

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

# Serious Injury Reporting Form

## Family Child Care

All providers shall inform their county licensur immediately after the occurrence of any serious injury or death of a child within the child care residence. A serious injury is one that is treated by a physician. Your licensur may request that you complete a serious injury reporting form.

### Program Information

LICENSE HOLDER FIRST NAME	MI	LICENSE HOLDER LAST NAME			
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY	

### Injury / Death Information

WHAT ARE YOU REPORTING?	DATE OF SERIOUS INJURY OR DEATH	TIME (h:mm am/pm)	TREATMENT BY PHYSICIAN OR DENTIST	
DATE OF TREATMENT NOTIFICATION	TYPE OF INJURY			
INJURY / DEATH DETAILS (DESCRIBE WHAT HAPPENED)				
LOCATION INJURY OCCURRED	CHILD NAME	CHILD DATE OF BIRTH		
ACTION TAKEN WHILE RESPONDING TO INJURY				
INDICATE HERE IF THIS INJURY IS SIMILAR TO PAST EVENTS WITH THIS CHILD OR OTHER CHILDREN				
NAME OF PERSON COMPLETING THE REPORT (LICENSE HOLDER, SECOND CAREGIVER, HELPER)			DATE OF REPORT TO COUNTY	

Serious injury - is an injury the requires treatment by a physician or dentist. This means that if a child sees a physician or a 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. Examples of injuries that do not need to be reported include things like cuts or scrapes for which a child sees a physician but no treatment is needed, a bump to a tooth if the dentist determines no treatment is needed, etc.)

**Email a copy of this completed form to your county licensor.**