

Incident Report

Injured Child's Name:	Age:
Parent or Guardian:	
Parent Address:	Phone:
Caregiver's Name:	
Caregiver's Address:	Phone:
Description of injury:	
When did incident happen?	Hour:
Where did incident happen?	
Give details of how incident happened:	
Describe in detail the action you took?	

Was the parent contacted? When?	What did the parent do?
Was the child seen by a physician?	Where?
What action was taken?	

Incident Report

Name of physician who attended the child?

Name of persons who witnessed the incident?

Present condition of child?

Instructions:

Signed: _____
home child care caregiver

Date: _____

Signed: _____
parent

Date: _____

★ Copy to:

✓ Caregiver Original Copy

✓ ✓ Parent Copy

✓ ✓ ✓ HCC Consultant Copy