

INCIDENT REPORT FOR FOSTER PROVIDER

To be completed by the foster care provider within 8 hours of incident and sent to foster care licensor and client's social worker within 24 hours.

1. This form must be completed immediately following any accident, injury, or hospitalization of a resident in placement.
2. This form must be used to report personal or property damage that can result in an insurance claim against the foster care insurance.
3. This form must be used when a police report involving a resident has been made.
4. This form must be used when a complaint has been filed under the Child Abuse Reporting Act or Vulnerable Adults Act.
5. This form may be used to notify the resident's social worker or your foster care licensor when you feel questions could arise as to the course of action used in handling any incident or situation.
6. This form may be used to notify a resident's social worker or foster care of the following:

| | |
|-------------------------------------|------------------------------|
| A. Assaultive behavior of resident. | D. Resident commits a crime. |
| B. Beyond control behavior. | E. Neighborhood problems. |
| C. Resident leaves unexpectedly. | F. Resident runs away. |

Foster Care Provider _____

Resident involved in incident _____ Age _____ Sex _____

Other persons involved

| | |
|---------------|---------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Phone _____ | Phone _____ |

Persons witnessing incident

| | |
|---------------|---------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Phone _____ | Phone _____ |

Nature of incident _____

Date _____ Time _____ AM/PM
Location of incident _____

Action taken _____

(If more space is needed, attach additional paper.)

Send copies to:

| | | |
|---------------------------------------|------------|------------|
| Parent/Guardian/Relative _____ | Date _____ | Time _____ |
| Social Worker/Probation Officer _____ | Date _____ | Time _____ |
| Foster Care Licensor _____ | Date _____ | Time _____ |
| Form completed by _____ | Date _____ | Time _____ |