

INCIDENT REPORT FOR DAY CARE PROVIDER
To be completed by day care provider within 8 hours of incident and sent to
Isanti County Family Services

This form must be completed immediately following any accident, injury or hospitalization of day care child. 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.
- B. Beyond control behaving child
- C. Child leaves unexpectedly
- D. Supervision issues.
- E. Other

Day Care Provider: _____			
Child Involved in Incident: _____		Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Other persons involved: <u>Name</u> _____ _____ _____ Persons Witnessing incident: _____ _____ _____	<u>Address</u> _____ _____ _____ _____	<u>Phone</u> _____ _____ _____ _____	
Nature of Incident: _____		Date: _____	Time: _____ AM/PM
_____ _____ _____ _____			
Location of incident: _____			
Action taken: _____			

<small>(If more space is needed attach additional paper.)</small>			
Persons notified: <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 _____ _____	<u>Name:</u> _____ _____ _____ _____ _____	<u>Date:</u> _____ _____ _____ _____ _____	<u>Time:</u> _____ _____ _____ _____ _____
Form Completed by: _____		Date: _____	
Return to: _____ Day Care Social Worker		White Copy - Day Care Social Worker Yellow Copy - Parents Pink Copy - Day Care Provider	