

NOTICE OF FORM CHANGE NO. 06-116

DATE

08/23/2006

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 624B - Unusual Incident/Injury Report - Family Child Care Homes

ORDER UNIT EACH	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 8/06	REPLACES 6/03	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 8/06

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

UNUSUAL INCIDENT/INJURY REPORT - FAMILY CHILD CARE HOME

EVENTS THAT MUST BE REPORTED TO PARENTS/AUTHORIZED REPRESENTATIVES AND/OR THE DEPARTMENT:

- A. No later than the same business day, notify a child's parent or authorized representative of the events listed in #11 that affect that child.
- B. Within the next business day, notify the Department by telephone or fax of the events listed in #11.
- C. If reported to the Department by telephone, submit written report within 7 calendar days of the event.
- D. Keep a copy of the report submitted to the Department in the (affected) child's record.

GENERAL INSTRUCTIONS FOR COMPLETION

- 1. Enter the facility number as shown on the license
- 2. Enter the licensee's name as shown on license.
- 3. Enter the name of the facility as shown on the license.
- 4. Enter the number and street address, city, and zip code.
- 5. Enter the first and last name of each child involved in the incident or injury.
- 6. Enter the child's age or the month, date, and year of birth.
- 7. Enter the gender of each child as M for Male or F for Female.
- 8. Enter the month, date, and year each child was accepted into the family child care home.
- 9. Enter the language that the child or parent speaks (*i.e., English, Spanish, etc.*).
- 10. Enter the month, date, year and the time of day that the incident or injury happened.
- 11. Event to be reported:
 - a. Check if any child has died from any cause.
 - b. Check if a child was injured, and the injury required treatment by a medical professional.
 - c. Check if a child in care leaves or wanders (is missing) from the facility without permission or supervision, including when a child is missing during any outing or special event away from the facility, or a child does not return from school.
 - d. Check if it is suspected that a child has been abused or neglected.
 - e. Check if there is a fire or explosion in or on the premises of the family child care home.
 - f. Check if there is a communicable disease outbreak when determined by the local health authority.
 - g. Check if any child is poisoned while in care.
 - h. Check if there is some other incident that threatens the physical or emotional health and safety of any child.
- 12. Describe what happened. Be specific. Include name of person(s) involved in or suspected of causing the injury.
- 13. Include medical findings and treatment.
- 14. Describe how this incident or injury will be prevented in the future.
- 15. Enter the first and last name and title of the physician or other health care provider providing care to child, if known.
- 16. Enter the area code and telephone number of the physician or other health care provider.
- 17. Enter the name(s) and telephone number of the child's parent(s), or authorized representative(s).
- 18. Enter the month, date, and year that the child's parent(s) or authorized representative(s) were notified.
- 19. Check one or more of the agencies notified of the incident or injury.
- 20. Enter the name of the person (*for each agency*) with whom you spoke when reporting the event.
- 21. Enter the month, day, and year next to the agency person's name that was contacted.
- 22. Enter the area code and telephone or fax number of the agency contacted.
- 23. Enter your signature here.
- 24. Enter your area code and telephone number.
- 25. Enter the month, date, and year this report is signed.

UNUSUAL INCIDENT/INJURY REPORT - FAMILY CHILD CARE HOME

1. FACILITY LICENSE NUMBER:	2. LICENSEE NAME:
3. FACILITY NAME:	4. FACILITY ADDRESS:

5. Name of Child(ren) Involved	6. Birth Date/Age	7. Sex M / F	8. Admission Date	9. Primary Language	10. Date/Time of Incident/Injury

11. EVENT REPORTED TO THE DEPARTMENT (CHECK ALL THAT APPLY)

- a. Death of any child from any cause.
- b. Any injury to a child that requires treatment by a medical professional.
- c. Any child absence meaning any instance where a child in care is missing.
- d. Any suspected child abuse or neglect of any child in care. (Must also be reported to local law enforcement or Child Protective Services.)
- e. Fires or explosions in or on the premises of the family child care home.
- f. A communicable disease outbreak when determined by the local health authority.
- g. Poisonings
- h. Other incident that threatens the physical or emotional health and safety of any child.

12. DESCRIBE WHAT HAPPENED:

13. BRIEFLY DESCRIBE THE INJURY, IF ANY:

14. DESCRIBE STEPS TAKEN TO PREVENT THIS INCIDENT OR INJURY IN THE FUTURE:

15. NAME OF PHYSICIAN OR OTHER HEALTH CARE PROVIDER, IF APPLICABLE:

16. PHYSICIAN OR HEALTH CARE PROVIDER TELEPHONE NUMBER:

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17. NAME AND TELEPHONE NUMBER OF PARENT(S) OR AUTHORIZED REPRESENTATIVE:

18. DATE THE PARENT/AUTHORIZED REPRESENTATIVE OF THE AFFECTED CHILD WAS NOTIFIED:

19. Agency(ies) Notified	20. Name of Person(s) Contacted	21. Date	22. Telephone or Fax
<input type="checkbox"/> State Child Care Licensing			()
<input type="checkbox"/> County Child Care Licensing			()
<input type="checkbox"/> Child Protective Services			()
<input type="checkbox"/> Law Enforcement			()

23. LICENSEE SIGNATURE

24. TELEPHONE NUMBER.

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25. DATE:

(TO BE COMPLETED BY DEPARTMENT)

Date report received in Licensing Office: _____ Date report reviewed and logged : _____

EVALUATION OF REPORT:

Follow up inquiry required Yes No Investigation required Yes No

REFERRED TO:

Licensing Program Analyst Date Reviewed: _____ Case Management Visit Yes No
 Licensing Unit Manager/Sup Date Reviewed: _____
 Regional/Program Manager Date Reviewed: _____ Other _____

DISPOSITION: