West Virginia Department of
Health and Human Resources

Child Care Provider

Incident Report Form

Incidents must be verbally reported within 24 hours. Follow up in writing within 72 hours.

Child Care Provider Information	
Name	
Address	
Phone	

Child Information						
Child's Name						
Birth Date		**Gender:**		Female		Male
Name of Legal Guardian/Parent Notified:						
Notified by:		**Time Notified**	am/pm			

Incident Information			
Date of Incident:		**Time of Incident:**	am/pm
Witnesses:			
Describe Incident In Detail:			
EMS (911) or other medical professional:			
	Not Notified		Notified
Name of Medical Professional Notified:			
Address:			
Location where incident occurred: (please check all that apply)			
	Gym		Living Room
	Dining Room		Stairway
	Playground		Classroom
	Bathroom		Hall
	Kitchen		Doorway
	Unknown		Other:

Equipment/Product Involved: (please check all that apply)			
	Riding Toy (specify) _____		Climber
	Slide		Swing
	Playground Surface		Sandbox
	Hand toy (specify) _____		Other: _____
Cause of Injury: (please check all that apply)			
	Fall to Surface Estimated Height of fall: Type of Surface:		
	Fall from running or tripping		Bitten by child
	Motor Vehicle		Hit or pushed by child
	Injured by object		Eating or choking
	Insect sting or bite		Animal bite
	Exposure to cold		Other: _____
Parts of Body Injured: (please check all that apply)			
	Eye		Ear
	Nose		Mouth
	Tooth		Part of Face
	Part of Head		Neck
	Arm/Wrist/Hand		Leg/Ankle/Foot
	Trunk		Other: _____
Describe the First Aid given at the child care:			
Treatment Provided by:			
	No doctor's or dentist's treatment required		
	Treated as an outpatient (e.g. office or emergency room)		
	Hospitalized overnight for _____ # of days		
Number of Days of Limited Activity from This Incident:			
Follow-up plan for care of the child:			

Name of Agency Official Notified:			
Date Notified		**Time Notified**	am/pm

_____ _____

Signature of Caregiver in Charge of Care Date

_____ _____

Signature of Legal Guardian/Parent Date