**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**ICPC Supervision Report**

Use of form: This form is required to be completed by the receiving entity to Wisconsin ICPC office at least quarterly.

Instructions: The worker may use information from case notes, but must provide a thorough summary and assessment of the placement in each question. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| **IDENTIFYING INFORMATION** |
| Name – Child(ren)      | Date Child(ren) Placed in Home (mm/dd/yyyy)      | eWiSACWIS Case ID       |
| Name – Placement Resource      | Relationship to Child(ren)—Placement Resource      |
| Name – Current Worker      | Agency Name – Current Worker      |
| Date Worker Assigned for Supervision (mm/dd/yyyy)      | Email Address – Current Worker       | Telephone number – Current Worker       |
| **SUPERVISION REPORT DETAILS** |
| Time period covered under this report (dates):      |
| Provide any background information relevant to this supervision report:      |
| Provide the dates and a summary of the face-to-face contacts with the child(ren) during this reporting period, including who was present for each visit (may be taken from case notes):      |
| Describe the current physical and mental health of the child(ren) and provide updates on any medical concerns (attach records, evaluations, therapy reports, if applicable):      |
| Describe the child(ren)’s educational needs (attach copies of report card, IEP, evaluations, if applicable):      |
| Describe any concerns regarding the placement resource’s ability to provide financially for the child(ren):      |
| Describe the current status of the child(ren)’s frequency and quality of family contact:      |
| Provide information on collateral contacts (including contacts with the child’s caseworker in the sending state) made during this reporting period, if not addressed elsewhere in this report:      |
| Describe any unmet needs of the child(ren) or placement resource and any recommendations to meet those needs:      |
| Provide your assessment of general functioning and placement adjustment of both the child and placement resource:      |
| Provide your recommendation on the child(ren)’s placement based on this supervision report:[ ]  Continue placement      [ ]  Establish guardianship      [ ]  Return custody to parent, terminate jurisdiction      [ ]  Concur with terminating jurisdiction      [ ]  Finalize adoption      [ ]  Other – Specify:       |
| Please note any questions or concerns you have for the Sending State:      |
| Please document the justification(s) for the selected Recommendation(s) for all the child(ren) above:      |