
S.A.Y. Yes!® Centers for Youth
Development **INCIDENT REPORT**
(Confidential)

Date: ____/____/____ Time of Incident: _____ Time report written: _____

S.A.Y. Yes!® Staff or Volunteer Reporting: _____

Other adults present at the time: _____

Name of child: _____ Age of child: _____

Incident: _____

Are there any marks or bruises on the child? (Please list) _____

Signatures of all adults present:
