



## Foster Care Point of Contact Monitoring Review Rubric

This monitoring review rubric will be utilized to assess the compliance of the Foster Care Point of Contact monitoring program in EMAC. Compliance will be attained if all the fields are completed. Likewise, if any fields are not completed, the monitoring program will be returned for necessary revisions.

Review Information			
LEA Name		Entity ID	
Reviewer Name		Date Reviewed	

LEA Information			
LEA Name CTDS Number County			
Criteria	Yes	No	Comments
LEA name, CTDS number, & county are provided.	<input type="checkbox"/>	<input type="checkbox"/>	

LEA Foster Care Point of Contact Information			
LEA Foster Care Point of Contact Name Title Email Phone Number Additional federal program roles?			
Criteria	Yes	No	Comments
LEA Foster Care Point of Contact name, title, email, & phone number are provided.	<input type="checkbox"/>	<input type="checkbox"/>	
If applicable, additional federal program roles are provided.	<input type="checkbox"/>	<input type="checkbox"/>	

## LEA Foster Care Point of Contact's Supervisor Information

LEA Foster Care Point of Contact's Supervisor Name  
 Title (Supervisor)  
 Email (Supervisor)  
 Phone Number (Supervisor)  
 Additional federal program roles? (Supervisor)

Criteria	Yes	No	Comments
LEA Foster Care Point of Contact's supervisor name, title, email, & phone number are provided.	<input type="checkbox"/>	<input type="checkbox"/>	
If applicable, additional federal program roles are provided.	<input type="checkbox"/>	<input type="checkbox"/>	

## LEA Training

Has the LEA Foster Care Point of Contact provided training to all LEA stakeholders?

Criteria	Yes	No	Comments
The LEA Foster Care Point of Contact has provided training to all LEA stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	

## Foster Care Point of Contact Public Notice

Has the LEA posted their foster care point of contact information on their website?  
 DATE  
 SIGNATURE

Criteria	Yes	No	Comments
The LEA has publicly posted their foster point of contact	<input type="checkbox"/>	<input type="checkbox"/>	
Date & signature are provided.	<input type="checkbox"/>	<input type="checkbox"/>	

## Monitoring Program Evaluation Results

(Compliance will be attained if all the fields are completed. Likewise, if any fields are not completed, the monitoring program will be returned for necessary revisions.)

Compliant	Returned	Comments