A logo with colorful leaves

AI-generated content may be incorrect.Early Childhood Services Child Incident Report

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nature of Incident (circle) | | | | |
| Bite | Bump | Fall | Nosebleed | Scratch |
| Break | Burn | Loose Tooth | Pain | Sting |
| Bruise | Cut | Lost Tooth | Scrape | Swelling |
| Other: | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Area Affected (circle) | | | | | | | | | | | | | |
| HEAD | | | BODY | | | | UPPER LIMB | | | LOWER LIMB | | | |
| Cheek | Nose | | Abdomen | | | Groin | Arm | | | Ankle | | Knee | |
| Chin | Teeth | | Back | | | Neck | Finger | | | Hip | | Thigh | |
| Ear | Tongue | | Buttock | | | Shoulder | Wrist | | | Leg | |  | |
| Eye | Forehead | | Chest | | |  | Elbow | | | Toe | |  | |
| Head | Mouth | |  | | |  | Hand | | | Foot | |  | |
| LEFT or RIGHT | | | UPPER or LOWER | | | | WHICH FINGER, TOE? | | | | | | |
| Other: | | | | | | | | | | | | | |
| Action Taken (circle) | | | | | | | | | | | | |
| Washed with soap and water | | | | Applied cold pack | | | | | Mouth rinsed with cold water | | | |
| Band-aid | | | | Applied Pressure | | | | | Head injury follow-up form | | | |
| Other: | | | | | | | | | | | | |
| Skin Broken? | | Exposure to blood? | | | Follow-up required? | | | 911 called? | | | Professional medical care required? | |
| Yes or No | | Yes or No | | | Yes or No | | | Yes or No | | | Yes or No | |

Where did it happen? (circle) Classroom/Playground/Gross Motor/Field Trip/Stairs/Bus/Hallway

Specific location? How did it happen? Activity child was engaged in?

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

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Name of person notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person completing report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Manager or Designee/Date Health Team Member/Date

I acknowledge that a CEO staff member reviewed this report with me:

Signature of Parent/Guardian/Authorized Pick-up Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

File original in child’s file Send Copy to Parent (circle): Electronic copy Paper copy