

Complete 1-9 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 copies of the receipts with the child's *Clothing Allotment Log* in your Foster Parent Home binder for annual review. Also, turn in receipts with this log each month.
- **2.** TOTAL amount of clothing money spent on this child since this child was placed in your home.
- 3. Amount of allowance child received this month.
- Date of last Clothing Inventory.
 Please attach updated inventory, if more than 3 months ago.
- 5. Record child's height this month.
- 6. Record child's weight this month.
- Did child visit a physician this month?
 If yes, attach any paperwork from the Physician's office and the appropriate MC forms.
- **8.** 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, i.e., from psychiatrist or pharmacist**

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

Monthly Care & Maintenance Log

CALIFORNIA Foster Care Program

	Resource Home Last Name:			Month/Year	
	Name of Child				
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.					
5.	, "	. "	, ,,	1 11	1 11
6.	Lbs	Lbs	Lbs	Lbs	Lbs
7.	YES or NO				
8.	YES or NO **If yes is documentation attached for training?	YES or NO **If yes is documentation attached for training?	YES OF 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?
9.	YES or NO				