

**Licensed Child Care Center/Group Child Care Home
Accident/Injury/Illness Report**

Child's Name: _____

Date: _____

Time of Occurrence: _____

Location: _____

Description of Accident, Injury or Illness: (circle one)

Temperature (if taken): _____

Action taken by staff:

Was the child transported to a hospital emergency room, doctor's office or other medical facility? Yes or No (circle one)

*A copy of this report is to be provided to the child's parent(s) no later than the next business day and a copy must be maintained on the premises for a period not less than two years.