

INCIDENT REPORT FOR CHILD CARE PROVIDER
Call and complete this form within 8 hours of incident and send to

Isanti County Family Services

This form must be completed immediately following any accident, injury or hospitalization of child care child. This form **may** be used to notify the child care social worker when you feel questions could arise as to the course of action used in handling any incident or situation. Such situations may include:

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| A. Assaultive behavior of child. | F. Serious injury or death of child |
| B. Child's behavior is out of control | G. Fire or smoke requiring response of FD |
| C. Animal bite or scratch which breaks skin (inform public health) | H. Child leaves unexpectedly |
| D. Suspected case of reportable disease (inform public health) | I. Supervision issue |
| E. Other | |

Child Care Provider: _____

Child Involved in Incident: _____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Other persons involved:	Address	Phone
<u>Name</u> _____	_____	_____
_____	_____	_____
Persons Witnessing incident:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nature of Incident: _____ Date: _____ Time: _____ AM/PM

Location of incident: _____

Action taken: _____

Was child seen by a medical professional? _____

If so, what were recommendations? _____

(If more space is needed attach additional paper.)

Persons notified:	Name:	Date:	Time:
<input type="checkbox"/> Parent/Guardian/Relative	_____	_____	_____
<input type="checkbox"/> Licensing Social Worker	_____	_____	_____
<input type="checkbox"/> Medical Provider	_____	_____	_____
<input type="checkbox"/> Police/if appropriate	_____	_____	_____
<input type="checkbox"/> Others _____	_____	_____	_____
_____	_____	_____	_____

Form Completed by: _____	Date: _____
Return to: _____ Licensing Social Worker	