

This notebook will be an easy way for you to keep a documentation record of all the information you receive for and about the child in your care.

It is a way to simplify your record keeping and to document information about the services the child receives. Think of it as a place to collect and organize the important information and papers that accumulate as the child stays in your home.

The Paper Trail is divided into several sections that will make it easier to find what you need quickly.

Here are some helpful suggestions:

- Take your notebook with you to all scheduled appointments
- Update the appropriate information in each section as you receive new information
- Make this notebook work for you! Create your own sections; remove and rearrange pages to fit your needs; or personalize it with drawings, stickers, photographs and special articles that you have found helpful.
- You might want to include a business card sheet to keep numbers handy.
- Keep a notebook for daily documentation in the child's notebook.
- Keep the notebook in a secured place. The information contained in the notebook is confidential and should not be left where another child or other unauthorized person could have access.

## **Chapter 1: Basic Information**

This is a place to organize the basic information that you have about a child in your care.

- Information Sheet
- CHET (Child Health & Education Tracking)
- Copies of Birth Certificates
- Copies of Social Security Cards
- Photos

## **Chapter 2: Social Worker/Case Manager Contacts**

This section is to help you document and organize the contacts you have with the child's Social Worker and/or Case Manager.

- "Summary of Social Worker/Case Manager Contacts" forms
- Notes from case staffings
- Copies of e-mails or other correspondence received from the Social Worker or Case Manager

## **Chapter 3: Legal Information**

This section is devoted to the legal status of the child in your care.

- "Summary of GAL/CASA Contacts" forms
- "Summary of Court Hearings" forms
- Copies of Caretakers Report to the Court
- ISSP
- Court orders and other legal documents

## **Chapter 4: Medical Information**

This section is to help you document and organize the contacts you have with the child's Doctor and other health care providers.

- "Summary of Medical Provider Contacts" form

- “Medical Visit Forms”
- “Medication Administration” forms
- Well-child exam forms (yellow copy)
- WIC papers
- Medical history information
- Immunization Records
- Medicaid Cards

## **Chapter 5: Dental Information**

This section is to help you document and organize the contacts you have with the child’s Dentist.

- “Summary of Dentist Contacts” forms
- “Dentist Visit Forms”
- Notations/stories of losing baby teeth

## **Chapter 6: Therapeutic Resources**

This section is to help you document and organize the contacts you have with other community resource people, such as Mental Health Therapists, Speech and Language Therapists, Occupational and/or Physical Therapists, Probation Officers, etc.

- “Summary of Therapist Contacts” forms
- “Therapist Visit Forms”

## **Chapter 7: Education**

This section is to help you document and organize the contacts you have with the child’s educational provider(s).

- “Summary of Contacts with School” forms
- IEPs
- School Incident Reports
- Letters or e-mails from school staff
- Free lunch applications
- Permission slips

## **Chapter 8: Visitation**

This section is to help you document and organize information related to the child's contacts with his/her birth or legal family.

- "Summary of Family Contacts" forms
- Notes exchanged with family

## **Chapter 9: Behavioral Information**

This section is to help you document the child's behavior.

- Written journal of daily behaviors, interactions with other children, your observations of "triggers" that escalate behaviors, disclosures of past abuse, illnesses not requiring medical attention, more complete explanation of any information documented on "Contact" forms, etc.
- Injuries not requiring medical attention

## **Chapter 10: Miscellaneous**

This section is to help you document and organize all of the other activities that you perform related to the child placed in your home.

- Travel vouchers
- Sports and/or recreational information
- Community activities
- Holiday traditions and celebrations

# Information Sheet

## Basic Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Current Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DCFS No.: \_\_\_\_\_

Date placed in my home: \_\_\_\_\_ Date left my home: \_\_\_\_\_

## Social Worker Information

Social Worker Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Legal Information

GAL/CASA Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Medical/Dental/Therapeutic Information

Doctor/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Educational Information

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Family Information**

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Location: \_\_\_\_\_

Other Extended Family:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_









# Medical Visit Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Health Provider and/or Clinic Name: \_\_\_\_\_

Please Check One:

Primary Physician

Specialist

Child's Height: \_\_\_\_\_

Child's Weight: \_\_\_\_\_

Present Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment Provided/Recommended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescriptions: \_\_\_\_\_

\_\_\_\_\_

Any immunizations given: \_\_\_\_\_

\_\_\_\_\_

Follow-up appointment date: \_\_\_\_\_





# Dentist Visit Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

List any cavities or areas of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Treatment Provided (Check-up, cleaning, sealant, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Follow-up Recommendations: \_\_\_\_\_

\_\_\_\_\_

Next appointment date: \_\_\_\_\_



# Therapist Visit Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's Name: \_\_\_\_\_

Therapist's Phone Number: \_\_\_\_\_

Please Check One:

Mental Health     Speech/Language     Occupational     Physical

Present Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Treatment Provided/Recommended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Prescriptions: \_\_\_\_\_

\_\_\_\_\_

Follow-up appointment date: \_\_\_\_\_





# INJURY/ACCIDENT REPORT

Child's name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Describe Circumstances of injury/incident: \_\_\_\_\_

---

---

---

---

---

Location of Injury/accident: \_\_\_\_\_

---

---

Others involved in incident: \_\_\_\_\_

---

---

First Aid given: \_\_\_\_\_

Were there witnesses? If so list name and phone number:

---

---

Was a Physician contacted? If so, who and whom did you speak to?

---

---

---

Was it an injury that needs to be reported to Children's Services? Who was contacted? (Social Worker, Afterhours, Licensing, Private Agency, etc.)

Contact	Phone	Date	Time
---------	-------	------	------

---

---

---

---

---

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_