

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: _____

Other Extended Family:

Name: _____ Relation: _____ Phone: _____

Summary of Social Worker/Case Manager Contacts

Type of Contact: HV = Home Visit; OV = Office Visit; TC = phone call; EM = e-mail

Summary of GAL/CASA Contacts

Type of Contact: HV = Home Visit; OV = Office Visit; TC = Telephone Call; EM = e-mail

Summary of Court Hearings

Summary of Medical Provider Contacts

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: _____

Medication Administration

Summary of Dentist Contacts

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: _____

Summary of Therapist Contacts

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: _____

Summary of Contacts with School

Type of Contact: SV = School Visit; HV = Home Visit; TC = Telephone call; EM = e-mail; L = Letter

Summary of Family Contacts

Date/ Time	Type of Contact	Name of Contact	Location	Summary of the Contact

Type of Contact: V = Visit; TC = Telephone call; EM = e-mail; L = Letter

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: _____