



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 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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