

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: _____

