INCIDENT REPORT
STATE OF MICHIGAN
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

INSTRUCTIONS

COMPLETION AND SUBMISSION
The completion and submission of this form to the department is required by the following licensing rules:
Family and Group Child Care Homes R 400.1962(4)
Child Care Centers R 400.8158(4)

DISTRIBUTION
Send original to your licensing consultant and retain a copy for your records.

Did you notify licensing via phone, email or fax?
Note: Death of a child in care must be reported via phone.
☐ Yes If yes, date and time? _____
Method of contact
☐Phone ☐ Email ☐ Fax
☐ No If no, contact your licensing consultant within 24 hours of the incident.

TYPE OF REPORT

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

FACILITY

License Number	Facility Phone Number	Facility Type
Facility/Provider Name		☐ Family Child Care Home ☐ Group Child Care Home ☐ Child Care Center
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
Name of Parent			Name of Parent		
Home Phone Number	Alternative Phone Number		Home Phone Number	Alternative Phone Number	

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

Name	Name
Address (Street Number, Name, City)	Address (Street Number, Name, City)
Phone Number	Phone Number

INCIDENT DETAILS

Incident Date	Time ☐ A.M. ☐ P.M.	Location
Describe the incident. Be specific:		

Describe the incident (cont.):		
Was First Aid Given? ☐ Yes ☐ No ☐ N/A	If yes, when?	By whom?
Child's Illness or Injury, if applicable:		
Where Child Received Medical Treatment, if applicable and 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 Licensee/Responsible Person	Title	Date

LARA is an equal opportunity employer/program.	AUTHORITY: 1973 PA 116 COMPLETION: Mandatory PENALTY: May be in violation of licensing rule.