



**CHILD ACCIDENT OR UNUSUAL  
INCIDENT REPORT FOLLOW-UP  
(Centers and School Age Programs)**

Name of Child Care Facility \_\_\_\_\_

Program Component/Type of Facility \_\_\_\_\_

Date and Time \_\_\_\_\_ Type of Incident \_\_\_\_\_

**IDENTIFYING INFORMATION**

Names (First, Last) of Participants involved in incident	AGE	SEX	EMPLOYEE TITLE CLIENT STATUS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

1. Describe the accident or incident. What type of injury happened to the child?
2. If medical services were required, what was the treatment, what was the outcome?
3. Was the parent/guardian notified immediately? Were they satisfied?
4. Has the problem been correctly identified and was original information accurate?

Reviewed By CCC Staff
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5. Did the corrective action occur within an appropriate time frame? If NO, explain status.

6. Was immediate corrective action appropriate/effective? If not, how should it be altered?

7. Is the incident likely to recur?

8. Is a corrective/preventive action plan necessary? If so, please submit copy of plan.

9. Were disciplinary actions necessary; and if so, were they taken?

10. What legal actions, if any, have been taken?

11. Any long-term ramifications?

Center Staff \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_