

School-age Center Injury/Incident Report Form



Any serious injury or incident, as defined in OAR 414-310-0100(38), must be reported to OCC within 24 hours or by the next business day as indicated in 310-0260(1)(j). In addition, OAR 310-0260(e)(A) states any injury that may need evaluation by a physician or impact to a child's head must be reported to the child's parent(s) immediately and be documented, or (B) any injury requiring first aid or requiring observation must be reported to the child's parent(s) on the day of occurrence.

Child's Information		
Child's Full Name:	Child's Age:	
Details and Description of Injury/Incident		
Date of injury/incident:	Time of injury/incident:	am / pm
Where did the injury occur? <input type="checkbox"/> Bathroom <input type="checkbox"/> Stairway <input type="checkbox"/> Kitchen <input type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom Other Location:		
Was there equipment or furniture involved in the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?		
Who was supervising the children at the time?		
Any other adult witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names:		
Description of the injury or incident:		
Injury- Description of first aid measures given: Incident- Description of action taken:		
Who performed the first aid?		
Action taken to prevent reoccurrence:		
Follow-Up Action Taken		
<input type="checkbox"/> Child treated and remained at childcare	<input type="checkbox"/> Child taken home	<input type="checkbox"/> Mandatory report made, if applicable
Child taken to doctor by (name of adult):		<input type="checkbox"/> center vehicle, <input type="checkbox"/> car, or <input type="checkbox"/> ambulance
<input type="checkbox"/> Called 911	<input type="checkbox"/> Child sent to hospital	Name of hospital:
Notifications (as required by rule):		
Parent Name:	Notified by: <input type="checkbox"/> Email, <input type="checkbox"/> Phone, <input type="checkbox"/> in Person, <input type="checkbox"/> Text, <input type="checkbox"/> Note	
	Date:	Time:
OCC Staff Name:	Notified by: <input type="checkbox"/> Email, <input type="checkbox"/> Phone, <input type="checkbox"/> in Person, <input type="checkbox"/> Voicemail	
	Date:	Time:

Report Completed by: _____

Program Leader Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(Parent signature is required within 48 hours of the injury/incident)