



Incident Report

Family Child Care Rule: 290-2-3-.08(g)

Description of accidents, serious illnesses or situations where a child becomes missing occurring while child is in the family childcare learning home, including date, time and condition under which it occurred and the action taken.

Name of Child: _____

Date of _____

Accident/Incident: _____ Time of incident/injury: _____ (a.m./p.m.)

Place where injury/illness occurred: _____

Describe incident/injury: _____

What caused the incident/injury? _____

Describe the activity the child was engaged in at the time of the incident/injury: _____

Was first aid given? Yes No

If Yes, describe it. _____

Were emergency services called? Yes No

If Yes, describe it. _____

Was a doctor contacted? Yes No If Yes, give time: _____

Name(s) of doctor(s) _____

Parent/Guardian Notified? Yes No Time Notified: _____ Method of Notification: _____

Did child remain in child care facility? Yes No

Corrective action taken to prevent reoccurrence: _____

Additional Comments: _____

Signature of Provider _____

Date _____

Parent/Guardian Signature _____

Date _____

Note: All accidents occurring in the FCCLH which require medical attention and situations where a child becomes missing should be reported to Bright from the Start: Georgia Department of Early Care and Learning - Child Care Services within 24 hours.