



CHILD ACCIDENT OR UNUSUAL INCIDENT REPORT

An unusual incident is any significant event involving the health and safety of children under the provider's care. (Includes accusations of abuse or neglect against the provider or provider's staff, injury of a child which requires professional medical attention, or notice of litigation where the provider is named party or defendant.) School Readiness Providers and Voluntary Pre-Kindergarten (VPK) Providers are required to report unusual incidents to the Coalition no later than the close of business on the next business day of the unusual incident. A written report is required within three (3) business days from the date of the incident.

Today's Date	Accident/Incident	Date of accident/incident	Time of accident/incident
	<input type="radio"/> Accident <input type="radio"/> Incident		<input type="radio"/> am <input type="radio"/> pm

Provider/Center name:
Phone:
Address:
Completed by:
Title:
Type of Facility: <input type="radio"/> FCCH <input type="radio"/> LFCCH <input type="radio"/> Center <input type="radio"/> School-Age Program

First and last names of participants involved/witnessed in the Incident	Age	Sex	Teacher/Child/Parent
		<input type="radio"/> M <input type="radio"/> F	
		<input type="radio"/> M <input type="radio"/> F	
		<input type="radio"/> M <input type="radio"/> F	
		<input type="radio"/> M <input type="radio"/> F	
		<input type="radio"/> M <input type="radio"/> F	

Describe the accident or incident in detail using complete sentences: (if needed use additional paper)

Were medical services required?
If YES, describe the treatment and outcome:

YES NO

Was the incident handled appropriately?
If NO, explain how the incident could be handled more appropriately:

YES NO

If this was a child abuse incident, was the Child Abuse Hotline notified?

YES NO

If YES, enter the Registry Counselor's name:
If NO, explain in detail:

ID #:

Was there any legal action or an arrest made?
If YES, describe what legal action was taken:

YES NO

Was Pinellas County Child Care Licensing notified?
If YES, enter the Licensing Specialist's name:

YES NO

Was the parent/guardian notified immediately?
If NO, explain:

YES NO

Was the parent/guardian satisfied with the way the incident was handled?
If NO, explain:

YES NO

Is a change in procedure necessary to prevent a recurrence?
If YES, explain in detail how you intend to prevent a recurrence:

YES NO

If you have any questions, please contact your Program Support Specialist.

Fax the completed form to (727) 400-4472, upload to Provider Portal or mail to:

The Early Learning Coalition of Pinellas County, Inc.
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