



Child Care Center Serious Injury & Death Reporting Form

Please use this form to notify the Department of Human Services, Division of Licensing within 24 hours of a:

- serious injury to a child in care in the center (see below for definition of serious injury)
- death of a child in care in the center

Please fill out the form completely and send via email using the button at the bottom of the form

1. Program Information:

Center Name		Address	
City	State	Zip Code	
Certified Center / Licensed Center	Center Phone Number	Certification Number / License Number	
Center Licensor Name (if known)			

2. Injury / Death Information

What Are You Reporting?	Date of Serious Injury or Death	Time of Injury	Treatment by Physician or Dentist	Date Program was Notified of Treatment
Type of Injury	If Other:		Location Injury Occurred	If Other:
Injury / Death Details (Describe what happened)				

Because you need to notify DHS within 24 hours, please indicate here if follow up information will need to be provided (i.e. results of the doctor visit)

Child Name	Child Date of Birth
Action taken by center / staff responding to injury	Updates to policy or staff retraining as a result of injury

Indicate here if this injury is similar to past events with this child or other children

Name of Person Completing Report (please print)	Title	Date of Report to DHS
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Serious Injury – is an injury that requires treatment by a physician or dentist. This means that if a child sees a physician or dentist for evaluation of an injury, but no treatment is given, the injury does not meet the definition of serious and does not need to be reported using this form. Treatment does not include application of or recommendation to use nonprescription medication or diagnostic testing.

DHS Use Only

Comments / Follow up	Is This a Serious Injury? yes / no	
Name of Person Receiving Report	Title	Date