

# DAYCARE INCIDENT REPORT FORM

## INDIVIDUAL FILING REPORT

Full Name: \_\_\_\_\_ Title/Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INCIDENT DETAILS

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Facility Name: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Describe the Incident:

## PARTIES INVOLVED

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Age: \_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Age: \_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Age: \_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_

## INJURIES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries:

**PARENT / GUARDIAN NOTIFICATION**

Was the parent/guardian notified? ☐ Yes ☐ No

Name of person who contacted parent/guardian: \_\_\_\_\_

Staff person in charge at time of incident: \_\_\_\_\_

**WITNESSES**

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses' names and contact info:

1. Full Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

2. Full Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

3. Full Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**POLICE / MEDICAL SERVICES**

Police Notified? ☐ Yes ☐ No

If yes, was a report filed? ☐ Yes ☐ No

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was medical treatment provided?

☐ On site ☐ Hospital ☐ Other: \_\_\_\_\_

**OFFICE USE ONLY**

Report received by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up action taken: