** 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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | 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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 ▯ No  Was 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)

8/25/20 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