**MONTHLY FOSTER CARE REPORT**

Foster Parents:

Covering Dates:

Current Plan: Reunification/ Severance/ Adoption

Reminder: Attach Case Manager, GAL, and Licensing Worker every month. All writing in red is meant to be deleted before sending.

Child’s Name: (First Name & Initial of last name) Date of Birth: Date of Placement:

Case Manager: Phone Number: Date in DCS care:

**MEDICAL**

Physical Completed: Doctor:

Other Doctor/Hospital Visits:

Medication: Dosage: Prescribed for what:

Weight: Height/length: Growth Percentile:

Additional Information/Doctor Concerns:

* Any adverse reactions the child has had to medical procedures or medications.
* A brief description of the child's physical development, and any developmental progress or delays you have observed.

**DENTAL**

Dental Check-up completed: Dentist:

Additional Information/Dentist Concerns:

* Any adverse reactions the child has had to medical procedures or medications.
* A brief description of the child's physical development, and any developmental progress or delays you have observed.

**THERAPY**

Clinic: Therapist:

Individual therapy dates:

Family therapy dates:

Additional Information:

**EDUCATION**

School: Grade: Teacher:

Additional Information:

**VISITATIONS -**child and family

Date & Time of Visits With Whom: Location: Type of Visit: Notes: (How did visit go?)

Any canceled or no-show visits (supervised, monitored, -**Behavior Before & After Visit**

 email, phone call, Zoom, etc.) -Items brought for child:

 -Incidents during Visit?

**VISITATIONS -**child and workers

Dates & Time of Visits With Whom: Location: Type of Visit: Notes: (What was accomplished)

 phone call, Zoom etc.

**COMMUNICATION with FAMILY** (parents, siblings, other birth family members- if contact is appropriate, previous care takers)

Name: Date: Type of communication:

**BEHAVORIAL/EMOTIONAL**

* A brief description of a child's behavior in your home.
* Any services the child is receiving to address behavioral difficulties, who provides the services, and how often the child receives services.
* A brief description of how the child expresses his or her needs and feelings and how he or she calms her self or himself.
* A brief description of the child's eating and sleeping patterns and any difficulties the child has in these areas.

**SOCIAL INTERACTIONS**

How did youth interact with other youth in home:

& with foster parents? Include youth's interactions with biological parents, JPPO's etc. Indicate interventions used by foster parent to address negative behaviors in the home or community.)

**CHILD’S SPECIAL INTEREST & ACTIVITIES**

* A brief description of any special activities the child participates in (scouts, music lessons, church groups, etc.) and how often the child participates in them.
* A brief description of any talents, interest, hobbies, or skills you have observed in the child.

**DEVELOPMENTAL MILESTONES**

* **refer to CDC foster care baby checklist & include info for that age**
* (Did youth learn any new skills this month? (i.e. cooking, grocery shopping, budgeting/saving money, job searching, etc) List skills. )

**COMMENTS/CONCERNS**

 Please note any other significant issues or concerns this month.