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):__________________

***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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<table>
<thead>
<tr>
<th>Cause of injury/incident (check all that apply):</th>
<th>Animal bite</th>
<th>Child behavior-related</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child bite</td>
<td>Choking</td>
<td>Cold/heat over exposure</td>
</tr>
<tr>
<td>Fall to surface: Estimated height of fall ___ feet</td>
<td>Type of surface: ______________________</td>
<td></td>
</tr>
<tr>
<td>Hit or pushed by another child</td>
<td>Injured by object</td>
<td>Medication error</td>
</tr>
<tr>
<td>Motor vehicle</td>
<td>Poisoning</td>
<td>Sting, insect, bee, spider or tick bite</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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