Tennessee Department of Human Services

Child Care Provider Serious Injury Incident Report

Child care providers are required to submit a completed Child Care Provider Serious Injury Incident Report to the Tennessee Department of Human Services (TDHS) the same day of the incident for any serious injury involving a child in the provider's care (including on and off-site activities) where treatment by a medical professional was necessary.

Contact your Licensing Program Evaluator for guidance on submitting your completed form to the Child Care Hotline.

If a medical professional determines that no injury occurred or treatment is unnecessary, completion of this form is not required.

Was medical treatment (e.g. hospital, urgent care, clinic, pediatrician, etc.) required? ☐ **Yes**

Child Care Provider Name	
Federal Employer Identification (FEID) + Extension	Child Care Provider Telephone Number
Child Care Provider Physical Address	
Child Care Provider Email	County
Regulatory Agency ☐ TDHS	☐ Department of Education (DOE)
Child Care Provider Type ☐ Center ☐ Drop-In	☐ Family ☐ Group ☐ Authorized ☐ License-Exempt
Does your agency currently participate in the Child Care Certificate Program?	☐ Yes ☐ No
Child's Gender ☐ M ☐ F	Child's Age (in months)
Date/Time of Incident	Date/Time Parent/Guardian Notified

Type of injury(ies): (check all that apply)

- ☐ Head
- ☐ Dental
- ☐ Near-drowning
- ☐ Heat exhaustion/Heatstroke
- ☐ Broken bones
- ☐ Frostbite
- ☐ Choking and/or suffocation
- ☐ Burns
- ☐ Internal
- ☐ Poisoning
- ☐ Electrical
- ☐ Loss of consciousness
- ☐ Dislocations
- ☐ Food poisoning
- ☐ Crush
- ☐ Lacerations and/or Punctures (beyond minor cuts scratches)
- ☐ Allergic reactions (potentially life-threatening, e.g. anaphylaxis)
- ☐ Ingestion of medications (not prescribed or exceeding dosage)
- ☐ Other (specify)

Location of bodily injury(ies): (check all that apply)

Head
- ☐ Scalp
- ☐ Cheek
- ☐ Ear ☐ L ☐ R
- ☐ Nose
- ☐ Mouth
- ☐ Teeth
- ☐ Tongue
- ☐ Lip
- ☐ Forehead
- ☐ Eye
- ☐ Chin

Trunk
- ☐ Neck
- ☐ Collar Bone ☐ L ☐ R
- ☐ Chest
- ☐ Stomach
- ☐ Buttocks: ☐ L ☐ R
- ☐ Genital Area
- ☐ Shoulder: ☐ L ☐ R
- ☐ Back

Arm ☐ L ☐ R
- ☐ Arm
- ☐ Elbow
- ☐ Wrist
- ☐ Thumb
- ☐ Finger
- ☐ Hand
- ☐ Other (specify):

Leg ☐ L ☐ R
- ☐ Leg
- ☐ Ankle
- ☐ Foot
- ☐ Knee
- ☐ Toe
- ☐ Other (specify):

☐ **Other (specify):**

Describe injury(ies) (attach additional pages as necessary – do NOT include details that identify either a child or parent):

Location where incident occurred: ☐ **On-site** ☐ **Off-site, where?**

- ☐ Classroom
- ☐ Lunchroom
- ☐ Vehicle
- ☐ Unknown
- ☐ Other (specify):
- ☐ Playground
- ☐ Kitchen
- ☐ Field Trip
- ☐ Outside (specify):
- ☐ Gym
- ☐ Doorway
- ☐ Office
- ☐ Bathroom
- ☐ Hall
- ☐ Pool

Describe how the incident occurred, including any causes and/or equipment (attach additional pages as necessary – do NOT include details that identify either a child or parent):
Describe your agency's immediate response to the serious injury (attach additional pages as necessary – do NOT include details that identify either a child or parent):
Name of Provider Staff Reporting: