

## Incident Report – Regulated Child Care

**Use of form:** This form is voluntary; however, completion of this form meets the requirements of DCF 202.08(1)(c)1., 250.04(3)(a), 251.04(3)(a) and 252.41(2)(a) of the Wisconsin Administrative Codes. Failure to comply may result in an enforcement action or issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wis. Stats.].

**Instructions:** The licensee / certified provider shall report any death of a child in care, or any incident or accident that occurs while the child is in care that results in an injury that requires professional medical treatment. Licensed centers shall notify the department within 48 hours of becoming aware of the medical treatment. Certified providers shall notify the certifying agency as soon as possible, but no later than the agency's next working day. The time frame for reporting begins as soon as the center / provider becomes aware that medical treatment is being sought. Do not wait for the results of the treatment to make the report if it will put you out of compliance with regulations. Submit a completed form to the regional licensing / certification office. Retain a copy in the child's record.

### CHILD CARE CENTER / CERTIFIED PROVIDER INFORMATION

Name	Facility / Provider Number	Telephone
Address (Street, City, State, Zip Code)		

### CHILD INFORMATION

Name	Birthdate (mm/dd/yyyy)	Home Telephone
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### PARENT / GUARDIAN INFORMATION

Name	Home Telephone	Work Telephone
Name	Home Telephone	Work Telephone

Date, time, and description of how the parent(s) / guardian(s) were notified of the incident

### INCIDENT INFORMATION

Date	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Location <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Vehicle <input type="checkbox"/> Other:
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Names of Adult Witnesses

Description of the incident. Include the nature and extent of the injury; the activity in which the child was engaged when the incident occurred; and the action taken (e.g., first aid, clean up, decontamination, etc.).

Brand name, type, and age rating of any toy or piece of equipment involved in the incident.

### MEDICAL INFORMATION

Date, time, and description of how the center / provider was made aware that the parent / guardian was seeking medical treatment

Hospital or Clinic Name	Name – Physician
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Hospital or Clinic Address (Street, City, State, Zip Code)

Description of Medical Treatment Provided by Medical Professional

Center Representative / Certified Provider Name and Title (Type / Print)

<b>SIGNATURE</b> –Center Representative / Certified Provider	Date Signed
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