

# Central Kentucky CAC Head Start

## Child Incident Report

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Classroom/Teacher: \_\_\_\_\_

Date of accident: \_\_\_\_\_

Time of accident: \_\_\_\_\_

Place of accident: \_\_\_\_\_

Describe exactly what caused the accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of injury: \_\_\_\_\_

Type of care given: \_\_\_\_\_

Was parent contacted: \_\_\_\_\_ Name of Parent contacted: \_\_\_\_\_

Name of medical provider and address (if medical attention was needed): \_\_\_\_\_

\_\_\_\_\_

Final action taken: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature/Date

\_\_\_\_\_  
Parent/Guardian's Signature /Date

Justifies Performance Standard: 1304.22