INCIDENT REPORT
STATE OF MICHIGAN
Michigan Department of Human Services
Bureau of Children and Adult Licensing

☐ **Incident** ☐ **Accident** ☐ **Illness** ☐ **Death** ☐ **Fire**

Was the incident phoned to BCAL?

☐ Yes ☐ No If yes, date and time ▶ If no, contact your licensing consultant within 24 hours of the incident.

FACILITY

Registration/License Number	Facility Phone Number ( )	
Facility/Home/Provider Name		
Address (Street Number and Name)	County	
City	State	Zip Code

CHILD(REN) IN CARE INVOLVED

Name			Name		
Birthdate	Sex ☐ M ☐ F		Birthdate	Sex ☐ M ☐ F	
Home Address (Street Number & Name)			Home Address (Street Number & Name)		
City	State	Zip Code	City	State	Zip Code
Home Phone Number ( )			Home Phone Number ( )		
Name of Parent	Alternative Phone Number ( )		Name of Parent	Alternative Phone Number ( )	

CAREGIVER/OTHER PERSON(S) INVOLVED / WITNESS(ES)

Name	Name
Address (Street Number and Name)	Address (Street Number and Name)
Phone Number ( )	Phone Number ( )

INCIDENT DETAILS

Incident Date:	Time: ☐ A.M. ☐ P.M.	Location:

Describe the incident. Be specific.

Was First Aid Given? Yes ☐ No ☐ N/A ☐	If yes, when?	By Whom?
Illness or Injury, if applicable		
Where Child Received Medical Treatment, if known		
Phone Number of Treating Physician, Medical Facility, Hospital, if applicable		
Any Handicaps, Health Problems, or Exceptions Listed on the Child's Health Records, if applicable		

If Fire, Describe Damage

_____

_____

_____

PERSON(S) NOTIFIED (Law enforcement, fire marshal, parent/legal guardian, etc.):

Name of Person Notified	Notification Date	Notification Time	
		:	☐ A.M. ☐ P.M.
		:	☐ A.M. ☐ P.M.
		:	☐ A.M. ☐ P.M.

Signature of Person Completing This Report	Title	Date
Signature of Registrant/Licensee/Responsible Person	Title	Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
COMPLETION: Voluntary/Mandatory
PENALTY: May be in violation of licensing rule.