

# Daycare Incident Report Template

Childcare Business Name: \_\_\_\_\_

Program Address: \_\_\_\_\_

Program Phone Number: \_\_\_\_\_

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## Child Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Sex:

M

F

Classroom/Group/Program: \_\_\_\_\_

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## Incident Details

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident:

Classroom

Playground

Bathroom

- Cafeteria/Lunch Area
  - Transportation
  - Other: \_\_\_\_\_
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**Number of Children Present:** \_\_\_\_\_

**Number of Staff Present:** \_\_\_\_\_

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## Type of Incident

- Fall
  - Bump/Head Injury
  - Cut/Scrape
  - Bite
  - Allergic Reaction
  - Illness
  - Behavioral Incident
  - Medication Error
  - Supervision Incident
  - Other: \_\_\_\_\_
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## Severity of Incident

- Minor
- Moderate
- Serious

Emergency

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## Injury Location

Head/Face

Arm/Hand

Leg/Foot

Torso

Multiple Areas

Other: \_\_\_\_\_

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## Description of Incident

Provide a factual and objective description of what occurred. Include what happened, where it happened, and who was involved.

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## Injury or Concern Observed

Describe any visible injuries, symptoms, or concerns observed following the incident.

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## Immediate Action Taken

First Aid Provided

- Ice Pack Applied
- Bandage Applied
- Child Monitored
- Parent Contacted
- Emergency Services Called
- Other: \_\_\_\_\_

Details:

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**First Aid Provided By:**

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## Medical Treatment Required?

- No
- Yes

If yes:

- Doctor Visit
- Urgent Care
- Emergency Room
- Ambulance Called

Details:

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## Witness Information

Staff Witness(es):

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Other Witness(es):

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## Parent/Guardian Notification

Parent/Guardian Notified By:

Phone Call

Text Message

Email

At Pickup

Other: \_\_\_\_\_

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

Time: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

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## Licensing Agency Notification

Was licensing notification required?

No

Yes

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

Reported By: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

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## Follow-Up Required

- No Further Action Needed
- Monitor Child
- Medical Evaluation Recommended
- Licensing Notification Required
- Staff Follow-Up Required
- Other: \_\_\_\_\_

Details:

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## Child's Condition Upon Release

- Returned to Normal Activities
- Continued Monitoring Needed
- Sent Home
- Released to Parent/Guardian
- Medical Attention Recommended

Additional Notes:

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## Additional Notes

Use this area to indicate the location of injuries or provide additional information.

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## Administrative Review

Was follow-up required?

Yes

No

Review Notes:

## Signatures

### Reporting Staff Member

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

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

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

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### Director/Supervisor (if applicable)

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

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

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

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### Parent/Guardian Acknowledgement

I acknowledge that I have been informed of this incident.

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

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

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

*\*This template is provided for educational purposes and should be adapted to meet your state's licensing requirements and your program's policies*