



**Tennessee Department of Human Services
Serious Injury Incident Report**

The agency shall report within one (1) calendar day any serious injury of a child in its care (including on and off-site activities) where treatment by a medical professional was necessary. If a medical professional determines that no injury occurred or treatment is unnecessary, the agency is not required to complete this form. The completed form must be submitted to the Tennessee Department of Human Services (TDHS) at ChildCareServices.DHS@tn.gov or by fax at 615-524-3003; a copy given to the parent/caregiver; and a copy retained for agency records.

Agency Name

Federal Employer Identification (FEID) Agency Telephone Number

Agency Address

Regulatory agency TDHS Department of Education (DOE)

Agency type: Family Center Group
Drop-In Exempt Authorized

Does your agency currently participate in the Child Care Certificate Program? Yes No

Child's Name Gender M F Age

Date/Time of Incident Date/Time Parent/Guardian Notified

Name of Parent/Legal Guardian Notified

Notified By Position Title

Was treatment at a medical facility (e.g. hospital, urgent care, clinic, etc.) required? Yes No

Type of injury(ies): (check all that apply)
 Head Broken bones Internal Dislocations
 Dental Frostbite Poisoning Food poisoning
 Near-drowning Choking and/or suffocation Electrical Crush
 Heat exhaustion/Heatstroke Burns Loss of consciousness
 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		Trunk		Arm	L	R	Leg	L	R
Scalp		Neck		Arm			Leg		
Cheek		Collar Bone	L R	Elbow			Ankle		
Ear	L R	Chest		Wrist			Foot		
Nose		Stomach		Thumb			Knee		
Mouth		Buttocks:	L R	Finger			Toe		
Teeth		Genital Area		Other (specify):			Other (specify):		
Tongue		Shoulder:	L R						
Lip		Back							
Forehead									
Eye									
Chin		Other (specify):							

Describe injury (attach additional pages as necessary):

Location where incident occurred	On-site	Off-site, where?
Classroom	Playground	Gym
Lunchroom	Kitchen	Doorway
Vehicle	Field Trip	Office
Unknown	Outside (specify):	Bathroom
Other (specify):		Hall
		Pool

Describe how the incident occurred, including any causes and/or equipment (attach additional pages as necessary):

Describe your agency's immediate response to the serious injury (attach additional pages as necessary):

Report Prepared By (Staff Signature) Date