



Monthly Care & Maintenance Log

CALIFORNIA/NEVADA Foster Care Program

Resource Parent Name		Month/Year	
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Complete 1-8 for each child in your care. Please return by the 5th day of the following month.

1. Amount of clothing money spent for child this month. NOTE: Keep receipts with the child's *Clothing Allotment Log* in your Foster Parent Home binder for annual review. Transfer

2. TOTAL amount of clothing money spent since child was placed in your home.

3. Date of last *Clothing Inventory*. Please attach updated inventory, if more than 3 months ago.

4. Record child's height.

5. Record child's weight
Record

6. Did child visit a physician this month?
If yes, attach any paperwork from the Physician's office and the appropriate MC forms.

7. Was new medication prescribed or old medication destroyed this month?
If yes, **attach a Medication Log** to the Care and Maintenance Log. Please **complete the Centrally Stored Medication and Destruction Record** and file it in the Child's Home Binder. Please inform your Records Manager if you need more medication forms. ****MUST attach documentation of received training on any new medication, ie., from psychiatrist or pharmacist**

8. Did child receive a report card, test results, or other school report this month? If so, please attach.

	Name of Child	Name of Child	Name of Child	Name of Child	Name of Child
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
4.					
5.	Lbs	Lbs	Lbs	Lbs	Lbs
6.	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
7.	YES or NO--if yes is documentation attached for training?	YES or NO if yes is documentation attached for training	YES or NO if yes is documentation attached for training	YES or NO if yes is documentation attached for training	YES or NO if yes is documentation attached for training
8.	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO