**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 Contacted  Date:       Time:        In Person  Phone  E-mail | | Licensor Contacted  Date:       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 | | |