Family Record, Child Tab- More, Incidents

Last Modified on 04/03/2018 9:21 am EDT

From the Child record, go to the more tab- then select the Incidents option.

<	Doolittle Family Family ID 320241 Internal Note:		Stu	1 ident(s)	Regular Statement Type	375.00 Balance Outstanding Add/View Journal Notes	>
imary	Family Children Parents Ti Eliza Doolittle Age 7 ##	nird Party Voluntee	s Communication	Auto-Pay	Vacation Financials Receipts Mer	ge	.dd Sibling
Admiss scount	sion/Personal Doctor/Healt	Program/Room	n Assignment Setup Dis	Calendar View	Additional Information Health Incidents	0	
Active	e Classroom Assignments - Doolitt Active Classroom	t <mark>le, Eliza</mark> Effective Date End	l Date M T	W R F	Contacts Sponsors Information Record - PDF	Maintain Incident Infor	mation Create Dat
3 ×	AM, Before School Care ~ DCW Transactional- Center 1	04/08/2018 04	/14/2018	1	Daily Sheets Daily Log)4/03/2(08:47
3 ×	AM, Before School Care ~ DCW Transactional- Center 1	04/15/2018 04	/21/2018	៧ ៧ 8	Attendance Manage Program Templates Documents	⁾ ≈ 0 ≈ ⁽	04/03/20 08:47
3 ×	AM, Before School Care ~ DCW Transactional- Center 1	04/22/2018 04	/28/2018	1 1 1	CACFP Registration - Excel Camps	° ≈ 0 ≒ "	04/03/2(08:47
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<i>3</i> ×	AM, Before School Care ~ DCW Transactional- Center 1	05/06/2018 05	/12/2018	1 1	AM Kids Club (\$31.00)	d Child →	04/03/20 08:47
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To add a new incident, be sure the new incident option is selected in the Select an Incident field-

Family	Children	Parents	Third Party	Volunteers	Communication	Auto-Pay	Vacation	Financials	Receipts	Merge	
Eli Dool Age 7	Za little 7₩										Add Sibling
ssion/Pers	onal	Doctor/He	ealth Pro	ogram/Room A	ssignment Ca	alendar View	More	•			
ident R	eport										
ct an Incid Ne	lent w Incider	nt									-
	Family Eli Dool Age 7 ssion/Pers ident R ct an Incic Ne	Family Children Eliza Doolittle Doolittle Age 7 # ssion/Personal Ident Report ident Report Ct an Incident New Incider New Incider	Family Children Parents Eliza Doolittle Doolittle Age 7 # ssion/Personal Doctor/He ident Report Cottor ct an Incident New Incident	Family Children Parents Third Party Eliza Doolittle Age 7 # Doctor/Health Protection ssion/Personal Doctor/Health Protection odent Report Control of the second se	Family Children Parents Third Party Volunteers Eliza Doolittle Age 7 # Doctor/Health Program/Room A ssion/Personal Doctor/Health Program/Room A odent Report tan Incident tan Incident New Incident	Family Children Parents Third Party Volunteers Communication Eliza Doolittle Age 7 # Doctor/Health Program/Room Assignment Ca ssion/Personal Doctor/Health Program/Room Assignment Ca odent Report Ca Can Incident Ca New Incident Velocident Ca Ca	Family Children Parents Third Party Volunteers Communication Auto-Pay Eliza Doolittle Age 7 # Doctor/Health Program/Room Assignment Calendar View ssion/Personal Doctor/Health Program/Room Assignment Calendar View ident Report tan Incident Volunteers Volunteers	Family Children Parents Third Party Volunteers Communication Auto-Pay Vacation Image: Imag	Family Children Parents Third Party Volunteers Communication Auto-Pay Vacation Financials Image: Second	Family Children Parents Third Party Volunteers Communication Auto-Pay Vacation Financials Receipts Eliza Doolittle Age 7 ## Doctor/Health Program/Room Assignment Calendar View More • Image: Calendar View More • ssion/Personal Doctor/Health Program/Room Assignment Calendar View More • Image: Calendar View More • ident Report Et an Incident Image: Calendar View More • Image: Calendar View More • wew Incident Image: Calendar View Image: Calendar View	Family Children Parents Third Party Volunteers Communication Auto-Pay Vacation Financials Receipts Merge Image: Second Se

Then enter incident detail in each of the following sections. If a field has a * next to it, the field will be required. The rest of the fields should be completed as necessary. Press Save when completed.

Date of Incident *	Time of Incident *	Place of Incident *	
04/03/2018	O 6:15am	Playground	
Parent Name that was Notified		Parent's Telephone	
4		C.	
Date Parent Notified	Time Parent Notified	Caregiver in charge of child	
m	0	*	
Was first aid provided?	Was medical attention required?		
🔵 Yes (No	🔘 Yes (No		
What was done?			
Was EMS called?		EMS time called	EMS time responded
Vas EMS called? Yes ONO		EMS time called	EMS time responded
Vas EMS called? Yes No Did child see his/her doctor?		EMS time called	EMS time responded
Vas EMS called? Yes No Did child see his/her doctor? Yes No		EMS time called Image: Construction of the consulted Image: Construction of the c	EMS time responded
Vas EMS called? Yes No Did child see his/her doctor? Yes No Child's Doctor		EMS time called Image: Construction of the second secon	EMS time responded
Vas EMS called? Yes No No Yes No Yes No Child's Doctor		EMS time called Image: Date consulted Image: Doctor's Phone # Image: Doctor's Phone #	EMS time responded
Vas EMS called? Yes No Did child see his/her doctor? Yes No Child's Doctor Child's Doctor		EMS time called Image: Consulted Image: Consulted Image: Consult of the second	EMS time responded
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Was EMS called? Yes No No Yes No Child's Doctor Child's Doctor Doctors Address P Doctor's Diagnosis or Instructions		EMS time called	EMS time responded Time consulted

ype of Illness		
oes the illness require exclusion from care?	If communicable: other parents notified?	
J Yes V No	V Yes V No	
emperature of Child	Notification method used	
₿.		

Describe Injury or Risk	n which child was placed				
					/
Where and how did the	incident/injury occur?				
					/
					/
Staff who witnessed th	e incident/injury				h
Staff who witnessed th	e incident/injury				
Staff who witnessed th	e incident/injury				<i>h</i>
Staff who witnessed th	e incident/injury resent at the time of the inc	dent/injury			<i>h</i>
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Save incidents will display in the incident report drop down list-

Summary	Family	Children	Parents	Third Party	Volunteers	Communication	Auto-Pay	Vacation	Financials	Receipts	Merge	
	Eliza Doolittle Age 7 #											
Admi	ssion/Pers	sonal	Doctor/He	ealth Pro	gram/Room A	ssignment Ca	alendar View	More	•			
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Date	o of Incide	uné *		Tim	o of Incident ³		Disc	co of Incido	·+ *			