



Report of Incident Involving a Child in Foster Care

Program type:	FFC	TFFC	Congregate Care Facility	Special Medical	TFCO (MTFC)
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Reporter's Name: _____ Title: _____ Phone: _____ Date: _____

Case Planning Agency:

Case Name: _____ Case Number: _____

Case Planner's Name: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Program Director's Name: _____ Phone: _____

Child's Last Name: _____ First Name: _____

DOB: CIN: Initial Placement Date:

Parent/Legal Guardian's Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Was parent/legal guardian notified?

Yes (please provide manner (ex: phone call) and date of notification below)

No (please provide an explanation below)

Was parent advised of legal rights? Yes No (*explain below*)

Parent/Legal Guardian's Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Was parent/legal guardian notified?

Yes (please provide manner (ex: phone call) and date of notification below)

No (please provide an explanation below)

Was parent advised of legal rights? Yes No (*explain below*)

Full name of foster parent or placement facility:

Address: _____ City: _____ State: _____ Zip: _____

Report of Incident, Accident, Injury, Illness, or Death

Location: _____ Date: _____ Time: _____

Incident details:



If medical treatment was obtained:

Type of treatment (check all that apply): Emergency Room Hospital Admission Primary Care doctor visit

Other:

Name of attending physician:

Date first consulted:

Contact information:

Name of hospital that treated the child:

Date of admission:

Address:

Date of discharge:

Diagnosis and treatment given *(please attach pertinent documentation, such as discharge papers, if available)*:

Results of examination, including X-rays, neurological findings, etc.:

Prognosis and follow-up care required; indicate if permanent disability has resulted or will result:

If police responded to the incident or if police notification was required, made or indicated:

Police Precinct Name:

Number:

Address:

City:

State: Zip:

Responding Officer's Name:

Badge #:

Police Report #:

Police action taken, if any:

Additional information:

Was the FCLS Attorney notified? Yes *(provide name and number below)* No *(please explain below)*

Was the Attorney for the Child notified? Yes *(provide name and number below)* No

Attorney's Name:

Phone:

Is legal action being contemplated? Yes *(state by whom below)* No

Name:

Has the incident attracted media attention? Yes *(state by whom below)* No