Injuries/Unusual Occurrence Report
(Required Form)

Child Care Regulation 34 states: If a child attending a facility sustains an injury requiring medical treatment or is involved in an unusual or unexpected occurrence, the licensee must: (a) immediately notify the parent of the child or, if the parent is not immediately available, any person designated by the parent as a person to contact in case of emergency; (b) within 24 hours after the occurrence, notify a program consultant; and
(c) within seven days after the occurrence, complete a report on a form supplied by the ministry setting out full particulars of the injury or occurrence and submit the report to the ministry.

Child Care Facility Name: _____

Address: _____

_____

Telephone: _____ Postal Code: _____

Incident Information:

Time: _____ Date: _____

Location: _____

Number of children present by age group: _____ Infant _____ Toddler _____ Preschool _____ School-Age

Number of children present: _____ Number of staff present: _____

Child Involved: (if more than one child is involved a separate form is required)

Name: _____ Birth Date: _____

Incident Description: (if additional space is required, use reverse)

_____

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_____

Description of immediate action taken in response to incident (including emergency services contacted):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Names of Witnesses or Individuals with Occurrence Knowledge:

Name:	Position:
_____	_____
_____	_____
_____	_____
_____	_____

Corrective measures taken to prevent further incidents of this type:

_____
_____
_____
_____

Additional Information:

_____

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_____

Parent(s) Comments: (to be completed by the parent/guardian)

Name of Parent/Guardian: _____ Daytime Phone number: _____

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_____

The Ministry of Education takes Injuries/Unusual Occurrences seriously and may contact you to discuss this incident further.

Copy of this report sent to Early Years Branch: _____
Date

Report prepared by: _____ Date: _____
Signature

_____ Date: _____
Parent/Guardian Signature

_____ Date: _____
Board Chairperson Signature

_____ Date: _____
Director/Supervisor/Provider Signature