

NAME OF CHILDCARE FACILITY

DAYCARE INCIDENT REPORT

Use this form to report any injuries, accident, child behavior incidents, traffic accidents, criminal activities, or medical emergencies. Complete this form within 24 hours of the incident.

Date of Report: _____, 20_____

PERSON INVOLVED

Full Name: _____ **Address:** _____

Identification:

[] Driver's License # _____ [] Passport

Other ID: _____

Contact:

Phone: (____) ____ - _____
Email: _____

THE INCIDENT

Date of Incident: _____, 20_____**Time:** ____ : ____ [] AM [] PM

Location of Incident:

Description of Incident: _____

INJURIES

Was anyone injured?: [] Yes [] No *If yes, list or describe the injuries here:*

FACILITY CONTACT INFORMATION

NAME OF CHILDCARE FACILITY

DAYCARE INCIDENT REPORT

List any first aid or treatments administered:

Steps to prevent future incidents:

WITNESSES

Were there any witnesses to the incident?: [] Yes [] No

If yes, enter witness names and contact information below:

Witness 1

Name: _____ Number: (____) - ____ - ____

Witness 2

Name: _____ Number: (____) - ____ - ____

Witness 3

Name: _____ Number: (____) - ____ - ____

Witness 4

Name: _____ Number: (____) - ____ - ____

PARENT AND LEGAL GUARDIAN CONTACT

Were Parents and Legal Guardians Contacted?: [] Yes [] No

If yes, date and time of contact: Date: _____, 20____ Time: ____ : ____ [] AM [] PM

Method of Communication Used:

Signature of Parent or Legal Guardian:

Relationship to Child: _____

FACILITY CONTACT INFORMATION

NAME OF CHILDCARE FACILITY

DAYCARE INCIDENT REPORT

Any Additional Comments: _____

Name of Person Completing Form:

Job Title: _____ Date: _____, 20_____

Signature _____

FACILITY CONTACT INFORMATION