



**AHAYAH ACADEMY LEARNING CENTER
REQUIRED REPORT OF INCIDENT
Consultant Name/Consultant Fax #**

Rule #591-1-1-.29 for Child Care Learning Centers requires that any death, serious injury requiring hospitalization or professional medical attention, or any situation where a child becomes missing while in care be reported to the Bright from the Start **within twenty-four (24) hours** or the next business day following the reportable situation.

Name of Facility/Provider _____ Phone _____

Address _____

City _____ County _____

Name of Child _____ DOB _____ Sex _____

Name of Parent/Guardian of Child _____

Address _____

Work Number _____ Home Number _____ Cell Number _____

Date, Place and Time of Incident _____ (am/pm)

Describe the activity the child was engaged in at the time of the incident _____

Name(s) of staff present at the activity _____ Total # staff/children present _____

Name(s) of other witnesses _____

Parent/Guardian Notified Yes No Time Notified _____ Method of Notification _____

When did child receive professional medical attention? NA _____

Name of facility/physician which provided medical care. NA _____

Describe medical attention/care/steps to locate child by facility _____

Describe care provided by medical facility/physician NA _____

Describe the child's injury NA _____

Does the child remain enrolled in the facility? Yes No

Describe action(s) taken to prevent reoccurrence _____

Additional Comments _____

Signature of Director/Provider _____ Date _____

(Make out form in duplicate: copy #1 to child's record; copy #2 to consultant)

Signature of Parent/Guardian _____

Date _____

Signature of Staff Person _____

Date _____

* Please notify your consultant that the incident report is being faxed to ensure that it is received.**

Form may be submitted without parent's signature to ensure it is submitted within 24 hours or the next business day.

FOR CONSULTANT USE ONLY:

- | | | | |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Diapering | <input type="checkbox"/> Infant Sleep Safety | <input type="checkbox"/> Playground | <input type="checkbox"/> Swimming Pools & water-related activities |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Medication | <input type="checkbox"/> Staff:Child Ratios | <input type="checkbox"/> Transportation/Field Trips |
| <input type="checkbox"/> Hygiene | <input type="checkbox"/> Physical Plant-Hazards | <input type="checkbox"/> Supervision | <input type="checkbox"/> Other |