

REQUIRED REPORT OF INCIDENT

Consultant Name/Consultant Fax

591-1-1.29 /290-2-3-.14 of Rules and Regulations for Child Care Learning Centers and Family Child Care Learning Homes requires that any death, serious injury or illness requiring hospitalization or professional medical attention, or any situation where a child becomes missing while in care be reported to the Bright from the Start **within twenty-four (24) hours** or the next business day following the reportable situation.

Name of Facility/Provider _____ Phone _____

Address _____

City _____ County _____

Name of Child _____ DOB _____ Sex _____

Name of Parent/Guardian of Child _____

Address _____

Work Number _____ Home Number _____ Cell Number _____

Date, Place and Time of Incident _____ (am/pm)

Describe the activity the child was engaged in at the time of the incident _____

Name(s) of staff present at the activity _____ Total # staff/children present _____

Name(s) of other witnesses _____

Parent/Guardian Notified Yes No Time Notified _____ Method of Notification _____

When did child receive professional medical attention? NA _____

Name of facility/physician which provided medical care. NA _____

Describe medical attention/care/steps to locate child by facility _____

Describe care provided by medical facility/physician NA _____

Describe the child's injury NA _____

Does the child remain enrolled in the facility? Yes No

Describe action(s) taken to prevent reoccurrence _____

Additional Comments _____

Signature of Director/Provider _____ Date _____

(Make out form in duplicate: copy #1 to child's record; copy #2 to consultant)

Signature of Parent/Guardian _____ Date _____

Signature of Staff Person _____ Date _____

** Please notify your consultant that the incident report is being faxed to ensure that it is received.**

Form may be submitted without parent's signature to ensure it is submitted within 24 hours or the next business day.

FOR CONSULTANT USE ONLY:

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|-------------------------------------|--|--|--|
| <input type="checkbox"/> Diapering | <input type="checkbox"/> Infant Sleep Safety | <input type="checkbox"/> Playground | <input type="checkbox"/> Swimming Pools & water-related activities |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Medication | <input type="checkbox"/> Staff:Child Ratios | <input type="checkbox"/> Transportation/Field Trips |
| <input type="checkbox"/> Hygiene | <input type="checkbox"/> Physical Plant- | <input type="checkbox"/> Hazards Supervision | <input type="checkbox"/> Other _____ |