

Maryland State Department of Education – Office of Child Care

**REPORTABLE CHILD INCIDENT**

**COMARS** 13A.15.03.05A Family Child Care Homes, 13A.16.03.06C Child Care Centers, 13A.17.03.06C Letters of Compliance Facilities, and 13A.18.03.06C Large Family Child Care Homes require child care providers to notify or require that a staff member **notify the Office of Child Care within 24 hours of (1)** the death of a child if the child died while at the facility; **(2)** the death of a child enrolled at the facility if the child died of a contagious disease; and **(3)** an injury to a child that occurs while the child is at the facility or on a field trip which results in the child’s being treated by a medical professional or admitted to a hospital.

You may contact the office by phone or use this form for reporting purposes. If reporting by phone, please be prepared to give licensing staff all information requested on this form. If submitting the completed form, be sure to fax or email it to your Regional Office of Child Care within 24 hours of the incident.

Name of Facility \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Date of Report** \_\_\_\_\_ **Time of Report** \_\_\_\_\_ **Name of Child** \_\_\_\_\_ **DOB or Age of Child** \_\_\_\_\_  **Male**  **Female**

Name of Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Person Reporting \_\_\_\_\_ Relationship of Reporter to Facility \_\_\_\_\_ **Date of Incident** \_\_\_\_\_ **Time of Incident** \_\_\_\_\_

**Witnesses:** Name \_\_\_\_\_ Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Nature of Incident:**  Death of child while in care  Death of child due to contagious disease (*Name of Disease* \_\_\_\_\_)  Child injury resulting in treatment by medical professional  Injury resulting in admission to hospital (*Name of Physician or Hospital* \_\_\_\_\_)  Injury resulting in death

**Location:**  Playground  Yard  Stairway  Bathroom  Kitchen  Playroom  Basement  Unapproved area (*Where?* \_\_\_\_\_)  Off-site activity (*Activity type and location* \_\_\_\_\_)  Unknown  Other \_\_\_\_\_

**Cause of Injury:**  Hit or cut by object  Fall from activity equipment (*Object or Equipment Description* \_\_\_\_\_)  Fall from running or tripping  Bitten or scratched by other child  Burn  Hit or pushed by other child  Motor vehicle  Eating or choking  Insect sting or bite  Animal bite  Exposure to cold or heat  Other \_\_\_\_\_

**Details of Incident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OCC USE ONLY - Region** \_\_\_\_\_

**Licensing Staff Member Receiving Report:** \_\_\_\_\_ **Regional Manager/Designee Informed: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_