|  |  |  |
| --- | --- | --- |
| Child’s Name:       | Age:       | Gender:       |
| Date of Admission:       | Time of Incident:       AM/PM | Date of Incident:       |

|  |  |
| --- | --- |
| Name of Foster Home:       | Telephone Number:       |
| Address of Foster Home:       |

List the name of all of the adults involved and their role in relation to the children:

|  |  |
| --- | --- |
| Name | **Role** |
|       |       |
|       |       |
|       |       |
|       |       |

List the name or other means of identifying witnesses to the incident, if any:

|  |  |
| --- | --- |
| Name | **Role** |
|       |       |
|       |       |
|       |       |
|       |       |

Please list below the nature of the incident, including circumstances surrounding the incident:

Please list below all interventions made during and after the incident, such as medical interventions, contacts made, and other follow up actions:

If this was an incident reportable to law enforcement, please include; name of officer and their contact information, any specifics made in the report, call identification number, dates, and times of the report:

Did any injury occur during this incident? [ ]  Yes [ ]  No

If so, describe fully:

If medical care was necessary please list the licensed health-care professional’s name, findings, and treatment, if any:

|  |  |  |
| --- | --- | --- |
| Name | **Findings** | **Treatment** |
|       |       |       |

How did the incident resolve?

This incident was reported to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_.

 *Name Date Time*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature Date

…………………………………………………………………………………………………………………

If this was a reportable incident please list the call identification number, dates, and times of the report to licensing.

…………………………………………………………………………………………………………………