St. Louis County Public Health & Human Service Department

CHILD FOSTER CARE INCIDENT REPORT

USED WHEN: 1. A child is injured. 2. Any use of spanking, hitting, corporal punishment. 3. Restraining child out of control. 4. Drug use by parent., attempted suicide, assault on others, etc. 5. Calling police for support or lodging , AJC, jail etc. 6. Conflict with natural parent.

Date Form Completed: _____

Child's Name: _____ Birthdate _____

Last First Middle Initial

Foster Home/Group Home: _____

Address: _____

Date of Event: _____ Time: _____AM/PM Place: _____

Who Has Custody: _____

Persons Involved: _____

_____

Persons Contacted: (Dates) _____

Describe Incident: (Be specific, define terms) _____

_____

_____

_____

Action Taken: _____

_____

Referred to: (Dates) _____

Potential Problems: _____

_____

Attached Supporting Documents: _____

_____

_____
Group Home Parent or Foster Parent

_____
Foster Care Social Worker

Copies To: ____Section
____ Division
____ Administration

_____
Resident's Signature

_____
Family Social Worker

Return to Foster Care Licensor

12/09