



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: _____ Last First Middle | | 9. Person Involved ((<input type="checkbox"/>Adult (<input type="checkbox"/>Child) Child's Age: _____ Name: _____ Last First Middle |
| Home Telephone Number (with area code): _____ | | Home Telephone Number (with area code): _____ |



PART III – DESCRIPTION AND DETAILS OF INCIDENT

10. Who, What, Where, and How: (If necessary attach a separate sheet for additional information. Skip this page and attach facility form, if applicable.)

PART IV – WHAT ACTIONS WERE TAKEN AND BY WHOM

SIGNATURE: _____

DATE: _____

Completed forms should be faxed to the Licensing and Compliance Unit (LCU) at 202 -727-7295.
Unusual incidents can also be emailed to OSSE.ChildcareComplaints@dc.gov.