



3195 Neil Armstrong Blvd.  
Eagan, MN 55121  
651-686-0405

204 Mississippi Ave.  
Red Wing, MN 55066  
651-388-7108

224 Main Street  
Zumbrota, MN 55992  
507-732-7888

1202 Beaudry Blvd  
Hudson, WI 54016  
715-410-4216

792 Canterbury Rd S, Ste 132  
Shakopee, MN 55379  
952-403-7979

**Reviewed 12/28/2017**  
**Reviewed 02/05/2018**

### Serious Incident and Emergency Report

**R-107-S**

#### Identifying data

Time/Date of Incident: \_\_\_\_\_ Time/Date of Receipt: \_\_\_\_\_

Consumer's Name & ID: \_\_\_\_\_ Reporters Name: \_\_\_\_\_

Program/ Department (see below): \_\_\_\_\_ Location of Incident: \_\_\_\_\_

1 – CB; 35 – CE; 40 – DTH-Heidi; 41 – DTH-RW; 42 – Zumbrota; 333 - PC

#### Type of incident or emergency (check all that apply)

- Serious Injury\*     Medical Emergency     Unexpected serious illness     Maltreatment of a minor
- Maltreatment of a vulnerable adult     Death of a person served\*     Emergency (specific type) \_\_\_\_\_
- A person's unauthorized or unexplained absence from a program
- Emergency use of manual restraint (complete EUMR Incident Report form)
- Sexual activity between persons served involving force or coercion
- Physical conduct by a person served against another person served (see 245D.02, subd. 11 for severity)
- An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department
- Any mental health crisis that requires the program to call "911" or a mental health crisis intervention team or a similar mental health response team or service when available and appropriate.
- Significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization

\*Reporting of these incidents must also be made to MN Department of Human Services and MN Office of the Ombudsman.

**Required notifications:** completed within 24 hours of discovery or receipt of information that the incident occurred

Legal representative:	Date:	Time:	am/pm	<input type="checkbox"/> Left message
Case manager:	Date:	Time:	am/pm	<input type="checkbox"/> Left message
Designated emergency contact:	Date:	Time:	am/pm	<input type="checkbox"/> Left message
Rule 203 licensor (family foster care only): <input type="checkbox"/> N/A	Date:	Time:	am/pm	<input type="checkbox"/> Left message
DHS Licensing Division: <input type="checkbox"/> N/A	Date:	Time:	am/pm	<input type="checkbox"/> Left message
MN Office of the Ombudsman: <input type="checkbox"/> N/A	Date:	Time:	am/pm	<input type="checkbox"/> Left message
MN Office of Health Facility Complaints (ICF/DD only): <input type="checkbox"/> N/A	Date:	Time:	am/pm	<input type="checkbox"/> Left message
The MAARC/Child Protection Agency <input type="checkbox"/> N/A	Date:	Time:	Am/pm	
<b>Name of intake worker:</b>				

Was an internal maltreatment report filed?  Yes     No, if no, why:

