Illness/Incident Report

Policy: Complete the Illness/Incident Report when a child experience any of the following: accidents, injuries, incidents, or changes in health. If necessary, notify the parent/guardian as soon as possible. When a child is too ill to remain in the group, notify a parent/guardian and document the illness on this form. If a child receives medical treatment or is hospitalized, make a verbal report to LARA within 24 hours of the occurrence. Submit a written BCAL-4605 Incident Report within 72 hours of the verbal report. Any significant incidents affecting the health and safety of program participants will be reported to OHS/ISD immediately by CFD management. Contact the Supervisor if a staff member learns that a child has received medical treatment after an accident or incident that occurred while in our care.

Child's Full Name	Date of Birth	Date of Incident	Time of Incident	Full Name of Supervisor or Director Notified

Site Name	Classroom (circle) 1 2 3	Full Name of Staff Person Reporting the Incident	Number of Staff Counted in the Ratio at Time of Incident

Full Name(s) of Staff Member(s) Located in the Active Supervision Zone	Emergency Care Plan (ECP)? ❑ Yes ❑ No ❑ Attach ECP if Relevant

Full Name of Parent/Guardian Notified	Time Notified	Notified ❑ In Person ❑ By Report ❑ Phone ❑ Other_____

CHECK ALL THAT APPLY

Type of Illness Observed

- ❑ Allergic Reaction/Asthma
- ❑ Breathing/No Pulse
- ❑ Diaper Rash
- ❑ Diarrhea/Stomachache/Vomiting
- ❑ Faint/Collapse
- ❑ Fever: Time Temp was Taken

AM	
PM	

- ❑ Seizure
- ❑ Other _____

Body Part(s) Injured

- ❑ Ankle/Foot/Knee/Leg/Toe
- ❑ Arm/Finger/Hand/Wrist
- ❑ Back
- ❑ Buttocks/Genitals
- ❑ Chin/Ears/Eyes/Face/Mouth/Tooth
- ❑ Collar Bone/Shoulder
- ❑ Difficulty Breathing/Lungs
- ❑ Front of Trunk/Stomach
- ❑ Head
- ❑ Neck/Throat
- ❑ Whole Body
- ❑ Other _____

Type of Injury

- ❑ Bit Cheek/Lip/Tongue
- ❑ Bite-Animal/Human/Insect
- ❑ Blow to Head
- ❑ Broken Bone
- ❑ Bruise/Bump
- ❑ Burn
- ❑ Choking
- ❑ Cut
- ❑ Difficulty Breathing
- ❑ Tooth-chipped/knocked out/loosened
- ❑ Injured by Object
- ❑ Nosebleed
- ❑ Object in Eye
- ❑ Poisoning
- ❑ Puncture Wound
- ❑ Scrape/Scratch
- ❑ Stubbed Finger/Toe
- ❑ Sunburn
- ❑ Swelling/Redness
- ❑ Other_____

Location of Incident

- ❑ Bathroom
- ❑ Classroom
- ❑ Doorway
- ❑ Field Trip
- ❑ Gym
- ❑ Hall
- ❑ Playground
- ❑ Stairs
- ❑ Other _____

Equipment Involved

- ❑ Carpet/Floor
- ❑ Climber
- ❑ Playground Surface
- ❑ Slide
- ❑ Swing
- ❑ Toy (specify _____)
- ❑ Trike/Bike
- ❑ Other _____

Action Taken

- ❑ Bandage
- ❑ Body Part Elevated
- ❑ Contacted Poison Control
- ❑ Emergency Services Notified
- ❑ Emergency Services Transported Child
- ❑ Ice
- ❑ Picked Up Early or Sent Home Early
- ❑ Comfort/Hug
- ❑ Health Department
- ❑ Pressure Applied
- ❑ Referred for further Medical Care
- ❑ Rested
- ❑ Returned to Normal Activity
- ❑ Washed/Soap
- ❑ Changed to Dry Clothes in Bathroom
- ❑ Other _____

Did the incident involve exposure to blood borne pathogens or bodily fluids?

- ❑ Yes
- ❑ No

Type of Incident

- ❑ Prohibited Items Brought from Home
- ❑ Wet or Soiled Clothes
- ❑ Other_____

Description of Accident, Injury, Incident, or Illness:

If Emergency Action Needed: The center staff must make a verbal report to LARA within 24 hours of occurrence Submit BCAL-4605 to LARA within 72 hours.

Was the child seen by a doctor or will the child seek emergency room medical treatment? ❑ Yes ❑ No	Taken for Medical Treatment by ❑ Ambulance ❑ Parent/Guardian ❑ Other_____	If applicable, Time 911 Notified

Corrective Action to Prevent Recurrence

Signature of Person Completing Report: _____ Date:_____