INCIDENT REPORT
STATE OF MICHIGAN
Michigan Department of Licensing and Regulatory Affairs
Child Care and Camps

INSTRUCTIONS

COMPLETION AND SUBMISSION
The completion and submission of this form to the department is required by the following licensing rules:
Family and Group Child Care Homes R 400.1962(2)
Child Care Centers R 400.8158(3)
Children's and Adult Foster Care Camps R 400.11127(9)

DISTRIBUTION
Send original to your licensing consultant and retain a copy for your records.

Was the incident phoned to licensing?

☐ Yes If yes, date and time? _____

☐ No If no, contact your licensing consultant within 24 hours of the incident.

TYPE OF REPORT

☐ **Incident**	☐ **Accident**	☐ **Illness**	☐ **Death**	☐ **Fire**

FACILITY

Registration/License Number	Facility Phone Number ( )	Facility Type ☐ Family Child Care Home ☐ Group Child Care Home ☐ Child Care Center ☐ Children's Camp ☐ Adult Foster Care Camp
Facility/Home/Provider Name		
Address (Street Number and Name)	County	
City / State / Zip Code		

CHILD(REN) IN CARE INVOLVED

Name			Name		
Birthdate	Sex ☐ M ☐ F		Birthdate	Sex ☐ M ☐ F	
Home Address (Street Number & Name)			Home Address (Street Number & Name)		
City	State	Zip Code	City	State	Zip Code
Name of Parent			Name of Parent		
Home Phone Number ( )	Alternative Phone Number ( )		Home Phone Number ( )	Alternative Phone Number ( )	

CAREGIVER(S) / OTHER PERSON(S) INVOLVED / WITNESS(ES)

Name	Name
Address (Street Number, Name, City)	Address (Street Number, Name, City)
Phone Number ( )	Phone Number ( )

INCIDENT DETAILS

Incident Date	Time	☐ A.M. ☐ P.M.	Location
Describe the incident. Be specific.			

Describe the incident (cont.).		
Was First Aid Given? ☐ Yes ☐ No ☐ N/A	If yes, when?	By whom?
Child's Illness or Injury, if applicable		
Where Child Received Medical Treatment, if applicable and known		
Phone Number of Treating Physician / Medical Facility / Hospital, if applicable		
Any Handicaps, Health Problems, or Exceptions Listed on the Child's Health Records, if applicable		
If Fire, Describe Damage		

PERSON(S) NOTIFIED (law enforcement, fire marshal, parent/legal guardian, etc.)

Name of Person Notified	Notification Date	Notification Time	
		:	☐ A.M. ☐ P.M.
		:	☐ A.M. ☐ P.M.
		:	☐ A.M. ☐ P.M.

Signature of Person Completing This Report	Title	Date
Signature of Registrant/Licensee/Responsible Person	Title	Date

LARA is an equal opportunity employer/program.	AUTHORITY: 1973 PA 116 COMPLETION: Mandatory PENALTY: May be in violation of licensing rule.