



# Keeping Kids Safe, Inc.

FOSTER CARE & ADOPTION AGENCY  
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Findlay, OH 45840  
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www.keepingkidssafeohio.org



## Keeping Kids Safe Incident Report

Today's Date: \_\_\_\_\_

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

Foster Home Name: \_\_\_\_\_

Address: \_\_\_\_\_

Referring County: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

List people involved in incident: \_\_\_\_\_

Type of Incident:  Self Injury / Accident  Aggression (verbal)  Aggression (physical)  Illness  
 Bullying  Police / Sheriff  AWOL/ Return from AWOL  Severe Temper Tantrum  Stealing  
 Destruction of Property  Criminal Activity  Sexual Behavior  Suicide/ Self Harm Attempt  
 School Issue  Victim  Illegal Substances  Other \_\_\_\_\_

Detailed Description of Incident (complete on back if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outcome of Incident (consequences, medical treatment, corrective action plan):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Staff Contacted: \_\_\_\_\_ Date / Time of Contact: \_\_\_\_\_

Custodial Person Contacted: \_\_\_\_\_ Date / Time of Contact: \_\_\_\_\_

Police / Sheriff Contacted: \_\_\_\_\_ Date / Time of Contact: \_\_\_\_\_

If medical incident, condition of individual: \_\_\_\_\_

Hospital / Physician used: \_\_\_\_\_

\_\_\_\_\_  
Keepings Kids Safe, Caseworker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Keepings Kids Safe, Supervisor

\_\_\_\_\_  
Date