ACCIDENT/INJURY REPORT

The center shall maintain on file a written record of each incident resulting in an injury.

CENTER NAME:	CENTER ADDRESS:

CHILD'S NAME:	PERSON COMPLETING REPORT:	WITNESS(ES):

DATE OF INJURY:	TIME OF INJURY:	DATE REPORT COMPLETED:	TIME REPORT COMPLETED:

TYPE OF INJURY: (Check All That Apply)

- ☐ ACHE
- ☐ BITTEN BY ANIMAL
- ☐ BITTEN BY CHILD
- ☐ **BITE THAT BROKE THE SKIN**
- ☐ BLEEDING
- ☐ BURN
- ☐ BREATHING RAPIDLY
- ☐ BREATHING SHALLOW
- ☐ BROKEN BONE SUSPECTED
- ☐ CHOKING
- ☐ CUT
- ☐ DROWSINESS
- ☐ **EYE INJURY**
- ☐ **FALL FROM A HEIGHT OF: _____**
- ☐ **FOREIGN BODY IN EYE**
- ☐ **HEAD INJURY**
- ☐ ITCHING
- ☐ NAUSEA
- ☐ **NOSE BLEED**
- ☐ POISIONING
- ☐ RASH
- ☐ REDNESS
- ☐ SCRAPE
- ☐ SCRATCH
- ☐ SPLINTER
- ☐ SPRAIN
- ☐ STING
- ☐ SWELLING
- ☐ *OTHER:*

PLACE ON BODY INJURY OCCURRED: (Check All That Apply)

- ☐ ABDOMEN
- ☐ ARM
- ☐ ANKLE
- ☐ BACK
- ☐ BUTTOCKS
- ☐ **CHEEK**
- ☐ CHEST
- ☐ **CHIN**
- ☐ **EAR**
- ☐ ELBOW
- ☐ FINGER
- ☐ FOOT
- ☐ **FOREHEAD**
- ☐ GROIN
- ☐ HAND
- ☐ **HEAD**
- ☐ HIP
- ☐ KNEE
- ☐ LEG
- ☐ **LIP**
- ☐ **MOUTH**
- ☐ NECK
- ☐ **NOSE**
- ☐ SHOULDER
- ☐ **TEETH**
- ☐ THIGH
- ☐ TOE
- ☐ **TONGUE**
- ☐ WRIST
- ☐ *OTHER:*

WHERE INJURY OCCURRED: (Check All That Apply)

- ☐ CLASSROOM
- ☐ HALLWAY
- ☐ BATHROOM
- ☐ STAIRWAY
- ☐ SIDEWALK
- ☐ PARKING LOT
- ☐ CAR
- ☐ BUS
- ☐ FIELD TRIP
- ☐ PLAYGROUND
- ☐ KITCHEN
- ☐ *OTHER:*

TYPE OF SURFACE

- ☐ CARPETING
- ☐ WOOD CHIPS
- ☐ TILE FLOOR
- ☐ GRASS
- ☐ WOOD FLOOR
- ☐ SAND
- ☐ RUBBER
- ☐ CONCRETE
- ☐ LAMINATE FLOOR
- ☐ ASPHALT
- ☐ *OTHER:*

DESCRIBE HOW INJURY/ACCIDENT HAPPENED:

TREATMENT/ FOLLOW UP ACTIONS: (Check All That Apply)

FIRST AID GIVEN AT THE CENTER:

- ☐ CLEANED WITH SOAP AND WATER
- ☐ ICE APPLIED
- ☐ ANTISEPTIC APPLIED
- ☐ REST PROVIDED
- ☐ BANDAGE APPLIED
- ☐ CONSOLED CHILD
- ☐ MEDICATION ADMINISTERED:
- ☐ OTHER (DESCRIBE):

STAFF WHO PERFORMED FIRST AID:

OUTSIDE MEDICAL ATTENTION GIVEN:

(Notify the OOL by next working day and provide documentation within 1 week.)

- ☐ AMBULANCE OR 911 CALLED/ONSITE
- ☐ EMERGENCY CARE PROVIDED
- ☐ POISION CONTROL CALLED
- ☐ TRANSPORTED EMERGENCY/URGENT CARE
- ☐ CONSULTATION/TREATMENT BY LICENSED PHYSICIAN OR HEALTH CARE PROVIDER

PARENT NOTIFICATION*:

METHOD OF NOTIFICATION:

- ☐ NOTIFIED BY PHONE
- ☐ OTHER:
- ☐ NOTIFIED AT PICK UP

TIME OF NOTIFICATION:

COMMENTS:

* *Take immediate necessary action to protect the child from further harm and **immediately notify** the child's parent(s) when a bite breaks the skin; a child sustains a head or facial injury, including when a child bumps his/ her head; a child falls from a height greater than the height of the child; or an injury requiring professional medical care occurs.*

STAFF SIGNATURE:	DATE:	DIRECTOR SIGNATURE:	DATE:	PARENT SIGNATURE:	DATE: