

# Injury Report Form- RF/CF



Any serious injury or incident, as defined in RF: OAR 414-205-0010(29), and CF: OAR 414-350-0010(32), needs to be reported to CCLD within five (5) calendar days after the occurrence.

This does not include: (A) Injuries for which a child is evaluated by a professional as a precaution; (B) Injuries for which first aid is administered at the facility, but no further treatment by a medical professional is warranted; or (C) Medical events due to routine, ongoing medical issues, such as asthma or seizures.

Child's Information	
Child's Name:	Child's Age:
Details and Description of Injury	
Date and Time of Injury:	
Where did the injury occur? Classroom Bathroom Stairway Hallway Kitchen Playground Other:	
Was there equipment involved in the injury? Yes No If yes, what equipment?	
Who was supervising the child at the time of injury?	
Any other adult witnesses? Yes No If yes, list names:	
Description of Injury:	
Description of first aid measures given:	
Who performed the first aid?	
Are there follow-up instructions? Yes No If yes, what are they?	
Follow-Up Action Taken	
Child treated and remained at child care Parent contacted Child taken home Child taken to doctor by (name of adult): Doctor's Name: Called 911 Child sent to hospital Clinic ER Name of hospital/clinic/ER: Transported by:	
Notifications (as required by rule):	
Parent Name:	Date: Notified by: Note Text Phone call in Person
CCLD Name:	Date: Notified by: Voicemail Text Phone call Email

Provider/Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to language assistance services and other accommodations at no cost. If you need help in your language or other accommodations, please contact the DELC at 503-947-1400.