

RESIDENTIAL CHILD CARE INCIDENT REPORT

TO BE COMPLETED FOR WHENEVER THERE IS AN INCIDENT AS DEFINED IN He-C 4001.01(u).

NOTE: A STAFF PERSON WHO IS CERTIFIED IN FIRST AID MUST PROVIDE FIRST AID TREATMENT.

NAME OF RESIDENTIAL CHILD CARE PROGRAM

NAME OF RESIDENT

DATE OF BIRTH

DATE OF INCIDENT: _____

BEGINNING TIME OF INCIDENT: _____

END TIME OF INCIDENT: _____

WHAT LED TO THE INCIDENT? _____

WHERE DID THE INCIDENT OCCUR? _____

WHAT OCCURRED DURING THE INCIDENT?

PLEASE IDENTIFY ALL PARTIES INVOLVED: _____

HOW WAS THE INCIDENT RESOLVED (ie Type of Intervention used, if any): _____

FOR USE OF SECLUSION, RESTRAINT, OR OTHER TYPE OF INTENTIONAL PHYSICAL CONTACT WITH A CHILD WHICH IS IN RESPONSE TO A RESIDENT'S AGGRESSIONS, MISCONDUCT, OR DISRUPTIVE BEHAVIORS:

AUTHORIZATION BY THE STAFF IN CHARGE: _____

DOCUMENTATION REQUIRED BY He-C 4001.14(s)(5) AND EITHER RSA 126-U:7 OR RSA 126U:10 SHOULD BE ATTACHED.

TYPE OF INJURY & BODY PART INJURED: _____

WHAT FIRST AID TREATMENT WAS GIVEN & WHAT TIME AND DATE WAS THE FIRST AID PROVIDED?

NAME OF STAFF PERSON WHO ADMINISTERED FIRST AID:

IF INJURY REQUIRED ADDITIONAL MEDICAL TREATMENT, IDENTIFY THE INDIVIDUAL OR MEDICAL FACILITY THAT PROVIDED THAT TREATMENT: _____

NAME, TIME & METHOD OF PARENT NOTIFICATION:

I HAVE REVIEWED THE ABOVE INJURY REPORT AND CERTIFY IT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

_____	DATE: _____
WITNESS	
_____	DATE: _____
STAFF PERSON RESPONSIBLE FOR SUPERVISION OF INJURED CHILD AT TIME OF INJURY:	
_____	DATE: _____
CENTER DIRECTOR/FAMILY CHILD CARE PROVIDER:	

I HAVE READ THE ABOVE INJURY REPORT AND HAVE EXAMINED MY CHILD'S INJURY:

COMMENTS: _____

_____	_____
PARENT'S SIGNATURE	DATE SIGNED