easterseals REPORTABLE INCIDENT REPORT FORM

INFORMATION ABOUT THE CHILD INVOLVED IN THE INCIDENT *Please fill in all blanks and boxes that apply:*

Center:	*Center Address:*	*Center Phone:*	*Classroom/Group:*
Child's Name:		*Birthdate: ____ / ____ / ____*	*Sex: M____ F____*
Parent/ Legal Guardian Notified:	*Notified by:*	*Time Notified: ____:____ am/pm*	

INFORMATION ABOUT THE INCIDENT/INJURY

Date of Incident/Injury: ____ / ____ / ____	*Time of Incident/injury: ____:____ am/pm*	*Witnesses (Name and title):*

Was EMS called? ☐ *Yes* ☐ *No*
Time Notified: ____:____ am/pm
Time Responded: ____:____ am/pm

Location of Incident: ☐ *playground* ☐ *classroom* ☐ *bathroom* ☐ *hall* ☐ *doorway*
☐ *Gross motor room or gym* ☐ *office* ☐ *stairway* ☐ *on field trip* ☐ *other* _____

Equipment involved: ☐ *climber* ☐ *slide* ☐ *swing* ☐ *playground surface* ☐ *hand toy*
☐ *Sandbox* ☐ *trike/bike* ☐ *other equipment* _____

Cause of incident/injury: _____
_____
_____

Was the incident the result of a challenging behavior: ☐ *Yes* ☐ *No*
Explanation:
_____
_____

Initial referral request form completed: ☐ *Yes* ☐ *No*

Parts of body injured: Mark on
☐ ***Eye**** ☐ ***nose*** ☐ ***tooth*** ☐ ***arm/wrist/hand**** ☐ ***chest*** ☐ ***buttocks*** ☐ ***other*** _____
☐ ***Ear**** ☐ ***mouth*** ☐ ***neck*** ☐ ***leg/ankle/foot**** ☐ ***back*** ☐ ***genitals***

left-right-both (specify) _____

Type of injury:
☐ ***cut*** ☐ ***bruise*** ☐ ***puncture*** ☐ ***dislocation*** ☐ ***loss of consciousness*** ☐ ***unsupervised child***
☐ ***burn*** ☐ ***scrape*** ☐ ***sprain*** ☐ ***broken bone*** ☐ ***unknown*** ☐ ***other*** _____

Was first aid provided? ☐ ***Yes*** ☐ ***No***
What was done ?(e.g. comfort, pressure, elevation, cold pack, washing, bandage)_____
Who provided the first aid?

Signature of staff member completing this report: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Center Director: _____ Date: _____

Signature of PDM Team: _____ Date: _____

***Must be reported within 24 hours**

Description of the Incident (note environmental location, body parts involved, etc.): **Witness 1**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Print Name of Witness: _____

Signature of Witness: _____

Parent _____ Child Care Partner Staff _____ Easterseals Staff _____ Consultant _____

Date: _____ Time: _____

Description of the Incident (note environmental location, body parts involved, etc.): **Witness 2**

_____

_____

_____

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_____

_____

_____

Print Name of Witness: _____

Signature of Witness: _____

Parent _____ Child Care Partner Staff _____ Easterseals Staff _____ Consultant _____

Date: _____ Time: _____