REQUIRED FOR LICENSING

Serious Harm Investigation Form

Licensing criteria for Early Childhood Education and Care Centres 2008 (as amended 20 April 2026): HS121, HS128
Education (Early Childhood Services) Regulations 2008, 46 (a) (b)

*Use this form (or equivalent) for all accidents requiring **outside assistance**, notification as a **notifiable event (including injury or incidents) or notifiable illnesses.***

This incident report is for INJURY / ILLNESS / INCIDENT PLACE AND TIME

This incident report is for a: ☐ Child ☐ Centre Member / Whānau / Adult ☐ Visitor Adult/Child

Date and time of event			
Name of Centre		Playcentre Area office	
Location within Centre			

AFFECTED PERSON DETAILS

Full name of affected person	
Child: Date of Birth If Adult: Position at Centre	
Address of Child Parent's Name and Phone No.	
Physical description of injury/illness/incident You may like to show injury to body by completing body map last page	

INCIDENT/ILLNESS DETAILS

Describe what happened and what caused the accident or the presentation of the illness

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Describe what treatment was given or action taken (including what assistance was called and who did what)

☐ First Aid Given: First Aider Name:

☐ Ambulance. Called by: Treatment provided:

☐ Medical Centre ☐ Emergency Department Additional Treatment provided:

Attended by: ☐ Parent/Caregiver ☐ Other(who)

FUTURE SAFETY CONSIDERATIONS

What action has been taken or will be taken to prevent reoccurrence?

If involving a hazard, is the hazard entered on the Hazard and Risk Register? Has the hazard been discussed with necessary parties?

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FORM COMPLETED BY

Name: Signature: Date:

Signed by parent/ whānau of the injured child: Date:

ACTION REQUIRED NOW:

1. Call your Area Office immediately. They will contact the appropriate agencies (such as WorkSafe, Ministry of Health) and Education Review Office as soon as possible
2. Send a copy of this form to your Area Office within 48 hours

Area Office Use:

Area office (Service Provider) should contact the appropriate specified agency as soon as possible following notification and notify Education Review Office at the same time. Record details/ required next steps below:

Notification Received: _____(Date and Time)

Notified Specified Agency: _____(which agency and when)

Notified Education Review Office: _____(Date & Time)

Further Action Required:

_____

_____

_____

Additional Information

****A copy of this record must be retained on site at Centre for 5 years following the incident****

RESOURCES

1. Notifiable Injury/ Incidents:
   http://www.legislation.govt.nz/act/public/2015/0070/52.0/DLM5976868.htm

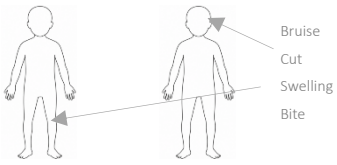
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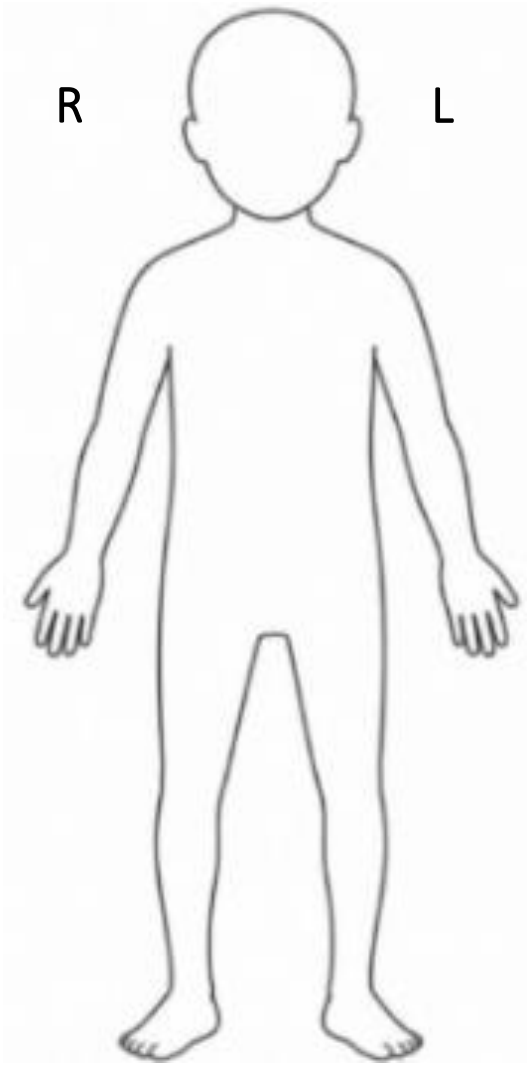
BODY MAP

Where is the injury or illness?

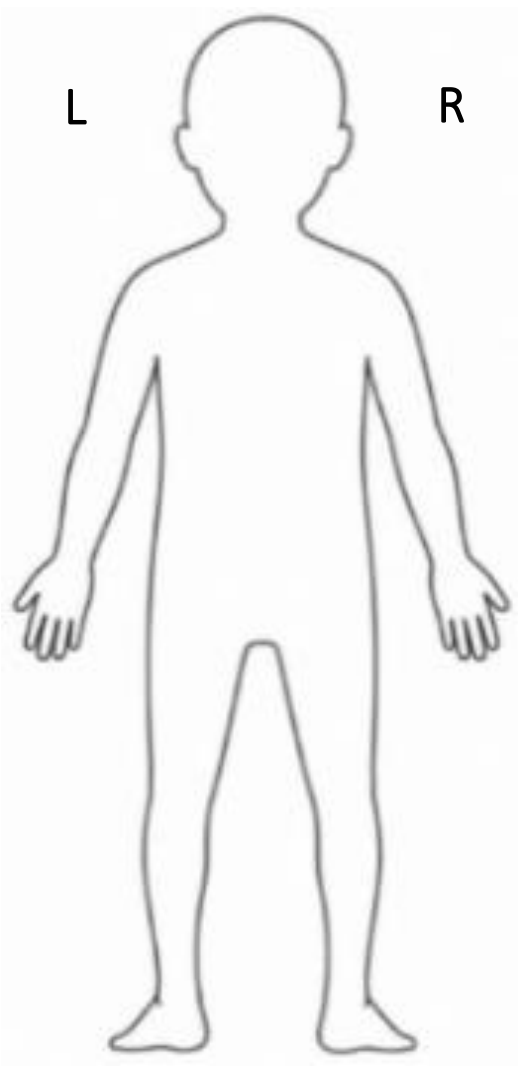
Use the body below to show the location of the injury



Front



Back



Bruise
Cut
Swelling
Bite
Burn
Graze