



County Incident Reporting Form

Child's Name: _____ Date of Incident: _____
Location of Incident: _____ Time of Incident: _____

- Describe Incident (If restraint is used, include description and duration of the restraint and who did the restraint):

- Describe Extent of Physical Injury:

- Action Taken:

- Preventive Action Taken:

Signature of Foster Parent

Date

Signature of Adult of Incident (Respite/Alternate Care/Medicaid Provider)

Date

Signature of Life Start, Inc. Representative

Date

Report the Incident within two (2) hours as follows: Call the office at 478-5448 Monday through Friday, 9a-5p. When the office is closed, call the answering service at 460-7441. Copies to: Legal Custodial Agency & County DD MUI system as applicable.