

Incident/Injury Report

<input type="checkbox"/> Incident/Other <input type="checkbox"/> Serious Incident/Injury <input type="checkbox"/> Minor Injury		
Location of CA Child Development Center <input type="checkbox"/> Islandia <input type="checkbox"/> Framingham <input type="checkbox"/> Lisle <input type="checkbox"/> Plano <input type="checkbox"/> Herndon <input type="checkbox"/> Ditton Park <input type="checkbox"/> Artarmon <input type="checkbox"/> Hyderabad		
Address		City
State		Country
		Zip
Is this a child that has a written medical/physical care plan form on file? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain		
Full Name of Child		Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Incident/Injury:		Time: <input type="checkbox"/> Witnesses:
Name of person(s) responsible for child at time accident/injury (full name)		
At the time of the incident/injury, how many child care staff members were supervising the group? <input type="checkbox"/> How many children?		
How many hours is this child in your care per week? <input type="checkbox"/> Less than 8 hours <input type="checkbox"/> 9 - 23 hours <input type="checkbox"/> 24 - 39 hours <input type="checkbox"/> 40+ hours		
Age of the child-group that child was assigned to at the time of the incident/injury/illness: <input type="checkbox"/> Infant (0 - 18 months) <input type="checkbox"/> Toddler (18 months - 3 yrs) <input type="checkbox"/> Preschool (3 - 5 yrs) <input type="checkbox"/> School Age (5 yrs, Kindergarten eligible and older)		
Type of Injury (check all that apply)		Where did it happen? (check all that apply)
Body part effected (check all that apply)		
<input type="checkbox"/> Scrape/Scratch <input type="checkbox"/> Bump/Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Cut <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Bite Human <input type="checkbox"/> Animal/Insect Bite/Insect <input type="checkbox"/> Something in eye <input type="checkbox"/> No Pulse/Breathing <input type="checkbox"/> Death		<input type="checkbox"/> Fall <input type="checkbox"/> Fighting <input type="checkbox"/> Collision with object <input type="checkbox"/> Collision with person <input type="checkbox"/> Sunburn <input type="checkbox"/> Seizure <input type="checkbox"/> Choking <input type="checkbox"/> Poisoning <input type="checkbox"/> Other (explain)
<input type="checkbox"/> Classroom <input type="checkbox"/> Hall/Doorway <input type="checkbox"/> Bathroom <input type="checkbox"/> Parking area/Driveway <input type="checkbox"/> Kitchen <input type="checkbox"/> Stairway <input type="checkbox"/> Outdoor Play Area <input type="checkbox"/> Inside Play/Muscle Area <input type="checkbox"/> Other (explain)		<input type="checkbox"/> Head/Face/Eye (circle one) <input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Back <input type="checkbox"/> Genitals/Buttocks <input type="checkbox"/> Neck <input type="checkbox"/> Arm/Fingers/Hand (circle one) <input type="checkbox"/> Front of Trunk/Stomach <input type="checkbox"/> Leg/Knee/Foot (circle one) <input type="checkbox"/> Other (explain)
Type of Incident/Other		It happened during
<input type="checkbox"/> Intruder <input type="checkbox"/> Child Ran Away <input type="checkbox"/> Corporal Punishment <input type="checkbox"/> Bit another Child <input type="checkbox"/> Missing Child <input type="checkbox"/> Child Unattended <input type="checkbox"/> Hit another Child <input type="checkbox"/> Other (explain)		<input type="checkbox"/> Arrival/Departure <input type="checkbox"/> Naptime/Rest Period <input type="checkbox"/> Classroom Activity <input type="checkbox"/> Meals/Snack Time <input type="checkbox"/> Changing Table <input type="checkbox"/> Indoor Play (Muscle Area) <input type="checkbox"/> Outside Play (Patio/Playground) <input type="checkbox"/> Transition between activities <input type="checkbox"/> Bus/Vehicle Transportation <input type="checkbox"/> Other (explain)
What resulted? (check all that apply)		Summary of incident/injury (please explain, attach additional paper if needed)
<input type="checkbox"/> Returned to normal activity <input type="checkbox"/> Washed/Soap <input type="checkbox"/> Ice <input type="checkbox"/> Hug/Pat <input type="checkbox"/> Band-Aid <input type="checkbox"/> Returned to school with doctors note <input type="checkbox"/> Sent Home/Picked up early <input type="checkbox"/> Emergency Services Called <input type="checkbox"/> Emergency Services Trans. <input type="checkbox"/> Referred for further medical care		
When was the parent informed?		Date:
Who provided the First Aid?		Date:
Name of Person Completing Form:	Signature:	Date:
Name of Parent/Guardian:	Signature:	Date:
Name of Center Director:	Signature:	Date:
Telephone Number of Center:		

Definitions

Incident/Other:

An unusual event that happens that does not necessarily result in an injury to the child.

Serious Incident/Injury:

An unusual or unexpected event which jeopardizes the safety of children or staff: an incident, or injury resulting in a limitation in the child's activity; medical attention/intervention is necessary (beyond basic first aid by staff); child is taken home/medical office/hospital; Syrup of Ipecac is given.

Minor Injury:

An injury resulting in a child being able to return to normal activity; basic first aid is given by staff.

Directions for Use of Incident/Injury Report

General

An incident/injury report must be completed when any of the following occur:

A child receives an injury and/or requires first aid treatment; or

A child is transported in accordance with this rule to a source of emergency assistance; or

A child receives a bump or blow to the head; or

An unusual or unexpected incident occurs which jeopardizes the safety of a child or staff, such as, a child leaving the center or home location unattended.

Fill in location of Child Development Center and address. Fill in name of child, birth date, sex of child, and date and time of the incident/injury. Fill in number of children and adults that were present at the time of the incident/injury. Fill in the approximate numbers of hours per week that the child is in the Center.

If any additional paper is used to describe what happened regarding the incident/injury, attach it with this report.

Child with a written Medical/Physical Care Plan on file:

All children must have an up-to-date and valid physical/immunization record on file. Teachers will be notified of any allergies, illness by Center Director/School Nurse.

Type of Incident/Injury/Other:

Use the check system on the form for the type of incident/injury that occurred. If the incident/injury type is not shown, use the "other" category and the space provided to give an explanation of what happened and what resulted.

A **minor injury** is described above. Copies of the incident/injury report for a minor injury shall be retained on file at the center or with the home provider for at least one year and shall be available for review by the Director, upon request.

The report must be signed by the person completing the form and the center Director's representative or home provider.

For **serious incident/injury**, notification shall be made within twenty-four hours to the appropriate District Office of Social Services.