

Incident Report for Foster Providers

To be completed by the foster care provider within 8 hours of incident and sent to foster care and clients 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 Adult Act.
5. This form may be used to notify the Resident's social worker or your foster care social worker 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 social worker 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 Address Phone

\_\_\_\_\_

Persons witnessing incident:

\_\_\_\_\_

Nature of incident:

Location of incident:

Action taken:

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

Persons Notified:

Table with 4 columns: Name, Date, Time, and a list of notification categories (Parent/Guardian/Relative, Social Worker/Probation officer, Police, Medical Provider, School/Day Program, Others) with checkboxes.

Form completed by: \_\_\_\_\_ Date & Time of report \_\_\_\_\_

Return to: \_\_\_\_\_ Foster Care Social Worker

For Agency Use Only Referred for Insurance Notification [ ] Yes [ ] No

Date: