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| Date/Time | Child's Name/Age | Type of Injury/  Area of body  (e.g. cut lip open) | How/where injury occurred  (e.g. running on playground, tripped and hit lip on edge of the slide ) | Care Received/Medical Provider  (e.g. 3 stitches / Urgent Care) | Staff Involved |
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** Injury Report Log Child Care Center: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**L.M.C. 8.14.095 Injury Reporting**: The operator shall maintain a list of all child injuries that require medical attention from a health care professional on a form provided or in a format approved by the Health Director. At a minimum, the list shall include: injured child’s name, place, date and time injury occurred, type of injury, body part affected and medical services received. This form shall be kept on the premises for a minimum of two years. **For more information on injury reporting: 402-441-6220 or childcare@lincoln.ne.gov**

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** Injury Report Log Child Care Center: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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