BRITISH COLUMBIA | Ministry of Children and Family Development

Caregiver Monthly Report

Caregivers may be requested by their Resource Worker to complete a report each month for each child/youth that currently resides in the Caregiver's home. Once the report has been completed, the Caregiver provides the report to their Resource Worker. *Please do not send this report to the Resource Worker via email.* If you have any questions about completing this form, please contact your Resource Worker.

Report Date (yyyy-mmm-dd}

Child's/Youth's Information

Legal First Name:	Legal Last Name:	
Preferred First Name:	Age:	Placement Date (yyyy-mmm-dd)

Contact Information

Relationship	First Name	Last Name	Phone Number
Caregiver			
Resource Worker			
Child/Youth Social Worker			
Teacher			
Community Member			
Other			
Other			
Other			
Other			

Identity (including Family and Social Relationships, Culture and Religion)

Child's/Youth's Attendance/Participation in Cultural, Spiritual, Social and Recreational Events/Activities

Please comment on any events/activities such as family/social events, ceremonies/religious services, community/ethnic events, learning events, recreational, Indigenous cultural events and involvement with Indigenous community, if appropriate.

Family and Relationships

Please comment on and list below any contact/visits with family (including siblings, extended family, Elders, and significant others the child/youth is not living with but has contact with). Additionally, document the child's/youth's emotional state before/after visits, transportation, and any safety concerns or restrictions related to contact with family or significant others in relation to the child/youth's emotional or physical safety. Please add any successes and/or goals achieved.

Name of Family Member (e.g., mother, father, sibling, aunt, uncle)	Date (yyyy-mmm-dd)	Location	Comment/Frequency

Health - Physical, Emotional, and Behavioural Development

Child's/Youth's Appointments

Please provide a list of all the child's/youth's appointments (e.g., physical, emotional, mental, spiritual, behavioural and developmental, including mental health clinicians and traditional healers).

Date (yyyy-mmm-dd)	Name of Professional	Services Accessed	Contact Information

Changes in Care Home, Illnesses and Accidents

Please include information about any changes in the home, including new residents, illnesses and accidents

New Resident Name:	Age
New Resident Name:	Age
New Resident Name:	Age
Illnesses and Accidents	

Child's/Youth's Health, Behavioural, & Emotional Needs/Changes

Please comment on any positive aspects and/or challenges that have had an impact on the child/youth. For example, coping skills, self-care, new skills learned, growth, transition to independent living skills, physical, behavioural, emotional health and needs. Include, if appropriate, any developmental disabilities and how these have impacted the child/youth and how you are addressing the child's/youth's challenges. Also, please add any success/achievements, if appropriate.

Educational/Social Recreational Activities

Child's/Youth's School, Daycare, Work, & Day Programs

Please comment on any successes/achievements and concerns/changes the child/youth has experienced within the last month. Also include attendance at child/youth programs, sports, extra-curricular activities, cultural activities, school, and involvement with school staff, Aboriginal Liaison Worker or other specialized staff.

Police/Court/Lawyer Involvement

Has there been any involvement with the police/courts/lawyers since your last report? ◯ Yes ◯ No

Please indicate the date the child's/youth's Social Worker was called: (YYYY-MMM-DD)

Transition to Permanency, if applicable

How Is the child/youth responding to their permanency plan?
If the child/youth is Indigenous, how is their family and/or community involved in supporting the transition?

Absent from Caregiver's Home

Include incidents where the child/youth is absent and/or has stayed overnight outside the Caregiver's home. Additionally, include where the child/youth has stayed with an alternate Caregiver (include the name of the alternate Caregiver).

Date(s)/Time Left Caregiver's Home (yyyy-mmm-dd) and (AM/PM)	Date(s)/Time Returned to Caregiver's Home (yyyy-mmm-dd) and (AM/PM)	Comment (If appropriate, please include the name of the Alternate Caregiver).

Approved Relief

Please ensure that both a Criminal Record Check and Relief Care Provider Assessment Checklist is on file, as required. Please provide the full name of who provided care, date, and location.

First Name of Person Who Provided Care	Last Name of Person Who Provided Care	Date (yyyy-mmm-dd)	Criminal Record Check or Relief Care Provider Assessment Checklist	Comment
			Criminal Record Check ☐ Yes ☐ No Relief Care Provider Assessment Checklis ☐ Yes ☐ No	
			Criminal Record Check ☐ Yes ☐ No Relief Care Provider Assessment Checklist ☐ Yes ☐ No	
			Criminal Record Check ☐ Yes ☐ No Relief Care Provider Assessment Checkli ☐ Yes ☐ No	

Caregiver Observations and Additional Comments/Special Alerts

Caregiver Observations

Please comment on the observable behaviours of the child/youth. For example, increase/decrease in behaviours, routines or circumstances, verbal/physical/sexual/self-destructive behaviours, alcohol/drug use, self-care/coping skills, interaction with others, and care of physical space.

Additional Comments/Special Alerts:

Caregivers Name (Please Print):	Date (yyyy-mmm-dd):
Caregiver's Signature	

Caregiver provides their Resource Worker with the original monthly report.

MCFD Documentation Management

- The original signed Monthly Caregiver Report is filed in RE Section 7 - Child in Care Information.
- Child's Worker/Guardianship Worker is provided with a copy of the report and it is filed in CS Section 5 - External Reports.
- If requested, provide a copy of the completed report to the Caregiver.