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| http://nebula.wsimg.com/58339aa1b74bb8411fbc962fc26e8976?AccessKeyId=A56382D5F148D79BD23A&disposition=0&alloworigin=1 | **O.U.R. Center** *Opportunity, Understanding, Respect* | **Monthly Parent Visit** |

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| --- | --- |
| Foster Parent: | Date: |
| Foster Parent: | Time of Visit: |
| Address: | Number of Children: |
| Home Study Updated (Date Updated): | |
| Has Child Registry been updated to include all children? (Yes/No): | |
| Respite Forms Collected? (Yes/No/NA): | |
| FSW Summaries completed, signed and collected? (Yes/No/NA): | |
| When does NVCI (Safe Management) Expire (Date Expires): | |
| When does First Aid Expire (Date Expires): | |
| When does Psychotropic Medication Training Expire (Date Expires): | |
| When does Car Insurance Expire (Date Expires): | |
| When does House Insurance Expire (Date Expires): | |
| When do animal vaccines expire (Date Expire): | |
| List (by name) anyone that frequents your home (i.e. stays overnight):  **Note: anyone who frequents the home requires a CAS/Police Check. If the person is under 18 years old, please identify this individual above and to the Placing Agency (CAS Worker).** | |
| Date Fire Drill completed (must be completed every 6 month): | |
| Next Fire Drill to be completed by (Date): | |
| Did Foster Parent(s) attend training this month? (Yes/No): | |
| If they didn’t attend training, list the reason why they didn’t attend: | |
| What other support or training do they need? | |
| Date Learning Plan Reviewed with FP (must be completed every 3 months): | |
| Note any concerns to be addressed: | |
| Date(s) that Case Manager saw parent(s) in person: | |
| **MONTHLY HEALTH & SAFETY CHECKLIST COMPLETED (Yes/No):** | |
| **Foster Parent Annual Review is due (Date):** | |