

Related/Demonstration Lesson Plan

Instructor Stephanie Wilfong

Date Blizzard Bag #1

Program/Class ECE

Period Junior Lab

State Indicator/Competency

- 1.2.1 Explain what it means to be a professional educator and member of the education and training profession.
- 1.2.2 Demonstrate positive work behaviors and personal qualities needed to work in the education and training profession.
- 1.2.3 Perform duties according to laws, regulations, policies and contract provisions.
- 1.4.4 Discuss the implications of ethical/unethical behavior.
- 1.4.5 Complete work-related duties within an ethical framework.
- 1.4.6 Maintain behavior in concert with the legal and ethical framework of the teaching profession.
- 2.2.1 Identify the hierarchy within various educational and training systems.
- 3.1.2 Structure ideas and arguments in an organized manner, supported by relevant documentation and/or examples.
- 3.1.3 Write messages using language that is appropriate for the intended audience and purpose.
- 3.1.4 Use correct spelling, grammar, capitalization and punctuation.
- 10.1.1 Identify a variety of strategies to communicate with parents and caregivers.
- 10.1.2 Maintain appropriate confidentiality in all communications.

Instructional Objective(s):

- The students will properly complete the ODJFS incident report form. (80% accuracy)

Materials:

ODJFS incident report form, preschool scenario, incident report directions

Method of Instruction:

Homework and individual work

Activities:

- The students will receive their first of three blizzard bags. The students will read the incident report form directions. The directions will explain how to properly complete the form according to licensing regulations.
- Incident Report Form Directions:
 - Incident Report Forms are to be completed by the teacher in charge whenever an accident or incident occurs within the classroom.
 - The incident report form contains numerous boxes. Each box must include information about the situation.
 - When filling in the report, include accurate information.
 - In the description of the incident, the teacher needs to describe what happened using complete details. They must also remember to use confidentiality and not include the name of the other children.
- Next, read the preschool scenario. Use the details included in the preschool scenario to complete each box within the incident report form. Follow the guidelines from above to complete the form properly.

Closure:

REVIEW QUESTIONS

When does an incident report form need to be completed?

What does a teacher need to remember when completing the incident description box?

What does it mean to remain confidential about the students?

Assessment:

- Completed incident report form (HW-10 points)

Incident/Injury Report Instructions

A JFS 01299 "Incident/Injury Report" must be completed when any of the following occur:

- A child becomes ill or receives an injury which requires any first aid treatment.
- A child is transported in accordance with this rule to a source of emergency assistance.
- A child receives a bump or blow to the head.
- An unusual or unexpected incident occurs which jeopardizes the safety of a child or staff; such as, a child unattended, a vehicle accident with or without injuries or children exposed to a threatening person.

FILL IN REQUIRED SECTIONS 1-18 ON THE FRONT SIDE OF THIS FORM. Provide a complete description of the incident/injury/illness in the summary section (if additional space is needed, attach paper to the incident report). The person completing the form signs the report, the administrator or designee signs the report and it is provided on the same day of the incident to the parent/guardian or person picking up the child from the center/home. Request parent/guardian/caregiver to sign report; however, do not delay giving report to parent or notifying ODJFS if parent refuses to sign. The parent's signature is *not* required. **PLEASE BE SURE ALL SECTIONS HAVE BEEN COMPLETED. ODJFS STAFF WILL CONTACT YOU IF ANY SECTIONS ARE NOT COMPLETE OR LEGIBLE.**

DEFINITIONS

Incident: An unusual event that happens that does not necessarily result in an injury to the child. A copy of the report for an incident shall be retained on file at the center or home for at least one year and shall be available for review by ODJFS.

Minor Injury: An injury resulting in a child being able to return to normal activity; basic first aid may be given by staff. A copy of the report for a minor injury shall be retained on file at the center or home for at least one year and shall be available for review by ODJFS.

Serious Incident/Injury/Illness: An unusual or unexpected event which jeopardizes the safety of children or staff: an incident, injury or illness resulting in a limitation in the child's activity; medical attention/intervention is necessary (beyond basic first aid by staff); child is taken home/medical office/hospital. Notification (speaking to a representative from the appropriate licensing office) shall be made **within 24 hours** to the Office for Children and Families Help Desk (for centers or type A homes) or to the county Department of Job and Family Services (for reports from home providers). The report must be received no later than three business days from the occurrence via fax or mail. A copy of the report for a serious incident/injury/illness shall be retained on file at the center or home for at least one year and shall be available for review by ODJFS.

Centers or Type A Homes may contact the Office for Children and Families Help Desk to report a serious incident/injury/illness. The Help Desk staff may be reached toll-free (866) 886-3537 Option 4.

Distribution: Original retained in center or home file
Copy to parent/guardian on day of incident/injury/illness
CENTERS/TYPE A HOMES- Copy to Field Office
TYPE B HOMES-Copy to County DJFS
(For serious incident/injury/illness only)



Incident/Injury Report Instructions

>> [Click here to access the Incident/Injury Report e-form on JFS Forms Central](#) <<

Reminder: The JFS 01299 is available online!
Providers may submit forms electronically!

Serious incidents, injuries and illnesses must be documented using the JFS 01299, "Incident/Injury Report" form. This form may be completed and submitted online from any computer with a standard web browser and an active Internet connection.

IMPORTANT: All licensed child care centers and Type A Homes must verbally contact ODJFS, and all licensed Type B Homes and certified in-home aides must verbally contact their county JFS by the next business day of a serious incident. The verbal contact must be followed by the submission of this form.

- Required fields are highlighted in red and must be completed before submission.
- An authorization dialogue box will display after you enter the name of the person completing this form. Clicking OK represents your agreement.
- Clicking "Print" will send a copy of the completed e-form to your local printer.
- Clicking "Submit" will send the incident/injury data to ODJFS electronically.
- Clicking "Reset" will remove all entered data from the e-form. You may then enter data for another incident/injury report.
- Required dates must be in YYYY-MM-DD format. A clickable calendar is also available for entering dates.
- The time of the incident must be entered in military format (e.g. 1300 for 1 p.m.).

All data is encrypted for security. Upon successful e-form submission, a verification page will display all submitted information. Submission errors (such as a duplicate submission) will cause an error page to display. Both pages can be saved to your local PC or network directory.

Providers without Internet access may print, complete and mail (or fax) the Incident/Injury Report e-form to the appropriate CDJFS or ODJFS office.

All incident/injury data submitted electronically is loaded into the ODJFS system on a nightly basis. Notifications of accepted and rejected submissions are sent to a designated point of contact for review. All submitted Incident/Injury Report e-forms are automatically classified as SERIOUS. These are reviewed to determine whether any should be reclassified as MINOR.

John R. Kasich, Governor
Cynthia C. Dungey, Director
JFS 01299-1 (2/2014)

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Incident Report Scenario

It was a nice and sunny afternoon at Precious Little Preschool. Today's date is April 17, 2014. The class is outside playing on the playground. There are two teachers, you and Susan Brown on the playground with 20 students.

Brandon and Kelly are talking turns going down the slide. Kelly decides she wants to swing on the swings. She starts running from the slide over to the swings. Brandon sees her leaving the slide and follows her. In an attempt to catch up, Brandon runs as fast as he can toward the swings. Another child, Jacob is running to the slide. At 1:05 PM, the two children end up colliding into each other. Brandon's forehead hits Jacob's chin. Jacob ends up biting his lip. This is his only injury. Brandon's forehead starts to bruise as the teacher comes over to tend to them. This is Brandon's only injury.

You take both Jacob and Brandon into the classroom to get ice for their injuries. The boys put the ice on their forehead and chin. Their tears soon end and they return to playing on the playground.

Other Necessary Information:

Precious Little Preschool
987 Main Street
part-time
Smalltown, OH 44534
in Hometown County
preschool part-time
Phone # 123-456-7890
License # 098765

Brandon Smith, birthdate is 9-21-09, attends preschool

Jacob Miller, birthdate 3-17-10, attends

***** After reading the scenario, complete the attached incident report including all of the necessary information in the boxes as described in the directions. You are the responsible teacher.**

Ohio Department of Job and Family Services
INCIDENT/INJURY REPORT
FOR CHILD CARE CENTERS/TYPE A HOMES/TYPE B PROVIDERS

Child Care Center Type A Home Type B Family Provider

1. Name of child care facility/provider		2. License/Provider Number	
3. Street Address		4. City	5. Zip Code
6. County			
7. Is this a child who has a written medical/physical care plan on file as defined in the Ohio Administrative Code? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain in summary section)			
8. Full name of child (first name, last name)		9. Child's date of birth (MM/DD/YY)	10. <input type="checkbox"/> Female <input type="checkbox"/> Male
		11. Date of incident/injury/illness	12. Time of incident/injury/illness
13. Name of person responsible for child at time of incident		14. Witness (es)	
At the time of the incident/injury/illness:		Were parents contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
15. How many children were there in this child's group?		Who Provided First Aid?	Date
16. How many child care staff members were supervising the group?			
17. How many hours is this child in your care per day? (check one) <input type="checkbox"/> Part-time (< four hours per day) <input type="checkbox"/> Full-time (> four hours per day)			
18. Age of child-group that child was assigned to at the time of the incident/injury/illness:			
<input type="checkbox"/> Young Infant (Less than 12 months)	<input type="checkbox"/> Infant (12 - 18 months)	<input type="checkbox"/> Toddler (18 mo - 3 years)	<input type="checkbox"/> Preschooler (3 - 5 years & not in school)
<input type="checkbox"/> School Age Child (eligible for kindergarten and older)			
TYPE OF INJURY (check all that apply)		BODY PART AFFECTED (check all that apply)	
<input type="checkbox"/> Bit Tongue/Cheek/Lip (89)	<input type="checkbox"/> Nosebleed (35)	<input type="checkbox"/> Arm (71a)	<input type="checkbox"/> Head (66a)
<input type="checkbox"/> Bite-Human (24)	<input type="checkbox"/> Object Inserted into Body Part (93)	<input type="checkbox"/> Back (68)	<input type="checkbox"/> Knee (73b)
<input type="checkbox"/> Bite/Sting-Animal or Insect (25)	<input type="checkbox"/> Poisoning (34)	<input type="checkbox"/> Chin (66d)	<input type="checkbox"/> Leg (73a)
<input type="checkbox"/> Blow to Head (86)	<input type="checkbox"/> Puncture Wound (90)	<input type="checkbox"/> Ear (66e)	<input type="checkbox"/> Lungs/Difficulty Breathing (E1)
<input type="checkbox"/> Broken Bone (87)	<input type="checkbox"/> Scrape/Scratch (19)	<input type="checkbox"/> Eye (66c)	<input type="checkbox"/> Mouth/Teeth (67)
<input type="checkbox"/> Bump/Bruise (20)	<input type="checkbox"/> Something in Eye (26)	<input type="checkbox"/> Face (66b)	<input type="checkbox"/> Neck (70)
<input type="checkbox"/> Burn (21)	<input type="checkbox"/> Stubbed Finger/Toe (91)	<input type="checkbox"/> Fingers (71b)	<input type="checkbox"/> Nose (66f)
<input type="checkbox"/> Choking (33)	<input type="checkbox"/> Sunburn (31)	<input type="checkbox"/> Foot (73d)	<input type="checkbox"/> Shoulder/Collarbone (71d)
<input type="checkbox"/> Cut (22)	<input type="checkbox"/> Swelling/Redness (92)	<input type="checkbox"/> Front of Trunk/Stomach (72)	<input type="checkbox"/> Throat (66g)
<input type="checkbox"/> Difficulty Breathing (23)	<input type="checkbox"/> Tooth (chipped, knocked out, loosened) (88)	<input type="checkbox"/> Genitals/Buttocks (69)	<input type="checkbox"/> Toe (73c)
	<input type="checkbox"/> N/A - Incident/illness (94)	<input type="checkbox"/> Hand (71c)	<input type="checkbox"/> Whole body (E2)
TYPE OF ILLNESS (check all that apply)		WHERE DID INCIDENT/INJURY HAPPEN? (check all that apply)	
<input type="checkbox"/> Allergic Reaction/Asthma (B1)	<input type="checkbox"/> Seizure (32)	<input type="checkbox"/> Bathroom (59)	<input type="checkbox"/> Inside Play Area/Large Muscle Area (64)
<input type="checkbox"/> Collapse/Faint (B2)	<input type="checkbox"/> Stomachache/Vomiting/Diarrhea (B3)	<input type="checkbox"/> Changing Table (79)	<input type="checkbox"/> Kitchen/Eating Area (61)
<input type="checkbox"/> Diaper Rash (B7)	<input type="checkbox"/> Other Illness (specify in summary section) (B4)	<input type="checkbox"/> Crib (F2)	<input type="checkbox"/> On Fieldtrip/Routine trip (F4)
<input type="checkbox"/> Fever (B6)	<input type="checkbox"/> N/A - Injury/Incident (B5)	<input type="checkbox"/> Classroom (57)	<input type="checkbox"/> Outdoor Play Area (63)
<input type="checkbox"/> No Pulse/Breathing (36)		<input type="checkbox"/> Hall/Doorway (58)	<input type="checkbox"/> Parking Area/Driveway (60)
		<input type="checkbox"/> High Chair (F1)	<input type="checkbox"/> Pool (F5)
		<input type="checkbox"/> In Vehicle (F3)	<input type="checkbox"/> Stairway (62)
TYPE OF INCIDENT (check all that apply)		ACTION TAKEN (check all that apply)	
<input type="checkbox"/> Another Adult Found Child (97)	<input type="checkbox"/> Fall - walk/run/trip (27)	<input type="checkbox"/> Bandage (50)	<input type="checkbox"/> Ice (48)
<input type="checkbox"/> Baby Fed Wrong Bottle (99)	<input type="checkbox"/> Fall to Surface (C3)	<input type="checkbox"/> Body Part Elevated (G1)	<input type="checkbox"/> Pressure Applied (G2)
<input type="checkbox"/> Blood or Bruise Found on Child (C1)	<input type="checkbox"/> Fighting (28)	<input type="checkbox"/> Contacted Children's Protective Services (G4)	<input type="checkbox"/> Referred for Further Medical Care (55)
<input type="checkbox"/> Child Ran Away (40)	<input type="checkbox"/> Inappropriate Touching/Sexual Play (96)	<input type="checkbox"/> Contacted Poison Control (51)	<input type="checkbox"/> Rested on Cot (G3)
<input type="checkbox"/> Child Unattended (42)	<input type="checkbox"/> Intruder (39)	<input type="checkbox"/> Emergency Services Called (53)	<input type="checkbox"/> Returned to Normal Activity (46)
<input type="checkbox"/> Collision w/ Object (29)	<input type="checkbox"/> Medication Error (C4)	<input type="checkbox"/> Emergency Services Transported Child (54)	<input type="checkbox"/> Sent Home Early/Picked Up Early (52)
<input type="checkbox"/> Collision w/ Person (30)	<input type="checkbox"/> Missing Child (41)	<input type="checkbox"/> Hug/Pat (49)	<input type="checkbox"/> Washed/Soap (47)
<input type="checkbox"/> Corporal Punishment (44)	<input type="checkbox"/> Vehicle Accident (95)		
<input type="checkbox"/> Death (37)	<input type="checkbox"/> Weapon Found (98)		
<input type="checkbox"/> Diaper Rash (C5)	<input type="checkbox"/> N/A Injury/Illness (C2)		
INCIDENT HAPPENED DURING?		Summary of Incident/Injury/Illness (Explain, attach additional paper if needed) (85)	
<input type="checkbox"/> Arrival/Departure (75)	<input type="checkbox"/> Meals/Snack (78)		
<input type="checkbox"/> Bus/Vehicle/During Transportation (83)	<input type="checkbox"/> Naptime/Rest Period (76)		
<input type="checkbox"/> Classroom Activity (77)	<input type="checkbox"/> Outdoor Play (81)		
<input type="checkbox"/> Diaper Change (D1)	<input type="checkbox"/> Transition Between Activities (82)		
<input type="checkbox"/> Indoor Play/Group Activities/Free Play (80)			
Facility Administrator/Provider (Optional)			
Date	Telephone Number		
Print First and Last Name of Person Completing Form			
Signature of Person Completing Form	Date		