NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INCIDENT REPORT FOR CHILD DAY CARE

INSTRUCTIONS

- This form may be used to maintain a record of illnesses or injuries of a child while in care.
- This form may be used to notify parents of illnesses or injuries occurring with their children while in care.
- Please PRINT clearly and attach additional sheets if needed.
- **If death of a child occurs, you must immediately notify the Office of Children and Family Services Regional Office at 1-800-732-5207.**

Today's Date: _____ **License/Registration Number:** _____

Program Name: _____

Name of Child: _____ **DOB:** _____

(Please print full first and last name)

Details of Incident (Include date, time and location where incident occurred) (Due to confidentiality, the names of other children involved in any incident may not be shared with parent(s))

Injuries (Include a full description of any and all marks, bruises & abrasions)

Medical Services/Treatment Provided (Please include any and all treatment, listing who administered treatment)

(Continued on reverse)

Caregiver(s)

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Witnesses to the Incident

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Parent/Guardian Notified

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Office of Children & Family Services Notified By

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)