CHILDREN'S CENTER INCIDENT REPORT

CHILD'S NAME:_____ PAGE _____ OF _____

INCIDENT #_____ DATE OF INCIDENT: _____ TIME: _____

SPECIFIC LOCATION OF INCIDENT:_____

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NARRATIVE DESCRIPTION OF INCIDENT:

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I HAVE CAREFULLY READ THE ABOVE STATEMENT AND IT IS TRUE AND ACCURATE.
SIGNED THIS _____ DAY OF _____, 20_____.

PARENT'S SIGNATURE: _____

MANAGER'S SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____