Ohio Department of Job and Family Services

INCIDENT/INJURY REPORT FOR CHILD CARE

☐ Child Care Center ☐ Family Child Care ☐ In-Home Aide

SECTION I

Name of program		Program number	
Street address	City	Zip code	County

Is this a child who has a written medical/physical care plan on file as defined in the Ohio Administrative Code? ☐ Yes ☐ No
(If yes, explain in summary section)

Full name of child *(first name, last name)*	Child's date of birth *(MM/DD/YY)*	☐ Female ☐ Male
Date of incident/injury/illness	Time of incident/ injury/illness	
Name of person responsible for child at time of incident		Witness(es)

At the time of the incident/injury/illness
How many children were there in this child's group? How many child care staff members were supervising the group?

Were parents contacted? ☐Yes ☐ No If yes, when?	Who provided first aid?	Date

How many hours is this child in your care per day? *(check one)* ☐ Part-time (< four hours per day) ☐ Full-time (> four hours per day)

Age of child-group that child was assigned to at the time of the incident/injury/illness

- ☐ Young Infant (Less than 12 months)
- ☐ Infant (12 - 18 months)
- ☐ Toddler (18 months - 3 years)
- ☐ Preschool (3 - 5 years & not in school)
- ☐ School Age Child (eligible for kindergarten and older)

SECTION II

TYPE OF INJURY *(check all that apply)*

- ☐ Bit tongue/Cheek/Lip
- ☐ Bite-Human
- ☐ Bite/Sting-Animal or Insect
- ☐ Bump/Bruise
- ☐ Burn
- ☐ Choking
- ☐ Cut
- ☐ Difficulty Breathing
- ☐ Nosebleed
- ☐ Object Inserted into Body Part
- ☐ Puncture Wound
- ☐ Scrape/Scratch
- ☐ Something in Eye
- ☐ Stubbed Finger/Toe
- ☐ Sunburn
- ☐ Swelling/Redness
- ☐ N/A - Incident/Illness

BODY PART AFFECTED *(check all that apply)*

- ☐ Arm
- ☐ Back
- ☐ Chin
- ☐ Ear
- ☐ Eye
- ☐ Face
- ☐ Fingers
- ☐ Foot
- ☐ Front of Trunk/Stomach
- ☐ Genitals/Buttocks
- ☐ Hand
- ☐ Head
- ☐ Knee
- ☐ Leg
- ☐ Lungs/Difficulty Breathing
- ☐ Mouth/Teeth
- ☐ Neck
- ☐ Nose
- ☐ Shoulder/Collarbone
- ☐ Throat
- ☐ Toe
- ☐ Whole Body

TYPE OF ILLNESS *(check all that apply)*

☐ Diaper Rash ☐ Fever ☐ Stomachache/Vomiting/Diarrhea ☐ Other Illness (specify in summary section) ☐ N/A – Injury/Incident

TYPE OF INCIDENT *(check all that apply)*

- ☐ Baby Fed Wrong Bottle
- ☐ Blood or Bruise Found on Child
- ☐ Collision w/Object
- ☐ Collision w/Person
- ☐ Fall – Walk/Run/Trip
- ☐ Fall to Surface
- ☐ Fighting
- ☐ N/A Injury/Illness

WHERE DID INCIDENT/INJURY HAPPEN? *(check all that apply)*

- ☐ Bathroom
- ☐ Changing Table
- ☐ Crib
- ☐ Classroom
- ☐ Hall/Doorway
- ☐ High Chair
- ☐ In Vehicle
- ☐ Inside Play Area/Large Muscle Area
- ☐ Kitchen/Eating Area
- ☐ On Fieldtrip/Routine Trip
- ☐ Outdoor Play Area
- ☐ Parking Area/Driveway
- ☐ Pool
- ☐ Stairway

INCIDENT HAPPENED DURING?

- ☐ Arrival/Departure
- ☐ Bus/Vehicle/During Transportation
- ☐ Classroom Activity
- ☐ Diaper Change
- ☐ Indoor Play/Group Activities/Free Play
- ☐ Meals/Snacks
- ☐ Naptime/Rest Period
- ☐ Outdoor Play
- ☐ Transition Between Activities

ACTION TAKEN *(check all that apply)*

- ☐ Bandage
- ☐ Body Part Elevated
- ☐ Contacted Children's Protective Services
- ☐ Hug/Pat
- ☐ Ice
- ☐ Pressure Applied
- ☐ Referred for Further Medical Care
- ☐ Rested on Cot
- ☐ Returned to Normal Activity
- ☐ Sent Home Early/Picked Up Early
- ☐ Washed/Soaped

Summary of Incident/Injury/Illness *(Explain, attach additional paper if needed)*		Date
Print First and Last Name of Person Completing Form	Signature of Person Completing Form	Telephone Number
Person Receiving Form – Parent/Family Member *(Optional – for record keeping purposes only)*		Date

Incident/Injury Report Instructions

A JFS 01299 "Incident/Injury Report" must be completed when:

- A child becomes ill or receives an injury which requires any first aid treatment.

FILL IN REQUIRED SECTION I ON THE FRONT SIDE OF THIS FORM. Provide a complete description of the incident/injury/illness in the summary section (if additional space is needed, attach paper to the incident report). The person completing the form signs the report and it is provided on the same day of the incident to the parent/guardian or person picking up the child from the center/home. Request parent/guardian/caregiver to sign report; however, do not delay giving report to parent if parent refuses to sign. The parent's signature is *not* required. **PLEASE BE SURE ALL SECTIONS HAVE BEEN COMPLETED.**

DEFINITIONS

Incident: An unusual event that happens that does not necessarily result in an injury to the child. A copy of the report for an incident shall be retained on file at the center or home for at least one year and shall be available for review by the Ohio Department of Job and Family Services/county agency.

Minor Injury: An injury resulting in a child being able to return to normal activity; basic first aid may be given by staff. A copy of the report for a minor injury shall be retained on file at the center or home for at least one year and shall be available for review by the Ohio Department of Job and Family Services/county agency.

Child care providers may contact the Child Care Policy Help Desk toll-free at (877) 302 2347 Option 4, for technical assistance.