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|  | **Tennessee Department of Children’s Services****Progress Report for Child in State Custody** |

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| **1.** | Date of Report: | 90 day |  **2.** | Family Service Worker: | FSW New Hire |

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| **3**. Child(ren)’s Name(s): |  | Name |  | DOB |  |
|  | **a.** | Travis Collins  |  | 5/4 |  |
|  | **b.** | Michael Collins |  | 6/27 |  |
|  | **c.** |       |  |       |  |
|  | **d.** |       |  |       |  |
|  | **e.** |       |  |       |  |

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| **4.** | Parent(s)/Caregiver(s): |  | Name |  | Relationship |  | City |
|  |  | **a.** | Marilyn Steward |  |  Mother |  | Hartford |
|  |  | **b.** | Richard Collins |  | Father |  | Bovine, VA |
|  |  | **c.** |       |  |       |  |       |
|  |  | **d.** |       |  |       |  |       |
|  |  | **e.** |       |  |       |  |       |

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| **5.** | Date of Custody: | 1st | **6.** | Adjudication: | **a.** **[ ]** Unruly **b.** **[ ]** Delinquent **c**.**[x]** Dependent/Neglect |

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| **7.** | Date Current Permanency Plan Developed: | day 30 | Date Current Permanency Plan Ratified: | day 60 |

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| **8.** | Date Last Permanency Hearing Held: |       |  |

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| **9.** | Permanency Plan Goal(s): |

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| [x]  Return to Parent [ ]  Exit Custody with Relative [ ]  Adoption  |
| [ ]  Permanent Guardianship [ ]  Planned Permanent Living Arrangement |
| [x]  Exit Custody with Kin |

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| **10.** | Summary of Child/Family, Child/Sibling Visitation: *(Give dates of visits and visitation summary since last report)* |
| Both parents have been receiving a minimum of 4 hours supervised visitation per month.  |

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| **11.** | Describe efforts made this quarter to locate absent parents or identify relatives: *(County Clerk, Police Records, Utilities records, etc.):* |
| Both parents and maternal and paternal grandparents have been involved. |

**12. Needs and Goals of Child/Youth:** *(If this report is for more than one child/youth, please begin listing each child/youth’s information here and insert additional pages as needed before number 13. Additional Child/Youth templates can be found at the end of this document.)*

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| **Child’s Name:** | Travis Collins |

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| Current Placement -  | Name of Foster Family/Facility: | Cedar Grove Residential Facility |
|  | Level of Care: | 3 |
|  | County of Placement: | Davidson |
|  | Placement Start Date: | day 1 |

Relative/Kinship Placement: [ ]  Yes [x]  No

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| Educational Needs: | Name of School: | Cedar Grove Residential Facility Day Program |
|  | Grade: | 11 | Date Last S or M Meeting: | NA  |  [ ]  Not Applicable (N/A) |

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| IEP: [ ]  Yes [x]  No/N/A | 504 Plan: [ ]  Yes [x]  No/N/A |

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| Please describe child’s progress in school (grades, attendance, non-academic issues affecting academic progress, behavior, or other educational issues): |
| **Travis is managing in school and maintains a C average. His behavior has subsided yet he does get angry toward his peers.** |
| Medical/Dental Needs: | None |
| Date of Last EPSD&T Needs/Concerns: | day 3 |
| Date of Last Dental Needs/Concerns: | day 30 |
| List of Medications and Prescriber: | Lexapro |

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| **Child’s Name:** | Michae Collins  |

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| Current Placement -  | Name of Foster Family/Facility: | Phillip and Evelyn Wilson |
|  | Level of Care: | 1 |
|  | County of Placement: | Sullivan |
|  | Placement Start Date: | day 1 |

Relative/Kinship Placement: [x]  Yes [ ]  No

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| Educational Needs: | Name of School: | Sullivan High School |
|  | Grade: | 9 | Date Last S or M Meeting: |        |  [x]  Not Applicable (N/A) |

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| IEP: [ ]  Yes [x]  No/N/A | 504 Plan: [ ]  Yes [x]  No/N/A |

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|  Please describe child’s progress in school (grades, attendance, non-academic issues affecting academic progress, behavior, or other educational issues): |
| **Michael is doing well. He was able to stay in the same school upon entering custody. He is maintaining a C average.** |
| Medical/Dental Needs: | None |
| Date of Last EPSD&T Needs/Concerns: | day 3 |
| Date of Last Dental Needs/Concerns: | day 30 |
| List of Medications and Prescriber: | None |

Category/ Responsibilities should be listed in the order of priority, beginning with the highest priority.

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| **13.** | Permanency Plan Goal(s): Reunification |
|  | *Progress made since last review and remaining barriers.* |
| **Child/Youth:** | Travis Collins |
| Progress toward completion: | Category:       |
| Responsibilities:       |
| Update: |       |
| Progress toward completion: | Category:       |
| Responsibilities:       |
| Update: |       |
| Progress toward completion: | Category:       |
| Responsibilities:       |
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| Responsibilities:       |
| Update: |       |

Category/ Responsibilities should be listed in the order of priority, beginning with the highest priority.

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| **Parent:** | Marilyn Steward |
| Progress toward completion: | Category:       |
| Responsibilities:       |
| Update: |       |
| Progress toward completion: | Category:       |
| Responsibilities:       |
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| Update: |       |

Category/ Responsibilities should be listed in the order of priority, beginning with the highest priority.

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| **Parent:** | Richard Collins |
| Progress toward completion: | Category:       |
| Responsibilities:       |
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| Progress toward completion: | Category:       |
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| **14.** | Signatures: |

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| Family Service Worker |  | Date |

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| Supervisor |  | Date |

**Needs and Goals of Child/Youth:**

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| **Child’s Name:** |       |

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| Current Placement -  | Name of Foster Family/Facility: |       |
|  | Level of Care: |       |
|  | County of Placement: |       |
|  | Placement Start Date: |       |

Relative/Kinship Placement: [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| Educational Needs: | Name of School: |       |
|  | Grade: |       | Date Last S or M Meeting: |        |  [ ]  Not Applicable (N/A) |
|  |  |  | IEP: [ ]  Yes [ ]  No/N/A | 504 Plan: [ ]  Yes [ ]  No/N/A |
|  Please describe child’s progress in school (grades, attendance, non-academic issues affecting academic progress, behavior, or other educational issues): |
|  |
| Medical/Dental Needs: |       |
| Date of Last EPSD&T Needs/Concerns: |       |
| Date of Last Dental Needs/Concerns: |       |
| List of Medications and Prescriber: |       |

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| **Child’s Name:** |        |

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| --- | --- | --- |
| Current Placement -  | Name of Foster Family/Facility: |       |
|  | Level of Care: |       |
|  | County of Placement: |       |
|  | Placement Start Date: |       |

Relative/Kinship Placement: [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| Educational Needs: | Name of School: |       |
|  | Grade: |       | Date Last S or M Meeting: |        |  [ ]  Not Applicable (N/A) |
|  |  |  | IEP: [ ]  Yes [ ]  No/N/A | 504 Plan: [ ]  Yes [ ]  No/N/A |
|  Please describe child’s progress in school (grades, attendance, non-academic issues affecting academic progress, behavior, or other educational issues): |
|  |
| Medical/Dental Needs: |       |
| Date of Last EPSD&T Needs/Concerns: |       |
| Date of Last Dental Needs/Concerns: |       |
| List of Medications and Prescriber: |       |

Beginning with the highest priority.

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|  | Permanency Plan Goal(s):       |
|  | *Progress made since last review and remaining barriers.* |
| **Child/Youth:** |       |
| Progress toward completion: | Category:       |
| Responsibilities:       |
| Update: |       |
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Category/ Responsibilities should be listed in the order of priority, beginning with the highest priority.

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| **Parent:** |       |
| Progress toward completion: | Category:       |
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