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Public Works and Environmental Services Department
CONSUMER PROTECTION DIVISION
Child Care Licensing and Enforcement
One North University Drive, Suite A203, Plantation, Florida 33324 • 954-357-4800

RECORD OF UNUSUAL INCIDENTS AND ACCIDENTS

Name of Child Care Provider: _____

Name of Child: _____ **Age:** _____

Incident/Accident Date: _____ **Time:** _____

Place of Incident/Accident: _____

Describe Incident/Accident: _____

_____

_____

Describe Nature of Injury: _____

_____

_____

Witness(es) to Incident/Accident: _____

_____

What Action Was Taken? _____

_____

_____

Was Parent/Guardian Contacted? _____ **Time?** _____ **How?** _____

Other Person(s) Contacted: _____

Describe Medical Treatment/First Aid: _____

_____

_____

_____

Name of Reporter (Print): _____ **Title:** _____

Signature of Reporter: _____ **Date:** _____

Name of Owner/Director (Print): _____ **Title:** _____

Signature of Owner/Director: _____ **Date:** _____

Name of Parent or Guardian (Print): _____ **Title:** _____

Signature of Parent or Guardian: _____ **Date:** _____

*** MUST BE KEPT ON FILE AT CHILD CARE PROGRAM.**