

FOSTER PARENT DAILY LOG BOOK

Child's Name _____

Caregiver's name _____

From _____ to _____

This logbook was initially developed by the Okanagan Foster Parents Association and the Ministry for Children and Family Development. CLBC Kelowna Quality Service Office has revised the booklet as of 04/2008 to meet the needs of CLBC caregivers.

This book can be copied or changed to suit your needs. This log book is also available online at www.okfosterparents.ca/publications.

HOW TO USE YOUR LOG BOOK

- Keeping a log book is a requirement. Ideally, you should record daily but often times long term, stable placements can be done less often. Be sure to record all significant events, out of the ordinary behaviors or events, and changes to the household. Remember the good stuff!
- These records are very important when discussing the child's progress with the child's worker and protect the Foster Parent, should any concerns arise.
- Keep it short, simple and factual. Record incidents while they are fresh in your memory.
- Write in INK and cross out corrections with one line and initial.
- These records are the property of Community Living BC and must be returned to Community Living BC on request or when you finish fostering. The child may request these records through the Freedom of information Act.
- Records must be kept in a private, secure location.
- Initial each page.
- Some children may be capable of assisting you with your recording. Kids should know what you are writing and why. They should know they are confidential and that you are committed to being fair. You may wish to have the child initial as well.
- For long term placements, you may wish to make a notation at the beginning of the book that "If nothing is recorded on a certain day, it means that nothing of significance happened that day"

EMERGENCIES

Fire Department
9-1-1

Police
9-1-1

Ambulance
9-1-1

Ministry of Children and Family Development After Hours Line

For emergencies outside office hours (usually 8:30 a.m. to 4:30 p.m., Monday to Friday), foster parents can call the ministry's After Hours Line:

1-800-663-9122

Poison Control Centre
1-800-567-8911

Helpline for Children (to report child abuse or neglect)
310-1234 (from anywhere in BC 24 hours a day (no area code required))

OTHER USEFUL RESOURCES

BC Federation of Foster Parent Associations (BCFFA)
(604) 660-7696 or toll free at 1-800-663-9999

Foster Parent Support Line
1-888-495-4440 4:00 p.m. - 12:45 a.m., Monday to Friday
8:00 a.m. - 12:45 a.m., Statutory Holidays and Weekends

Child, Youth and Family Advocate
1-800-476-3933 from anywhere in BC

Children's Commission
1-800-859-1441 from anywhere in BC

Ombudsman
1-800-567-3247 from anywhere in BC

Public Trustee
(604)660-4444

Kelowna Fire Department
469-8801

Kelowna Police Department
762-3300

Kelowna Ambulance
860-0054

Kelowna General Hospital Emergency Room
862-4438

Crisis Information Line (for people in emotional crisis)
763-9191

CLBC Quality Service Office
861-7255 (Analysts)

CLBC Community Living Centre
712-3609 (Guardianship Workers & Facilitators)

Additional numbers you may wish to fill in yourself:

Child's Guardianship Worker:

Name: _____

Phone: _____

Analyst:

Name: _____

Phone: _____

Other important numbers:

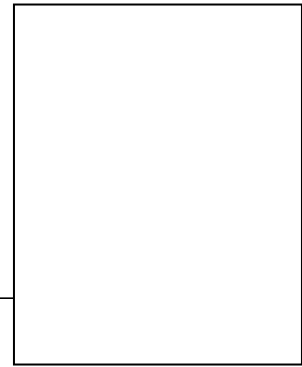
CHILDS NAME _____

Date of Birth _____

Child's Legal Status _____

Analyst Name and Phone # _____

Guardianship Worker Name and Phone # _____



CHILD'S FAMILY -Names and Phone Numbers

Family Visits? _____ when? _____

Doctor's Name and Phone # _____

Dentist's Name and Ph.# _____

School Name and Phone # _____

Teacher's Name _____

CEA's Name _____

Grade/Room number _____

SPECIAL NOTES _____

Budget Record - Month _____

ITEMS	OUT GOING EXPENSES	DESCRIPTION
CLOTHING		
ALLOWANCE		
FOOD		
EDUCATION		
SPECIAL OCCASIONS		
RECREATION		
PERSONAL CARE		
ELECTRIC / WATER / SEWER		
GAS		
PHONE		
TV		
TRANSPORT		
HOW MUCH SPENT		
Maintenance amount		
BALANCE FROM LAST MONTH		
RUNNING BALANCE		

FACILITY INFORMATION	CAREGIVER/FACILITY NAME(S)		ATTENDING PERSON	PHONE NUMBER
	ADDRESS		CITY	FORM COMPLETED BY:
CHILD/ PERSON(S) INVOLVED	NAME		DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F
	CONDITION PRIOR TO INCIDENT			

Who was notified of the incident and when (ie: Social Worker(s), Doctor, Police, Parent, etc.)

	WHO	WHAT (Time/Date)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

DETAILS OF INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT
	HOW AND WHERE INCIDENT OCCURRED: DESCRIBE EXTENT & NATURE OF THE INCIDENT: PROCEDURE FOLLOWED: <p style="text-align: center;"><i>CURRENT STATUS OF THE INDIVIDUAL:</i></p>		

RECOMMENDED FOLLOW-UP:

SUBMISSION INFORMATION	SUBMITTED TO	SUBMISSION DATE:
	SIGNATURE:	DATE:
MINISTRY INFORMATION	SOCIAL WORKER NAME	
	SOCIAL WORKER SIGNATURE	DATE RECEIVED

Guidelines for Reporting Critical Incidents:

- 1) Verbally report as soon as possible:
 - to a social worker or
 - After Hours (outside office hours) – 1.800.663.9122
- 2) Document the incident on an incident form. Document:
 - WHO was present
 - WHAT precautions did you take
 - WHAT was your follow-up (what did you do, who did you notify)
 - WHAT was said or done and by WHOM
 - WHEN did it happen.
- 3) Submit to a social worker.

STANDARD B.2 Reportable Incidents
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All information of significance to the safety and well-being of children is promptly reported to a social worker.

Commentary

If the social worker is unavailable, the report is made to another social worker or the supervisor in the same district office. After regular office hours, the report is made to an After Hours social worker. After Hours social workers are available 24 hours per day, seven days per week.

Results for Children

B.2.1 Children confirm that they have been informed about reportable incidents and about what will happen if such an incident occurs.

Caregiver Practices

B.2.2 The caregiver notifies the child's social worker immediately after the occurrence of any of the following reportable incidents in order that the child's social worker can plan for the ongoing safety and well-being of the child:

- a) the death of a child or youth;
- b) accident or illness of a child or youth requiring medical treatment or hospitalization;
- c) allegations of abuse, neglect or mistreatment of a child or youth;
- d) any displays of self-injurious or high-risk behaviour by a child or youth;
- e) gestures, threats, or attempts of suicide by a child or youth;
- f) situations when a child or youth is missing, lost or runaway, including any subsequent information obtained about the child or youth during the absence (see Appendix 1 for more information);
- g) situations when a child or youth has observed, been involved in, or exposed to a high-risk situation or disaster, such as a fire or multiple abuse situation in a school, that may cause emotional trauma or post-traumatic stress;
- h) any intervention by the police or law enforcement authorities with a child or youth;
- i) situations involving the use of physical restraint or any other prohibited behaviour management practices;
- j) the unauthorized removal or attempted removal of a child or youth from the home, facility, school or day program;
- k) marked behavioural changes exhibited by a child or youth;
- l) suspension of a child or youth from their school or day program;
- m) plans, not previously authorized, for the child or youth to be cared for by another person overnight; and
- n) any other circumstance affecting the safety or well-being of a child or youth.

MONTHLY SUMMARY REPORT
(To be returned to the child's Guardianship Worker)

Child's Name: _____ **D.O.B.:** _____

Foster Parent's Name: _____

Foster Parent's Signature: _____

Time Period Covered: _____

<i>Health (physical/emotional/appointments)</i>
<i>Social/Community (events/activities)</i>
<i>Skill Development (personal care/home care/money/transportation)</i>
<i>Education / Day Program</i>
<i>Family Contact and/or Respite</i>
<i>Behavioural Issues or Incidents</i>

DATE _____

Appointments _____

Contact with Family / CLBC Worker

Medications / Health Concerns

Day's Highlights and Significant

Events _____

Day's Highlights and Significant

Events _____

DATE _____

Appointments _____

Contact with Family / CLBC Worker

Medications / Health Concerns

Day's Highlights and Significant Events

_____ **Initial** _____

DATE _____

Appointments _____

Contact with Family / CLBC Worker

Medications / Health Concerns

Day's Highlights and Significant Events

_____ **Initial** _____