

## Childcare Injury Report

Name of center: \_\_\_\_\_

Address of center: \_\_\_\_\_

Name of child injured: \_\_\_\_\_

County: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Injury time : \_\_\_\_\_ AM PM

Child date of birth: \_\_\_\_\_ Gender: **Male** **Female**

Parent/Guardian Notified: **Yes** **No** Name/Relationship: \_\_\_\_\_

Notified by whom: \_\_\_\_\_

Time notified: \_\_\_\_\_ AM PM Date notified: \_\_\_\_\_

Was child in custody of parent at time of injury? **Yes** **No**

### Where Did Injury Occur? (Circle Responses below)

During transportation      In facility      On field trip      On playground

Other: \_\_\_\_\_

### During What Activity?

Bathroom time      Classroom activity      Going up/down stairs  
Indoor free play      Meal/snack time      Outdoor free play  
Organized outdoor play      Play equipment      Traveling to/from center  
Water play      Other: \_\_\_\_\_

### Equipment involved?

Balance beam      Climbers      Crawl through      Disabilities equipment  
Fence/gate      Indoor fixture      Merry-go-round      Playhouse  
Seesaw      Slide      Swings      Vehicles  
Wheeled toys      None      Other: \_\_\_\_\_

### Type Injury?

Burn      Choke/strangle      Fall/blow      Inserted object  
Laceration/wound      Poisoning      Other: \_\_\_\_\_

Were other children involved? **Yes** **No**

### Result of Injury (Observed symptom):

Breathing problems      Cut/wound requiring stitches      Dental injury  
Foreign object in body      Human bite      Minor cut/wound  
Muscular/skeletal (bruise/sprain)      Sting/bite      Swelling  
Unconscious      Vomiting      Other: \_\_\_\_\_

**Body Area Injured: (Circle and note if injury is to the child's Left or Right)**

Head	Face	Eye L / R	Ear L / R	Mouth	Nose
Neck	Chest	Back	Stomach	Buttocks L / R	Genitals
Arm L / R	Hand L / R	Leg L / R	Foot L / R		

**Narrative of first aid rendered to child:**

By whom? \_\_\_\_\_

**Medical Attention Required? (if yes, go to next item.)**    Yes    No

**Severity of injury:**

Parent contacted, child remained in center  
Paramedics came  
Transported to hospital by ambulance  
Parent reported taking child to Dr/clinic  
Parent reported taking child to Emergency Room  
Child admitted to hospital

**Supervisors notified (if any):**

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_  
How notified?    Written memo    telephone    in person    other: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_  
How notified?    Written memo    telephone    in person    other: \_\_\_\_\_

**Describe outcome, as reported by parent:**

(Example: Bone set (cast), stitches, return to school date, etc.)

**Comments:**

**Person reporting injury:** \_\_\_\_\_

Reported to: \_\_\_\_\_ Date: \_\_\_\_\_

**Witnesses to injury:**

Print name	Signature
_____	_____
_____	_____
_____	_____