

# FOSTER PARENT DAILY LOG BOOK

**90 days**

Child's Name \_\_\_\_\_

Caregiver's name \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

This book can be copied or changed to suit your needs. It is recommended that you add an envelope at the back for your receipts.

Revised March, 2007, MCFD, Kelowna

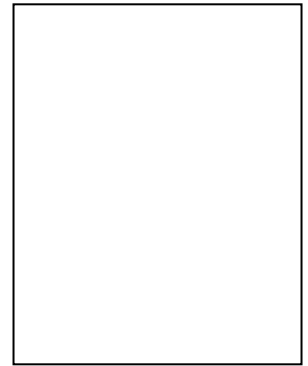
CHILDS NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Legal Status \_\_\_\_\_

Social Worker's Name \_\_\_\_\_

SW Phone # \_\_\_\_\_



Child's Photo

CHILD'S FAMILY -Names and Phone numbers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Visits? \_\_\_\_\_ when? \_\_\_\_\_  
\_\_\_\_\_

Doctor's Name and Phone Number \_\_\_\_\_  
\_\_\_\_\_

Dentists Name and Ph.# \_\_\_\_\_

School Name and Phone Number \_\_\_\_\_  
\_\_\_\_\_

Teachers Name \_\_\_\_\_

CEA's Name \_\_\_\_\_

Grade/Room number \_\_\_\_\_

SPECIAL NOTES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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!
- Keep it short, simple and factual. Record incidents while they are fresh in your memory.
- Write in INK and cross out corrections with one line and initial.
- These records are the property of the Ministry and must be returned to the Ministry 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”

\*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.

This logbook has been developed and is a joint project between the Okanagan Foster Parents Association and the Ministry for Children and Family Development.

DATE \_\_\_\_\_

**Appointments** \_\_\_\_\_

**Contact with Family / Social Worker**

**Medications / Health Concerns**

**Day's Highlights and Significant**

**Events** \_\_\_\_\_

\_\_\_\_\_ Initial \_\_\_\_\_

DATE \_\_\_\_\_

**Appointments** \_\_\_\_\_

**Contact with Family / Social Worker**

**Medications / Health Concerns**

**Day's Highlights and Significant**

**Events** \_\_\_\_\_

\_\_\_\_\_ Initial \_\_\_\_\_

DATE \_\_\_\_\_

**Appointments** \_\_\_\_\_  
\_\_\_\_\_

**Contact with Family / Social Worker**  
\_\_\_\_\_  
\_\_\_\_\_

**Medications / Health Concerns**  
\_\_\_\_\_  
\_\_\_\_\_

**Day's Highlights and Significant Events** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Initial \_\_\_\_\_

DATE \_\_\_\_\_

**Appointments** \_\_\_\_\_  
\_\_\_\_\_

**Contact with Family / Social Worker**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications / Health Concerns**  
\_\_\_\_\_  
\_\_\_\_\_

**Day's Highlights and Significant Events** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Initial \_\_\_\_\_











# Mileage Log

For the period of \_\_\_\_\_, 200\_\_ to \_\_\_\_\_, 200\_\_

Name of Resource: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Resource: \_\_\_\_\_ Postal Code: \_\_\_\_\_

File Number **RE**: \_\_\_\_\_

Name of Child: \_\_\_\_\_ File Number **CS**: \_\_\_\_\_

DATE	KM	DESTINATION

DATE	KM	DESTINATION

Submitted by: \_\_\_\_\_  
Print Name

Signature: \_\_\_\_\_

## For Use by Liaison Resource Worker Only:

TOTAL KILOMETERS: \_\_\_\_\_

ALLOWANCE PER MONTH: **- 325 KM**

TOTAL KM x .30 cents: \_\_\_\_\_ = \_\_\_\_\_  
(Amount owing)

Social Worker Signature: \_\_\_\_\_

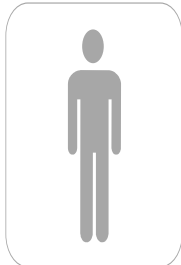


# INCIDENT REPORT

FACILITY INFORMATION	CAREGIVER/FACILITY NAME(S)	ATTENDING PERSON	PHONE NUMBER
	ADDRESS	CITY	FORM COMPLETED BY:
CHILD/ PERSON(S) INVOLVED	NAME	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F
	CONDITION PRIOR TO INCIDENT		

Who was notified of the incident and when (ie: Social Worker(s), Doctor, Police, Parent, etc.)

WHO	WHAT (Time/Date)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

DETAILS OF INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT
	HOW AND WHERE INCIDENT OCCURRED:		
DESCRIBE EXTENT & NATURE OF THE INCIDENT:			
PROCEDURE FOLLOWED:			
<b><i>CURRENT STATUS OF THE INDIVIDUAL:</i></b>			

RECOMMENDED FOLLOW-UP:

SUBMISSION INFORMATION	SUBMITTED TO	SUBMISSION DATE:
	SIGNATURE:	DATE:
MINISTRY INFORMATION	SOCIAL WORKER NAME	
	SOCIAL WORKER SIGNATURE	DATE RECEIVED

## **Guidelines for Reporting Critical Incidents**

### **1. Responsibility to Report**

Every Care-giver providing services to Children/Youth under contact with the Ministry of Children and Family Development must inform the ministry of any critical incidents that involve individuals receiving services. Critical incidents should be reported to the social worker or After Hours (1-800-663-9122) as soon as possible. Caregivers must document the incident on an incident report form. The report must be submitted to the Social Worker, and a copy kept for your records.

### **2. Reporting Procedures**

If any of these incidents take place, service providers are to telephone the social worker or after hours workers immediately and follow with a written report. If Child/Youth is in care by agreement natural parents need to be notified. Discuss with the Social Worker who will notify the parents.

### **3. Definition of Critical Incidents**

Critical incidents are serious or unusual events that involve a child/youth for whom the ministry has arranged a placement. The following types of occurrences are considered to be critical incidents and are to be reported to the ministry.

- A. Physical Abuse -Any excessive or inappropriate physical force directed at a Child/Youth.
- B. Sexual Abuse -Any sexual behavior directed at a Child/Youth.
- C. Unexpected Illness -Any unexpected illness of a Child/Youth that requires the transfer of the individual to the hospital.
- D. Disease Outbreak -Any outbreak of an unusual communicable disease, or an occurrence of a reportable disease in the home. i.e. -Diphtheria
- E. Death -Any death of an individual.
- F. Fall -Any fall where the Child/Youth requires emergency care by a physician or transfer to hospital.
- G. Motor Vehicle Accident -Any motor vehicle accident where injuries occur to a Child/Youth while in care.
- H. Other Injury -Any other injury to a Child/Youth that requires emergency transfer to hospital or emergency care by physician.
- I. Poisoning -Any ingestion of poison by an individual in the home.
- J. Disruption of Service -Any service disruption that affects the delivery of services to a Child/Youth (e.g. fire, flood)
- K. Aggressive/Unusual Behaviour -Any aggressive or unusual behaviour on the part of a Child/Youth towards another person, or any unusual behaviour that has not been appropriately assessed in the individual's personal service plan.
- L. Missing (abduction) -Any unscheduled or unexplained absence of a Child/Youth from the home that differs from plan of care.
- M. Medication Error -Any medication error that requires emergency care of a Child/Youth by a physician or transfer to hospital, or where the incorrect medication is given to a Child/Youth.
- N. Suicide Ideation -Demonstrating what may be suicidal tendencies.
- O. Suicide Attempt -Any attempt by a Child/Youth to take his or her own life.
- P. Suicide (death) -Any death of a Child/Youth by suicide.
- Q. Unlawful Incident: Any dealings with RCMP/law enforcers.

### **4. Recording Critical Incidents**

Caregivers should always keep a copy of Critical Incident reports for their records. On any serious event, caregivers should document:

- WHO was present or could overhear
- 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*



**Budget Record- Month** \_\_\_\_\_

ITEMS	OUT GOING EXPENSES	DISCRIPTION
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		

Add

Envelope for receipts