

**ISD:**

**Campus:**

**Teacher and/or Witness:**



## **Unsupervised Child Incident Report**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

- 1) Where was the child left unsupervised?
  
- 2) How long was the child left unsupervised?
  
- 3) Describe what happened and what led to the child being unsupervised.
  
  
  
  
  
  
  
  
  
- 4) List the plan/strategies that will be utilized for the remainder of the school year to ensure child safety.

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Signature/Title

Date