

# Serious Accident, Incident, or Injury Report

Please Write Clearly

Center/Program Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Center/Program Address: \_\_\_\_\_

Type of Facility (Check one)      Licensed Center      Hourly Center      Out of School Time Program

Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_      Time of Incident \_\_\_\_\_

Name of Child \_\_\_\_\_

Age of Child \_\_\_\_\_ Gender of Child      Male      Female      Location When Injury Occurred      Inside      Outside

Body Part(s) Injured \_\_\_\_\_

Type of Injuries \_\_\_\_\_

Individual(s) who observed the Incident \_\_\_\_\_

Explain what happened. Include information about the cause of the injury or incident, the body part injured, the type of injury, where in the facility the injury occurred, any toys or equipment involved in the injury, the reaction of child, etc.):

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Was medical attention required?    Yes    No    Describe what action was taken in response to this incident, and by whom:

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(continued)



Name of the parent or legal guardian who was notified of the incident: \_\_\_\_\_

Date and time of contact: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_

List any instructions given by the parent or legal guardian: \_\_\_\_\_

Name of the person at Child Care Licensing who was notified of the incident: (The Department must be notified by phone within 24 hours of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's medical treatment plan identified by the parent.)

Name: \_\_\_\_\_

Date and time of contact: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_

Any Additional Comments or Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Caregiver Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Center/Program Director Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Person Picking Up the Child Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The Department must be given written notification by fax or mail within 5 days of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's medical treatment plan identified by the parent.

Report (Check One):    Mailed    Faxed    Electronic Transmission    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.

