

**Residential and Placement
51 A or Incident Reporting Checklist for Foster Care**

Child's Name	Name of Reporter: <input type="checkbox"/> Parent <input type="checkbox"/> Resident <input type="checkbox"/> Funding Source <input type="checkbox"/> Other
Allegation(s): 	
Agency's Name:	Facility #:
Licensee:	Report Date:
Name and Address of Foster Parent: 	
Status of Home: <input type="checkbox"/> Open <input type="checkbox"/> Closed Date of Closure:	
Children in the Home (If additional children in the home please use a second form)	
Name(s)	Placement Date
Date of Birth	To Be Moved (Y/N)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
Dates of Contact with Homefinder within last six months:	Most Recent Re-Evaluation Date:
Last Social Worker Home visit Date:	Concerns Identified if any:
Original Home Study Date:	
Does Foster Parent also provide Family Child Care? <input type="checkbox"/> No <input type="checkbox"/> Yes	
MAPP Training Dates:	
<input type="checkbox"/> Regular Home <input type="checkbox"/> Restricted Home; Please List Restrictions:	
Previous Allegations <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please specify or attach other relevant information:	DSS Decision: <input type="checkbox"/> Screened Out <input type="checkbox"/> Screened In If Known: DSS Investigator's Name: Date(s) of Investigation(s):

This Report does not substitute for calling ECC to report an incident or 51A. Please contact your ECC licensor, complete and forward this form to the Office within 24 hours of an occurrence. This Report does not replace Agency responsibility to complete an internal investigation within specified timeframes (usually within one week). You will be informed by ECC if the Agency will be required to submit the investigation to the Office upon the close of the investigation. A Summary Report to ECC of ALL internal investigation conclusions is required quarterly.