Injury/Incident Report

Oregon Department of Early Learning and Care

For a list of what must be reported and the timeline for required notification, please see the following rules: OAR Registered Family 414-210-0270, Certified Family OAR 414-360-0270, Certified Centers 414-305-0270, Certified School-Age Centers 414-310-0260 and Certified Outdoor Nature-Based Programs 414-320-0270.

Child's Information

Child's Full Name: Child's Age:

Details and Description of Injury/Incident

Date of injury/incident: Time of injury or incident: am / pm

Where did this occur? ☐ Bathroom ☐ Stairway ☐ Kitchen ☐ Playground ☐ Hallway ☐ Classroom ☐ Other Location:

Was there equipment or furniture involved in the injury? ☐ Yes ☐ No If yes, what?

Who was supervising the children at the time?

Any other adult witnesses? ☐ Yes ☐ No If yes, list names:

Description of the injury or incident:

Injury- Description of first aid measures given:
Incident- Description of action taken:

Who provided first aid?

Action(s) taken to prevent reoccurrence:

Follow-Up Action Taken

☐ Child treated and remained at childcare ☐ Parent contacted ☐ Child taken home

Child taken to doctor by (name of adult): _____ By: ☐ program vehicle, ☐ personal car ☐ parent

☐ Called 911 ☐ Child sent to hospital by ambulance ☐ Name of hospital/clinic: _____

Are there follow-up instructions? ☐ Yes ☐ No If yes, what?

Notifications (as required by rule):

Parent Name:_____ Notified by: ☐ Email, ☐ Phone, ☐ in Person, ☐ Text, ☐ Note

Date: _____ Time: _____

CCLD Staff Name: _____ Notified by: ☐ Email, ☐ Phone, ☐ Text ☐ Voicemail

Date: _____ Time: _____

Provider/Staff Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(Parent signature is required within 48 hours of the injury/incident. An email or text with confirmation of receipt will count as a parent signature.)