MISSISSIPPI COUNTY, ARKANSAS, E.O.C.
EARLY CHILDHOOD EDUCATION DEPARTMENT

ACCIDENT/INCIDENT REPORT

Name of Child/Staff: _____ Age: _____

Date of Accident/ Incident: _____ Time of Accident/Incident: _____

Name of Witness to Accident/ Incident: _____

Name of Parent/Guardian: _____

Name of injury (Describe in detail): _____

_____

_____

_____

_____

Was the Parent notified? Yes__ No __ Time of Notification: _____

Was the Child/Staff taken to physician? Yes __ No ___

If yes, by whom: _____

Supervising Teacher: _____ Center: _____

Accident Report completed by: _____ Date: _____

Center Operations Specialist: _____ Date: _____

Parent Signature: _____ Date: _____

When a child or staff is injured on Head Start Property or during Head Start hours (ex: Job Related), it is mandatory that the accident be reported by telephone immediately. Failure to do so may require disciplinary actions. If a staff member is injured, this form must have the Center Operations Specialist signature.

To be completed if accident or incident occurs
Original in child's folder
Copy to Health Manager