Licking County
Job & Family Services
Help for today. Hope for tomorrow.

p: 740-670-8999 / *f:* 740-670-8992
74 S. 2nd Street / P.O. Box 5030
Newark, Ohio 43058-5030
LickingCountyJFS.com

Incident Report

Child's Full Name_____   Foster Parent's Name_____

Location of Incident_____   Date of Incident_____

In accordance with our agency policy, a written critical incident report must be completed in the following situations. Please check the type of incident that occurred:

☐ There was a serious injury or illness involving medical treatment
☐ The death of a child
☐ A foster child is absent from the home without permission or for a long time.
☐ An individual has removed or attempted to remove a foster child from the foster home without the permission of the agency.
☐ A foster child has become involved with a law enforcement agency, or in any type of illegal activity such as stealing, drug use, underage drinking, vandalism, etc. Please describe below if law enforcement was involved.

**Foster parents must notify the agency within one hour if any of the above situations occur.

☐ A foster child is engaging in behavior that puts others at risk.
☐ A foster child is engaging in actions that have damaged or have the potential to damage property.
☐ There will be a new resident in the foster home for more than a two-week period.
☐ A fire has occurred in the home requiring assistance from the fire department. Notification must be within 24 hours or the next working day, unless the home is unlivable, in which case the agency must be notified immediately.
☐ There has been a change in marital status, or household occupancy, or a serious illness or death has occurred. Notification needs to occur within 24 hours or the next working day.
☐ The foster family is moving from one house to another. Notification needs to occur within 4 weeks before the move occurs.
☐ Other _____

Please describe the incident in specific details and include the names of any children that were involved in the incident (use additional pages if necessary): _____

Person completing report: _____   Date: _____

Agency representative receiving report: _____   Date: _____

cc: Foster Care Coordinator
    Celeste Nichols
    Case File
    Jammie Townsend

John D. Fisher, Director
A Public Agency for The County of Licking, State of Ohio Employment & Training, Public Assistance, Adult & Children Services
For general agency information, visit our website at LickingCountyJFS.com