Illness / Incident Report Form

Policy: Complete the Illness/Incident Report form when a child experiences any of the following: Accidents, injuries, incidents, or when a child is too ill to remain in the group. Staff will notify parent(s)/guardian(s) as soon as possible regarding an accident, injury, illness or incident involving their child. If emergency action is taken, make a verbal report to Licensing within 24 hours of the occurrence. Submit a written BCAL-4605 Incident Report within 72 hours of the verbal report to the Department of Licensing. A copy will be sent to the Site Supervisor, Coach, and Program Support staff. The original report shall be kept on file at the center.

Procedure:

Child's Full Name:	Birthday:	Date of Incident:	Supervisor or Director Notified:
Agency:	Site	Classroom Teacher:	
Staff Person Reporting the Incident:	Number of Staff Present:	Staff Located in the Active Supervision Zone at the time of Illness/Incident:	

Emergency Care Plan? ☐ Yes ☐ No	Describe Emergency Care Plan: ☐ See Attached

Name of Parent/Guardian Notified:	Time:	Notified: ☐ In Person ☐ Phone ☐Other_____

CHECK ALL THAT APPLY

Type of Illness:	Body Part(s) Injured:	Type of Injury:	
☐ Allergic Reaction/Asthma	☐ Ankle/Foot/Knee/Leg/Toe	☐ Bit Cheek/Lip/Tongue	☐ Injured by Object
☐ Breathing/No Pulse	☐ Arm/Finger/Hand/Wrist	☐ Bite Animal/Human/Insect	☐ Nose Bleed
☐ Diaper Rash	☐ Back	☐ Blow to Head	☐ Object in Eye
☐ Diarrhea/Stomach Ache/Vomiting	☐ Buttocks/Genitals	☐ Broken Bone	☐ Poisoning
☐ Faint/Collapse	☐ Chin/Ears/Eyes/Face/Mouth/Tooth	☐ Bruise/Bump	☐ Puncture Wound
☐ Fever/-Time Temp was Taken_____	☐ Collar Bone/Shoulder	☐ Burn	☐ Scrape/Scratch
☐ Seizure	☐ Difficulty Breathing/Lungs	☐ Choking	☐ Stubbed Finger/Toe
☐ Other_____	☐ Front of Trunk/Stomach	☐ Cut	☐ Sunburn
	☐ Head	☐ Difficulty Breathing	☐ Swelling/Redness
	☐ Neck/Throat		☐ Tooth (chipped, knocked out, loosened)
	☐ Whole Body		☐ Other_____
	☐ Other _____		

Type of Incident:	Location of Incident:	Incident Occurred During:	Equipment Involved:
☐ Prohibited items brought from home	☐ Bathroom	☐ Arrival/Departure	☐ Carpet/Floor
☐ Wet or soiled clothes	☐ Classroom	☐ Classroom Activity	☐ Climber
☐ Other_____	☐ Doorway	☐ Diaper Change	☐ Playground Surface
	☐ Field Trip	☐ During Transportation	☐ Slide
	☐ Gym	☐ Free Time/Indoor Play	☐ Swing
	☐ Hall	☐ Gym	☐ Toy (specify_____)
	☐ Playground	☐ Meals/Snack	☐ Trike/Bike
	☐ Stairs	☐ Outdoor Time	☐ Other _____
	☐ Other _____	☐ Rest Time	
		☐ Transition Between Activities	
		☐ Other _____	

Action Taken:		Did the incident involve Exposure to blood borne pathogens or bodily fluids? ☐ Yes ☐ No
☐ Bandage	☐ Picked up Early/Sent Home Early	
☐ Body Part ☐ Elevated	☐ Pressure Applied	
☐ Comfort/Hug	☐ Referred for further Medical Care	
☐ Contacted Poison Control	☐ Rested	Was the child seen by a physician or emergency room personnel? ☐ Yes ☐ No
☐ Emergency Services Notified	☐ Returned to Normal Activity	
☐ Emergency Services Transported Child	☐ Washed/Soap	
☐ Ice	☐ Other_____	

Corrective Action to Prevent Recurrence:

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

Time 911 Notified:	Taken to Hospital By: ☐ Ambulance ☐ Parent ☐ Other _____

Please Give a Brief Description of the Illness/Incident:

Signature of Person Completing Report: _____ Date: _____

Reference: HSPPS 1302.41 (a) (b), R 400.8155 (1)