



Incident Report Form

Fill in all blanks and boxes that apply:

Name of Program: _____ Phone: _____

Address of Facility: _____

Child's Name: _____ Age: _____ Sex: M F

Birthdate: ___/___/___ Incident Date: ___/___/___ Time of incident: _____ am/pm

Witnesses: _____ Parents notified by: _____

Time notified: _____

Location where incident occurred: playground classroom bathroom hall

kitchen doorway large muscle room or gym office dining room stairway

unknown other (specify) _____

Equipment/product involved: climber slide swing playground surface

sandbox trike/bike hand toy (specify): _____

other equipment (specify): _____

Cause of injury: (describes) _____

fall to surface; estimated height of fall _____ feet; type of

surface: _____

fall from running or tripping bitten by child motor vehicle hit or pushed by child injured by

object eating or choking insect sting/bite animal bite injury from exposure to cold

other (specify): _____

Parts of body injured: eye ear nose mouth tooth other face

other part of head neck arm/wrist/hand leg/ankle/foot trunk

other (specify) _____

Type of injury: cut bruise or swelling puncture scrape broken bone or dislocation sprain

crushing injury burn loss of consciousness unknown

other (specify) _____ Give details of what happened if not listed above:

First aid given at facility: (e.g. pressure, elevation, cold pack, washing, bandage):

Other action taken: _____

Follow up treatment given (if applicable): _____

Follow-up plan for care of the child: _____

Additional information (if applicable): _____

Corrective action needed to prevent reoccurrence: _____

Name of DHS contact person notified: _____

Date: _____ Time: _____

Signature of staff member: _____

Date: _____ Time: _____

Signature of parent (if applicable): _____

Date: _____ Time: _____

Other documentation:

File copies: 1.) child’s file 2.) DHS Licensing Report 3.) CCHC

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