

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

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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: _____

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Any Additional Comments: _____

Name of Person Completing Form:

Job Title: _____ Date: _____, 20____

Signature _____

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