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 or 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 the 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.***

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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 in 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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