

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Child Social Summary	Effective Date: September 1, 2019
	Reference: 10.B (10.11 Child Social Summary)	Version: 4

CHILD SUMMARY

(NOTE: When writing child summaries, keep in mind: What would you want to know if you were adopting this child? Also, child summaries should be written redacted....i.e. no last names, locations, etc.)

CHILD'S FIRST NAME:

CHILD'S NICKNAME:

DATE OF BIRTH:

SEX:

RACE:

SIBLINGS:

REASON FOR DEPARTMENT OF CHILD SERVICES INVOLVEMENT/ ABUSE/NEGLECT:

- List reports of abuse and neglect and reasons child taken into care
- Dates of involvement and removal

I. EVALUATION OF THE CHILD'S NEEDS IN AN ADOPTIVE HOME.

- Child's understanding of termination
- Child's understanding of adoption
- Child's preparation for adoption, who is doing it
- Characteristics of family best suited for the child
- Child's behaviors that might affect adoptive home
- Transition plan

TERMINATION OF PARENTAL RIGHTS (TPR):

Mother _____ Voluntary/Date _____ Involuntary/Date
 Father _____ Voluntary/Date _____ Involuntary/Date

II. FAMILY HISTORY

A. History of Birth Family:

- Birth Mother:
 - Where was she born, when
 - What does she look like; give a physical description
 - What were her reasons for making an adoption plan for her child, if she did
 - What was her childhood like
 - What is her education and employment history

- What are her relationships with family, friends, and the child's father
- Drug and alcohol history, if applicable
- Medical history for her and her family if known
- Intellectual and psychological functioning, List any diagnoses
- Talents, strengths
- **Birth Father:**
 - Where was he born, when
 - What does he look like; give a physical description
 - What were his reasons for making an adoption plan for his child, if he did
 - What was his childhood like
 - What is his education and employment history
 - What are his relationships with family, friends, and the child's mother
 - Drug and alcohol history, if applicable
 - Medical history for him and his family if known
 - Intellectual and psychological functioning, List any diagnoses
 - Talents, strengths

B. Child's understanding of his past:

- Child's understanding of why he/she came into care
- Child's feelings regarding termination and subsequent adoption
- Was there or will there be a good bye visit
- Will there be any on-going visitation and if so, with whom

C. Status of Siblings:

- List siblings by name and age
- Will the siblings be placed together
- If not, reasons for not placing together
- Visitation arrangements

III. PHYSICAL DESCRIPTION OF THE CHILD

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

IDENTIFYING PHYSICAL FEATURES:

IV. EDUCATIONAL FUNCTIONING:

- Schools attended
- Special education classes
- Special services
- Current grade and school
- Behavior at school
- Academic achievements

V. EMOTIONAL FUNCTIONING:

- Past emotional functioning and behaviors
- Current emotional functioning and behaviors
- Diagnoses, evaluations completed, when, by whom, results
- Is child receiving counseling, with whom, frequency, issues being addressed
- How does child express feelings

VI. PERSONALITY:

- How does the child present himself/herself (shy, outgoing, friendly, etc)
- How does the child relate to peers, adults, authority figures and animals
- Who is important in this child's life
- What discipline or behavior modifications have been used and have they been successful

VII. MEDICAL INFORMATION:

- Birth record information
- General health
- Medical conditions
- Medications
- Hospitalizations, when, what type of facility and for what type of treatment

VIII. HISTORY OF PLACEMENTS:

- List placements chronologically and the reason for leaving
- What does the child believe the reason for each move was and what was he/she told was the reason?

IX. CHILD'S STRENGTHS:

- List the positive traits for the child
- Tell what he/she enjoys doing for fun, hobbies, interests, talents, etc.
- Summarize progress since being in care (social, behavioral, educational, etc)

X. FUNDING AVAILABLE:

- Any eligible subsidies will be determined at the filing of the adoption petition between the adoptive family attorney and DCS attorney. The child is eligible for post-adoption services if needed.

DATE COMPLETED:

DATE UPDATED:

Family Case Manager

Family Case Manager Supervisor

CHILD SUMMARY

CHILD'S FIRST NAME: [REDACTED] **CHILD'S NICKNAME:** Tate

DATE OF BIRTH: [REDACTED] **SEX:** Male

RACE: Caucasian

SIBLINGS: Ashley [REDACTED] (Date of Birth)

REASON FOR DEPARTMENT OF CHILD SERVICES INVOLVEMENT (ABUSE/NEGLECT):

Kristopher [REDACTED] and Shanda [REDACTED] became involved with DCS on 5/23/2015 when Tate was found by a neighbor alone outside. FCM stated that father was impaired and mother was voluntarily absent. Tate was found in urine soaked shorts with in diaper. When police and FCM arrived at father's house to see what was going on he was observed to have marijuana and drug paraphernalia in the house. Father was then arrested. Neglect- Environment Life/ Health Endangering was substantiated on both mother and father.

There were several occasions prior to this that DCS was involved. First involvement was on 8/10/2013 when birth father had been stopped by police at 1 am by a gas station when he was pushing Tate in a stroller. He was given found to be intoxicated with a .21 BAC. He was arrested at this time. Neglect- Lack of supervision was substantiated for mother and father. The next involvement was on 1/10/2015 when Kristopher was attacked with a baseball bat and had money stolen from him. In the report it is stated that Tate's father is unsure how long his son was by himself and how long father was unconscious. There was also no food in the home during this incident. Neglect-Life Health Endangering was unsubstantiated for mother and father. The final previous involvement occurred on 4/16/2015 when Tate was found walking alone on a street. At the time of this incident it appeared that Tate's father was impaired and his mother stated she had no where to live. When doing walk through for this case the FCM found that there was plenty of food and that Tate seemed to be happy and healthy. Neglect- Life Health Endangering was unsubstantiated for mother and father.

I. EVALUATION OF THE CHILD'S NEEDS IN AN ADOPTIVE HOME.

Tate would do best in a strong two parent home due to his active personality and his need for constant supervision. Even though Tate is showing no emotional problems as of now,

due to his trauma the potential adoptive family should be aware of trauma and how it can affect a child later in life. The plan for Tate is to go in to his grandmother and grandfather's care. Any caregiver will need to understand the impact of trauma on a child, including how it can surface in behaviors as well as how it can still impact their emotions or functioning if they do not talk about it or even have concrete memories of it, while the strongest factor to predict resiliency is having a safe and stable adult in the child's life.

TERMINATION OF PARENTAL RIGHTS:

Potential guardianship to be placed with maternal grandmother. TPR has not been filled at this time.

II. FAMILY HISTORY

A. History of Birth Family:

Mother:

Shanda [REDACTED] was born on [REDACTED]. She was arrested on 8/26/2013 for possession of a controlled substance and possession of paraphernalia. Mother has a history of using pot, heroin, and alcohol abuse. It was reported by father that mother was not in Tate's life until recently due to incarceration. Mother is currently on house arrest. Mother is receiving supervised visits once to twice a week with Tate. A fact finding court date is planned for the near future. Tate's grandmother and mother have a good relationship. This should allow for Tate and his mother to still have a relationship even though he might be moving to another state. There is no other information in the file regarding mother's mental health history nor medical history.

Father:

Kristopher [REDACTED] was born on [REDACTED]. He has been known to use pot and heroin for many years. Tate's father also has a problem with alcohol abuse. He has recently been released from jail. Father is currently in a drug rehab program called House of Hope for the next 3 months. While there he receives weekly visits with his father. He has been arrested on several occasions once on 5/22/2012 possession of controlled substance and again on 8/12/2013 for public intoxication, disorderly conduct, and neglect of dependent. After he finishes the drug program DCS plans to implement other programs. There is no information in the file in regards to mental health history nor his medical history.

B. Child's understanding of his/her past:

Due to Tate's age he has no understanding of why he was taken from his mother and father nor what adoption is. His forever family should discuss this with him at age appropriate intervals so he can be aware of his past.

C. Status of Siblings:

Ashley is currently with her aunt and uncle who have co-guardianship with her grandparents. It is not clear if Tate has any knowledge of his sister.

III. PHYSICAL DESCRIPTION OF THE CHILD

HEIGHT: 3 feet 1 inch

WEIGHT: 31.3 lbs

EYE COLOR: Brown

HAIR COLOR: Blondish brown

IDENTIFYING PHYSICAL FEATURES: Tate has a bright smile and beautiful brown eyes that make him seem like he is thinking of what to do next.

IV. EDUCATIONAL FUNCTIONING:

Tate has not started school as of yet due to his age. However, Tate does know some of his colors and can identify his body parts. His gross motor skills and fine motor skills seem appropriate for his age. Tate seems like he is meeting all developmental milestones. Tate talks well for his age. However, you might need him to repeat some words just for clarification according to his foster mother.

V. EMOTIONAL FUNCTIONING:

Tate is generally a happy go lucky child. According, to his foster parent he does not mention anything from his past with his family. However, the foster family believes that he was lacking structure because he does not like to listen to the word No. He has the normal age appropriate issues of taking things away from other children and hitting when someone takes something from him. If he does these things the foster parent either redirects him, puts him in time out, or holds him and talks to him about the inappropriate behavior. When he is upset Tate likes to be held and cuddled. This helps him calm down and move on to the next activity. A forever family needs to be aware of his trauma and that he might have issues emotionally in the future. The family should also be aware of the fact that Tate has been around drug and alcohol abuse and potential effects of this.

VI. PERSONALITY:

Tate is a very strong willed child that likes to be independent. He does fine with other children but would probably do best with one on one attention. Tate was recently bitten by a dog but has been around one since then and he does not seem afraid of them.

Tate has not yet been potty trained and still needs to be changed. He still needs some help with dressing. He is not a picky eater. However, there does seem to be some issues with food. His foster parent stated he will take the other children's food and cry if he sees her making food and he hasn't gotten it yet.

When Tate is inside he likes to play with trucks, cars, and playdoh. His favorite television shows are Spongebob Squarepants and Mickey Mouse Clubhouse. Tate is a very active child that loves to be outside. He loves to swing, run, and kick balls while outside. A forever family needs to be aware that Tate can unlock doors and will walk outside alone.

VII. MEDICAL INFORMATION:

Tate currently takes Zyrtec daily, breathing treatments twice a day using a nebulizer that has Pulmicort in it, and Albuterol as needed for asthma. Tate is up to date on all shots.

Tate was bitten by a dog on 6/23/2015. He was taken to a hospital in Indiana. While there he receive 35 sutures between multiple lacerations on his face. These bite marks are still healing under his left eye, lip and nose. He has yet to have a follow-up prior to writing of this document.

VIII. HISTORY OF PLACEMENTS:

5/23/2015 to 7/17/2015 foster care placement (foster parents wanted him moved, stated they were too young to be foster parents)
7/17/2015 to current foster care placement

IX. CHILD'S STRENGTHS:

Tate presents with many strengths despite his trauma history. He loves to be around people and will play and talk to you as long as you let him. Even though Tate has not yet started school he shows a great ability to learn and retain knowledge. He is a very happy child that seems to have a lot of love to give.

X. FUNDING AVAILABLE:

Any eligible subsidies will be determined at the filing of the adoption petition between the adoptive family attorney and DCS attorney. The child is eligible for post-adoption services if needed.

Tate Child Summary
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DATE COMPLETED:

COMPLETED BY:

Family Case Manager (FCM)

FCM Supervisor