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.***

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March 2018
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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:

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

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**What First Aid / Treatment given on-site?**

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**Who administered First Aid or Treatment?** ________________

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**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

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**I have read the above injury report:**

_____________________________ ___________
Parent / Legal Guardian / Authorized Person Signature Date

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March 2018