

**BRIGHT FROM THE START
GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING**



Report of Serious Incident or Injury

In accordance with the CCDF requirements, the administrator or designated person-in-charge shall report serious incidents and/or injuries, child abuse or neglect, communicable disease or death of a child to the Department within twenty-four (24) hours or the next workday. Reporting is required for any serious incident or injury requiring professional medical attention other than first aid of a child while in the care of the program. A report can be made by calling 404-657-5562 or emailing ChildCareServices@dec.al.ga.gov.

Program/Provider Name _____ Phone _____ EX/INF Program number _____

Address _____ City _____

County _____ Email address _____

Name of Injured Child _____ DOB _____ Sex _____

Name of Parent/Guardian of Injured Child _____

Address _____

Work Phone Number _____ Home Phone Number _____

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

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

Name(s) of staff present at the activity _____ Staff/Child ratio at the time _____

Name(s) of other witnesses _____

Parent/Guardian Notified ____ Yes ____ No Time Notified _____ Method(s) of Notification _____

Describe the child's injury _____

When did child receive professional medical attention? _____

Name of facility/physician which provided medical care _____

Describe medical attention/care provided by facility _____

Does the child remain enrolled in the facility? ____ Yes ____ No

Describe action taken to prevent reoccurrence _____

Additional Comments _____

Signature of Director _____ Date _____

Signature of Parent _____ Date _____

Signature of Staff Member _____ Date _____

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

FOR INTERNAL USE ONLY:

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|---|--------------------------------------|---|--|
| <input type="checkbox"/> Diapering | <input type="checkbox"/> Safe Sleep | <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 |
| <input type="checkbox"/> Physical Plant-Hazards | <input type="checkbox"/> Supervision | <input type="checkbox"/> Other | |