

DAY CARE ACCIDENT/INCIDENT REPORT FORM

The Department of Human Services requires that McLeod County Daycare Licensing be notified, within 24 hours, of an accident or incident requiring medical or dental care. Send this form to your day care licensing worker immediately, and call the licenser at (320) 864-3144.

(9502.0375, Subp. 1D)

Provider's Name _____ Phone Number _____

Address _____ City _____ Zip _____

Date of Report: _____

Date of Accident/Incident: _____ Time of Accident/Incident: _____

Date daycare was notified, by parent, of medical or dental care needed: _____

Child's Name _____ Age of the Child _____

Parent's Name _____ Phone Number _____

Address _____ City _____ Zip _____

Place of Accident/Incident: _____

Nature of Injury Received: _____

Describe how Injury/Accident/Incident Occurred: _____

Action Taken: _____

Signature of Parent

Date

Signature of Daycare Provider

Date

**Send form to: McLeod County Daycare Licensing, McLeod
Health & Human Services Building, 1805 Ford Avenue N, Suite 100, Glencoe, MN 55336**
(Please give 1 copy to the parent, and keep 1 copy for your file.)

