

Reporting and Managing Incidents and Injuries

Overview

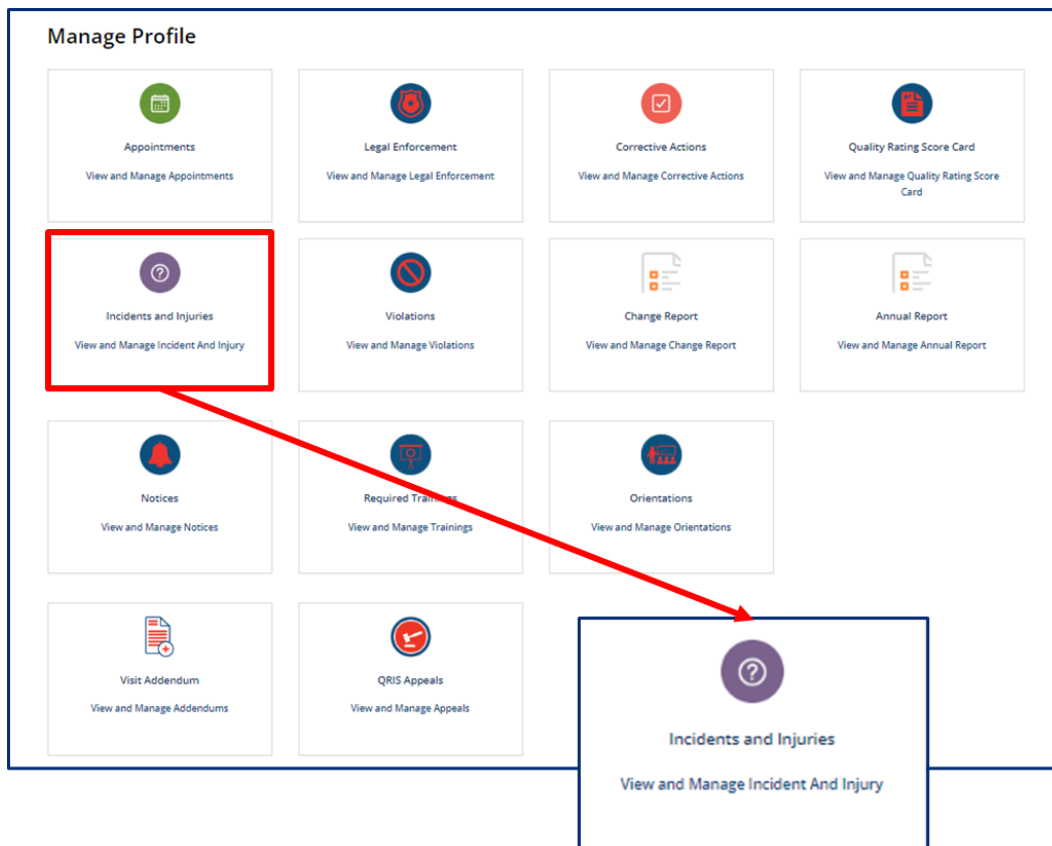
This Quick Reference Guide shows Providers how to report and manage incidents and injuries in the Provider Portal.

Audience

Child Care and Adult Day Services Providers

Accessing the Injuries and Incidents Screen

To access the **Injuries and Incidents** screen, go to your Provider site dashboard. There, select the **Incident and Injury** button, located within the **Manage Profile** section.



Creating an Incident/Injury

Once you have selected the **Incident and Injury** button from your Provider site dashboard, select the **Create Incident/Injury** button.

YOUR CASE SUMMARY CREATE INCIDENT/INJURY

Case number	Status	Assigned to	Task type
PCS0001232	Open	MARGO MATHIS	Provider Case

You will then see a form appear, titled **Report an Incident/Injury**. To complete the form:

1. Select the **Provider** you wish to report from using the drop-down.
2. You will see the **Provider Information** section completed, based on your profile information.

REPORT AN INCIDENT/INJURY

Child care and adult day services providers are required to submit a completed Incident/Injury Report to the Tennessee Department of Human Services (TDHS) the same day for any incident or injury involving a child or adult in the provider's care (including on and off-site activities) where treatment by a medical professional was necessary. If a medical professional determines that no injury occurred, or that treatment was unnecessary, then completion of this form is not required. First aid provided by agency staff is not medical treatment requiring completion of this form.

Once you submit, you will not be able to make modifications. You will need to call your regulatory individual to make any other changes.

Case Information

*** Provider** 1

Southern Stars
x
v

*** Case Type**

Incident/Injury
v

Provider Name

Southern Stars
x
v

Provider ID

105734

Provider Type

Child Care

Regulatory Agency

DHS Child Care

Phone Number

(615) 509-9423

Email Address

southernstarsmontessori@gmail.com

Street Address

910 Wedgewood Avenue

Street Address 2

City

Nashville

County

Davidson
v

State

TN
v

Zip Code

37203

3. Fill out the **Incident Report**. In this report, you must provide basic information on the incident, such as

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when/where it occurred, when the parent/guardian/family was notified, and your response. Please note, entry requirements on this section will vary based on Provider Type.

Child Care:

3

<p>* Date/Time of Incident/Injury MM-DD-YYYY HH.mm</p> <p>* Date/Time Parent/Guardian/Family notified MM-DD-YYYY HH.mm</p> <p>* Care Level (select all that apply)</p> <p>Describe your agencies immediate response to the incident/injury. (Important: Do NOT include details that identify either an adult participant/responsible party/caregiver.)</p> <p>First and Last Name of Person Entering the Report</p>	<p>* Where did the incident occur? -- None --</p> <p>* Did the Incident/Injury occur off-site or on-site? -- None --</p> <p>* Action Taken (select all that apply)</p> <p>* Type of Incident (select all that apply)</p> <p>Describe the incident/injury and how it occurred, including any equipment involved in the incident/injury. (Important: Do NOT include details that identify either an adult participant/responsible party/caregiver.)</p>
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Adult Day Services:

3

<p>* Date/Time of Incident/Injury MM-DD-YYYY HH.mm</p> <p>Date/Time Parent/Guardian/Family notified MM-DD-YYYY HH.mm</p> <p>If family was not notified, please explain why below</p> <p>* Care Level (select all that apply)</p> <p><input checked="" type="checkbox"/> Adults</p> <p>Describe your agencies immediate response to the incident/injury. (Important: Do NOT include details that identify either an adult participant/responsible party/caregiver.)</p> <p>First and Last Name of Person Entering the Report</p>	<p>* Where did the incident occur? -- None --</p> <p>* Did the Incident/Injury occur off-site or on-site? -- None --</p> <p>* Action Taken (select all that apply)</p> <p>* Type of Incident (select all that apply)</p> <p>Describe the incident/injury and how it occurred, including any equipment involved in the incident/injury. (Important: Do NOT include details that identify either an adult participant/responsible party/caregiver.)</p>
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4. Click the **Add** button to provide details for the **Child / Participant Involved**.

Provide details for all children / participants involved in the incident below

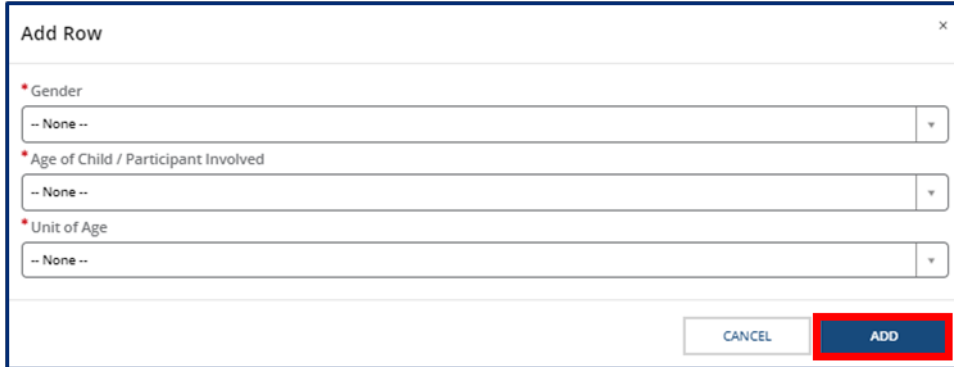
Child / Participant Involved

ADD
REMOVE ALL

Actions	Gender	Age of Child / Participant Involved	Unit of Age
No data to display			

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- Complete the pop-up window detailing each participant's gender, age, and unit of age. Once complete, select **Add**.



- Once you have completed the form, select **Submit**. Once you submit the report, you will not be able to make modifications. You will need to call your regulatory individual to make any other changes.

Opening Incident and Injury Reports

Once you have submitted an **Incident/Injury**, you will see it listed in **Your Case Summary**. This section has a list of submitted reports.

To open a case, click the **Case Number** of the report you wish to open.

YOUR CASE SUMMARY				CREATE INCIDENT/INJURY
Case number	Status	Assigned to	Task type	
PCS0001232	Open	MARGO MATHIS	Provider Case	