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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**.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): | |  | | --- | | Return to Parent  Exit Custody with Relative  Adoption | | Permanent Guardianship  Planned Permanent Living Arrangement | | 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  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  No/N/A | 504 Plan:  Yes  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:  Yes  No

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

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| IEP:  Yes  No/N/A | 504 Plan:  Yes  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: | |
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| Progress toward completion: | | Category: | |
| Responsibilities: | |
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| Progress toward completion: | | Category: | |
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| Progress toward completion: | | Category: | |
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| Progress toward completion: | | Category: | |
| 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: | |
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| Progress toward completion: | Category: | |
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| Progress toward completion: | Category: | |
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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: | |
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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

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| 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

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| 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: | |
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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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