

Incident & Illness Tracker

Ongoing log of incidents and illness cases

Month:

Room:

Incident log

Date Child initials Incident / illness Action taken Staff

Monthly review — patterns identified?

Item	Yes	Follow-up action
Frequent falls	<input type="checkbox"/>	
Playground incidents	<input type="checkbox"/>	
Behaviour-related	<input type="checkbox"/>	
Vomiting/diarrhoea	<input type="checkbox"/>	
Rash/skin	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Room leader signature:

Date:

Related documents Child Illness Record Daily Risk Assessment

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