



Office of the
State Superintendent of Education

DIVISION OF EARLY CHILDHOOD EDUCATION

**INSTRUCTIONS FOR COMPLETING
THE UNUSUAL INCIDENT REPORT (UIR) FORM**

Completed forms should be faxed to the Compliance and Integrity Division (CID) at 202 -727-7295.

Unusual incidents can also be reported via the dedicated hotline at 202-727-2993 or emailed to OSSE.ChildcareComplaints@dc.gov

Definition: An “Unusual Incident” is any event that is not ordinary to the regular or established procedure that may adversely affect the health, safety or well being of any child or children in the child care facility.

Examples include, but are not limited to: accident or injury; physical, sexual, or verbal abuse of a child by staff or other child(ren); staff negligence; communicable disease occurrence; facility / property issues, including building security, theft, arson, bomb, fire threats, false alarms; and request for information or access to the participation from the press, attorneys, government officials outside OSSE/ECE; or persons other than those authorized by the parent.

UIR Forms must be filled out completely and accurately.

PART I – REPORTING INDIVIDUAL - Enter required information

PART II – INCIDENT INFORMATION - Enter required information

NOTE: *Upon completion of item #7, if there are no other persons involved and no witnesses, skip to PART III and complete the details of the incident.*

PART III – DESCRIPTION AND DETAILS OF INCIDENT

Enter complete information on who was involved, what occurred, where the incident occurred and how it occurred. List first and last names of everyone involved.

PART IV – WHAT ACTIONS WERE TAKEN AND BY WHOM

Enter any actions that were taken in response to the incident, such as police or family notified, medical treatment provided, etc. Also indicate corrective measures taken to prevent reoccurrence, including administrative, managerial or disciplinary actions taken and by whom.

SIGNATURE REQUIREMENT

The reporting person’s signature and date of signing is required.



Office of the
State Superintendent of Education

COMPLIANCE AND
INTEGRITY DIVISION
PHONE: (202) 727-2993
FAX: (202) 727-7295

UNUSUAL INCIDENT REPORT FORM

MAILING ADDRESS:
810 First Street, NE
4th Floor
Washington, DC 20002

PART I - REPORTED BY

1. PERSON REPORTING INCIDENT TO CID		FACILITY NAME:	
TITLE/POSITION		ADDRESS	
Home Telephone Number (with area code):		DIRECTOR/ OWNER	
DATE REPORTED	TIME REPORTED	OFFICE #	CELL #

PART II -INCIDENT INFORMATION

2. Date of Incident:	3. Time of Incident:	4. Date of Report:
5. Type of Incident: <i>(accident, injury or unusual occurrence)</i>		
6. Incident Location Address:		
7. Person Involved (Adult <input type="checkbox"/> Child <input type="checkbox"/>) Age _____ NAME: _____ <i>Last First Middle</i> Home Telephone Number (with area code):		8. Person Involved (Adult <input type="checkbox"/> Child <input type="checkbox"/>) Age _____ NAME: _____ <i>Last First Middle</i> Home Telephone Number (with area code):
9. Person Involved (Adult <input type="checkbox"/> Child <input type="checkbox"/>) NAME: _____ <i>Last First Middle</i> Home Telephone Number (with area code):		10. Person Involved (Adult <input type="checkbox"/> Child <input type="checkbox"/>) NAME: _____ <i>Last First Middle</i> Home Telephone Number (with area code):
Additional persons involved attach a separate sheet.		
11. Witness 1: NAME: _____ <i>Last First Middle</i> 11a. Home Telephone Number (with area code):		12. Witness 2: NAME: _____ <i>Last First Middle</i> 12a. Home Telephone Number (with area code):
13. Witness 3: NAME: _____ <i>Last First Middle</i> 13a. Home Telephone Number (with area code):		14. Witness 4: NAME: _____ <i>Last First Middle</i> 14a. Home Telephone Number (with area code):
Additional witnesses attach a separate sheet.		

