

Accident, Incident, or Injury Report

Facility's Name: _____ Facility's Number: _____

Name of Individual Filling Out the Form: _____

Where Individual Filling Out the Form Can Be Reached:

Email: _____ Phone # _____

Name of Child: _____ Age of Child: _____

Date of Incident ___/___/___ Time of Incident: _____ Child's Gender: _____

Location Where Incident Occurred (choose one) Inside _____ Outside _____

Body Part(s) Injured: _____

Description of How Injury Occurred: _____

Description of the State of Supervision When the Injury Occurred: _____

Description of Any Injuries: _____

Description of Treatment Received: _____

Individual(s) Who Observed the Incident: _____

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Was a parent, guardian or emergency contact person notified of the accident/incident? Yes/No

If a parent or legal guardian was notified:

Examples of incidents that must be documented and reported to parents can be found in Section 14 of the IM.

Name of the Parent or Legal Guardian Notified: _____

Date of Contact: ___/___/___ Time of Contact: _____

Describe Any Instructions Given By the Parent or Legal Guardian: _____

Any Additional Comments or Information: _____

Signature of Caregiver Date: ___/___/___

Signature of Facility Director or Provider Date: ___/___/___

Signature of Authorized Person Signing the Child Out Date: ___/___/___

Did the child receive medical attention? (choose one) Yes___ No___

Was there a child fatality? (choose one) Yes___ No___

If YES to either, the provider shall submit a completed accident report form to the department within the next business day of the incident; or contact the department within the next business day and submit a completed accident report form within five business days of the incident.

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are not required to use this form.