



OFFICIAL INCIDENT REPORT
E-mail your Home Supervisor ALL INCIDENT REPORTS
Must be submitted WITHIN 24 HOURS of Learning of the Incident

Date of Incident: Time of Incident: Date Report Submitted:

Child's Name:

Foster Family:

Party Who Witnessed Incident:

Indoors:

- Shelving
- Steps
- Block
- Door
- Toy
- Sink
- Furniture
- Floor
- Other Child
- Other: _____

Outdoors:

- Play structure
- Monkey bars
- Slide
- Sandbox
- Toy
- Bench
- Fence/Wall
- Sidewalk/Pavement
- Other Child
- Other: _____

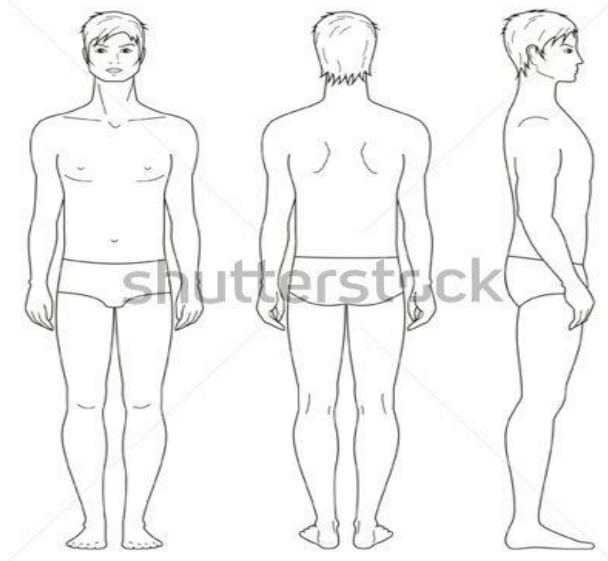
Cause of Injury:

- Fall from Height
- Burn
- Hit By or Bumped into Object
- Splinter/Foreign Object
- Human Bite
- Pinched/Caught In
- Sharp/Piercing Object
- Tripped/Slid/Fell
- Other: _____

Type of Injury:

- Dental Injury
- Cut/Scrape
- Puncture
- Bite
- Bump/Bruise
- Splinter
- Burn
- Sprain/Strain
- Fracture/Dislocation
- Other: _____

Indicate Body Part Injured:



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- Head
- Eye
- Face
- Mouth
- Neck
- Arm
- Hand/Wrist/Finger
- Abdomen/Trunk/Chest
- Knee
- Leg
- Foot/Ankle
- Back
- Shoulder
- Other: _____

Description of How & Where Incident Occurred & Any First Aid Received: _____

Signature of Parent/Guardian:

Date:

Signature of Home Supervisor:

Date:

Signature of H&H Director:

Date: