

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

ACCIDENT OR INJURY REPORT

INSTRUCTIONS: The Licensee must document each accident/injury that occurs to a child while on the premises. OCCL is to be notified by direct voice contact during OCCL's business hours, within one business day, of any accident/injury which is known to the center and required medical or dental treatment other than first aid provided at the center. This notification is to be followed by the submission of the accident/injury report to OCCL within three business days.

Name of Facility or Provider Telephone Number

Facility Address (Street, City, Zip Code) County

Name of Injured Child 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 medical/dental 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 on back of form:

Signature of Parent/Guardian/Authorized Release Date

Signature of Staff Member completing the form Date

Signature of Administrator/Curriculum Coordinator/Owner Date

