Walter Fleming, Board President

Jessica McMoore, Executive Director

2700 Middleburg Drive. Suite 213
Columbia, South Carolina 29204
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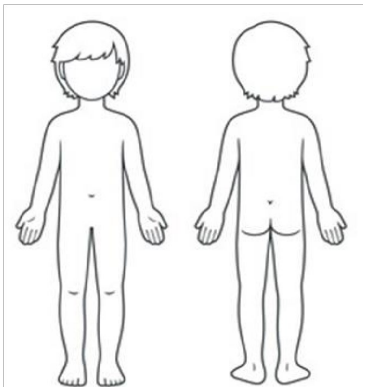
Early Head Start-Child Care Partnerships

INJURY/INCIDENT REPORTING FORM

Center's Name:_____ **Center's Address:**_____		
Child's Name:	**Date of Incident:**	**Time of Incident** ☐am☐pm
The person(s) completing the form: _____ _____ _____ _____	**Time Parent Contacted:** _____:_____ ☐am☐pm) **How was the parent contacted?** ☐Phone ☐Text ☐Email ☐Other Method(s) of Contact:_____	

Describe the circumstance(s) of the injury/incident and circle the area where the injury/incident occurred on the diagram to the right. Submit additional details from all witnesses with the report.



Where did the injury/incident occur?

Any play equipment, furniture, or other items involved?

Type of first aid administered: _____ **By Whom?** ☐Director ☐Teacher ☐Other___	**Any Witness(es)?** ☐Yes ☐No **If YES, who?** _____

Was a medical professional recommended or required? ☐Yes☐No
Was Center Director/SCACAP Admin staff notified? ☐Yes ☐No
If YES, Name:_____
Date:____/____/___
Time of contact:____:____☐am ☐pm

Person completing form Signature: _____
Date: _____

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Center Director or Designee Signature: _____
Date: _____

Parent/Guardian comments: _____
Parent/Guardian Signature: _____ **Parent/Guardian Print Name:** _____
Date: _____ **Provide a copy to:** ☐**Center** ☐**Parent** ☐**SCACAP**