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): ______________

***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.***

March 2018
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.

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

***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.***

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