FOSTER PARENT DAILY LOG BOOK

Child's Name	
Caregiver's name_	
From	_to

This logbook was initially developed by the Okanagan Foster Parents Association and the Ministry for Children and Family Development. CLBC Kelowna Quality Service Office has revised the booklet as of 04/2008 to meet the needs of CLBC caregivers.

This book can be copied or changed to suit your needs. This log book is also available online at www.okfosterparents.ca/publications.

HOW TO USE YOUR LOG BOOK

- ➤ Keeping a log book is a requirement. Ideally, you should record daily but often times long term, stable placements can be done less often. Be sure to record all significant events, out of the ordinary behaviors or events, and changes to the household. Remember the good stuff!
- ➤ These records are very important when discussing the child's progress with the child's worker and protect the Foster Parent, should any concerns arise.
- ➤ Keep it short, simple and factual. Record incidents while they are fresh in your memory.
- ➤ Write in INK and cross out corrections with <u>one</u> line and initial.
- ➤ These records are the property of Community Living BC and must be returned to Community Living BC on request or when you finish fostering. The child may request these records through the Freedom of information Act.
- Records must be kept in a private, secure location.
- ➤ Initial each page.
- Some children may be capable of assisting you with your recording. Kids should know what you are writing and why. They should know they are confidential and that you are committed to being fair. You may wish to have the child initial as well.
- For long term placements, you may wish to make a notation at the beginning of the book that "If nothing is recorded on a certain day, it means that nothing of significance happened that day"

EMERGENCIES

Fire Department 9-1-1

Police 9-1-1 **Ambulance** 9-1-1

Ministry of Children and Family Development After Hours Line

For emergencies outside office hours (usually 8:30 a.m. to 4:30 p.m., Monday to Friday), foster parents can call the ministry's After Hours Line:

1-800-663-9122

Poison Control Centre 1-800-567-8911

Helpline for Children (to report child abuse or neglect) **310-1234** (from anywhere in BC 24 hours a day (no area code required)

RESOURCES

OTHER USEFUL BC Federation of Foster Parent Associations (BCFFA) (604) 660-7696 or toll free at 1-800-663-9999

Foster Parent Support Line

1-888-495-4440 4:00 p.m. - 12:45 a.m., Monday to Friday

8:00 a.m. - 12:45 a.m., Statutory Holidays and Weekends

Child, Youth and Family Advocate 1-800-476-3933 from anywhere in BC

Children's Commission 1-800-859-1441 from anywhere in BC

Ombudsman 1-800-567-3247 from anywhere in BC

Public Trustee (604)660-4444

Kelowna Fire Department 469-8801

Kelowna Police Department 762-3300

Kelowna Ambulance 860-0054

Kelowna General Hospital Emergency Room 862-4438

Crisis Information Line (for people in emotional crisis) 763-9191

CLBC Quality Service Office 861-7255 (Analysts)

CLBC Community Living Centre 712-3609 (Guardianship Workers & Facilitators)

Additional numbers you may wish to fill in yourself:					
Child's Guardianship Worker:	Name:				
	Phone:				
Analyst:	Name:				
	Phone:				
Other important numbers:					

CHILDS NAME		٦
Date of Birth		
Child's Legal Status		
Analyst Name and Phone #		
Guardianship Worker Name and Phone #		
CHILD'S FAMILY -Names and Phone Numbers		
Family Visits? when?		
Doctor's Name and Phone #		
Dentist's Name and Ph.#		
School Name and Phone #		
Teacher's Name		
CEA's Name		
Grade/Room number		
SPECIAL NOTES		<u> </u>

MEDICATIONS ADMINISTERED- Child's Name_____

DATE	TYPE	DOSAGE	TIME	TIME	TIME	INITIALS

LD:

Document contacts- in-person, by telephone, letter, etc., between the child in your care and the birth family, and between the foster family and the birth family. Indicate whether the contact was scheduled and note the child's reactions- behavioral and verbal.

DATE	Contact/ Comments:

Personal Property Inventory	Child	Date
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This form could be used when a child enters or leaves your home. It is a record of their personal items. Older children can help you do this. You can use check marks then total at end of column.

ITEM						Total
Shirts/ blouses						
Pants/ slacks						
Skirts						
Dresses						
Jeans						
Sweatshirts						
Shorts						
T-shirts						
Sweaters						
Coats/ jackets						
Boots						
Pyjamas/ Robes						
Panties/ shorts						
Bras/ slips						
School shoes						
Dress shoes						
Play shoes						
Sizes when child	Size					
leaves your home Shoes/ boots						
Shirts/ Jackets						
Pants/						
1 ants/						

PURCHASE LOG for Month of _____

Date	Purchase	\$ Amount	Running total	Comments

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For th	e period of	, 200 to	· · · · · · · · · · · · · · · · · · ·	, 200
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DATE	KM DESTINATION	DATE	KM	DESTINATION
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submitted by	v :	<u>ج</u>	Sianature:	
<u></u>	Print Name		.	
For Use by Li	iaison Resource Worker Only:			
TOTAL KIL		-		
ALLOWANG	CE PER MONTH:	- 325 KM		
TOTAL KM	x .30 cents:		=	(Amount quine)
				(Amount owing)

Social Worker Signature:

Budget Record - Month_____

ITEMS	OUT GOING EXPENSES	DESCRIPTION
CLOTHING		
ALLOWANCE		
FOOD		
EDUCATION		
SPECIAL OCCASIONS		
RECREATION		
PERSONAL CARE		
ELECTRIC / WATER / SEWER		
GAS		
PHONE		
TV		
TRANSPORT		
HOW MUCH SPENT		
Maintenance amount		
BALANCE FROM LAST MONTH		
RUNNING BALANCE		

Cultural Activities

A child's culture is a part of who they are. It is important that we honour that and help them stay connected. If your child is aboriginal, there are many resources available. If you need assistance, be sure to talk to your child's Guardianship Worker, your Analyst or the Aboriginal Coordinator.

Date	Activity	Remarks



PROVINCE OF BRITISH COLUMBIA Ministry of Children and Family Development

INCIDENT REPORT

	L CAREON (ER (EA ON LE) (ANAME (O)			L ATTENDING DEDOON	Louis	NIE NII IMPER
	CAREGIVER/FACILITY NAME(S)		ATTENDING PERSON PHONE NUMBER		ONE NUMBER	
FACILITY			1			
INFORMATION	ADDRESS			FORM COMPLI	ETED BY:	
	NAME		DATE OF BIRTH			SEX
CHILD/						ом оғ
PERSON(S)	CONDITION PRIOR TO INCIDENT					1
INVOLVED						
	Who was notified of	of the incident and when (ie:	Social Worke	r(s), Doctor, Police, Parent, e	tc.)	
		(· · · · · · · · · · · · · · · · · · ·			,	
	WHO			WHAT (Time/Date)		
1						
2						
3						
4						
	L DATE OF INDIDENT	TIME OF INICIPENT	11004=:0	NI OF INCIDENT		
	DATE OF INCIDENT	TIME OF INCIDENT	LOCATIO	N OF INCIDENT		
DETAILOGE						
DETAILS OF INCIDENT	HOW AND WHERE INCIDENT OCCURRED	<u> </u>				
					1	
	DESCRIBE EXTENT & NATURE OF THE IN	CIDENT:				
						- 11
						- 11
	PROCEDURE FOLLOWED:				\	
	CURRENT STATUS OF THE INDIVIDUAL:					
	CONNENT STATOS	I THE INDIVIDO	AL.			
DECOMMENSE	FOLLOWIER					
RECOMMENDED	FULLOW-UP:					
SUBMISSION	SUBMITTED TO				SUBMISSION DA	TE:
INFORMATION						
	SIGNATURE:				DATE:	
					272.	
MINISTRY	SOCIAL WORKER NAME					
INFORMATION	SOCIAL WORKER IVAIVIE					
	COCIAL WORKER CIONATURE				DATE BEGGE	
	SOCIAL WORKER SIGNATURE				DATE RECEIVED)

Guidelines for Reporting Critical Incidents:

- 1) Verbally report as soon as possible:
 - to a social worker or
 - After Hours (outside office hours) 1.800.663.9122
- 2) Document the incident on an incident form. Document:
 - WHO was present
 - WHAT precautions did you take
 - WHAT was your follow-up (what did you do, who did you notify)
 - WHAT was said or done and by WHOM
 - WHEN did it happen.
- 3) Submit to a social worker.

STANDARD B.2 Reportable Incidents

All information of significance to the safety and well-being of children is promptly reported to a social worker.

Commentary

If the social worker is unavailable, the report is made to another social worker or the supervisor in the same district office. After regular office hours, the report is made to an After Hours social worker. After Hours social workers are available 24 hours per day, seven days per week.

Results for Children

B.2.1 Children confirm that they have been informed about reportable incidents and about what will happen if such an incident occurs.

Caregiver Practices

- **B.2.2** The caregiver notifies the child's social worker immediately after the occurrence of any of the following reportable incidents in order that the child's social worker can plan for the ongoing safety and well-being of the child:
 - a) the death of a child or youth;
 - b) accident or illness of a child or youth requiring medical treatment or hospitalization;
 - c) allegations of abuse, neglect or mistreatment of a child or youth;
 - d) any displays of self-injurious or high-risk behaviour by a child or youth;
 - e) gestures, threats, or attempts of suicide by a child or youth;
 - f) situations when a child or youth is missing, lost or runaway, including any subsequent information obtained about the child or youth during the absence (see Appendix 1 for more information);
 - g) situations when a child or youth has observed, been involved in, or exposed to a high-risk situation or disaster, such as a fire or multiple abuse situation in a school, that may cause emotional trauma or post-traumatic stress;
 - h) any intervention by the police or law enforcement authorities with a child or youth;
 - i) situations involving the use of physical restraint or any other prohibited behaviour management practices;
 - j) the unauthorized removal or attempted removal of a child or youth from the home, facility, school or day program;
 - k) marked behavioural changes exhibited by a child or youth;
 - 1) suspension of a child or youth from their school or day program;
 - m) plans, not previously authorized, for the child or youth to be cared for by another person overnight; and
 - n) any other circumstance affecting the safety or well-being of a child or youth.

MONTHLY SUMMARY REPORT

(To be returned to the child's Guardianship Worker)

Child's Name:	D.O.B.:		
Foster Parent's Name:			
Foster Parent's Signature:			
Time Period Covered:			
Health (physical/emotional/appointments)			
Social/Community (events/activities)			
Skill Development (personal care/home care/money/trail	nsportation)		
Education / Day Program			
Family Contact and/or Respite			
Behavioural Issues or Incidents			

DATE	
Appointments	
Contact with Family / CLBC Worker	
Medications / Health Concerns	
Wictications / Health Concerns	
Day's Highlights and Significant	
Events	
Initial	
DATE	
Appointments	
Contact with Family / CLBC Worker	
Medications / Health Concerns	
Day's Highlights and Significant	
Events	
Initial	

DATE	
Appointments	
Contact with Family / CLBC Worker	
Medications / Health Concerns	
Day's Highlights and Significant	
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Contact with Family / CLBC Worker	
Medications / Health Concerns	
Day's Highlights and Significant	_
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