



**CHILD ACCIDENT OR UNUSUAL
INCIDENT REPORT FOLLOW-UP
(Family Child Care Homes)**

Name of Family Child Care Provider

Address

Date and Time of Accident/Incident _____ Type of Accident/Incident

IDENTIFYING INFORMATION

Names of Participants involved in accident/incident (First and Last Names)	AGE	SEX	Provider/Child/ Parent/Guardian/Other
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1. _____

2. _____

3. _____

1. How did the accident/incident occur?

2. If medical services were required, what was treatment? What was the outcome?

3. Was the parent/guardian notified immediately? Were they satisfied with the way that you handled the situation?

4. Was the original information from your initial telephone report to CCC accurate?

Reviewed By CCC Staff
