

INCIDENT REPORT FOR FOSTER PROVIDER

To be completed by the foster care provider within 8 hours of incident
and sent to foster care licenser 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 licenser 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.
 - B. Beyond control behavior.
 - C. Resident leaves unexpectedly.
 - D. Resident commits a crime.
 - E. Neighborhood problems.
 - 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 Licenser _____	Date _____	Time _____
Form completed by _____	Date _____	Time _____