



UNUSUAL INCIDENT REPORT FORM

Title 5A DCMR Chapter 1, 128.1 - A Licensee shall immediately notify OSSE of any unusual incident that may adversely affect the health, safety, or welfare of any enrolled child or children by submitting a completed OSSE Unusual Incident Report form to OSSE's Child Care Complaint email address.

PART I – REPORTED BY			
1. PERSON REPORTING INCIDENT:		FACILITY NAME:	
TITLE/POSITION:		ADDRESS:	
Home Telephone Number (with area code):		DIRECTOR/OWNER:	
DATE REPORTED:	TIME REPORTED:	OFFICE NUMBER	CELL NUMBER
PART II – INCIDENT INFORMATION			
2. Date of Incident:		3. Time of Incident:	4. Date of Report:
5. Type of Incident: <input type="checkbox"/> Accident <input type="checkbox"/> Injury <input type="checkbox"/> Unusual Occurrence			
6. Suspected Abuse or Neglect: <input type="checkbox"/> Yes, Was Child Protective Services (CPS) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, move to the next section			
7. Incident Location Address:			
8. Person Involved (<input type="checkbox"/>Adult <input type="checkbox"/>Child) Child's Age: ____ Name: _____ <i>Last First Middle</i> Home Telephone Number (with area code):		9. Person Involved (<input type="checkbox"/>Adult <input type="checkbox"/>Child) Child's Age: ____ Name: _____ <i>Last First Middle</i> Home Telephone Number (with area code):	
10. Person Involved (<input type="checkbox"/>Adult <input type="checkbox"/>Child): Name: _____ <i>Last First Middle</i> Home Telephone Number (with area code):		11. Person Involved (<input type="checkbox"/>Adult <input type="checkbox"/>Child): Name: _____ <i>Last First Middle</i> Home Telephone Number (with area code):	
12. Witness 1: Name: _____ <i>Last First Middle</i> Home Telephone Number (with area code):		13. Witness 2: Name: _____ <i>Last First Middle</i> Home Telephone Number (with area code):	
14. Witness 3: Name: _____ <i>Last First Middle</i> Home Telephone Number (with area code):		15. Witness 4: Name: _____ <i>Last First Middle</i> Home Telephone Number (with area code):	
Additional witnesses attach a separate report.			



PART III – DESCRIPTION AND DETAILS OF INCIDENT

16. Who, What, Where, and How: (If necessary attach a separate sheet for additional information)

PART IV – WHAT ACTIONS WERE TAKEN AND BY WHOM

SIGNATURE: _____

DATE: _____