

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INCIDENT REPORT FOR CHILD DAY CARE

★ This form may be used to maintain a record of each child's illnesses, accidents, injuries, signs of abuse, etc.
★ Share a completed copy with parents.

Name of Child _____ DOB: _____

Details of Incident

Date ____ / ____ / ____ Type _____
(Accident, Illness, etc.)

Time _____ Am Pm Place _____
(Kitchen, Playground, etc.)

Describe Incident: _____

Injuries: _____

Describe Medical Services or Treatment Provided _____

Parent/Guardian/Other Notified

Name _____ Date ____ / ____ / ____ Time _____ Am Pm

Name _____ Date ____ / ____ / ____ Time _____ Am Pm

★ If death of a child occurs, you must immediately notify the Division of Child Care Services (DCCS)
1-800-732-5207

Witnesses

Name _____

Name _____

Staff _____ Date ____ / ____ / ____
(Print Name)

Staff Signature: _____ Date ____ / ____ / ____

If you need additional space for describing incidents, injuries, or services, please attach additional sheets of paper