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| INCIDENT REPORT |
| STATE OF MICHIGANMichigan Department of Licensing and Regulatory AffairsChild Care Licensing Bureau |
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| **INSTRUCTIONS** |
| COMPLETION AND SUBMISSIONThe 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(4) Child Care Centers R 400.8158(4)DISTRIBUTIONSend original to your licensing consultant and retain a copy for your records. | **Did you notify licensing via phone, email or fax?** Note: Death of a child in care must be reported via phone. |
| **[ ]** Yes | If yes, date and time?      Method of contact [ ] Phone [ ]  Email [ ]  Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **[ ]** No | If no, contact your licensing consultant within 24 hours of the incident. |
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| **TYPE OF REPORT** |
| [ ]  **Incident** | [ ]  **Accident** | **[ ]  Illness** | **[ ]  Death** | **[ ]  Fire** |
| **FACILITY** |
| License Number | Facility Phone Number | Facility Type |
|       |       | [ ]  Family Child Care Home[ ]  Group Child Care Home[ ]  Child Care Center |
| Facility/Provider Name |
|       |
| Address (Street Number and Name) | County |
|       |       |
| City | State | Zip Code |
|       |       |       |
| **CHILD(REN) IN CARE INVOLVED** |
| Name | Name |
|       |       |
| Birthdate | Sex | Birthdate | Sex |
|       | [ ]  M | [ ]  F |       | [ ]  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:      |

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| 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:      |
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| **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. |
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|  |
| Signature of Person Completing This Report      | Title      | Date      |
| Signature of Licensee/Responsible Person      | Title      | Date      |

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