

FOSTER CARE / RESOURCE INCIDENT REPORT

CHILD'S NAME: _____ **DATE OF INCIDENT:** _____

TIME: _____ **AM/PM** **LOCATION:** _____

ACTIVITY: _____

FOSTER PARENT: _____

OTHERS PRESENT: 1 _____ 2 _____ 3 _____

NATURE OF INCIDENT:

- | | | | |
|--------------------|-------|---|-------|
| A.W.O.L. | _____ | Physical/Verbal Aggression Toward Adult | _____ |
| Property Damage | _____ | Physical/Verbal Aggression Toward Peer | _____ |
| Medical Crisis | _____ | Self Abuse | _____ |
| Abuse Disclosure | _____ | School Incident | _____ |
| Accident-Injury | _____ | Criminal Activity | _____ |
| Drug/Alcohol Abuse | _____ | | |

DESCRIPTION OF INCIDENT: (include precipitating factors)

INTERVENTION: (e.g. physical restraint or escort, timeout, counselling, etc.)

OUTCOME:

CONSEQUENCES: (if applicable)

Foster Parent
Date: _____

Name of Staff Advised
Date: _____