Washington State Department of CHILDREN, YOUTH & FAMILIES

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, an early learning 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)
☐ Washington poison center 110-300-0475(2)(c)
☐ Department of Health 110-300-0475(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 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	Licensee/Staff Signature Date
By signing this form, I acknowledge that I received a copy of this report.	