



# 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](mailto: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): \_\_\_\_\_

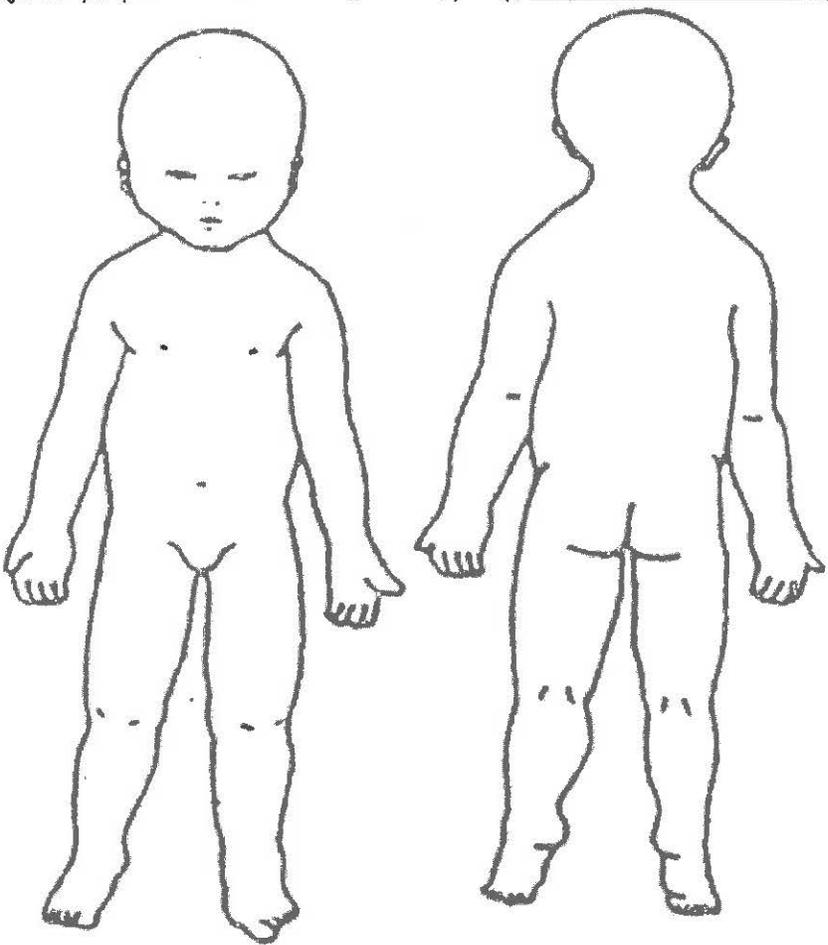
Equipment/product Involved:  Climber  Slide  Swing  Playground Surface  
 Sandbox  Trike/Bike  Hand toy  Other (specify): \_\_\_\_\_

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: \_\_\_\_\_