Sample form July 2009

Office of Early Learning and School Readiness

INCIDENT/INJURY REPORT

1. Name of Program		2. License Number	
3. Street Address	4. City	5. Zip Code	6. County
7. Is this a child who has a written medical/physical care plan on file? Yes No (if yes, explain in summary section)			
8. Full name of child (first name, last name)	9.Child's date of birth :	10. Female Male	
	11. Date of incident/injury/illness	12. Time of incident/injury/illness	
13 Name of person responsible for child at time of incident	14. Witness (es)		
At the time of the incident/injury/illness: 15. How many children were there in this child's group? 16. How many staff members were supervising the group?	Were parents contacted? Yes No If yes, when?		
	Who Provided First Aid?	Date	

17. How many hours is this child in your care per day? (circle one) Part-time (< four hours per day) Full-time (> four hours per day)

18. Age of child-group that child was assigned to at the time of the incident/injury/illness: (circle one)

Young Infant	Infant	Toddler	Preschooler	School Age Child
(Less than 12 months)	(12 – 18 months)	(18 mo – 3 years)	(3 – 5 years & not in school)	(eligible for kindergarten and older)

TYPE OF INJURY (circle all that apply)

- Bit Tongue/Cheek/Lip
- Bite-Human
- Bite/Sting-Animal or Insect
- Blow to Head
- Broken Bone
- Bump/Bruise
- Burn
- Choking
- Cut
- Difficulty Breathing
- Nosebleed
- Object Inserted into Body Part
- Poisoning
- Puncture Wound
- Scrape/Scratch
- Something in Eye
- Stubbed Finger/Toe
- Sunburn
- Swelling/Redness
- Tooth (chipped, knocked out, loosened)
- Other

BODY PART AFFECTED (circle all that apply)

- Arm
- Back
- Chin
- Ear
- Eye
- Face
- Fingers
- Foot
- Front of Trunk/Stomach
- Genitals/Buttocks
- Hand
- Head
- Knee
- Leg
- Lungs/Difficulty Breathing
- Mouth/Teeth
- Neck
- Nose
- Shoulder/Collarbone
- Throat
- Toe
- Whole body

TYPE OF ILLNESS (circle all that apply)

- Allergic Reaction/Asthma
- Collapse/Faint
- Diaper Rash
- Fever
- No Pulse/Breathing
- Seizure
- Stomachache/Vomiting/Diarrhea
- Other Illness (specify in summary section)

TYPE OF INCIDENT (circle all that apply)

- Another Adult Found Child
- Baby Fed Wrong Bottle
- Blood or Bruise Found on Child
- Child Ran Away
- Child Unattended
- Collision w/ Object
- Collision w/ Person
- Corporal Punishment
- Death
- Sudden Diaper Rash
- Fall – walk/run/trip
- Fall to Surface
- Fighting
- Inappropriate Touching/Sexual Play
- Intruder
- Medication Error
- Missing Child
- Vehicle Accident
- Weapon Found

WHERE DID INCIDENT/INJURY HAPPEN? (circle all that apply)

- Bathroom
- Changing Table
- Crib
- Classroom
- Hall/Doorway
- High Chair
- In Vehicle
- Inside Play Area/Large Muscle Area
- Kitchen/Eating Area
- On Fieldtrip/Routine trip
- Outdoor Play Area
- Parking Area/Driveway
- Pool
- Stairway

ACTION TAKEN (circle all that apply)

- Bandage
- Body Part Elevated
- Contacted Children's Protective Services
- Contacted Poison Control
- Emergency Services Called
- Emergency Services Transported Child
- Hug/Pat
- Ice
- Pressure Applied
- Referred for Further Medical Care
- Rested on Cot
- Returned to Normal Activity
- Sent Home Early/Picked Up Early
- Washed/Soap

INCIDENT HAPPENED DURING?

- Arrival/Departure
- Classroom Activity
- Diaper Change
- Indoor Play/Group Activities/Free Play
- Meals/Snack
- Naptime/Rest Period
- Outdoor Play
- Transition Between Activities

Summary of Incident/Injury/Illness (Explain, attach additional paper if needed)

Print First and Last Name of Person Completing Form

Signature of Person Completing Form	Date	Date Parent / Guardian received copy of report Date (M/D)