

Incident Procedure

ATTENDING TO INJURED CHILD- Immediately attend to injured child. Be sure other children are attended to by another staff member. Calm child and get him/her to relax. Only soap, water, ice packs, bandages, may be applied to the injury. Complete an incident report form ASAP. Do not include children's names if injury involves other students. If the injury is severe, dial 911 for medical assistance and follow the steps on emergency plan.

COMPLETING INCIDENT REPORT FORM- Document every incident even if there are no signs of visible injury. Complete all areas of the report and note if the report is being written for an injury or behavior. Fill out all sections of the report as detailed as possible. (*Action Taken* should include what was done to care for the wound/bruises OR the consequence of the behavior. *Follow Up* should include what the mark looked like after some time had passed OR how the child re-entered play after the consequence.) If the incident involves another student, NEVER include the other child's name and do not include information on the other student in the *Action Taken* or *Follow Up* sections. Staff member signs incident report and puts report in child's cubby with a note on the child's daily. A parent/guardian must sign the incident report the same day the incident occurred. The signed copy of the incident report should be attached to the child's daily/portfolio and placed in the office mailbox. The family copy is sent home with the emailed daily report.

WHEN TO INFORM THE DIRECTOR AND/OR CONTACT THE FAMILY- In addition to the report, families should receive a phone call with any incident involving a serious injury, a bite, an injury to the face/head or private area or for any significant behavior concern. The director should also be notified IMMEDIATELY of any incident involving a serious injury, a bite, an injury to the face/head or private area or for ANY behavior concern causing injury to another student.

SAMPLE INCIDENT REPORT FOR: INJURY / BEHAVIOR

CHILD'S FULL NAME: _____

DATE: _____ TIME: _____

DESCRIPTION OF THE INCIDENT:

CLASSROOM: Secondary / Primary / Junior / Nursery Inside / Outside: _____

HOW: ___ Trip/Fall ___ Kick/Hit ___ Bite ___ "I Noticed..." ___ Unknown/Other: _____

Did it involve another child? Yes / No If yes, explain: _____

WHAT: ___ Cut/Scrape/Scratch ___ Bump/Bruise/Red Mark ___ Splinter Other: _____

WHERE: Where on child? ___ head ___ other: _____

ACTION TAKEN:

___ Ice ___ Washed soap & water ___ BandAid ___ Comforted ___ Consequence

Other: _____

FOLLOW UP: Time: _____ Description: _____

TEACHER/AIDE SIGNATURE: _____

I have read the above report and have discussed the incident with a teacher involved. I understand that in many cases, sign of visible injury do not show up or may change appearance after the incident has occurred. In this case, I find the description above to be a truthful and valid representation of what actually took place.

PARENT/GUARDIAN SIGNATURE: _____