

# Certified Respite Program- Incident Report

*This report is to be completed for any incident that occurs during respite care that may affect the well-being of the child or youth cared for. This includes such things as accidents, illnesses, significant rules violations, unauthorized visits, etc.*

Date report completed:

Name of respite provider:

Name of child/youth:

Name of foster family:

Address of foster family:

Date of incident:

Time of incident:

Names of those involved:

Location of incident:

Description of incident:

## **Persons Contacted: (Name, Date, Time)**

Foster Parent

KidsNet Support Specialist

In-home Worker

DHS Case Manager

Police

Medical Personnel

Other

Resolution of  
recommended follow-up

Other pertinent information

Electronic Signature of Respite Provider

Date Signed