

COLUMBIANA COUNTY EDUCATIONAL SERVICE CENTER
38720 SALTWELL ROAD
LISBON, OH 44432

INCIDENT REPORT

NAME OF PROGRAM	DIRECTOR	NAME OF INJURED CHILD	
PROGRAM ADDRESS		BIRTHDATE OF CHILD	AGE
CITY, STATE, AND ZIP CODE (PROGRAM)		DATE AND TIME OF INCIDENT	

Description of Incident

1. Describe the incident

2. Where in the facility did it happen?

3. What area of the child's body was injured?

4. What was the child doing when the incident happened? _____

5. How did the incident happen?

6. Give the name(s) of the school staff member(s) supervising child at the time of the incident

7. Give the name(s) of any other witnesses to the incident _____

8. How did the child respond after the incident? _____

9. Was first aid given or some other action taken? Yes No

If yes, by whom? _____ Describe _____

SIGNATURE OF PERSON COMPLETING THE FORM	DATE
SIGNATURE OF DIRECTOR OF PROGRAM	DATE

Parent Notification

This is to confirm that I have received a copy of this report on (date) _____

Parent's Signature

