CHILD ACCIDENT OR UNUSUAL INCIDENT REPORT

An unusual incident is any significant event involving the health, safety, or well-being of a child in a provider's care. This includes, but is not limited to, allegations of abuse or neglect involving the provider or staff, a child injury requiring professional medical attention, or notice of litigation in which the provider is named as a party or defendant.

School Readiness (SR) and Voluntary Prekindergarten (VPK) providers are required to notify the Early Learning Coalition of Pasco and Hernando Counties of any unusual incident by phone or email **no later than the close of business on the next business day following the incident**.

A completed, typewritten written report must be submitted to the Coalition **within three (3) business days of the incident**.

REPORT INFORMATION

Today's Date: _____

Accident/Incident Type:

☐ Incident ☐ Accident

Provider Name: _____ **Provider ID:**_____

Type of Facility: ☐ FCCH ☐ LFCCH ☐ Center ☐ School-Age Program

Date of Accident/Incident: _____ **Time of Accident/Incident:** _____

Completed By: _____ **Staff Title:** _____

Contact Email:_____ _____

PARTICIPANTS INVOLVED

Names / roles of participants involved:

DESCRIPTION OF ACCIDENT / INCIDENT

Describe the accident or incident in detail using complete sentences:

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FOLLOW-UP QUESTIONS

Were medical services required?	☐ Yes ☐ No
Was the incident handled appropriately?	☐ Yes ☐ No
If this was a child abuse incident, was the Child Abuse Hotline notified?	☐ Yes ☐ No
Was there any legal action or an arrest made?	☐ Yes ☐ No
Was Pasco or Hernando County Child Care Licensing notified?	☐ Yes ☐ No
Was the parent/guardian notified immediately?	☐ Yes ☐ No
Was the parent/guardian satisfied with the way the incident was handled?	☐ Yes ☐ No
Is a change in procedure necessary to prevent a recurrence?	☐ Yes ☐ No
Were other parents/guardians notified?	☐ Yes ☐ No

ADDITIONAL INFORMATION / CORRECTIVE ACTION

Provide any additional information, follow-up, or corrective action.

_____ _____

Provider / Authorized Representative Name **Date**

COALITION FOLLOW-UP / NOTES (IF APPLICABLE)

Complete all applicable fields. Save a copy for your records.