BRITISH COLUMBIA | Ministry of Children and Family Development

Report on Caregiver Incident(s)

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child, Family and Community Service Act* (CFCS Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the *Freedom of Information and Protection of Privacy Act.* Any questions about the collection, use or disclosure of this information should be directed to the Director, Child Welfare (250) 953-4737, PO Box 9745, Stn Prov Govt, Victoria, B.C. V8W 9S5, email: MCF.StandardsPolicy@gov.bc.ca.

Instructions: Caregivers are required to inform their Resource Worker immediately following the occurrence of any incident as outlined in the **Standards for Foster Homes**, section B.2.3.

Report Date (YYYY-MMM-DD):	Time of Occurrence (AM/PM):

Caregiver for the Child/Youth

Last Name	First Name	Phone Number

Type of Incident – to be sent to the Resource Worker (Section B.2.3)

Caregiver notifies the Resource Worker of the incidents listed below. Please check all that apply (refer to the Standards for Foster Home, section B.2.3, Reportable Incident). Please provide details below.

- ☐ limitations in meeting the safety and well-being needs of a child/youth placed in your care
- ☐ limitations in meeting the safety and well-being of child/ youth that is about to be placed in your care
- ☐ limitations in meeting the service expectations
- ☐ you have a criminal charge or conviction or any other member of the household
- ☐ you are under court supervised parole or probation or any other member of the household
- ☐ you have experienced the onset or recurrence of a physical, emotional or mental condition or substance abuse problem or any other member of the household
- ☐ you have a serious illness or injury or any other member of the household
- ☐ there have been changes in the household composition (for example, people moving in or out of the household)
- ☐ significant change in your financial circumstances that have potential to affect the care of the child or youth
- ☐ significant increase in the use of alternative care arrangements for the child/youth
- ☐ any other significant changes

Details

What arrangements have been made for the child/youth, if applicable?

Signature

Signature of person who completed this form	Print name	Date (YYYY-MMM-DD):

Please submit the original Caregiver Incident Report to your Resource Worker.

Note: Caregivers do not send this report via email.

This section is to be completed by Ministry of Children and Family Development

Document Management

- The original completed document is to be filed in Section 4 of the RE file: Critical Incidents, Reportable and Investigations