INCIDENT REPORT

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 438 (04-2002)

Program Name:		Telephone Number:
Child's Name:	Sex: ☐M ☐F	Age:
Date of Incident:	Time of Incident: AM/PM	
Name of Legal Guardian or Parent Notified:		
Notified By:	Time Notified: AM/PM	

Location Where Incident Occurred:

		☐ On Site	**☐ Off Site**	
☐ Bathroom	☐ Kitchen	☐ Playground	☐ Classroom	☐ Lunchroom
☐ Doorway	☐ Vehicle	☐ Field Trip	☐ Office	☐ Large Muscle Room/Gym
☐ Hall	☐ Outside	☐ Unknown	☐ Stairs	☐ Other _____

Describe Equipment Involved - if Applicable: (ie: climber, toy, swing, etc.)

Cause of Injury:

☐ Fall to surface; estimate height of fall, _____; type of surface _____; depth of surface _____

☐ Fall from running or tripping	☐ Hit or pushed	☐ Pinched by; _____ equipment _____ person	
☐ Injured by object	☐ Slipped	☐ Bitten; _____ human _____ animal	☐ Cut
☐ Insect sting/bite	☐ Eating or choking	☐ Motor vehicle	☐ Unknown/not witnessed

☐ Other (Specify) _____

Describe Incident:

Type of Injury(s): (Check all that Apply)

☐ Bite; was skin broken? ____Yes ____ No	☐ Burn	☐ Bump	☐ Scratch	
☐ Crushing injury	☐ Loss of consciousness	☐ Skinned/Scrape	☐ Nose Bleed	☐ Sprain/Strain
☐ Sliver	☐ Sting	☐ Broken bone	☐ Puncture	☐ Bruise or swelling

☐ Other (Specify) _____

Location of Bodily Injury(s): (Check all that Apply)

Head	**Trunk**	**Arm ____R ____L**	**Leg ____R ____L**
☐ Scalp	☐ Neck	☐ Arm	☐ Leg
☐ Face	☐ Collar Bone	☐ Elbow	☐ Ankle
☐ Ear ____R ____L	☐ Back	☐ Wrist	☐ Foot
☐ Eye	☐ Chest	☐ Hand	☐ Knee
☐ Nose	☐ Stomach	☐ Thumb	☐ Toe
☐ Mouth	☐ Buttocks	☐ Finger	☐ Other (Specify) _____
☐ Teeth	☐ Genital Area	☐ Other (Specify) _____	
☐ Tongue	☐ Shoulder ____ R ____ L		
☐ Lip	☐ Other (Specify) _____		
☐ Forehead			

Describe Injury:

Describe Action Taken:

Was medical attention (at hospital or clinic) required? ____Y* ____N

**Reminder - The provider shall report within twenty-four hours to the county director or the county director's designee a death or serious accident or illness requiring hospitalization of a child while in the care of the facility or attributable to care received in the facility (Administrative Code 75-03-10-08.3).*

Follow-up Plan (if needed):

Report Prepared By: (Staff Signature)	Date:
Parent/Legal Guardian: (Signature)	Date:

Copies To: 1) Parent 2) Child's File 3) Incident Log Book