

HIGHLAND RIM HEAD START

P.O. Box 208 • 3215 Hwy 149
Erin, Tennessee 37061



INCIDENT REPORT

DATE of EVENT: _____

TIME of EVENT: _____

CLASSROOM/CENTER: _____

CHILD'S NAME: _____

DESCRIPTION OF EVENT: INDOOR: _____ OUTDOOR: _____

WITNESS TO INCIDENT:

TIME PARENT WAS NOTIFIED: _____ HOW WAS PARENT NOTIFIED: _____

DID PARENT RECEIVE COPY OF INCIDENT REPORT? YES _____ NO- EXPLAIN WHY _____

PARENT SIGNATURE: _____

STAFF SIGNATURE: _____

COMMENTS _____

TIME SUPERVISED NOTIFIED: _____

SUPERVISOR NOTIFIED YES _____ NO _____ EXPLAIN WHY: _____
