



## Child Care Injury/Incident Report

To be completed any time an injury that requires first aid or medical care which occurs in a child care home, child development home, or licensed child care facility.

Business or Program Name: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Name of Parent/Legal Guardian Notified: \_\_\_\_\_

Method of Notification: \_\_\_\_\_

Time Notified: \_\_\_\_\_ a.m./p.m.

Notification by (name of staff person): \_\_\_\_\_

Serious Injuries must be reported to the Iowa Department of Health and Human Services within 24 hours of the incident. \*

Serious Injuries include:

- Disabling mental illness
- Bodily injury which creates a substantial risk of death, causes serious permanent disfigurement, or causes protracted loss or impairment of the function of any bodily member or organ
- Any injury to a child that requires surgical repair and necessitates the administration of general anesthesia
- Includes but is not limited to skull fractures, rib fractures, metaphyseal fractures of the long bones of children under the age of 4 years.

Did the incident result in a serious injury to a child? ☐ Yes ☐ No

Did the incident result in death to a child? ☐ Yes ☐ No

Was EMS (911)/medical professional notified? ☐ Yes ☐ No

Time Notified \_\_\_\_\_

\* If a serious injury or death to a child has occurred in a child care home, child development home, or licensed child care center, please email this incident report form to the Iowa Department of Health and Human Services at [ccsid@hhs.iowa.gov](mailto:ccsid@hhs.iowa.gov) within 24 hours of the incident.

**Location where incident occurred:**

- ☐ Classroom    ☐ Dining Room    ☐ Gym  
☐ Hall    ☐ Kitchen    ☐ Motor Vehicle    ☐ Office  
☐ Playground    ☐ Restroom    ☐ Stairway    ☐ Unknown  
☐ Other (specify) \_\_\_\_\_

**Equipment/Product involved: (check all that apply)**

- ☐ Climber    ☐ Motor Vehicle    ☐ Playground Surface    ☐ Sandbox  
☐ Slide    ☐ Swing    ☐ Tricycle/Bike/Riding toy  
☐ Toy (specify): \_\_\_\_\_  
Other Equipment (specify): \_\_\_\_\_  
☐ Reported equipment/product involved in the injury to the Consumer Product Safety Commission (CPSC) <https://www.saferproducts.gov/IncidentReporting>

**Cause of Injury/Incident: (check all that apply)**

- ☐ Animal Bite    ☐ Child Behavior-related    ☐ Child Bite  
☐ Choking    ☐ Cold/heat over exposure    ☐ Fall running/tripping  
☐ Fall to surface: Estimated height of fall \_\_\_\_\_ feet.  
Type of surface: \_\_\_\_\_  
☐ Hit or pushed by another child    ☐ Injured by object  
☐ Medication error    ☐ Motor vehicle    ☐ Poisoning  
☐ Sting, insect, bee, spider or tick bite  
☐ Other (specify): \_\_\_\_\_

**Describe the injury / incident:** Include part(s) of the body injured and the type of injury markings. For medication errors, describe medication and exact circumstances:

**Medical or Dental Care needed the day of the injury/incident:**

- ☐ No doctor/dental treatment required  
☐ Treated as an outpatient office or emergency room  
☐ Hospitalized

What First Aid / Treatment given on-site?

Who administered First Aid or Treatment? \_\_\_\_\_

I have reviewed the above injury report and certify it is true and accurate to the best of my knowledge:

\_\_\_\_\_  
Child Care Provider Signature

\_\_\_\_\_  
Date

I have read the above injury report:

\_\_\_\_\_  
Parent/Legal Guardian/Authorized Person Signature

\_\_\_\_\_  
Date