UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS : NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY	FACILITY FILE NUMBER	TELEPHONE NUMBER
ABC Care Center	A1234567	(408) 123-4567

ADDRESS	CITY, STATE, ZIP
123 Apple Street	San Jose, CA, 95123

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION
Children	10/24/2023	3.2	F	
Children	10/24/2023	3	M	

TYPE OF INCIDENT

- ☐ Unauthorized Absence
- ☐ Aggressive Act/Self
- ☑ Aggressive Act/Another Client
- ☐ Aggressive Act/Staff
- ☐ Aggressive Act/Family, Visitors
- ☐ Alleged Violation of Rights

Alleged Client Abuse

- ☐ Sexual
- ☐ Physical
- ☐ Psychological
- ☐ Financial
- ☐ Neglect

- ☐ Rape
- ☐ Pregnancy
- ☐ Suicide Attempt
- ☐ Other

- ☐ Injury-Accident
- ☐ Injury-Unknown Origin
- ☐ Injury-From another Client
- ☐ Injury-From behavior episode
- ☐ Epidemic Outbreak
- ☐ Hospitalization

- ☐ Medical Emergency
- ☐ Other Sexual Incident
- ☐ Theft
- ☐ Fire
- ☐ Property Damage
- ☐ Other *(explain)*

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

Today 10/24/2023 Sophie was playing with wooden blocks.

Ramon tried to take the block.

Sophie hit Ramon with the block above his right eye. He began to bleed.

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

No one

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

Washed with water. Bandaged. Parent called. Called 911.

MEDICAL TREATMENT NECESSARY? ☑ YES ☐ NO IF YES, GIVE NATURE OF TREATMENT:

Child was taken to doctor by parent.

WHERE ADMINISTERED:
At the hopital - urgent care

ADMINISTERED BY:
Doctor

FOLLOW-UP TREATMENT, IF ANY:

Child was given 20 stitches above right eye.

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS:

Director and teacher followed with parents.

LICENSEE/SUPERVISOR COMMENTS:

NAME OF ATTENDING PHYSICIAN

	NAME AND TITLE	DATE
REPORT SUBMITTED BY:	Thuy Le, Teacher	10/24/2023
REPORT REVIEWED/APPROVED BY:		

AGENCIES/INDIVIDUALS NOTIFIED *(SPECIFY NAME AND TELEPHONE NUMBER)*

☐ LICENSING_____ ☐ ADULT/CHILD PROTECTIVE SERVICES_____

☐ LONG TERM CARE OMBUDSMAN_____ ☑ PARENT/GUARDIAN/CONSERVATOR Anna Lee

☐ LAW ENFORCEMENT_____ ☐ PLACEMENT AGENCY_____