



Rhode Island Department of Human Services

Licensed Child Care: Injury Report

Section 1: Program Information

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| Admin/Provider: | | Phone: | |
| Program Address: | | | |

Section 2: Child Information

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|---------------|--|----------------|--|
| Child's Name: | | Date of Birth: | |
|---------------|--|----------------|--|

Section 3: Minor Injury Information

Section 3 must be completed for all injuries (minor and major) that occur in the program.

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|---|--|-------------------|-------------------------------------|-------------------------------------|--------------------------------|
| Date of Injury: | | Time of Injury: | | Location: | |
| Description of Injury: | | | | | |
| How did injury occur? | | | | | |
| If Applicable, description of equipment involved (location, condition): | | | | | |
| Was first aid administered? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, by whom?: | | | |
| What first aid was administered? | | | | | |
| Was parent/guardian notified? | <input type="checkbox"/> Yes <input type="checkbox"/> No | How? | <input type="checkbox"/> Phone call | <input type="checkbox"/> At Pick Up | <input type="checkbox"/> Other |

Section 4: Major Injury Information

Section 4 must be completed for all **major** injuries occurring in the program that require professional medical treatment outside of the facility.

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|---|--|
| Was 911 called? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was child transported for medical attention?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *If yes, by whom: | |
| *If yes, to where: | |
| Treatment provided: | |
| Outcome of child: | |
| Did child return? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, when? | |

Section 5: Signatures

| | | |
|--|-------------------------------------|------|
| Name of Person Completing Form (Print) | Signature of Person Completing Form | Date |
| Administrator/Supervisor (Print) | Administrator/Supervisor Signature | Date |
| Parent/Guardian (Print) | Parent/Guardian Signature | Date |