**Important Steps, Inc.**

**Record of Incident-EI**

**Name of Injured Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Age: \_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_/\_\_\_/\_\_\_Time of Injury: \_\_\_\_\_\_am/pm Location: \_\_Home\_\_ Facility\_\_ Other\_\_\_**

|  |
| --- |
| **Description of How Incident Occurred:**  **Name/Title Address/Phone of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Description of Occurrence by Child:** |
| **Body Parts Involved, if any:** |
| **Consumer Products Involved/Used When Incident Occurred:** |
| **Actions Taken Regarding the Incident:** |
| **Recommendations of Preventative Strategies to Avoid Future Occurrences:**  **Follow Up On:\_\_\_/\_\_\_/\_\_\_** |

**Name/Title of Provider Responsible for Supervision of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Location at Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Person Completing Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/Address of Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**