

# RESOURCE FAMILY REPORT OF DAMAGED/STOLEN PROPERTY OR PERSONAL INJURY

**Per 7 AAC 53.110 and CPS policy 6.2.2.9**

**Reimbursements for damage/loss will be considered under the following conditions:**

1. The loss exceeded that which a parent might encounter in caring for a child not in foster care;
2. The loss was not provoked by the actions or statements of the resource family;
3. The incident resulting in financial loss was reported to OCS by the resource family within 72 hours. If the loss was caused by theft, criminal mischief or other criminal conduct, it must have been reported to the law enforcement agency having jurisdiction;
4. The resource family has submitted a completed Resource Family Report of Stolen/Damaged Property or Personal Injury (06-9440), within a reasonable period following the damage or loss; and
5. Adequate PS Specialist action has been taken to have the child assume responsibility for their actions. The PS Specialist may assist in facilitating restitution to be paid by the child in lieu of payment by OCS. That facilitation may include an agreement with law enforcement, the courts, or the Division of Juvenile Justice.

Resource Parent(s) Name:

Date:

Address:

Phone Number:

Email:

Location of Incident:

Date of the incident or date the item was noticed as stolen/damaged:

Foster child responsible for the damage/injury:

**Please list the items that were stolen or damaged**

Item Name:

Brand & Model Number:

Date Purchased:

Cost of Item:

Did you notify your homeowner's insurance company? Yes  No

Is the item/injury covered under your insurance? Yes  No

How much of your insurance deductible was used as a result of this incident (OCS may reimburse for deductible):

Did you notify law enforcement? Yes  No

Name of law enforcement:

Date law enforcement was notified:

Who did you notify at OCS:

Date OCS was notified:

Please describe the details of the damage, loss, or injury:

What supervision and precautions were taken before and during the incident to prevent damage, loss, or injury:

**Who else has information about the incident:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I hereby certify that, to the best of my knowledge and belief, the above statements are true and correct.**

Resource Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resource Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form to the OCS Service Array Unit**

**Fax:** (907) 465-3397 **Email:** [hss.ocsservicearray@alaska.gov](mailto:hss.ocsservicearray@alaska.gov)

**Address:** OCS  
Attn: Service Array Unit  
P.O. Box 110630 Juneau, AK 99801

**Questions? Contact the OCS Service Array Unit at 1-855-603-8637**

**INCIDENT, EMERGENCY, ACCIDENT, ILLNESS, AND CHANGE REPORT  
FOSTER HOME / FOSTER GROUP HOME**

Name of Provider:	Name of Child:	Date:
Date of Occurrence:	Place of Occurrence	Time:
Witness Name(s) (if applicable):	Address/Phone Numbers (if known)	
<p><b><u>Immediately Report to OCS:</u></b></p> <ul style="list-style-type: none"> <li>• Suspected abuse or neglect to child – 1-800-478-4444</li> </ul> <p><b><u>Immediately report to licensing:</u></b></p> <ul style="list-style-type: none"> <li>• Death of a child in care</li> <li>• Serious injury or illness requiring medical attention by medical personnel</li> <li>• Fire or other disaster that affects the foster home</li> <li>• Any unplanned changes that occur</li> <li>• An absence of more than 72 hours of the foster parent, including the plan for supervision of children in care by a responsible adult during that absence</li> </ul> <p><b><u>Immediately Report to Child's Placement Worker:</u></b></p> <ul style="list-style-type: none"> <li>• Death of a child in care</li> <li>• Attempted or threatened suicide</li> <li>• Life threatening illness or hospitalization</li> <li>* Unapproved absence of child more than 10 hours</li> </ul>	<p><b><u>Report to licensing within 24 hours:</u></b></p> <ul style="list-style-type: none"> <li>• Knowledge that an administrator, employee, volunteer or household member has been convicted of or charged with an offense of a felony or misdemeanor as described in AS 47.32.200); or found to have neglected or abused a child as described in AS 47.10.</li> </ul> <p><b><u>Report to Child's Placement Worker by Next Working Day, Knowledge of:</u></b></p> <ul style="list-style-type: none"> <li>• Pregnancy of a child in care</li> <li>• Severe distress or depression</li> <li>• Violation of a condition of probation</li> <li>• Allegations of criminal conduct of a child</li> <li>• Non emergency medical care requiring consent from parent</li> </ul>	<p><b><u>14 day Notice to Licensing Prior to change in</u></b></p> <ul style="list-style-type: none"> <li>• Mailing address</li> <li>• Addition of a household member for 45 days or longer</li> </ul> <p><b><u>20 day Notice to Licensing prior to effective date of a decision to relinquish.</u></b></p> <p><b><u>30 Days Notice to Licensing Prior to Change In:</u></b></p> <ul style="list-style-type: none"> <li>• Name of provider or another individual residing in the foster home</li> <li>• Foster parent status (i.e., births, marriage, divorce, separation, etc)</li> <li>• Age, sex, or number of children served</li> <li>• Addition or deletion of a specialization</li> <li>• Relocation of home</li> </ul>
Brief description of emergency/incident:		
Describe circumstances leading to emergency/incident:		
Describe action taken:		
First aid given? <input type="checkbox"/> Yes <input type="checkbox"/> No    By whom?		

Provider Name: \_\_\_\_\_

Medical attention required? <input type="checkbox"/> Yes <input type="checkbox"/> No Where did you go?	
Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of hospital?	
Agencies notified: <input type="checkbox"/> Yes <input type="checkbox"/> No Who?	Time/Date:
Name of parent or guardian notified, if applicable:	Time/Date:
Were police called? <input type="checkbox"/> Yes <input type="checkbox"/> No Officer name?	Time/Date:
Physicians statement (regarding injuries, treatment ordered, medications), including copies of medical documents.	
<b>Report of Changes</b>	<b>Effective Date</b>
Request for change: Age range: _____, Gender _____, Capacity _____	
Specialization: _____, Condition _____, Relinquishment _____	
Name change of household member:	
Changes in the foster home, including marriage, separation or divorce of foster parent:	
Name of household member convicted or charged with an offense of a felony or misdemeanor as described in AS 47.32.200 or found to have neglected or abused a child as described in AS 47.10.	
Foster parent absence of more than 72 hours, including a plan for supervision during absence.	
Change of phone number / email address:	
New mailing address:	
New physical address:	

Addition of household member(s) who remains or intends to remain in your home for 45 days or more within a 12-month period:

Name	Relationship	Date Moved In	Birth Date	Age

\*Age 16 or older must have a valid criminal history check including fingerprint results. Youth turning age 16 must be printed within 30 days of their 16<sup>th</sup> birthday.

The following household member(s) moved out of foster home:

Name	Relationship	Date Left

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Name & Title of Person Reporting

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Date

## REPORTING CHILD ABUSE AND NEGLECT IN ALASKA

### Report Abuse and Neglect to Office of Children's Services

Alaska law **AS 47.32.200 (c)** requires foster care providers to report child abuse and neglect. Foster care providers who, in the performance of their professional duties, have reasonable cause to suspect that a child has suffered harm as a result of abuse or neglect, must immediately (as soon as reasonably possible - no later than 24 hours) report that information to the nearest office of the State's Department of Health and Social Services, Office of Children's Services.

If you have a reasonable suspicion, even if you are not sure about the existence of abuse or neglect, you are obligated to report. It is not your responsibility to determine whether your suspicions are correct or to investigate those suspicions. It is also not your responsibility to determine if the abuse or neglect occurred in the child's home or in the foster home.

If you cannot contact the nearest office of the Office of Children's Services for any reason, and immediate action is necessary for the well-being of the child, make your report to a police agency. An officer will then take immediate action to protect the child and, at the earliest opportunity, will notify the nearest office of the Office of Children's Services.

There may be times when you wonder whether something constitutes abuse or neglect, or if your suspicions are adequate to warrant reporting. Please feel free to contact the Office of Children's Services office nearest you.

### What is child abuse or neglect?

State law defines child abuse or neglect to include the following actions by those responsible for a child's welfare:

- Physical injury that harms or threatens a child's health or welfare;
- Failure to care for a child, including neglect of the necessary physical (food, shelter, clothing, and medical attention), emotional, mental and social needs;
- Sexual abuse, including molestation or incest;
- Sexual exploitation, including permitting or encouraging prostitution;
- Mental injury -- An injury to the emotional well-being, or intellectual or physiological capacity of a child, as evidenced by an observable and substantial impairment in the child's ability to function in a developmentally appropriate manner; or
- Maltreatment -- A child has suffered substantial harm as a result of child abuse or neglect due to an act or omission not necessarily committed by the child's parent, custodian or guardian.