



**OFFICIAL INCIDENT REPORT**  
**E-mail your Home Supervisor and Family Care Coordinator ALL**  
**INCIDENT REPORTS**  
**Must be submitted IMMEDIATELY following or 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: \_\_\_\_\_

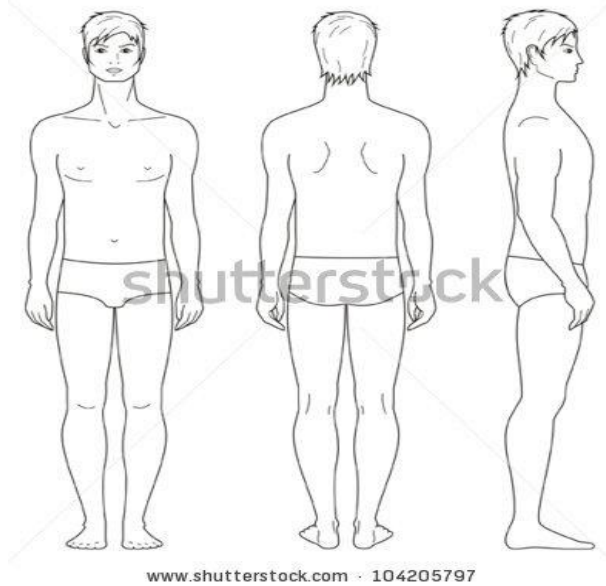
**Cause of Injury:**

- ☐ 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:



- ☐ 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: \_\_\_\_\_

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Signature of Parent/Guardian:

Date:

Signature of Home Supervisor:

Date

Signature of H&H Director:

Date: