



**COUNTY OF SAN BERNARDINO  
PRESCHOOL SERVICES DEPARTMENT  
POLICY**

**NO. 01      ISSUE 1**  
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**EFFECTIVE: 07-02-10**  
Updated

**SUBJECT:**

CHILD INCIDENT REPORT PROCEDURE

**APPROVED: 07-02-10**



**BY: Ron Griffin, Director**

**PROCEDURE**

When a child is injured or ill, complete the Child Incident Report as follows:

Identifying Information: Enter date, center name, teacher name, child's name, date of birth, home address, city and phone number.

- A. Incident occurred: check one box indicating where incident occurred
- B. Reporter's comments: Indicate what you observed, e.g. a bump, scratch, splinter, cut, bruise, bite or other
- C. Describe the incident and how it occurred: e.g. one inch long abrasion on right knee, small show of blood; child fell on cement while running, etc.
- D. Treatment given: Describe care given, e.g. ice pack, soap and water, band aid, tender love and care, etc.
- E. What action was taken: Check the appropriate box indicating what action steps were taken regarding the incident

Sign your name and date on the Supervisor of Witness/Reporter line and present the information to the Site Supervisor. Allow the Site Supervisor to review the incident report and sign and date.

Contact the parent and advise on the injury or illness. Provide a copy of the Child Incident Report to the parent as soon as possible and/or at pick up time.