



LITTLE
LIFE
ACADEMY



INCIDENT REPORT

TO BE FILLED OUT AS SOON AS POSSIBLE ON THE DAY OF THE INCIDENT BY THE PERSON WITNESSING THE OCCURRENCE.

CHILD'S NAME: _____ TEACHER'S NAME: _____

PARENT/GUARDIAN: _____

WITNESSES: _____

PERSON IN CHARGE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

PLACE OF INCIDENT: _____

WHAT WAS HAPPENING IN THE ENVIRONMENT WHEN THE INCIDENT OCCURRED? _____

DESCRIBE THE INCIDENT THAT OCCURRED: _____

DESCRIBE HOW THE BEHAVIOR WAS HANDLED BY THE STAFF: _____

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WAS THERE ANOTHER CHILD OR TEACHER HURT? YES OR NO EXPLAIN: _____

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HOW AND WHEN WAS THE PARENT/GUARDIAN NOTIFIED: _____

COULD THIS INCIDENT HAVE BEEN AVOIDED? _____

WAS CONSCIOUS DISCIPLINE UTILIZED? _____

STAFF SIGNATURE

PARENT OR GUARDIAN SIGNATURE