PHHS CCF
FORM

INCIDENT REPORT FORM

Facility Id#___________________________Facility ID Name__ Consultant Name____________________
______________________________________Date______________

☐ Family Child Care Home ☐Child Care Center County Name____
Date/Time of Incident_______________________Child's Name_________________________Sex____________ Age ________
Witness to Incident_________________________Parents Notified By___________________Time Notified_____

Piece of Equipment Involved:

Indoors: ☐ Block ☐ Furniture
☐ Cubby ☐ Door ☐ Floor
☐ Medication ☐ Toy ☐ Other Child
☐ Shelving ☐ Sink ☐ Walker
☐ Steps ☐ None
☐ Other:______________________

Outdoors: ☐ Bench ☐ Climber ☐Fence/Wall
☐ Composite Play Structure ☐ Deck ☐ Swing
☐ Other Child ☐Sandbox ☐ Sidewalk
☐ Slide ☐ Surfacing ☐ Merry-Go Round
☐ Toy ☐ Other Plygrnd Eqpmnt. _____________
☐ Vehicle ☐ None ☐ Other:__________________________

Cause of Injury:

☐ Fall from Height ☐ Hit By or Bumped Into Object ☐ Human Bite ☐Sharp/Piercing Object
☐ Burn ☐ Splinter/Foreign Object ☐Pinched/Caught In ☐Other:____________________

Type of Injury:

☐ Dental Injury ☐Cut/Scrape ☐ Puncture ☐ Bite ☐ Bump/Bruise ☐ Splinter
☐ Burn ☐ Crush ☐ Fracture/Dislocation ☐ Sprain/Strain ☐ Other: ______________________

Body Part Injured:

☐ Head ☐ Eye ☐ Face ☐ Mouth ☐ Neck ☐ Arm ☐ Hand/Wrist/Finger ☐ Leg
☐ Abdomen/Trunk/Chest ☐ Knee ☐ Foot/Ankle ☐ Other______________________________

Where Child Received Treatment:

☐ Clinic ☐ Dentist ☐ Doctor's Office ☐ Hospital/ER ☐ Onsite By Health Professional
☐ Urgent Care ☐ Other____

Description of How and Where Incident Occurred & First Aid Received:______________________________________

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Steps Taken to Prevent Reoccurrence ____

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Signature of Staff Member____Date _______________________

Signature of Parent/Guardian____Date _______________________

Original to Child's File