INCIDENT REPORT FORM

| Child Care Home Date/Time of Incident Witness to Incident | | Child Care Cente | er Count | y Name | Sov | <u> </u> |
|--|--|---|---|---|--------------------------------------|------------------|
| | | Parents N | lotified By | Time Notifie | Sex Time Notified | |
| Piece of Equi | ipment In | volved: | | | | |
| Indoors: Cubby Medication Shelving | Block Door Toy Sink | FurnitureFloorOther Child | CompositOther ChSlide | ☐ Bench te Play Structure ild ☐Sandbo ☐ Surfacing ☐ Other Plygrnd ☐ Other: | Deck x 🗅 Sidewalk D Merry-Go I | □ Swing Round |
| Cause of Inju | ary: | | | | | |
| | | Hit By or Bumped Into Splinter/Foreign Object | | | | ercing Object |
| Type of Inju | ry: | | | | | |
| | | Cut/Scrape Dunc Fracture/Dislocation | | | | |
| Body Part In | jured: | | | | | |
| Head Eye Abdomen/Trunk/Chest | | | | | • | |
| Where Child | Received | Treatment: | | | | |
| | | □ Doctor's Office□ Hospital/ER □ Onsite By Health Professional □ Other | | | | |
| Description of | of How an | d Where Incident Occ | urred & First A | Aid Recd.: | | |
| Steps Taken | to Preven | t Reoccurrence | | | | |
| Signature of Staff Member | | | Date | | | |
| Signature of Parent/Guardian | | | | Date | | |
| | | a Child Receives Medical Tre r Child Care Home this Repo Care Consultant {Rule 10 | rt Must be Submitte | d Within 7 Calendar | Days to your Child | |
| Original to Child' | | 5 | to of M+ D | nat Diarran 1 T | an a ati a c | |
| <i>Copy to Child Care Consultant</i> <i>Copy to Parent/Guardian</i> <i>Enter into Incident Log</i> | | Da | tte of Most Kece | ent Playground In | spection | |
| Child Care Consultant's Name | | | | | | DCD-0582 3/97 |