INCIDENT REPORT FORM

55 PA CODE CHAPTERS 3270.20 & .182(7); 3280.19 & .182(7); 3290.17 & .182(7)

THIS FORM CAN BE USED TO MEET THE REPORTING REQUIREMENTS FOR ACCIDENT, INJURY, ILLNESS, HOSPITALIZATION, EMERGENCY ROOM TREATMENT, DEATH OR FIRE

NAME OF FACILITY		TELEPHONE NUMBER
FACILITY ADDRESS		
NAME OF CHILD	SEX ☐M ☐F	BIRTHDATE
CHILD ADDRESS		
NAME OF PARENT		TELEPHONE NUMBER
PARENT ADDRESS		
PARENT NOTIFIED BY		TIME NOTIFIED ☐AM ☐PM

DESCRIPTION OF INCIDENT

DATE	TIME ☐AM ☐PM	LOCATION
EQUIPMENT/PRODUCT INVOLVED	TYPE OF INJURY	PART OF BODY INJURED

CAUSE OF INJURY

ACTION TAKEN

FIRST-AID GIVEN BY FACILITY

NAME OF LOCAL AUTHORITY NOTIFIED OF INCIDENT	TELEPHONE NUMBER
ADDRESS	

TREATMENT PROVIDED BY	TELEPHONE NUMBER	ADDRESS
NATURE OF TREATMENT		

REQUIRED FOLLOW-UP

SIGNATURE OF FACILITY PERSON COMPLETING FORM _____ TITLE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____

COMPLETE THE FOLLOWING SECTION ONLY IF THE INCIDENT RESULTED IN INPATIENT HOSPITALIZATION, EMERGENCY ROOM TREATMENT, SERVICES OF A FIRE COMPANY, OR THE DEATH OF A CHILD RECEIVING CARE AT THE FACILITY.

NOTIFY REGIONAL DAY CARE OFFICE WITHIN 24 HOURS	DATE OF NOTIFICATION	TIME OF NOTIFICATION
NAME OF THE REGIONAL DAY CARE STAFF PERSON NOTIFIED		

MAIL OR DELIVER WRITTEN REPORT TO REGIONAL OFFICE WITHIN 72 HOURS

SIGNATURE OF FACILITY PERSON WHO MADE THE NOTIFICATION _____ TITLE _____

ORIGINAL TO CAREER