



Child Care Injury / Incident Report

To be completed any time an injury that requires first aid or medical care which occurs in a child care home, child development home, or licensed child care facility.

Business or Program Name: _____
 Address and Phone Number: _____

Child's Name: _____ Gender: M F Birthdate: _____
 Date and Time of Incident: _____
 Name of Parent/Legal Guardian Notified: _____
 Method of Notification: _____ Time Notified: _____ a.m./p.m.
 Notification by (name of staff person): _____

Serious Injuries must be reported to the Department of Human Services within 24 hours of the incident***.

Serious Injuries include:

- Disabling mental illness
- Bodily injury which creates a substantial risk of death, causes serious permanent disfigurement, or causes protracted loss or impairment of the function of any bodily member or organ
- Any injury to a child that requires surgical repair and necessitates the administration of general anesthesia
- Includes but is not limited to skull fractures, rib fractures, metaphyseal fractures of the long bones of children under the age of 4 years.

Did the incident result in a serious injury to a child? Yes No

Did the incident result in death to a child? Yes No

Was EMS (911) or other medical professional notified? Yes No

Time Notified _____ a.m./p.m.

Location where incident occurred: Classroom Dining Room Gym Hall
 Kitchen Motor Vehicle Office Playground Restroom Stairway
 Unknown Other (specify) _____

Equipment/Product involved: (check all that apply) Climber Motor Vehicle
 Playground Surface Sandbox Slide Swing Tricycle/Bike/Riding toy
 Toy (specify): _____ Other Equipment (specify): _____
 Reported equipment/product involved in the injury to the Consumer Product Safety Commission (CPSC) <https://www.cpsc.gov>

If a serious injury or death to a child has occurred in a child care home, child development home, or licensed child care center, please email this incident report form to the Department of Human Services at ccsid@dhs.state.ia.us within 24 hours of the incident.

Cause of Injury / Incident(check all that apply) Animal Bite Child Behavior-related Child Bite Choking Cold/heat over exposure Fall running/tripping Fall to surface: Estimated height of fall ___feet. Type of surface: _____ Hit or pushed by another child Injured by object Medication error Motor vehicle Poisoning Sting, insect, bee, spider or tick bite Other (specify): _____

Describe the injury / incident: Include part(s) of the body injured and the type of injury markings. For medication errors, describe medication and exact circumstances:

Medical / Dental Care Needed Day of Injury / Incident:
 No doctor/dental treatment required
 Treated as an outpatient office or emergency room
 Hospitalized

What First Aid / Treatment given on-site?

Who administered First Aid or Treatment? _____

I have reviewed the above injury report and certify it is true and accurate to the best of my knowledge:

 Child Care Provider Signature Date

I have read the above injury report:

 Parent / Legal Guardian / Authorized Person Signature Date

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