



Child Care Injury/Incident Report Form

The information you provide is “private” or “nonpublic” data as defined under Minnesota law, meaning that it is accessible to the individual who is the subject of the data but not to the general public.

Use this form to notify Blue Earth County Human Services/Licensing within:

- 24 hours of the death of a child in care
- 24 hours of any injury to a child in care that required treatment by a physician
- 48 hours of the occurrence of a fire that required the service of a fire department
- 24 hours of the use of any emergency medical service by a child while in care.

If you know or have reason to believe this report involves maltreatment of a child in care, call Maltreatment Intake at (507) 304-4444 immediately, meaning as soon as possible, but in no event longer than 24 hours.

Name of license holder: _____

Address: _____

Date of report: _____ Date of injury/incident: _____

Date program notified of medical or dental care: _____

Time of day injury/incident occurred: _____

Name of child: _____ Age of child: _____

Describe what happened (how what, where): _____

Action taken: _____

To whom it was reported: _____

Report completed by: _____

Name

Title