



Child Placing Agency

FOSTER PARENT RESTRAINT LOG

Name of child restrained: _____ DOB: _____

Date of restraint: _____ Start time: _____ End time: _____

Foster parent directly involved with restraint: _____

Witnesses:

Precipitating Indicators or Behaviors:

Non-Aggressive Interventions Used:

Narrative of Incident:

Outcome of Intervention:

Foster parent signature: _____

Date: _____