

**INCIDENT REPORT FOR LICENSED PROVIDERS
FAMILY CHILD CARE, FAMILY FOSTER CARE, AND ADULT FOSTER CARE**

**To be completed by provider within 8 hours of incident and sent to
Pine County Family Services**

This form must be completed immediately following any accident, injury, or hospitalization of a child/adult.

This form **may** be used to notify the County's 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:

- A. Assaultive behavior of child/adult
- B. Beyond control behaving child/adult
- C. Child/adult leaves unexpectedly
- D. Supervision issues

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|---|--|--|---|
| Licensed Provider: _____ | | Date of Incident: _____ | |
| Child/Adult Involved in Incident: _____ | | Date of Birth: _____ | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Other Persons Involved: | | | |
| <u>Name:</u> _____ _____ _____ | <u>Address:</u> _____ _____ _____ | <u>Phone:</u> _____ _____ _____ | |
| Persons Witnessing Incident: | | | |
| _____ _____ | _____ _____ | _____ _____ | |
| Nature of Incident: | | Date: _____ | Time: _____ AM/PM |
| _____ _____ _____ | | | |
| Location of Incident: _____ | | | |
| Action Taken: _____ _____ _____ | | | |
| Persons Notified: | Name: | Date: | Time: |
| <input type="checkbox"/> Parent/Guardian/Relative | _____ | _____ | _____ |
| <input type="checkbox"/> Social Worker | _____ | _____ | _____ |
| <input type="checkbox"/> Medical Provider | _____ | _____ | _____ |
| <input type="checkbox"/> Police (if appropriate) | _____ | _____ | _____ |
| <input type="checkbox"/> Others | _____ | _____ | _____ |
| Form Completed by: _____ | | Date: _____ | |
| Return to: Nikki Wiener, Licensing Social Worker, Pine County Health & Human Services, 315 Main St. South 200, Pine City, MN 55063 | | | |