

ACCIDENT-INCIDENT REPORT/NESD HEAD START

*Check type of accident/incident

☐ ACCIDENT/INCIDENT - MEDICAL

- 1) **Respond to emergency at hand; Call 911 or Ambulance if needed. Check the injured child.**
- 2) **Notify your supervisor of the incident immediately.**
- 3) Fill out **this form within 24 hours** and scan a copy to the **Health Manager.**
- 4) Complete the **Accident Follow-Up Form within 24-48 hours** and scan a copy to the **Health Manager.** Keep originals in child's file.
- 5) **If child receives medical treatment, Assist Parent with Completion of the "Child Accident-Medical Claim Form" from the website. Scan completed form to Head Start Office.**
- 6) **Bills will be sent to The Hartford insurance company (not Head Start, Medicaid or Private Health Insurance). Staff where accident happened must inform the clinic/hospital of the Hartford Policy Number, and contact information.** Head Start Executive Director must be notified of claim.

☐ INCIDENT - BEHAVIORAL

- 1) **Attempt to use learned CPI De-escalation Techniques first. If need to use hold, fill out form.**
- 2) Fill out **this form within 24 hours** and scan a copy to the **Health Manager.** Keep original in child's file.

CHILD's NAME _____ CENTER/HOME BASE NAME _____

DATE OF ACCIDENT/INCIDENT _____

BRIEF DESCRIPTION OF WHAT HAPPENED: _____

WITNESSES _____

IMMEDIATE TREATMENT GIVEN OR ACTION TAKEN (if none, please indicate): _____

Were other individuals involved? Who? _____

Was parent notified? _____ Time _____ Date _____ By whom? _____

MEDICAL ONLY:

Physician notified? _____ **Physician & Clinic/Hospital** _____

Describe Injury (ie: cut, bruise, etc) _____

Please check after you notify your Supervisor. Time/date notified: _____

Please check after you notify the Health Manager.

PERSON MAKING OUT REPORT _____

(Signature)