FAMILY WORKER AND HOME VISITOR

Monthly Summary Report

Name:____

Center/Location: _________________________________

Month/Year: ___________________________________

☐ Email Monthly Summary by the 5th of the following Month to: Family Services Coordinator, Supervisor and Area Manager.

☐ Submit In-Kind folder:
FW - Area Manager **HV** - Family Services Manager

REPORTS TO REVIEW

Check for Incomplete Requirements: See SOP Section 8

ChildPlus Report	Monthly	ChildPlus Report	Monthly
9730 - Employ/Education	☐	**FA Heat Map**	☐
9703 - Race & Ethnicity	☐	**FSEM**	☐
9704 - Language	☐	**RR01**	☐

REVIEW TO DO LISTS AND PERFORMANCE PANEL

Check for Incomplete Requirements: See SOP Section 8

To Do Lists	Weekly	Performance Panel	Monthly
SHS Incomplete Requirements	☐	Dental Home	☐
SHS Follow Up Needed	☐	Health Coverage	☐
SHS Expired Events	☐	Medical Home	☐
SHS Immunizations Due	☐		
SHS Resource/Referral	☐		

ORIENTATION, SOCIALS & PCCM PARENT/GUARDIAN ATTENDANCE

How many parent(s)/guardian(s) attended?

Orientation / Socialization (Circle One)	**Parent Center Committee Meeting (PCCM)**
Date # of adults in Attendance	PCCM # ____________ Date # of adults in Attendance

ATTENDANCE CONCERNS/ISSUES (CP Online Report #2305)

Include all children with 79% ADA and below – see page 2

Support Topic	Description of Need

FW/HV Signature__________________________________Supervisor's Signature __________________________________

Attach additional page if necessary

Attendance Concerns/Issues (CP Online Report #2305)

Child's Name	Average Daily Attendance 79% ADA and below & absence reasons if all absences are excused	Attendance Notification SOP 5.3.10	AST Date
	%	Handout ____________ Verbal ☐ Written 1st ☐ 2nd ☐	
	%	Handout ____________ Verbal ☐ Written 1st ☐ 2nd ☐	
	%	Handout ____________ Verbal ☐ Written 1st ☐ 2nd ☐	
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