

SERIOUS RISK / INCIDENT REPORTING FORM

Office of Early Learning and School Readiness
 Preschool Licensing and School Age Child Care

Revision 9.16.2021

1. Serious risk violations or incidents must be reported to the Department by the next business day following the occurrence
2. Save this form to your computer, rename and complete the entries
3. Email completed form to OELSR.licensing@education.ohio.gov

Name of Program		Program Number	
Street Address			
City	Zip Code	County	
Form Completed by: (Printed First Name/Last Name)			
Section 1 for Reporting Positive Cases of Covid-19			
Date of Positive Case (MM/DD/YYYY)		For this date: (Number of cases)	
Indicate the group involved			
<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-Age <input type="checkbox"/> Staff			
Action Taken			
<input type="checkbox"/> Local Health Dept Contacted <input type="checkbox"/> Other, please describe:			

Section 2 for reporting a Serious Risk Violation or Incident/Injury

Date of incident/injury (MM/DD/YYYY)	Time of incident/injury
Who was involved in this incident? <input type="checkbox"/> One or more individual children <input type="checkbox"/> Entire Group <input type="checkbox"/> Entire Program <input type="checkbox"/> Specific Staff	
How many children were involved in the incident?	
Indicate the age(s) of the child(ren) involved in the incident <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-Age	
Serious Risk Violation	
<input type="checkbox"/> Child unattended <ul style="list-style-type: none"> <input type="checkbox"/> On-site inside program <input type="checkbox"/> On-site outside program <input type="checkbox"/> Off-site program <input type="checkbox"/> Child left in a vehicle or transportation policies are not <input type="checkbox"/> Falsified information is submitted to the department <input type="checkbox"/> Program fails to report suspected abuse, neglect, or endangerment <input type="checkbox"/> Medication is dispensed to the wrong child, or the wrong dosage is administered <input type="checkbox"/> Use of prohibited disciplinary techniques <input type="checkbox"/> Substantiated public children's services agency finding of abuse or neglect for any staff member <input type="checkbox"/> An employee refuses to be fingerprinted and remains employed, or a person remains employed when they are not eligible for employment <input type="checkbox"/> Swimming activity takes place without a lifeguard, or a lifeguard is used to count in ratio, swimming site is accessible to children without staff supervision, or swimming activity takes place in a lake, pond, or river <input type="checkbox"/> Weapons or ammunition are on the premises without prior approval in accordance with Chapter 2923 of the Revised Code and/or are accessible to children <input type="checkbox"/> The department or its representatives are denied access to conduct a compliance review <input type="checkbox"/> Child(ren) are not protected from harm which resulted in a serious incident or injury	

Serious Incident

- Child receives a bump or blow to the head that requires first aid or medical attention
- An incident, injury, or illness requires a child to be removed by the parent or emergency services from the center for medical treatment, professional consultation, or transportation for emergency treatment
- An unusual or unexpected incident which jeopardizes the safety of a child or employee of a center
- Death of child at a program

Action Taken

- Public Children Services Agency (PCSA) Contacted
- Poison Control Contacted
- Local Health Department Contacted
- Emergency Services (police/fire/ambulance) 911 Called
- Emergency Services Transported Child or Child Transported to the Hospital
- Parent followed up with Medical/Dental Care
- Program recommended Medical/Dental Care
- Other – Please describe:

Additional Information

Signature of person completing form:

Name:

Date: