

*Child Care Incident Summary*  
**(Completed by provider if an incident occurs)**

If more space is needed, complete and attach a separate page to this form.

Child's Name:

Date:

Time:

Description of incident (the "Who, What, Where, When, How and Why") of the incident.  
Include the names of those present.

What steps were taken to care for the child?

Who was contacted, such as the parent, the emergency contact, emergency medical personnel,  
or medical provider?

Parent's Response:

Caregiver's Signature: \_\_\_\_\_

Date:

Parent's Signature: \_\_\_\_\_

Date: