**Foster Carers Serious Incidents Notification Form,**

**Schedules 6 and 7 of The Fostering Services Regulations 2011**

Please complete this form should one of the following notifiable incidents listed below occur:

Name of Child**:…………………………………………** Date of Birth of Child**:**………………………….

Status of the child who lives with you (Section 20 or Full Care Order)………………………………………

Name of Foster Carer:…………………………………………………..

Telephone number of Foster Carer:……………………………..

Name of Fostering Social Worker**:……………………………………….**

Name of Child’s Social Worker**:………………………………………….**

**IN EACH CASE PLEASE INFORM *AT LEAST* ONE OF THE FOLLOWING SOCIAL WORKERS AND RECORD NAME AND ROLE OF THE PERSON YOU HAVE SPOKEN TO.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Incident(Notifiable Incidents as set out in Fostering **Services** Regulations 2011 Schedule**s** **6** & **7**) | Date of incident and time | Date and time Fostering Social Worker notified | Date and time child’s Social Worker notified  | Date and time Emergency Duty Service notified |
| Death of a child placed with you. |  |  |  |  |
| Serious illness or serious accident of a child placed with you. |  |  |  |  |
| Outbreak of an infectious disease in the foster home which the GP decides should be ‘notified’.\*\* |  |  |  |  |
| Alleged serious offence committed by a child placed with you, involving police.  |  |  |  |  |
| Involvement in or suspected exploitation of a child placed with you  |  |  |  |  |
| Serious incident relating to a child placed with you resulting in Police being called to your home. |  |  |  |  |
| Restraint of a child or young person. |  |  |  |  |
| Child/young person missing from placement. |  |  |  |  |

**Brief Notifiable Incident description:**

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| **Please provide a brief overview of the notifiable incident, including any immediate action you have taken and if appropriate, complete the attached body map (page 3)** ***(\*\* Covid 19 – Please notify your supervising social worker or child’s social worker if anyone in your household contracts the Coronavirus)*** |

Signed.......................................... Date.......................

Name (Capitals) …………………………………………………………

*Note – if you have had a critical incident, which is not notifiable as set out in the list above or if you have any doubts or are uncertain you should always seek advice from your Supervising Social Worker.*

*Examples are;*

*Violent Incidents eg Assault by a foster child on you or a member of your household.*

*Serious accident or injury to you whilst carrying out your duties.*

*Any event which may result in media interest eg high profile court hearings connected to a child (or child’s family) placed with you*

***All foster carers have a responsibility to report to their Supervising Social Worker or duty worker any critical incidents and there should be no delay in reporting the incident or event.***

**Body Map**

|  |  |
| --- | --- |
| **Date of injury :** |  |
| **Name of Foster Child:** |  |
| **Name of Foster Carer:** |  |
| **Injury seen by:** |  |
| **Date reported to the Department and to whom:** |  |
| **Date this form completed:** |  |

Please indicate the site of the injuries/marks by **‘mouse clicking’** within one of the square/s within the body map below, then type into the square/s one of the following characters on the ‘Key’ which best describes the injury:

|  |
| --- |
| **KEY** |
| **G =** Graze | **b =** Burn |
| **X =** Scratch | **C =** Cut |
| **B =** Bruise | **S =** Swelling |



|  |
| --- |
| **Please describe the injury (e.g size, shape, nature of the injury, severity etc) and what treatment was provided and any follow up :**Signed ……………………………………… |