



KAR 28-4-807 (d): Reporting Critical Incidents

**Resource Family Critical Incident Report**

Resource Family Name:			
Resource Home Address:			
Child's Name:			Date of Birth:
Case Manager:			
Date of Incident:			Time of Incident:

Incident Type: (Please Check)

<input type="checkbox"/>	Fire Damage or other damage to property that affects the structure of the dwelling or safety of the child in foster care.	<input type="checkbox"/>	Complaint investigations by the licensing department or the Kansas Department of Social & Rehabilitation Services.
<input type="checkbox"/>	Missing or Runaway child in foster care.	<input type="checkbox"/>	Physical Restraint of a child in foster care.
<input type="checkbox"/>	Injury or illness of a child in foster care requiring Medical Attention.	<input type="checkbox"/>	Death of a child or any other resident of the foster family home.
<input type="checkbox"/>	Arrest of a child in foster care.	<input type="checkbox"/>	Any incident involving the presence of law enforcement.
<input type="checkbox"/>	Vehicle accident involving any child in foster care.	<input type="checkbox"/>	Other incident that jeopardized the safety of a child in foster care.
<input type="checkbox"/>	Hospitalization of a child in foster care.	<input type="checkbox"/>	Suspected Abuse or neglect.

Factual Information of Incident, including each individual involved:
Actions Taken, including the names of each individual involved:

**This critical incident must be completed and sent to the KVC Licensing worker by the next working day.**

\_\_\_\_\_  
Resource Parent Signature

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Resource Parent Signature

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Licensing Worker

\_\_\_\_\_  
Date