

Serious Injury Report Form

A verbal report must be made immediately after the occurrence of any serious injury or death of a child.
The written form below must be submitted to the Child Care Licensor within 24 hours of the serious injury or death
A serious injury is one that is treated by any medical professional

Injured Child's Information:

Injured
Child: _____ DOB: _____ Parent(s): _____

Address: _____

Phone
Number(s): Home: _____ Work: _____ Cell: _____

Accident Information:

Date of Accident: _____ Time of Accident: _____

Time Parent Was Notified: _____ Time Parent Arrived: _____

Name of Parent That
Responded: _____

Location of Accident: _____

Who Witnessed the Accident: _____

Other Children In the Home
When Accident Occurred
(names & ages): _____

Other Adults in the Home
When Accident Occurred: _____

Nature and Extent of Injuries: _____

Description of Accident: _____

Location of Caregiver When Accident Occurred: _____

Was Anyone Else Involved In the Accident?: _____

Was First Aid Given? _____ Describe: _____

Admitting Hospital: _____

Admitting Physician: _____

Specific Instructions Given By Physician: _____

What Precautions Have Been Taken to Prevent the Accident From Occurring Again?: _____

Date Licensor Was Notified: _____ **Time Licensor Was Notified:** _____

Date Written Report Was Sent to Licensor: _____

Signature of Provider: _____ **Date:** _____

Submit to: Child Care Licensing
Winona County Community Services
202 West Third Street
Winona, MN 55987
Ph: 507-457-6430 or 507-457-6200
Fax: 507-454-9381
DHS@co.winona.mn.us