**Date of Incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Staff Member Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Classroom Assignment:**
☐ Infant ☐ Toddler ☐ Pre-A ☐ Pre-B/C

**Incident Details**

* Description of Incident:
* Actions Taken:
* Expectations Moving Forward:

**Supervisor Review**

* Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Notes/Recommendations:

**Signatures**

* Staff Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_
* Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Thank you for your cooperation. This form will be kept on file for documentation purposes.

**Around The Clock Childcare Management**