

**MINNESOTA PRAIRIE COUNTY ALLIANCE FAMILY CHILD CARE
INJURY/INCIDENT REPORT FORM**

Name of Provider: _____ **License #:** _____

Address: _____ **Phone #:** _____

Minnesota Child Care Licensing Rule 9502 requires immediate reporting of the following injuries/incidents:
(Please check those pertaining to your report)

- Animal bites (*parents should be notified as soon as possible--9502.0435, subpart 12.G*)
- Injury of a child during child care hours which requires the attention of a medical professional either during or after child care hours (*parent should be informed as soon as possible--9502.0375, subpart 2.D*).
- Death of a child in care (*9502.0375, subpart 2.D*).
- Fire in child care home which requires service of fire department (*within 48 hours of incident--9502.0375, subpart C*).
- Any suspected case of reportable disease as listed in Minnesota Prairie County Alliance Child Care Provider Policy (*9502.0435, subpart 16E*).

CAREGIVER SHALL REPORT IMMEDIATELY TO THE POLICE OR SOCIAL SERVICES INTAKE UNIT (507-431-5725) ANY SUSPECTED CASE OF PHYSICAL ABUSE, SEXUAL ABUSE, OR NEGLECT OF A CHILD; OR ANY SUSPICIONS OF SUCH ACTIONS RESULTING IN DEATH OF A CHILD. (9502.0375, SUBPARTS 1 AND 2B)

Name of Child: _____ Date of Birth: _____

Parent(s) Name: _____ Address: _____

Parent(s) Phone (*Work and Home*): _____

Date of Injury/Incident: _____ Time: _____

Place of Injury/Incident: _____

Describe Injury/Incident: _____

Action Taken By Provider: _____

Action Taken by Parent: _____

Signature of Child Care Provider _____ Date _____

Signature of Parent _____ Date _____

REMINDER: Keep a copy of the report for your file. **Send the original to your Child Care Licensing Worker.**