Child Care Injury/Incident Report

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) 110-300-0475(2)(b)/110-301-0475(2)(b)

☐ Washington poison center 110-300-0475(2)(c)/110-301-0475(2)(c)

☐ Department of Health 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	Licensor Contacted
Date: Time: ☐ In Person ☐ Phone ☐ E-mail	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