

DAY CARE ACCIDENT REPORT

Use of form: This form is voluntary, however, completion of this form meets the requirements of HFS 45.03(3)(a), 46.04(3)(a) and HFS 55.41(2)(a) of the Wisconsin Administrative Codes. Failure to report an accident per HFS 45.03(3)(a), 46.04(3)(a) and HFS 55.41(2)(a) is a violation of the licensing rules and may result in an enforcement action. Personally identifiable information collected on this form is confidential and will be used to determine compliance with licensing rules.

Instructions: Submit completed report to your Regional Office to the attention of the Licensing Section. Retain one copy in child's record.

DAY CARE CENTER INFORMATION

Name - Day Care Center		Telephone Number	
Address - Day Care Center	City	State	Zip Code

CHILD AND PARENT INFORMATION

Name - Child	Birthdate (mm/dd/yyyy)	Name - Parent(s) / Guardian(s)	
Telephone Number - Child's Home	Telephone Number - Parent / Guardian - Home	Telephone Number - Parent / Guardian - Work	

ACCIDENT INFORMATION

Accident Location	Accident Date	Accident Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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Accident Description

Nature and Extent of Injury

If a Toy was Involved in the Accident - Name and Type

Activity in which Child was Engaged when Accident Occurred - Describe

How Parent was Notified of Accident - Describe

MEDICAL INFORMATION

Name - Hospital or Clinic	Name - Physician		
Address - Hospital or Clinic	City	State	Zip Code

Medical Treatment Provided by Medical Professional - Describe

SIGNATURE - Day Care Center Representative

Date Signed