

**Family Day Care
Incident, Injury, Trauma and Illness Record**



Record Details

Please tick of record:

Incident

Injury

Trauma

Illness

Educator Details

Name: _____ Signature: _____

Time recorded: _____ am/pm Date record: _____

Child Details

Surname: _____ Given Names: _____

Date of Birth: ____ / ____ / ____ Age: _____

Incident/Injury/Trauma/ Illness Details

Date Occurred: ____ / ____ / ____ Time: _____ Location: _____

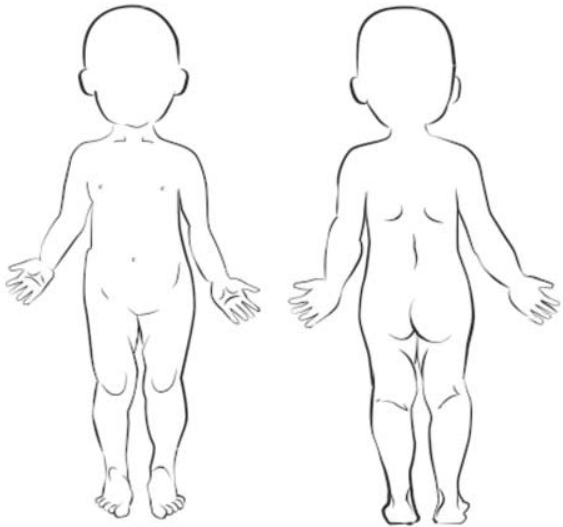
Name of Witness: _____ Signature _____ Date: _____

Please provide a descriptive outline of what happened:

Circumstances leading up to the incident:

Products, structures, foods etc. involved:

Nature of Injury Sustained



- | | | |
|---|--|--|
| <input type="checkbox"/> Abrasion/Scrape | <input type="checkbox"/> Amputation | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Burn/Sunburn | <input type="checkbox"/> Bite Wound | <input type="checkbox"/> Choking |
| <input type="checkbox"/> Broken Bone/
Fracture | <input type="checkbox"/> Concussion | <input type="checkbox"/> Crush/Jam |
| <input type="checkbox"/> Cut/Open Wound | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Electric Shock |
| <input type="checkbox"/> Eye Injury | <input type="checkbox"/> Infectious
Disease | <input type="checkbox"/> High Temp |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Poisoning | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Seizure | <input type="checkbox"/> Unconscious |
| <input type="checkbox"/> Sprain/Swelling | <input type="checkbox"/> Tooth | <input type="checkbox"/> Venomous Bite/
Sting |
| <input type="checkbox"/> Other (Please specify): | | |

Illness Record

Please tick symptoms displayed:

- | | |
|---|--|
| <input type="checkbox"/> Persistent coughing | <input type="checkbox"/> Difficult or rapid
breathing |
| <input type="checkbox"/> Eye discharge | <input type="checkbox"/> Nose discharge |
| <input type="checkbox"/> Headache or stiff
neck | <input type="checkbox"/> Irritable when
disturbed |
| <input type="checkbox"/> Difficult to wake | <input type="checkbox"/> Felt cold and
looked pale |
| <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Itchiness |
| <input type="checkbox"/> Lost interest in
playing | <input type="checkbox"/> Abornally quiet
and inactive |
| <input type="checkbox"/> Crying and could
not be comforted | <input type="checkbox"/> Feverish
appearance |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Other (please
specify): |

If High temperature, please record it every 10 minutes:

1. Time: _____ Temp: _____
2. Time: _____ Temp: _____
3. Time: _____ Temp: _____
4. Time: _____ Temp: _____
5. Time: _____ Temp: _____
6. Time: _____ Temp: _____

Action Taken

Outline action taken, including first aid and administration of medications:

- Did Emergency services attend? Yes No Did the child go to Doctor? Yes No
 Did child go to hospital? Yes No
 If yes to any above, please provide details:



Follow up

What steps will you take to prevent or minimise this type of incident in the future?

Coordination Unit Comments/Notes:

Notifications (including attempted notifications)

Parent/Guardian: _____ Time: _____ am/pm Date: _____

Coordination Unit: _____ Time: _____ am/pm Date: _____

Nominated Supervisor: _____ Time: _____ am/pm Date: _____

Regulatory Authority: _____ Time: _____ am/pm Date: _____

Parent Acknowledgment

I _____ (name of parent/carer) have been notified of my child's:

Incident Injury Trauma Illness (please tick)

Signature:

Date:

Compliance responsibilities under the National Law and Regulations

<i>Regulation</i>	<i>FDC Educator must ensure that:</i>	<i>Penalty (prosecution in court)</i>	<i>Maximum Fine (Infringement Notice)</i>
83 – Incident, Injury, Trauma and Illness Record (Section 175, Regulation 178)	<ul style="list-style-type: none"> ➤ An incident, injury, trauma or illness record is kept and includes all the details specified in regulation 87 ➤ this information is included in the record as soon as practicable and no later than 24 hours after the occurrence ➤ the record is available for inspection and the residence or venue (Section 175) ➤ the record is accurate and provided to the child's parents on request (Regulation 178) 	<p>\$4000 penalty if record is not kept available for inspection (Section 175)</p> <p>\$2000 penalty if record is not accurate (Regulation 178)</p> <p>\$2000 penalty if record is not made available to the child's parent on request</p>	<p>\$200 fine if record is not accurate</p> <p>\$200 fine if the record is not made available to the child's parent on request</p>