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 Notified[ ]  AM[ ]  PM | 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* AM
* PM
 | 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference: HSPPS 1302.41(a)(b), R400.8155(1), Special Investigation and OHS Reporting Guidance. Original: Child’s File (L#17)

7/8/23 Copy: Program Support, Parent/Guardian, Supervisor, Coach EHS-HS Team\Admin\Procedure Manual\Health\Illness Incident Report