Sunshine House
EARLY LEARNING ACADEMY

CHILD INJURY REPORT

Center #: 69

Report Date: 10/21

Child's name: [redacted] Date of birth: [redacted] Gender: ☑ Male ☐ Female

Date of injury: 10/21 Time of injury: 11:20 AM / PM Class / Room: 2/12

1. Where did the accident/injury occur? Check below.

☑ Classroom: Which classroom? Where in the classroom? by cubbies

☐ Playground: Where on the playground?

☐ Bathroom: Where in the bathroom?

☐ Other (please specify):

Cause of the injury: ☐ Fall from height ☐ Hit by or bumped into ☐ Burn ☐ Pinched/caught in ☐ Human bite ☐ Other: shoe

Piece of equipment involved:

Indoor: ☑ Cubby ☐ Medication ☐ Door ☐ Toy ☐ Other child ☐ Furniture ☐ Steps ☐ Shelving ☐ Other:

Outdoor: ☐ Composite ☐ Play structure ☐ Sandbox ☐ Slide ☐ Fence/wall ☐ Bench ☐ Sidewalk ☐ Swing ☐ Other:

2. Injury circumstances. How did the injury occur? Be as specific as possible:

Pulling away from teacher while turning around causing him to trip over his shoe and fall into cubbies

3. What was the nature of the injury (i.e. cut, swelling, bruising, etc.) and where on the body was the injury sustained? Be as specific as possible:

Swelling

4. Note the location of the injury on the body with an "X" below. Please attach photos of child's injury, if possible.

5. Was an EMT or ambulance called? ☐ Yes ☑ No Description of first-aid given by center staff:

6. Injury report given by name: D'Aga Tz Title: caregiver

Witness to incident name:

Signature: Submitted on date: 10/21 at 11:40 AM / PM

Report received by management name: Ann Royal Title: Director

Signature: Date: 10/21/21

Was child's parent/guardian contacted? ☐ Yes ☐ No

Name(s) of parent/guardian called:

Number of times attempted: Time(s) phone calls were made:

Child Injury Report received by parent/guardian name: Signature: Ashana Date: 10/22/21

Odom

Rev. 5/20