SAMPLE

INCIDENT REPORT FORM

☐ Child Care Home	☐ Child Care Center	Cour	ity Name		
Date/Time of Incident	Child'	Child's Name S		Sex	Age
Date/Time of Incident Child's Name Sex Age Witness to Incident Parents Notified By Time Notified					_
Piece of Equipment I		0			
Indoors: Block			□ Bench		
☐ Cubby ☐ Door	☐ Floor		ite Play Structure		
☐ Medication ☐ Toy	☐ Other Child		hild □Sandl		
☐ Shelving ☐ Sink	•		☐ Surfacing		
□ N/A □ Other	 ·		☐ Other Plygrn		
	☐ Vehicle	☐ Toy	☐ Othe	r:	
Cause of Injury:					
☐ Fall from Height	☐ Hit By or Bumped Into Ob	ject 🖵 Hur	nan Bite	□Sharp/	Piercing Object
□ Burn	☐ Splinter/Foreign Object			_	
Type of Injury:					
Dontal Injury	DCut/Sarana Dunatura		ita Dumm/Dm	viga 🗖 Colintar	
☐ Dental Injury ☐ Cut/Scrape ☐ Puncture ☐ Bite ☐ Bump/Bruise ☐ Splinter ☐ Burn ☐ Crush ☐ Fracture/Dislocation ☐ Sprain/Strain ☐ Other:					
- Dulli - Clusii	☐ Fracture/Distocation	□ Spram/s			
Body Part Injured:					
☐ Head ☐ Eye	☐ Face ☐ Mouth	□ Neck	□ Arm □ H	and/Wrist/Finge	er 🗆 Leg
,	st \square Knee \square Foot/A			•	•
			= 0 ther		
Where Child Receive	ed Treatment:				
☐ Clinic ☐ Dentist	□ Doctor's Office□ Hospit	tal/ER	☐ Onsite	e By Health Pro	fessional
☐ Urgent Care				Ž	
Description of How a	nd Where Incident Occurr	ed & First	Aid Recd.:		
Steps Taken to Preve	ent Reoccurrence				
.					
Signature of Staff Member			Dat	te	
Signature of Parent/Guardian			Dat	te	
Anytim	ne a Child Receives Medical Treatme or Child Care Home this Report Mu Care Consultant {Rule 10 NCA	ent as a Resul ust be Submit	of an Incident Occur ted Within 7 Calenda	rring at a Child C or Days to your Ch	are
Original to Child's File	one consumme finite to from		,,_0 1,0110 00 11/1/(·-·/(*/(*/)	
Copy to Child Care Consulta	nt Date o	of Most Rea	ent Playoround l	Inspection	
Copy to Parent/Guardian		,1 1v103t 1XC	Ziit i iaygiballa i	spection	
Enter into Incident Log					
					
Child Care Consultant's Name					DCD-0582 3/97