



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: _____ Sex: _____ 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 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