

**INCIDENT REPORT – CHILD CARE CENTERS**

**Use of form:** This form is voluntary; however, completion of this form meets the requirements of DCF 250.04(3)(a), DCF 251.04(3)(a) and DCF 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), Wisconsin Statutes].

**Instructions:** Submit the completed report to your regional licensing office within 48 hours of the licensee becoming aware of the medical treatment. Retain one copy in child's record.

**CHILD CARE CENTER INFORMATION**

Name – Child Care Center	Facility Number	Telephone Number
Address – Child Care Center (Street, City, State, Zip Code)		

**CHILD AND PARENT INFORMATION**

Name – Child	Birthdate (mm/dd/yyyy)	
Name – Parent(s) / Guardian(s)		
Telephone Number – Child's Home	Telephone Number – Parent / Guardian – Home	Telephone Number – Parent / Guardian – Work

**INCIDENT INFORMATION**

Incident Location	Incident Date	Incident Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Names – Adult Witnesses		

Incident Description

Nature and Extent of Injury

If a Toy was Involved in the Incident – Name and Type

Activity in Which Child was Engaged When Incident Occurred – Describe

How Parent was Notified of Incident – Describe

**MEDICAL INFORMATION**

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

Medical Treatment Provided By Medical Professional – Describe

**SIGNATURE** – Child Care Center Representative

Date Signed

**FOR DEPARTMENT USE ONLY** Yes  No Is additional investigation required? If "Yes" attach written report.

Date Reviewed

**SIGNATURE** – Licensing Specialist