Sample Incident Report

# Instructions

Complete this report under any of the following situations:

1. A child becomes ill or receives an injury that requires First Aid or medical treatment while in your care;
2. A child receives a bump or blow to the head or other visible injury regardless of treatment;
3. A child is transported by ambulance from your facility;
4. An unusual or unexpected incident occurs that jeopardizes the safety of a child, such as a child left unattended, there is a vehicle accident (with or without injuries), or a child is exposed to a threatening person or situation;
5. There is an allegation or reasonable suspicion of abuse of a child.

**Important:** Consult your state’s mandatory reporting requirements for further information on abuse reporting; OR

1. As otherwise required by any state licensing or other authority, such as childcare or daycare licensing. .

|  |  |
| --- | --- |
| Date of Incident: | Time of Incident: |
| Name and Approximate Age of Child Involved (One Report per Child): | |
| Contact Information for Child Involved:  Parent/Guardian: Address: Telephone: Email: | |
| Nature of Injury/Incident: | |
| Location of Incident: | |
| Description of Incident: | |



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| Was the above information:  Reported to you by someone else? If so, who: OR  Directly observed/witnessed by you? |
| Action(s) Taken: (Check all that apply.)  Provided First Aid What/When Call placed to 911 By Whom Taken to hospital By Whom Notified Parent/Guardian Who/When: Notified Church Official Who/When: Notified Authorities Who/When:  Other |
| Witnesses to Incident:  Name: Address: Telephone: Email:  Name: Address: Telephone: Email: |

Printed Name of Person Completing This Report:

Position at the Organization:

Address:

Telephone: Email:

Signature:

Date:

Signature of Church Official:

Date:

# WITNESS REPORT

|  |
| --- |
| Name:  Address: Telephone Numbers:  Home: Work:  Cell: Email: |
| Date/Time of Incident: |

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| --- |
| Fully Describe What You Observed: |
| Anyone else you know who may have witnessed the incident?  Name:  Address: Telephone: Email: |

Printed Name of Witness:

Signature:

Date Signed:

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This material is for information only and is not intended to provide legal or professional advice.

You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.