

# Incident Report Form

Internal PSESD#:

Date/Time of Report:

Staff Completing Form:

Center/Site:

Subcontractor

Direct Service Site

Incident Description:

Location of Incident:

Early Learning Child(ren) Involved:

Other Child(ren) Involved:

Early Learning Staff Present:

Other Staff Present:

Witnesses:

Licensing Not Involved

Licensing Involved

Contact:

CPS Not Contacted

CPS Contacted

Contact:

Investigation will be conducted by:

## Follow-up Actions with Timelines:

1)

Date Completed:

2)

Date Completed:

# Incident Report Form

3)

Date completed:

4)

Date completed:

T/TA Provided:

Policies/Practices to Review:

Relevant Standards/Regulations:

PSESD Review/Comments:

Documents on File: