



Child Care
Accident Report

The licensing standards for Family Child Care (9502.0375, Subp. 1, D) state that all providers shall report immediately to the agency the occurrence of any serious injury or death of a child in a licensed facility. Serious injury is defined as one requiring professional medical attention.

Telephone your licensing worker as soon as possible. Complete this form and submit one copy to the agency within 48 hours. Retain one copy for your own records.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Licensed Home: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

Describe How Accident/Injury Took Place (Others Present, Where It Occurred):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Action Taken (Type of Medical Care Received): \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature of Provider

Date

Send one copy of this form to: Child Care Licensor
Washington County Community Services
14949 62nd Street North, P.O. Box 30
Stillwater, MN 55082-0030