INCIDENT REPORT FORM

☐ Child Care Home  ☐ Child Care Center  County Name ________________ Sex __________ Age ______
Date/Time of Incident _______________ Child’s Name ___________________ ☐ Male ☐ Female Age ______
Witness to Incident _______________ Parents Notified By _______ Time Notified _______

Piece of Equipment Involved:

Indoors:  ☐ Block ☐ Furniture  Outdoors:  ☐ Bench ☐ Climber ☐ Fence/Wall
☐ Cubby  ☐ Door ☐ Floor  ☐ Composite Play Structure ☐ Deck ☐ Swing
☐ Medication  ☐ Toy ☐ Other Child  ☐ Other Child  ☐ Sandbox  ☐ Sidewalk
☐ Shelving  ☐ Sink ☐ Steps  ☐ Slide ☐ Surfacing ☐ Merry-Go Round
☐ N/A  ☐ Other: __________________________  ☐ N/A  ☐ Other Plyrnd Eqpmnt: ________________

☐ Vehicle ☐ Toy ☐ Other: __________________________

Cause of Injury:

☐ Fall from Height ☐ Hit By or Bumped Into Object ☐ Human Bite ☐ Sharp/Piercing Object
☐ Burn ☐ Splinter/Foreign Object ☐ Pinched/Caught In ☐ Other: __________________________

Type of Injury:

☐ Dental Injury ☐ Cut/Scrape ☐ Puncture ☐ Bite ☐ Bump/Bruse ☐ Splinter
☐ Burn ☐ Crush ☐ Fracture/Dislocation ☐ Sprain/Strain ☐ Other: __________________________

Body Part Injured:

☐ Head ☐ Eye ☐ Face ☐ Mouth ☐ Neck ☐ Arm ☐ Hand/Wrist/Finger ☐ Leg
☐ Abdomen/Trunk/Chest ☐ Knee ☐ Foot/Ankle ☐ Other: __________________________

Where Child Received Treatment:

☐ Clinic ☐ Dentist ☐ Doctor’s Office ☐ Hospital/ER ☐ Onsite By Health Professional
☐ Urgent Care ☐ Other: __________________________

Description of How and Where Incident Occurred & First Aid Recd.:

________________________________________________________

Steps Taken to Prevent Reoccurrence ____________________________

Signature of Staff Member ___________________________ Date ___________

Signature of Parent/Guardian ___________________________ Date ___________

Anytime a Child Receives Medical Treatment as a Result of an Incident Occurring at a Child Care
Center or Child Care Home this Report Must be Submitted Within 7 Calendar Days to your Child
Care Consultant [Rule 10 NCAC 3U .0802(d);10 NCAC 3U .1717(a)(3)(T)]

Original to Child’s File
Copy to Child Care Consultant  Date of Most Recent Playground Inspection ________________
Copy to Parent/Guardian
Enter into Incident Log

Child Care Consultant’s Name ____________________________ DCD-0582 3/97

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