

ICPC Supervision Report 30 day

Date of Report: / /

Name of Child(ren):

Name of Caretaker(s):

Address of Placement:

Courtesy Caseworker :
(Receiving State)

Phone Number: () -

Reporting Period:

Dates and locations of Face-to-Face Contact:

Briefly discuss child(ren)'s current circumstances, addressing child(ren)'s safety in current placement and child(ren)'s well-being:

List any unmet needs, and recommendations to meet those needs: *(Sending State is responsible for case planning and for funding)*

Recommendation:

- Continue placement.
- Continue supervision.
- Terminate supervision.

Receiving State concurs with:

- Continue with current permanency goal.
- Return custody to parent, terminate jurisdiction.
- Establish guardianship.
- Other (specify):

SIGNATURE OF SOCIAL WORKER COMPLETING THIS REPORT _____

Printed Name _____ DATE _____

OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY:

- The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist concurs with this recommendation.
- The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist **does not** concur with this recommendation.

Date _____

Name

