

Child Foster Care Provider Incident Report Form

To be completed by the Foster Care Provider within 8 hours of incident unless otherwise specified.

1. This form must be completed immediately following any accident, injury, or hospitalization of a child in placement. (Report immediately)
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 the child has been made.
4. This form must be used when a complaint has been filed under the Minnesota Reporting of Maltreatment of Minors and Vulnerable Adults. (Report immediately)
5. This form may be used to notify of the child's social worker or foster care licensur 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 child's social worker or foster care licensur of the following:
 - Assaultive behavior of foster child Beyond control behavior
 - Foster child leaves without permission
 - Foster child commits a crime
 - Neighborhood problems
 - Foster child runs away (report immediately)

Foster Parent(s): _____ Date reported to worker: _____

Child Name:		Age:
Date of Incident:	Time of Day:	Location of Incident:

	Name of Person	Date of Notification	Time of Notification
Child Foster Care Licensur			
Child's Social Worker			
Other			

Description of Incident (including extent of injury, if applicable): (if needed, please attach separate sheet.)

Action Taken/ Resolution: (if needed, please attach separate sheet)

Name of Foster Parent (print)	Signature of Foster Parent	Date
Name of Foster Parent (print)	Signature of Foster Parent	Date