# Child Care Injury / Incident Report

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider ID</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Name of Injured Child</th>
<th>Age of Child</th>
<th>Child’s Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>Date of Incident</th>
<th>Time of Incident</th>
<th>☐ am ☐ pm</th>
<th>☐ Called 911</th>
<th>☐ Called Poison Control</th>
</tr>
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## Type of Injury / Incident

- [ ] Open Wound / Cut
- [ ] Sprain/Strain/Twist
- [ ] Broken Bone / Fracture
- [ ] Respiratory Condition
- [ ] Pain/Inflammation/Bump
- [ ] Allergy/Sensitivity Reaction
- [ ] Loss of Consciousness
- [ ] Other:
- [ ] Dislocation
- [ ] Burn
- [ ] Poisoning
- [ ] Seizure

## Body Parts Affected

- [ ] Head/Face
- [ ] Ears
- [ ] Eyes
- [ ] Nose
- [ ] Mouth/Teeth
- [ ] Toes
- [ ] Legs/Knees
- [ ] None
- [ ] Other:
- [ ] Arms/Elbows
- [ ] Hands/Wrists
- [ ] Fingers
- [ ] Abdomen
- [ ] Hip/Pelvis
- [ ] Chest/Shoulders
- [ ] Feet/Ankles
- [ ] Groin
- [ ] Buttocks
- [ ] Torso/Side
- [ ] Neck
- [ ] Back

## Professional Medical Treatment Given

- [ ] First Aid
- [ ] CPR
- [ ] X-rays
- [ ] Stitches / Staples / Glue
- [ ] Dental
- [ ] EMT Treatment Onsite
- [ ] Other:

## Where Injury / Incident Occurred

**Indoor**

- [ ] Classroom/Playroom
- [ ] Kitchen
- [ ] Bathroom
- [ ] Sleeping Area
- [ ] Other:

**Outdoor**

- [ ] Play Area
- [ ] Playground Equipment
- [ ] Pool / Water
- [ ] During Field Trip
- [ ] Other:

**Taking to Clinic / Hospital**

- [ ] By Parent
- [ ] By Provider
- [ ] By Ambulance
- [ ] Unknown
- [ ] Not Taken

## Side of Body Affected

- Left
- Right

List names of staff present and/or witnesses:

Please give a brief summary of incident.

Parent/Guardian Contacted

- [ ] In Person
- [ ] Phone
- [ ] E-mail

Licensor Contacted

- [ ] In Person
- [ ] Phone
- [ ] E-mail

Social Worker Contacted (if child has a Social Worker)

- [ ] In Person
- [ ] Phone
- [ ] E-mail

Parent / Guardian Comments:

Parent / Guardian Signature  Date

Licensee/Staff Signature  Date

Print Name:

Print Name:

For DEL use only:

- [ ] Minor
- [ ] Serious
- [ ] Critical
- [ ] Intake
- [ ] LCIR

Copies to: Parent, licensor and licensee

10.9.2.7 Injury/Incident Report

Rev. 12/01/2015