

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING

ACCIDENT OR INJURY REPORT

INSTRUCTIONS: The Licensee must document each accident and/or injury that occurs to a child while on the premises. The Office of Child Care Licensing is to be notified by direct voice contact within 1 business day during OCCL's business hours of any accident and/or injury which requires inpatient or outpatient treatment. This notification is to be followed by the accident/injury report.

Name of Facility or Provider _____ Telephone Number _____

Facility Address (Street, City, Zip Code) _____ County _____

Name of Injured Child or Adult _____ Home Address (Street, City, Zip Code) _____ Age _____

Sex: Male Female

Name of Witness (if more than one, print on back) _____ Telephone _____

Accident or Injury _____ Accident Location, Date, and Time _____

Describe Accident or Injury _____

Time & Date Parent/Guardian was notified, Method of contact and by whom _____

Message(s) left Time(s): _____ Contact by whom: _____

What caused the accident to happen? _____ What was the child doing? _____

What First Aid was given and/or action taken? _____

What corrective action was taken, if any, to prevent a similar occurrence in the future? (e.g. rug was removed) _____

For inpatient/outpatient medical treatment only: Attach a copy of discharge papers upon child's return.

How was accident or injury diagnosed by physician? _____ Were any handicaps, health problems, or exceptions listed on child's health records? Yes No
If "yes," please explain: _____

Signature of Parent/Guardian _____ Date _____

Signature of Staff Member completing the form _____ Date _____

Signature of Administrator/Curriculum Coordinator/Owner _____ Date _____