GOLDEN BLOOM LEARNING & CARE LLC

INCIDENT REPORT FORM

Where Learning Blossoms & Care Comes First

Use this form to document an injury, illness, behavioral event, safety concern, or other unusual occurrence during childcare services.

CHILD & INCIDENT INFORMATION
Child's Full Name: _____
Date of Incident: _____ Time: _____
Location of Incident: _____
Caregiver Present: _____
Other Witnesses, if applicable: _____

TYPE OF INCIDENT
☐ Injury ☐ Illness/Sudden Symptoms ☐ Fall ☐ Bite/Scratch
☐ Choking Concern ☐ Allergic Reaction ☐ Medication-Related Event
☐ Behavioral/Safety Event ☐ Property/Equipment Incident
☐ Other: _____

DESCRIPTION OF WHAT OCCURRED
Please document the facts in chronological order.
_____
_____
_____
_____

OBSERVED INJURY OR SYMPTOMS
Area of Body Affected: _____
Visible Signs/Symptoms: _____
_____
Child's Response Following Incident: _____
_____

CARE/ACTION TAKEN
☐ Comfort/Reassurance ☐ Area Cleaned ☐ Cold Pack
☐ Basic First Aid ☐ Parent/Guardian Contacted
☐ Emergency Contact Called ☐ 911/Emergency Medical Services Contacted
☐ Other: _____
Details: _____
_____

NOTIFICATIONS
Parent/Guardian Contacted: ☐ Yes ☐ No
Name of Person Contacted: _____
Time Contacted: _____ Method: ☐ Call ☐ Text ☐ Other
Emergency Services Contacted: ☐ Yes ☐ No

If yes, details: _____

FOLLOW-UP / PREVENTIVE ACTION
Was additional follow-up recommended? ☐ Yes ☐ No
If yes, describe: _____
Were any environmental, equipment, supervision, or procedure changes made or recommended?
_____
_____

CAREGIVER CERTIFICATION
I certify that this report reflects my factual observations and the information reasonably available to me when completed.
Caregiver Name: _____
Signature: _____ Date/Time: _____

PARENT/GUARDIAN RECEIPT
My signature confirms that I received or reviewed this incident report. It does not necessarily indicate agreement with every statement in the report.
Parent/Guardian Name: _____
Signature: _____ Date/Time: _____