**OCFS-4436** (5/2014) FRONT NEW YORK STATE

 OFFICE OF CHILDREN AND FAMILY SERVICES

 **INCIDENT REPORT FOR CHILD DAY CARE**

**INSTRUCTIONS**

* This form may be used to maintain a record of illnesses or injuries of a child while in care.
* This form may be used to notify parents of illnesses or injuries occurring with their children while in care.
* Please PRINT clearly and attach additional sheets if needed.
* **If death of a child occurs, you must immediately notify the Office of Children and Family Services Regional Office at 1-800-732-5207.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Today’s Date:** |       | **License/Registration Number:** | 104593 |
| **Program Name**: | Young Minds In Motion |
| **Name of Child**: |       | **DOB:** |       |
|  |  (Please print full first and last name) |
| **Details of Incident** (Include date, time and location where incident occurred) (Due to confidentiality, the names of other children involved in any incident may not be shared with parent(s)) |
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| **Injuries** (Include a full description of any and all marks, bruises & abrasions) |
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| **Medical Services/Treatment Provided** (Please include any and all treatment, listing who administered treatment) |
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*(Continued on reverse)*

**OCFS-4436** (5/2014) REVERSE

**Caregiver(s)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |       | **Date:** |       | **Time:** |       | [ ]  AM[ ]  PM |
|  | (PRINT Full Name) |  | (MM/DD/YY) |  |  |  |
|  |  |  |  |
|  | (Signature) |  |  |
| **Name:** |       | **Date:** |       | **Time:** |       | [ ]  AM[ ]  PM |
|  | (PRINT Full Name) |  | (MM/DD/YY) |  |  |  |
|  |  |  |  |
|  | (Signature) |  |  |

**Witnesses to the Incident**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |       | **Date:** |       | **Time:** |       | [ ]  AM[ ]  PM |
|  | (PRINT Full Name) |  | (MM/DD/YY) |  |  |  |
|  |  |  |  |
|  | (Signature) |  |  |
| **Name:** |       | **Date:** |       | **Time:** |       | [ ]  AM[ ]  PM |
|  | (PRINT Full Name) |  | (MM/DD/YY) |  |  |  |
|  |  |  |  |
|  | (Signature) |  |  |

**Parent/Guardian Notified**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |       | **Date:** |       | **Time:** |       | [ ]  AM[ ]  PM |
|  | (PRINT Full Name) |  | (MM/DD/YY) |  |  |  |
|  |  |  |  |
|  | (Signature) |  |  |
| **Name:** |       | **Date:** |       | **Time:** |       | [ ]  AM[ ]  PM |
|  | (PRINT Full Name) |  | (MM/DD/YY) |  |  |  |
|  |  |  |  |
|  | (Signature) |  |  |

**Office of Children & Family Services Notified By**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |       | **Date:** |       | **Time:** |       | [ ]  AM[ ]  PM |
|  | (PRINT Full Name) |  | (MM/DD/YY) |  |  |  |
|  |  |  |  |
|  | (Signature) |  |  |