** 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Full Name:  | Birthday: | Date of Incident: | Time of Incident:  | Name the Supervisor or Director Notified:  |
| Site | Classroom Teacher: |  | Staff Person Reporting the Incident: |
|  Number of Staff Present:  | Active Supervision Zone Illness/Incident occurred in: |  | Name the Staff Member (s) 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  🞏 By Report  |

CHECK ALL THAT APPLY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Illness:* Allergic Reaction/Asthma
* Breathing/No Pulse
* Diaper Rash
* Diarrhea/Stomach Ache/Vomiting
* Faint/Collapse
* **Fever-Times Temp was Taken**

|  |  |  |  |
| --- | --- | --- | --- |
| Time |  |  |  |

 * Seizure
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Possible COVID-19 related symptoms
* Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 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:* Injured by Object
* Nosebleed
* Object in Eye
* Poisoning
* Puncture Wound
* Scrape/Scratch
* Stubbed Finger/Toe
* Sunburn
* Swelling/Redness
* Tooth (chipped, knocked out, loosened)
* Other\_\_\_\_\_\_\_\_\_\_\_\_
* Bit Cheek/Lip/Tongue
* Bite Animal/Human/Insect
* Blow to Head
* Broken Bone
* Bruise/Bump
* Burn
* Choking
* Cut
* Difficulty Breathing
 |
| Type of Incident:* Prohibited items brought from home
* Wet or soiled clothes
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Location of Incident:* Bathroom
* Classroom
* Doorway
* Field Trip
* Gym
* Hall
* Playground
* Stairs
* Other \_\_\_\_\_\_\_\_\_\_\_\_
 | Incident Occurred During: * Arrival/Departure
* Classroom Activity
* Diaper Change
* During Transportation
* Free Time/Indoor Play
* Gym
* Meals/Snack
* Outdoor Time
* Rest Time
* Transition Between Activities
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Equipment Involved:* Carpet/Floor
* Climber
* Playground Surface
* Slide
* Swing
* Toy (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Trike/Bike
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Action Taken:* Bandage
* Body Part ▯ Elevated
* Comfort/Hug
* Contacted Poison Control
* Emergency Services Notified
* Emergency Services Transported Child
* Ice
* Health Dept. and Licensing Contacted
 | * Picked up Early/Sent Home Early
* 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 Was the child seen by a physician or emergency room personnel? ▯ Yes ▯ NoWas the CDC COVID-19 Isolation Procedure put into effect for everyone’s safety?* Yes No
 |
| Please Give a Brief Description of the Illness/Incident: |

***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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Corrective Action to Prevent Recurrence:  |

Signature of Person Completing Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

6/23/21 White: Child’s File Yellow: Program Support Pink: Parent Copy to Site Supervisor and Coach P:\Head Start Files\Admin\Pro-Man\Health\Illness Incident Report