



MONTHLY VISIT CHECK LIST
 MONTH _____ DAY _____ YEAR _____
 FOSTER CHILD: _____

COMPLIANCE AND UP-TO-DATE INFORMATION



<input type="checkbox"/>	EMEGENCY DISASTER PLAN LIC 610A POSTED
<input type="checkbox"/>	CURRENT AND UP-TO-DATE CERTIFICATION LETTER AVAILABLE
<input type="checkbox"/>	FOSTER CHILD INTERVIEWED OUT OF HOME ONCE A MONTH
<input type="checkbox"/>	CURRENT FOSTER CELL PHONE NUMBER ON FILE
<input type="checkbox"/>	FOSTER CHILD'S RECORDS IN FOSTER HOME KEPT SECURED AND CONFIDENTIAL

HOME AND OCCUPANTS



<input type="checkbox"/>	HOW MANY ADULTS LIVING IN THE HOME
<input type="checkbox"/>	ALL ADULTS LIVING IN THE HOME HAVE NCFC CRIMINAL RECORD CLEARANCE
<input type="checkbox"/>	ALL ADULTS PROVIDING CHILDCARE FOR FOSTER CHILD HAVE CLEARANCES
<input type="checkbox"/>	NO ADULT IS SLEEPING IN THE SAME ROOM WITH ANY CHILD
<input type="checkbox"/>	NO AREA IS USED FOR SLEEPING THAT IS NOT A FULL BEDROOM
<input type="checkbox"/>	HOUSE ORGANIZED AND CLEAN
<input type="checkbox"/>	FOSTER CHILD SLEEPS IN OWN BED THAT IS A SEPARATE BED
<input type="checkbox"/>	NO MORE THAN 2 CHILDREN PER ROOM (OVER 5 YRS WITH SAME SEX)
<input type="checkbox"/>	SECURED MEDICINES OR POISONS
<input type="checkbox"/>	EXITS CLEAR OF IMPEDIMENTS THAT WOULD BE A FIRE HARZARD
<input type="checkbox"/>	NO UNACCEPTABLE HEALTH HAZARDS IN HOUSE OR GARAGE

RECERTIFICATION AND CORRESPONDENCE



<input type="checkbox"/>	FOSTER PARENT TOTAL HOURS OF TRAINING SINCE LAST CERTIFICATION
<input type="checkbox"/>	FOSTER PARENT ASKED ABOUT SATISFACTION WITH FFA
<input type="checkbox"/>	FOSTER PARENT SUBMITTED ALL REQUESTED DOCUMENTS FROM NCFC
<input type="checkbox"/>	NO PLANNED ABSENCES FOR NEXT 30 DAYS OR CHANGE OF ADDRESS

FOSTER CHILD ASSESSMENT



<input type="checkbox"/>	FOSTER CHILDS PHYSICAL HEALTH IS SATISFACTORY (30 DAY CHECKUP COMPL.)
<input type="checkbox"/>	FOSTER CHILDS MENTAL HEALTH IS SATISFACTORY
<input type="checkbox"/>	FOSTER CHILDS ACADEMICS ARE SATISFACTORY
<input type="checkbox"/>	FOSTER CHILDS BEHAVIORS ARE SATISFACTORY
<input type="checkbox"/>	FOSTER CHILD RELATIONSHIP WITH FOSTER PARENT SATISFACTORY

DATE FOSTER PARENT OR SOCIAL WORKER TASKS TO DO



<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

NOTES: _____

SIGNED FOSTER PARENT: _____ SIGNED FOSTER PARENT: _____