

# FAMILY WORKER AND HOME VISITOR

## Monthly Summary Report

Name:	Center/Location:
<input type="checkbox"/> Email Monthly Summary by the 5 <sup>th</sup> of the following Month to: Family Services Coordinator, your supervisor, and your Area Manager.	Month/Year:

### REPORTS TO REVIEW

Check for Incomplete Requirements: See SOP Section 8

ChildPlus Report	Full Year	Part Year
<b>9730</b>	<input type="checkbox"/> July <input type="checkbox"/> Jan <input type="checkbox"/> May	<input type="checkbox"/> Aug <input type="checkbox"/> Jan <input type="checkbox"/> April
<b>9703</b>	<input type="checkbox"/> July <input type="checkbox"/> Jan <input type="checkbox"/> May	<input type="checkbox"/> Aug <input type="checkbox"/> Jan <input type="checkbox"/> April
<b>FOIA Heat Map</b>	<input type="checkbox"/> Oct <input type="checkbox"/> Jan <input type="checkbox"/> May	<input type="checkbox"/> Oct <input type="checkbox"/> Jan <input type="checkbox"/> April
<b>FSEM</b>	<input type="checkbox"/> Oct <input type="checkbox"/> Jan <input type="checkbox"/> May	<input type="checkbox"/> Oct <input type="checkbox"/> Jan <input type="checkbox"/> April
<b>RR01</b>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly
<b>3065 (Failed Events, No Actions)</b>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly

### REVIEW TO DO LISTS AND DASHBOARDS

Check for Incomplete Requirements: See SOP Section 8

To Do Lists	Weekly	Dashboards	Monthly
SHS Expired Events	<input type="checkbox"/>	PIR Health Indicators	<input type="checkbox"/>
SHS Follow Up Needed	<input type="checkbox"/>		
SHS Immunizations Due	<input type="checkbox"/>		
SHS Incomplete Requirements	<input type="checkbox"/>		

### ATTENDANCE CONCERNS/ISSUES (CP Online Report #2305)

Attach additional page if necessary

Child Name	Monthly Attendance %	Attendance Notification	AST Date

### ORIENTATION, SOCIALS & PCCM PARENT/GUARDIAN PARENT ATTENDANCE

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

Orientation / Socials	PCCM # 1	PCCM # 2	PCCM # 3	PCCM # 4
/				

### TRAINING OR SUPPORT NEEDED

Support Topic	Description of Need

Attach additional page if necessary