

Injury/Accident/Illness/Exposure --- Monthly Report

Center _____ Month/Year _____

List the injuries, accidents, illnesses, or exposures, that occurred at the center each month. Turn in this report in with your End of Month Report, to Health Coordinator.

Child	Nature of Incident Injury/Accident/ Illness/Exposure	Date	Where Injury Occurred	Action Taken	Parent Notif. (who you spoke with) Follow up Needed?	Date And Time	Notification of Supervisor (phone or email)

Teacher Signature _____ Date _____ (last updated 6-2022)