

Incident Report Form

When in doubt,
REPORT.

Failure to report
and/or follow up
may result in
corrective action,
suspension of
services, or contract
termination.

For confidentiality purposes, all information on this report must be de-identified. Use Child ID numbers only; identify families in association with the Child ID and name as “mom”, “dad”, etc.; and use initials for staff members and other persons involved, along with their title, e.g. “teacher ML.”

Date & Time of Incident: _____ AM PM

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Program: ECEAP Head Start Early Head Start Home-Based Early Head Start Center-Based Early Head Start CCP

Center/Site: _____

Person Completing Form: _____ Title: _____

Subcontractor PSESD Direct Service Site PSESD Early Learning Staff

Physical Location of Incident: _____

Early Learning Child(ren) Involved [Child ID(s) only]: _____

Non-Early Learning Child(ren) Involved [Initial(s) only]: _____

Early Learning Staff Present [Initial(s) and title only]: _____

Non-Early Learning Staff Present [Initial(s) and title only]: _____

Was this a serious injury and an *Injury Report Form* completed? Yes No

Were Emergency Services called? Yes No

If yes, describe: _____

Was Licensing involved? Yes No If yes, name of contact: _____

Was CPS contacted? Yes No If yes, Case Worker/Case #: _____

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Who else in your organization was notified of the incident?

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Incident: Describe what happened and the staff response.

Immediate Follow Up Steps

Submit this form to:

- INCIDENTS@psed.org
- [Kay Lancaster](#) (Head Start), [Talena Dixon](#) (ECEAP), OR [Nelly Mbajah](#) (Early Head Start/FCC/Direct Service)
- Your Team Manager
- [Amanda Kirk-Woodbury](#)

Write "Center-Program-Date of Incident" in the Subject Line.