

Serious Accident, Incident, or Injury Report

Please Write Clearly

Provider's Name: _____ Phone: _____

Provider's Address: _____

Type of Facility (Check one) Licensed Family Residential Certificate

Date of Injury ____/____/____

Time of Incident _____

Name of Child _____

Age of Child _____ Gender of Child Male Female Location When Injury Occurred Inside Outside

Body Part(s) Injured _____

Type of Injuries _____

Individual(s) who observed the Incident _____

Explain what happened. Include information about the cause of the injury or incident, the body part injured, the type of injury, where in the facility the injury occurred, any toys or equipment involved in the injury, the reaction of child, etc.):

Describe what action was taken in response to this incident, and by whom: _____

(continued)



Name of the parent or legal guardian who was notified of the incident: _____

Date and time of contact: ____/____/____ at _____

List any instructions given by the parent or legal guardian: _____

Name of the person at Child Care Licensing who was notified of the incident: (The Department must be notified by phone within 24 hours of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's medical treatment plan identified by the parent.)

Name: _____

Date and time of contact: ____/____/____ at _____

Any Additional Comments or Information:

Signature of Provider Date ____/____/____

Signature of Authorized Person Picking Up the Child Date ____/____/____

The Department must be given written notification by fax or mail within 5 days of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's medical treatment plan identified by the parent.

Report (Check One): Mailed Faxed Electronic Transmission Date ____/____/____

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.

