

Incident or Injury Form



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 incident?
YES NO

Incident or Injury Form

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 incident 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 incident 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.