## Family, Youth and Children's Services 1202 Apollo Way Santa Rosa, CA 95407

		Caregiver R	eport Dates Covering:	_		
	Wee	ekly Report (first 90 c	days of placement)  Monthly	Report 🗌		
Child's Ini	tials:		D.O.B.:			
Caregiver:			Social Worker:			
Has an Ice	Breaker me	eeting occurred?	Yes No			
When is th	ne last time	the assigned social w	orker did a home visit? Date	_		
Visits:						
Date	Time	Who	Outcome (Cancelled, no-show, on-time, late, etc.)	Where	Supervised (yes/no)	
Appointm	ents:					
Date & Tin		erson & Phone Number	Agency	Outcon	Outcome	
Agency/So	ocial Worker	· Contact·				
Date/Tim		Who	Outco	ome		

Child's Initials:
Health/Medical/Dental
Education/Dayalanmantal/Mantal Health
Education/Developmental/Mental Health:
Response to Visitation
Strengths/Challenges