy to determine if the incident must be reported to licensing, if the incident does need reported, complete from BCAL-4605 and send both incident reports to Site Director.*