

PLACEMENT INTERRUPTION ACTIVITY LOG

Please Note: Foster Parents must inform the Foster Care Caseworker when a child is out of their home

CHILD'S NAME		DOB	CHILD SACWIS CASE ID	PROVIDER CASE ID
DATE OF LEAVE	DATE OF RETURN	LOCATION OF CHILD DURING LEAVE (if known)		PROVIDER NAME
REASON FOR INTERRUPTION				
<ul style="list-style-type: none"> • Involvement of Foster Parents with the child during the leave, must be tracked during the time they are away from the foster home. • The Foster Care Caseworker worker will sign and submit this form upon the child's return to the foster home. • Foster Parents will be paid for up to 14 days of interruption (depending on the location and reason) ONLY if involved with activities for that child, and ONLY if the plan is for the child to return to the same placement. Consideration for this will be made based upon the information documented on this form. 				
CHILD-RELATED EVENT & REASON				
DATE & TIME	LOCATION/FACILITY NAME		CONTACT PERSON	CONTACT PERSON'S SIGNATURE
CHILD-RELATED EVENT & REASON				
DATE & TIME	LOCATION/FACILITY NAME		CONTACT PERSON	CONTACT PERSON'S SIGNATURE
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DATE & TIME	LOCATION/FACILITY NAME		CONTACT PERSON	CONTACT PERSON'S SIGNATURE

REQUIRED SIGNATURES

FOSTER PARENT'S SIGNATURE	DATE	FOSTER CARE CASEWORKER'S SIGNATURE	DATE
FOSTER CARE SUPERVISOR'S SIGNATURE	DATE	MANAGER'S SIGNATURE	DATE