Child Protection Incident Report

Instructions

Complete this report under any of the following situations:

A. A child becomes ill or receives an injury that requires treatment from a medical professional while in your care;

B. A child receives a severe bump or blow to the head or other visible injury regardless of treatment;

C. A child is transported by ambulance from your facility;

D. An unusual or unexpected incident occurs that jeopardizes the safety of a child, such as a child left unattended, there is a vehicle accident (with or without injuries), or a child is exposed to a threatening person or situation;

E. There is an allegation or reasonable suspicion of abuse of a child.
Important: Consult the Minnesota Department of Human Services mandatory reporting requirements for further information on abuse reporting

Date of Incident:	Time of Incident:
Name and Approximate Age of Child Involved (One Report per Child):	
Contact Information for Child Involved: Parent/Guardian:_____ Address:_____ Telephone:_____ Email: _____	
Nature of Injury/Incident:	
Location of Incident:	
Description of Incident:	

Was the above information:

☐ Reported to you by someone else? If so, who: _____

OR

☐ Directly observed/witnessed by you?

Action(s) Taken: (Check all that apply.)

☐ Provided First Aid What/When_____

☐ Call placed to 911 By Whom_____

☐ Taken to hospital By Whom_____

☐ Notified Parent/Guardian Who/When: _____

☐ Notified Church Official Who/When:_____

☐ Notified Authorities Who/When: _____

☐ Other _____

Witnesses to Incident:

Name:_____

Address:_____

Telephone:_____

Email:_____

Name:_____

Address:_____

Telephone:_____

Email:_____

Printed Name of Person Completing This Report: _____

Position at the Organization: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Signature of Church Official: _____ Date: _____

WITNESS REPORT

Name: _____

Address:_____

Telephone Numbers:

Home:_____ Work: _____

Cell: _____ Email:_____

Date/Time of Incident:

Fully Describe What You Observed:

Anyone else you know who may have witnessed the incident?

Name: _____

Address: _____

Telephone:_____ Email:_____

Printed Name of Witness: _____

Signature: _____

Date Signed: _____