

CCI Child Monthly Summary Report Instructions

Instructions for Completing the RBWO CCI Child's Monthly Summary Report Form

This **Adobe PDF fillable** form is used to document the child's RBWO monthly summary report. The purpose of the monthly summary report is to document various services and activities that the Child Caring Institution (CCI) has provided to the child during the course of the reporting month. The purpose of the monthly summary is also to ensure that needed services are secured during the time the child is in the CCI. Additionally, this form is used to document significant occurrences in the daily life experiences of the child while in placement with the CCI.

This monthly report is used by CCI providers who have the following program designations: Base Watchful Oversight, Maximum Watchful Oversight, Additional Watchful Oversight, Second Chance Home and Wilderness Camp. Child Placing Agencies and Independent Living Programs (ILP)/Transitional Living Programs (TLP) will complete a different monthly summary report.

This monthly report should be completed by the Child Caring Agency Human Services Professional. The completed report must also be signed by the CCI's Director or Designee.

Section I

Provide the date that the report was actually written, and the report period. The report period should cover the first day of the month to the last day of the month. Then complete the requested information for the name of the provider and site, and the name of the person that completed the report with their title.

Section II

Provide the child's first and last name, SHINES ID number, legal county, Division of Family and Children Services (DFCS) Case Manager name, date of the child's last Every Child Every Month (ECEM) visit completed by your agency, and document the date that the ECEM visit was entered into the SHINES Portal.

Section III.

Please answer each question with a yes or no response in the appropriate box. Each yes response will require an explanation. For the question regarding the child's visit with parent or other/family/caring adult question, a no response requires an explanation. Also, the question regarding the child's siblings in care could have an N/A (not applicable) response, only if the child does not have a sibling in foster care or there is a court order/recommendation from a professional that states it is not in the child's best interest to visit with sibling(s).

Section IV.

In the Child's Social, Emotional and Behavioral Strengths and Challenges section, please document a summary of the child's social, emotional and behavioral strengths and challenges that were presented during the course of the reporting month. For example document if the child has had any problems or successes socializing with his/her peers, foster parents, teachers, or others during the reporting month; and document if the child has made progress towards behavioral goals or if the child has had acting out behaviors such as, but not limited to: running away, physical or verbal aggression towards others, or infliction of self harm behaviors, etc.

In the Counseling section, please document information regarding mental health services provided to the foster child during the course of the reporting month, and complete the additional requested information for the child in this section.

In the Psychotropic Medication section, please document information regarding prescribed psychotropic medications for the child during the course of the reporting month, and complete the additional requested information for the child in this section.

In the Academic Performance, Advocacy, Individualized Educational Plan (IEP) Changes/Meetings, Support Provided and Unmet Needs section, document a summary of information regarding the child's academic progress and challenges, any educational advocacy that the care giver provided in reference to the child, and list any educational plan changes or educational plan meetings that were attended during the course of the reporting month. Additionally, document educational supports provided to the child such as tutoring and list any unmet educational needs that the child had during the course of the reporting month.

In the Health (Emergencies, Routine, Treatments) section, document a summary of any medical needs that were addressed regarding the foster child during the course of the reporting month. List information about physical exams, child well checks, follow-up appointments, dental exams, emergency room visits, labs or x-rays (including CT Scans or MRI's), or any treatments received for the child's medical diagnosis. Also, list any new medical concerns regarding the child and treatment that will be required, include specific dates for the services which were received.

In the Family Connections (sibling, parent, caring adult visitation and contacts) section, document a summary of visits or contact that the child had with his/her sibling(s), parent(s) or other caring adult during the course of the reporting month.

In the Provider Permanency Support section, document a summary of any permanency support that was provided by the caregiver to move the child closer to permanency during the course of the reporting month.

In the Peer Relationship section, document a summary of the child's relationship to other children in the congregate living setting during the course of the reporting month. Document if there have been positive or negative changes in the relationship between the child peers or if there have been any challenges identified in regards to peer to peer relationships.

In the Relationships and Interaction with Staff section, document a summary of the relationship between the child and direct care staff during the course of the reporting month. Document if there have been positive or negative changes in the relationship between the child and the direct care staff or if there have been any challenges identified in regards to the child and direct care staff or others provider staff.

In the Other Information (Meetings, FTMs, Court, Panel Reviews, etc.) section, document a summary of meetings, Family Team Meetings (FTMs), Court Hearings, Panel Reviews, or etc, that has taken place during the course of the reporting month on behalf of the child. Document if the provider participated, and include the outcome of the meetings, FTMs, Court Hearing, Panel Review, etc.).

In the Services of Supports Needed from DFCS Case Manager section, document a summary of any services or supports that the provider needs from the child's DFCS Case Manager. Also, indicate if the DFCS Case Manager was notified about the needed services or support in previous months.

Section V

Document the signature of the person that completed the monthly report and the date the report was signed. Additionally, document the signature of the CCI Director or Designee that has reviewed the monthly report and the date that he/she signed the reviewed monthly report.

Section VI

Document the date that the monthly summary report was sent to the child's DFCS Case Manager and identify the method of how the report was provided to the DFCS Case Manager (via e-mail, fax, mail or hand delivered).

(Note: For review purposes, please maintain verification that the form was sent to DFCS case managers.)