INCIDENT REPORT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION
SFN 438 (6-2014)

Clear Fields

Program Name	Telephone Number

Child's Name	Gender ☐ Male ☐ Female	Age

Date of Incident	Time of Incident ☐ AM ☐ PM

Name of Legal Guardian or Parent Notified

Notified By	Time Notified ☐ AM ☐ PM

Location Where Incident Occurred:

		On Site	**Off Site**	
☐ Bathroom	☐ Kitchen	☐ Playground	☐ Classroom	☐ Lunchroom
☐ Doorway	☐ Vehicle	☐ Field Trip	☐ Office	☐ Large Muscle Room/Gym
☐ Hall	☐ Outside	☐ Unknown	☐ Unknown	☐ Other _____

Describe Equipment Involved (if applicable) (i.e. climber, toy, swing, etc.)

Cause of Injury:

☐ Fall to surface; estimate height of fall _____; type of surface _____; depth of surface _____

☐ Fall from running or tripping	☐ Hit or pushed	☐ Pinched by:	☐ Bitten by:		☐ Motor Vehicle
☐ Injured by object	☐ Slipped	☐ equipment ☐ person	☐ human	☐ animal	☐ Cut
☐ Insect sting/bite	☐ Eating or choking				☐ Unknown/not witnessed

☐ Other (specify): _____

Describe Incident

Type of Injury (ies): (check all that apply)

☐ Bite; was skin broken? ☐ Yes ☐ No	☐ Burn	☐ Bump	☐ Scratch	☐ Sting
☐ Crushing injury	☐ Skinned/Scrape	☐ Nose Bleed	☐ Sprain/Strain	☐ Loss of consciousness
☐ Sliver	☐ Broken bone	☐ Puncture	☐ Bruise or swelling	

☐ Other (specify): _____

Location of Bodily Injury (ies): (check all that apply)

Head	**Trunk**	**Arm** ☐ R ☐ L	**Leg** ☐ R ☐ L
☐ Scalp	☐ Neck	☐ Arm	☐ Leg
☐ Face	☐ Collar Bone	☐ Elbow	☐ Ankle
☐ Ear	☐ Ear	☐ Wrist	☐ Foot
☐ Eye	☐ Chest	☐ Eye	☐ Knee
☐ Nose	☐ Stomach	☐ Thumb	☐ Toe
☐ Mouth	☐ Buttocks	☐ Finger	☐ Other (specify): _____
☐ Teeth	☐ Genital Area	☐ Other (specify): _____	
☐ Tongue	☐ Shoulder: ☐ R ☐ L		
☐ Lip	☐ Other (specify): _____		
☐ Forehead			

Describe Injury

Describe Action Taken

Was medical attention (at hospital or clinic) required? ☐ Yes* ☐ No

* Reminder - The provider shall report within twenty-four hours to the county director or the county director's designed a death or serious accident or illness requiring hospitalization of a child while in the care of the facility or attributable to care received in the facility.

Follow-up Plan (if needed)

Report Prepared By (Staff Signature)	Date

Parent/Legal Guardian (Signature)	Date

Copies to: 1) Parent 2) Child's File 3) Incident Log Book