

Incident and accident report

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Fill this out the same day as any injury, illness or incident, and give it to [director's name] before you leave. Write only facts: what you saw, heard and did. Don't use this form for suspected abuse or neglect. Report it as you were trained and tell [director's name] right away.

Type of incident

Check all that apply.

- ☐ Injury
- ☐ Illness
- ☐ Allergic reaction
- ☐ Behavior or conflict
- ☐ Missing child or child left the area
- ☐ Property damage
- ☐ Other

Child

Full name _____

Age _____

Program and group _____

When and where

Date _____

Time _____

Exact location (for example, playground near the slide)

Activity at the time _____

Staff in charge of the group _____

What happened

Describe it step by step. Write what you saw and heard, not guesses about why.

What happened _____

What happened (continued) _____

Other staff or adults who saw it _____

Other children involved (leave their names off any copy given to a family)

Injury or illness

- ☐ Head, neck or back involved (call the parent right away, even if it seems minor)
- ☐ Called 911

- ☐ Child went to a doctor or hospital
- ☐ Child went home early
- ☐ Child stayed in the program

What you saw (such as swelling, bleeding or a bump) and where on the body

First aid given, by whom and when

Medicine given (name, dose, time and who gave it)

Who was told

Parent or guardian told by (name), how and when

Director told (time)

Report to the licensing agency or insurer, if required (who, when and by whom)

Follow-up

What we'll change to help keep this from happening again

Follow-up with the family (date and notes)

Signatures

Staff printed name

Staff signature and date

Director signature and date

I received a copy of this report. Parent or guardian signature and date

Free to use and change, but not legal or medical advice. Check your state's licensing rules and your insurer's requirements, and have a lawyer review any consent or waiver language.

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