



Care Checklist

14900 Bogle Drive, Suite 200 • Chantilly, VA 20151-1652 • 703-817-9890 • FAX 703-817-9860 • www.fcsva.org

This is a checklist to ensure that all information is available to provide respite and emergency care for a child placed with FCSVA. Having guardians and foster parents provide current and accurate information ensures that a child always receives the support, care and interventions needed. Further, this care checklist helps the foster family get to know a child coming into the home for respite, so they can help him/her feel at home. You can adjust this according to the age and developmental level of the foster child.

Behaviors

Please tell us a little about the child's interests, hobbies and behaviors.

1. What types of activities or hobbies does he/she like to participate in or enjoy?

2. Are there activities or hobbies that he/she is not allowed to participate in while on respite?

3. Does he or she display physical aggression towards others (peers, adults, siblings or younger children) or pets?

Yes No

4. Are monitoring devices required (such as baby monitors, etc.)?

Yes No

Explain type of physical aggression.

5. Does he or she display sexual behaviors towards others (peers, adults, siblings or younger children) or pets? (If so, attach safety plan.)

Yes No

6. Are monitoring devices required (such as baby monitors, etc.)?

Yes No



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Explain sexual behavior.

7. What specific behaviors are causing issues or distress for him/her?

8. What calms him/her down?

9. Can he or she have any unsupervised time?

Yes No

If so, what are the parameters (where, how long, etc.)?

10. What is the child's bedtime routine, including bedtime, etc.?



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11. What is the child's morning routine, including wake up time, breakfast, etc.?

12. Are there any special sleeping arrangements needed for him/her?

Yes No

If so, specify here:

13. What types of touch is the child comfortable receiving from caregivers (i.e. hugs, high-fives)?

14. Any other information that you would like to share to help the foster parents while caring for and working with him/her on respite?

Medical

Please answer the following questions concerning the child's health.

1. Currently under the care of a physician for any medical condition?

Yes No



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If yes, please provide the condition, treatment and physician information.

2. Recent illnesses or symptoms?

Yes No

If yes, please explain below.

3. Any allergies to foods, medicines, etc.?

Yes No

If yes, please list below.

Medications: Please provide the following information regarding medications the child is currently taking. (We will need the *Consent to Administer Psychotropic Medications Form* signed by both the child's guardian and a physician before the medication can be given.)

1. Currently taking any medications including both prescription and over the counter medications?

Yes No

2. If yes, are any of the medications psychotropic medications?

Yes No

3. If the child is taking any medications, the following chart needs to be completed fully.



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Name of Medication	Exact Dosage	Time of Day Medication Given (Ex. 7 AM & 7 PM)	Next Time Medication Needs to be given	Prescribing Physician's Name and Phone Number

Emergency Contact Information

Please provide us with all of the following contact information in case of an emergency.

Person/Name	Address	Phone Number	Alternative Number, (if applicable)
Legal/Guardian:			
DFS/DSS Representative:			
Medical Doctor:			
Therapist:			
Psychiatrist:			
Other:			

Other Contacts

Provide the other contacts the child may have during the respite below.



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Person's Name	Relationship to Child	Type of Contact Allowed (Phone, In Person, Written, etc.)	Supervised or Unsupervised

For Referred Respites: Why does he/she need respite?

Parent/Guardian*

Date

DFS/DSS Representative*

Date

FCSVA Representative

Date

Foster Parent

Date

Foster Child**

Date

*Signature only required for referred respites.

**Should sign if old enough and clinically appropriate.