

# DAYCARE INCIDENT REPORT

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Date of Report: \_\_\_\_\_, 20\_\_

## Child Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Class/Group: \_\_\_\_\_

Caregiver: \_\_\_\_\_

## Incident Details

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

Time: \_\_\_\_\_ ☐ AM ☐ PM

Location: \_\_\_\_\_

Type of Incident: (Check all that apply)

☐ Minor Injury

☐ Illness/Symptoms

☐ Allergic Reaction

☐ Behavioral Issue

☐ Biting/Scratching

☐ Choking Risk

☐ Other: \_\_\_\_\_

Describe the incident:

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## Care and Responses

Was first aid provided? ☐ Yes ☐ No

Was emergency care required? ☐ Yes ☐ No

Was a staff member or nurse consulted? ☐ Yes ☐ No

Describe the care or intervention provided:

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## Witness(es)

Were there any witnesses to the incident? ☐ Yes ☐ No



Witness Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### **Corrective or Preventive Actions Taken**

Describe what was done to resolve or prevent the incident from recurring:

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### **Supporting Document**

Are supporting documents attached?

☐ Yes ☐ No

Describe the supporting documents:

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### **Reporting Person**

Name: \_\_\_\_\_ Role: \_\_\_\_\_

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

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### **Parent/Guardian Notification**

Was the parent/guardian notified? ☐ Yes ☐ No

Method: ☐ In Person ☐ Phone ☐ Note ☐ Other: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

