Licensed Child Care Center/Group Child Care Home

Accident/Injury/Illness Report

Child’s Name: ________________________________________________________________

Date: ________________

Time of Occurrence: ________________

Location: _______________________

Description of Accident, Injury or Illness: (circle one)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Temperature (if taken): ______

Action taken by staff:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Was the child transported to a hospital emergency room, doctor’s office or other medical facility?  Yes or No (circle one)

*A copy of this report is to be provided to the child’s parent(s) no later than the next business day and a copy must be maintained on the premises for a period not less than two years.*