

INCIDENT REPORT – CHILD FOSTER CARE

*To be completed by the foster care provider within 8 hours of incident (accident, injury or hospitalization) and send to Big Stone County Family Services within 24 hours. Use this form to report:*

1. An accident, injury or hospitalization of child in your care.
2. Personal or property damage that could result in an insurance claim.
3. When a police report involving the child has been made.

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Name of Child

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Foster Care Provider

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Address

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Phone Number

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Social Worker

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Date of Incident

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Time/Location of Incident

Nature of Incident/Report (who, what, where, when, witnesses):

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Action Taken/Resolution (what and when):

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Persons Notified:

Parent/Relative/Guardian

Licensing worker

Law Enforcement

Social Worker

Probation Office

Other

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Form Completed by

Date