

Serious Accident, Incident, or Injury Report

(Child Care Licensing must be notified only when a child received medical attention or when there was a child fatality.)

Center/Program Name: _____ Phone: _____ Email: _____

Center/Program Address: _____

Type of Facility (Choose One) Licensed Center Hourly Center Out of School Time Program

Date of Injury ____/____/____ Time of Incident _____

Name of Child _____

Age of Child _____ Gender of Child Male Female Location When Injury Occurred Inside Outside

Body Part(s) Injured _____

Type of Injuries _____

Individual(s) who observed the Incident _____

Explain what happened. Include information about the cause of the injury or incident, the body part injured, the type of injury, where in the facility the injury occurred, any toys or equipment involved in the injury, the reaction of child, whether or not there was direct supervision etc.):

Describe what action was taken in response to this incident, and by whom: _____

(continued)



Name of the parent or legal guardian who was notified of the incident: _____

Date and time of contact: ____/____/____ at _____

List any instructions given by the parent or legal guardian: _____

Any Additional Comments or Information:

Signature of Caregiver

Date ____/____/____

Signature of Center/Program Director

Date ____/____/____

Signature of Authorized Person Picking Up the Child

Date ____/____/____

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.

