Hope & Home Monthly Emergency Drill Log

Family Name:	Month/Year
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Date/Drill (mm/dd/yy) (fire, tornado, flood?)	Participants/Ages (Include adults' & children's first names)	Plan of escape (e.g., Ginny gets baby; John gets kids)	Start time (am/pm)	Meeting place & finish time (e.g., mailbox, neighbor's driveway, etc)
January/Fire Date:	d			
February/Fire Date:				
March/Flood Date:				
April/ Tornado Date:				
May/Tornado Date:				
June/Fire Date:	40			
July/ Fire Date:				
August/ Flood				
September/Flood Date:				
October/ Fire Date:				
November/Fire				
December/Fire Date:				

Hope & Home Medication Administration Record (MAR)	Family:	Mother's Initials:	Father's Initials:
Month/Year:	Child's Name:		international description of the contract of t

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Administration Record (MAR)	Family:	Mother's Initials:	Father
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Month/Year:	Child's Name:		And construction and co

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- Always double check the med, dosage, & time
- Always record the exact time (7:03p, 8:59a)
- Always report a missed dose to HH
- Always report an incorrectly administered dose to HH
- administered, including OTC changes, including adding new meds, discontinuing or weaning off existing meds, dose changes, or any other changes regarding Always provide SIGNED authorization from physician regarding all meds medication
- Always record in the notes section anytime a child refuses meds, any changes in meds, any adverse reactions to meds



Month	Monthly Progress Notes	Year
Foster Family	Child:	
	s were:	
		100
	5 	
		- 22 - 2 - 2 - 2
Foster Parent Signati	ure Home Supe	rvisor Signature

HOPE & HOME 4945 N. 30TH Street COLORADO SPRINGS, COLORADO 80919

PHONE: 719-575-9887 FAX 719-575-0553

Birth Family Contact Record

Document each contact between the child in care and the child's birth family. Record on this form whether the contact with bio parent family was is in person, by phone or letter, etc. Indicate whether the contact was scheduled or not, and supervised or unsupervised. Please note the child's reaction to the contact, behavioral or verbal or both.

Name of ChildName of Contact	
Name of Child Name of Contact	
Date:(Circle Applicable) In personBy PhoneLetter ScheduledNot Scheduled Supervised Not Supervised	_
Scheduled Not Scheduled Supervised Not Supervised	
Reaction to the contact, behavioral or verbal or both: (explain below)	
Name of ChildName of Contact	_
Date:(Circle Applicable) In personBy PhoneLetter	
ScheduledNot ScheduledSupervisedNot Supervised	_
Reaction to the contact, behavioral or verbal or both: (explain below)	_
	_

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Name of ChildName of Contact	
Date: (Circle Applicable) In person By Phone Letter	
ScheduledNot ScheduledSupervisedNot Supervised	2.7
Reaction to the contact, behavioral or verbal or both: (explain below)	_
reaction to the contact, behavioral of verbal of both. (explain below)	
Name of ChildName of Contact	
Date:(Circle Applicable) In personBy PhoneLetter	
ScheduledNot ScheduledSupervisedNot Supervised	
Reaction to the contact, behavioral or verbal or both: (explain below)	
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	_
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Name of ChildName of Contact	_
Date:(Circle Applicable) In person By Phone Letter	
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Scheduled Not Scheduled Supervised Not Supervised	
Reaction to the contact, behavioral or verbal or both: (explain below)	
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