



MONTHLY CHECKLIST

Month _____ Year _____

License Renewal Date: _____

Identify *expiration* dates of *all* items.

Primary FP: _____

Secondary FP: _____

Medical Exam: _____

Medical Exam: _____

First Aid: _____ CPR: _____

First Aid: _____ CPR: _____

Driver's License: _____

Driver's License: _____

Car Insurance: _____

Car Insurance: _____

Home Insurance: _____

Developmental/Safety Plan: NONE

Pet Records: 1) _____ 2) _____ 3) _____

Bio/Adopted Children Med. Exam: 1) _____ 2) _____ 3) _____

Competency Completed this month _____

Competency Completed this month _____

Training Hours Completed _____

Training Hours Completed: _____

Training Hours Needed: 20

Training Hours Needed: 20

General Information: (For "yes" answers, provide additional information)

1. Are any of the dates listed above past or coming up in the next 60 days? No Yes
2. Do you have any new vehicles that you use to transport foster children? No Yes
3. Any new pets or any plans to bring a new pet into your home? No Yes
4. Any vacations, trips, or moves planned within the next 90 days? No Yes
5. Any new firearms or weapons or plans to bring any into your home? No Yes
6. Any changes in how you have stored firearms or weapons in your home? No Yes
7. Any changes in how you have stored hazardous materials in your home? No Yes
8. Any changes in how you have stored medication your home? No Yes

If yes, list changes: _____

Medications: Has the appropriate storage and locking mechanism been checked? No Yes

9. Have you purchased or plan to purchase any new recreational equipment? No Yes
10. Has anyone in household been arrested or convicted of any criminal/driving activity since last visit or time of licensing? No Yes * If yes, please explain on back

Information about other people living in your home: (other than foster children)

1. Has anyone moved into your home—include temporary arrangements? No Yes
2. Will anyone be moving into or out of your home within the next 90 days? No Yes

Other Documentation:

1. Fire Drill: Date _____ Time _____ Tornado Drill: Date _____ Time _____
2. Names of Children present (fire): _____
3. Names of Children present (tornado): _____
4. Has the Medical Passport been updated accordingly? No Yes
*If no update needed, then a statement of "No medical or dental care this month" should be documented
5. Prior month's Monthly Progress Report, expenses, medication logs, etc. turned in? No Yes
6. What Competency did you complete last month? _____
Did you turn in the "test"/training confirmation form to your home supervisor? No Yes

FP Signature(s) _____

Date _____

Staff Signature _____

Date _____