**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)) | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Injuries** (Include a full description of any and all marks, bruises & abrasions) | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Medical Services/Treatment Provided** (Please include any and all treatment, listing who administered treatment) | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

*(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) | | | |  |  |