



CREATIVE KIDS CLUB

90 South Commerce Way, Suite 480

Bethlehem, PA 18017-8618

610.868.3533 (voice) 610.866-7706 (fax) Email: ckclvip4@gmail.com

INCIDENT REPORT - I

Injured Child

CHILD'S NAME: _____

INCIDENT DATE: _____ INCIDENT TIME _____ : _____ am/pm WITNESS: _____

Location where incident occurred: Playground Classroom Restroom Hall Lobby
 Doorway Dramatic Play Area Learning Center Area Computer Area Office Walk
 Other (specify): _____

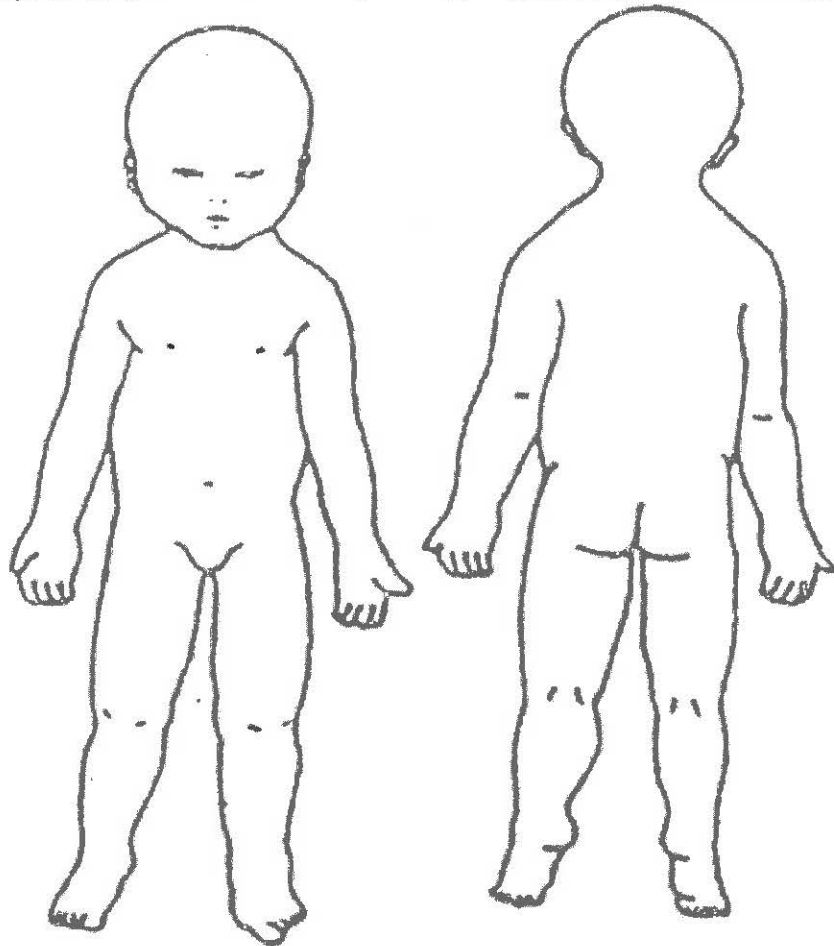
Equipment/product Involved: Climber Slide Swing Playground Surface
 Sandbox Trike/Bike Hand toy Other (specify): _____

Cause of Injury (described): _____
 Fall to surface - estimate height of fall _____ feet - type of surface: _____
 Fall from running or tripping Bitten by child Hit or pushed by child Motor Vehicle
 Injured by object Eating or choking Insect sting/bite Animal Bite
 Injured by exposure to heat Injured by exposure to cold Other (specify): _____

Parts of Body Injured:
 Eye Ear Nose
 Mouth Tooth
 Other part of face
 Other part of head
 Neck
 Arm/Wrist/Hand
 Leg/Ankle/Foot
 Back Stomach
 Other: _____

Type of Injury:
 Cut Bruise or swelling
 Puncture Scrape
 Broken bone or dislocation
 Sprain Crushing Injury
 Burn Loss of Consciousness
 Unknown
 Other: _____

Treatment Provided:
 Washed affected area with anti-bacterial soap and water.
 Applied bandage.
 Applied ice.
 Contacted parent.
 Applied/administered medication as prescribed by physician.
 Called for EMT and/or transferred to medical treatment facility.
 Other: _____



Treatment provided by: _____

Corrective action needed to prevent reoccurrence: _____

Staff Signature: _____ Parent Signature: _____ Date: _____



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INCIDENT REPORT - II
Inappropriate Behavior/Language

CHILD'S NAME: _____

INCIDENT DATE: _____ INCIDENT TIME: _____ : _____ am/pm WITNESS: _____

We regret to report that your child exhibited the following inappropriate behavior or used inappropriate language as indicated below:

- Behavior:**
- Hitting Biting Kicking Scratching Language
 - Yelling Running out of program area Other: _____
 - Throwing equipment or furniture Destroying equipment or furniture
 - Pushing/Pulling Writing/coloring on walls, furniture, and equipment.

- Individual's Involved:**
- Another Child Staff Member Another Parent Self Administrative Staff

- Event at time of Behavior:**
- Breakfast AM Snack Lunch PM Snack Walk
 - Circle Time Field Trip Dramatic Play Computer Centers
 - Learning Centers Freeplay - Indoor Freeplay - Outdoor
 - Rest Period Rest Room Time Other: _____
 - Transition time between activities

- Possible Reason or Cause for Behavior:**
- Another child took away the child's toy/book/food.
 - The child attempted or succeeded in taking away another child's toy/book/food.
 - The child was dissatisfied with the activity
 - Responded to the inappropriate behavior of another child.
 - No apparent reason.
 - Other: _____

- Corrective Action:**
- Redirected to a different activity.
 - Apologized to the other individual(s) involved.
 - Explained to child behavior/language was inappropriate.
 - Placed in time-out.
 - Please contact the following staff to schedule an appointment to discuss the incident:
 - Executive Director
 - Center Director
 - Teacher
 - Contacted parent immediately.
 - Suspended from center for a day.
 - Withdrawn from center.

Staff Signature: _____

Parent's Signature: _____ Date: _____