



FOSTER PARENT INCIDENT REPORT

Child's name: _____ Date: _____

DOB: _____ Foster Home: _____

Time of incident: _____

Place of incident: _____

Type of incident: (check all that applies)

- Radio button options for incident types: Bumps/Bruises/Scratches, Bite, Physical Injury without medical attention, Physical Injury with medical attention, Hospitalized, Behavioral without restraint, Manual Restraint, AWOL (Runaway), Other Concern: please describe below.

Persons involved in incident: _____

Explain what happened:

Five horizontal lines for describing the incident.

Physical injury apparent:

Three horizontal lines for describing physical injury.

Action taken by foster parent:

Three horizontal lines for describing actions taken.

Foster Parent Date

Foster Care Worker Date

Foster Care Supervisor Date

Foster Care Director Date