

**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  
Kanabec County Family Services**

**This form must** be completed immediately following any serious injury requiring medical attention or death 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

Licensed Provider: _____		Date of Incident: _____	
Child/Adult involved in Incident: _____		Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Other Persons Involved:</b>			
<u>Name</u> _____ _____	<u>Address</u> _____ _____	<u>Phone</u> _____ _____	
<b>Persons Witnessing Incident:</b>			
_____ _____	_____ _____	_____ _____	
<b>Nature of Incident:</b>		<b>Date:</b> _____	<b>Time:</b> _____ AM/PM
_____ _____			
Location of incident: _____			
Action taken: _____ _____ _____			
<b>Persons Notified:</b> <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	<b>Name:</b> _____ _____ _____ _____	<b>Date:</b> _____ _____ _____ _____	<b>Time:</b> _____ _____ _____ _____
Form Completed by: _____			Date: _____
Return to: Katie Heacock, Kanabec County Family Services 905 E Forest Ave Suite 150 Mora, MN 55051			

