

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

<b>Child's Name</b>	<b>Name of Reporter:</b>  <input type="checkbox"/> Parent <input type="checkbox"/> Resident <input type="checkbox"/> Funding Source <input type="checkbox"/> Other																																			
<b>Allegation(s):</b>																																				
<b>Agency's Name:</b>	<b>Facility #:</b>																																			
<b>Licensee:</b>	<b>Report Date:</b>																																			
<b>Name and Address of Foster Parent:</b>																																				
<b>Status of Home:</b> <input type="checkbox"/> Open <input type="checkbox"/> Closed <b>Date of Closure:</b>																																				
<div style="text-align: center;"><b>Children in the Home</b></div> <div style="text-align: center; font-size: small;">(If additional children in the home please use a second form)</div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Name(s)</th> <th style="text-align: left; width: 20%;">Placement</th> <th style="text-align: left; width: 20%;">Date</th> <th style="text-align: left; width: 20%;">Date of Birth</th> <th style="text-align: left; width: 10%;">To Be Moved (Y/N)</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Name(s)	Placement	Date	Date of Birth	To Be Moved (Y/N)	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____	4. _____	_____	_____	_____	_____	5. _____	_____	_____	_____	_____	6. _____	_____	_____	_____	_____
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5. _____	_____	_____	_____	_____																																
6. _____	_____	_____	_____	_____																																
<b>Dates of Contact with Homefinder within last six months:</b>  <b>Last Social Worker Home visit Date:</b>  <b>Original Home Study Date:</b>	<b>Most Recent Re-Evaluation Date:</b> <b>Concerns Identified if any:</b>																																			
<b>Does Foster Parent also provide Family Child Care?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes																																				
<b>MAPP Training Dates:</b>																																				
<input type="checkbox"/> Regular Home <input type="checkbox"/> Restricted Home; Please List Restrictions:																																				
<b>Previous Allegations</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If Yes, please specify or attach other relevant information:</b>	<b>DSS Decision:</b> <input type="checkbox"/> Screened Out <input type="checkbox"/> Screened In <b>If Known: DSS Investigator's Name:</b>  <b>Date(s) of Investigation(s):</b>																																			

*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.*