**Child Care Injury/Incident Report**

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| Child’s Name:       |  |
| In addition to reporting to the department by phone or email about the following incidents and injuries, a provider must also complete this incident report and submit it to DCYF within 24-hours.  |
| Provider Name      | Provider ID      |
| Child’s Age      | Date of Incident      |  Time of Incident      [ ]  a.m. [ ]  p.m.  | Incident Occurred[ ]  Indoors [ ]  Outdoors |
| List names of staff present and/or witnesses:      | Treatment provided to child while in care & by who:      |
| **Check All That Apply** |
| **Situation that required an emergency response from:**  [ ]  Emergency services (911) [ ]  Washington poison center [ ]  Department of Health 110-300-0475(2)(b)/110-301-0475(2)(b) 110-300-0475(2)(c)/110-301-0475(2)(c) 110-300-0475(2)(d)/110-301-0475(2)(d) |
| **Situations that occur while children are in care that may put children at risk including, but not limited to:** [ ]  Inappropriate sexual touching [ ]  Physical abuse [ ]  Neglect [ ]  Maltreatment [ ]  Exploitation [ ]  Other       |
| **Serious injury to a child in care:** [ ]  Severe bleeding [ ]  One or more fractured/broken bones [ ]  Choking or serious unexpected breathing problems [ ]  Severe neck/head injury [ ]  Sudden unconsciousness [ ]  Dangerous chemicals in eyes, on skin, or ingested [ ]  Near drowning [ ]  Shock or acute confused state [ ]  Severe burn requiring professional medical care [ ]  Poisoning [ ]  Overdose of chemical substance [ ]  Injury resulting in overnight hospital stay  |
| Please give a brief description of the injury/incident, including where it occurred.       |
| Parent/Guardian ContactedDate:       Time:       [ ]  In Person [ ]  Phone [ ]  E-mail | Licensor ContactedDate:       Time:       [ ]  In Person [ ]  Phone [ ]  E-mail |
| Parent/Guardian Comments: |
| Parent/Guardian Signature Date*By signing this form, I acknowledge that I received a copy of this report*. | Licensee/Staff Signature Date |