INCIDENT REPORT FORM

Child Care Home	Child Care Center	County Name				
Date/Time of Incident		Child's Name		Sex	Age	
Witness to Incident		_ Parents Notified By		_Time Notified		
Environmental FactoIndoors:	 Furniture Floor Other Child Steps 	SurfacingOther Playgrou	□ Sandbox □ Toy nd Equipment_	U Vehicle	□ N/A	
Cause of Injury:						
□ Fall from Height □ Hit By or Bumped Ir □ Burn □ Splinter/Foreign Obj		Into Object I Human Bite Dbject I Pinched/Ca			 Sharp/Piercing Object Other: 	
Type of Injury:						
 Dental Injury Fracture/Dislocation 	□ Cut/Scrape □ □ □ Sprain/Strain □ □	Puncture \Box BiteBurn \Box Crush		Bruise 🗅	Splinter	
Body Part Injured:						
□ Head □ Eye □ Abdomen/Trunk/Ches	□ Face □ Mo t □ Leg □ Kn			Hand/Wrist/Finger		
Where Child Receive	d Treatment:					
 Clinic Dentist Urgent Care 	□ Hospital/ER	al/ER				
Description of How a	nd Where Incident (Occurred & First Aid R	eceived:			
Steps Taken to Preve	nt Reoccurrence					
Signature of Staff Member			Date			
Signature of Parent/Gu	ardian		Date			
Anytim	e a Child Receives Medica or Child Care Home this I	ll Treatment as a Result of an In Report Must be Submitted With le 10 NCAC 3U .0802(d);10 NCA	cident Occurring a in 7 Calendar Day	at a Child Care s to your Child		
Original to Child's File Copy to Parent/Guardian Copy to Child Care Consulta Enter into Incident Log	nt	Date of Most Recent Playground Inspection				
Child Care Consultant	's Name			Γ	OCD-0582 3/97	