

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

COMPLIANCE AND UP-TO-DATE INFORMATION



	EMEGENCY DISASTER PLAN LIC 610A POSTED

CURRENT AND UP-TO-DATE CERTIFICATION LETTER AVAILABLE

FOSTER CHILD INTERVIEWED OUT OF HOME ONCE A MONTH

CURRENT FOSTER CELL PHONE NUMBER ON FILE

FOSTER CHILD'S RECORDS IN FOSTER HOME KEPT SECURED AND CONFIDENTIAL

HOME AND OCCUPANTS



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

NO UNACCEPTABLE HEALTH HAZARDS IN HOUSE OR GARAGE

RECERTIFCATION AND CORRESPONDENCE

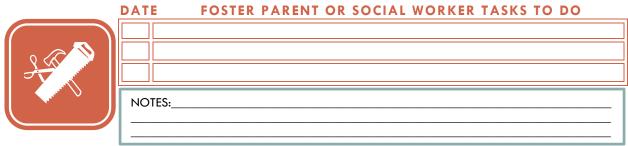


CERTIFICATION AND CORREST ONDERCE		
	FOSTER PARENT TOTAL HOURS OF TRAINING SINCE LAST CERTIFICATION	
	FOSTER PARENT ASKED ABOUT SATISFACTION WITH FFA	
	FOSTER PARENT SUBMITTED ALL REQUESTED DOCUMENTS FROM NCFC	
	NO PLANNED ABSENCES FOR NEXT 30 DAYS OR CHANGE OF ADDRESS	

FOSTER CHILD ASSESSMENT



FOSTER CHILDS PHYSICAL HEALTH IS SATISFACTORY (30 DAY CHECKUP COMPL.)
FOSTER CHILDS MENTAL HEALTH IS SATISFACTORY
FOSTER CHILDS ACADEMICS ARE SATISFACTORY
FOSTER CHILDS BEHAVIORS ARE SATISFACTORY
FOSTER CHILD RELATIONSHIP WITH FOSTER PARENT SATISFACTORY



SIGNED FOSTER PARENT: ______ SIGNED FOSTER PARENT: _____