

# Accident, Incident, or Injury Report

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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        Offsite

Body part(s) injured:

Description of how injury happened:

Description of the state of supervision when the injury occurred:

Description of any injuries:

Description of treatment received:

Individual(s) who observed the incident:

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

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If a parent or legal guardian was notified:

\*Examples of incidents that must be documented and reported to parents can be found: [Rules-Section 14](#)

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.***