FOSTER PARENT

DAILY LOG BOOK

Child's Name_____

Caregiver's name_____

From _____to _____

This book can be copied or changed to suit your needs. The envelope at the back has been included for your receipts.This log book is also available online at www.okfosterparents.org/publications
Revised 03/2007

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 _____

_____

_____

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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 <u>one</u> 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_____

_____

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_____

_____ Initial_____

DATE_____

Appointments_____

_____

_____

Contact with Family / Social Worker

_____

_____

Medications / Health Concerns

_____

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Day's Highlights and Significant Events_____

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_____

_____ Initial_____

MEDICATIONS ADMINSTERED- Child's Name_____

DATE	TYPE	DOSAGE	TIME	TIME	TIME	INITIALS

BIO-FAMILY CONTACT RECORD CHILD:_____

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_____

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 leaves your home		**Size**										
Shoes/ boots												
Shirts/ Jackets												
Pants/												

PURCHASE LOG for Month of _____

Date	Purchase	$ Amount	Running total	Comments

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: _____ **Signature:** _____

Print Name

For Use by Liaison Resource Worker Only:

TOTAL KILOMETERS: _____

ALLOWANCE PER MONTH: **- 325 KM**

TOTAL KM x .30 cents: _____ = _____

(Amount owing)

Social Worker Signature:_____

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 was *said* or done and by WHOM

-WHAT *precautions did* you take

-WHEN *did it* happen

-WHAT was your follow-up (WHAT did you do, WHO did you *notify.)*

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		