

Names of Witnesses or Individuals with Occurrence Knowledge:

| Name: | Address: | Telephone: |
|-------|----------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Corrective measures taken to prevent further incidents of this type:

Additional Information:

Parent(s) Comments: (to be completed by the parent/guardian)

Name of Parent/Guardian: _____ Daytime Phone number: _____

Would you like the child care consultant to contact you to further discuss this incident? Yes No



Copy of this report sent to Early Years Branch: _____
Date

Report prepared by: _____ Date: _____
Signature

Parent/Guardian Signature Date: _____

Board Chairperson Signature Date: _____

Director/Supervisor/Provider Signature Date: _____