

STATE OF INDIANA
COURT

IN THE MATTER OF:

(child's name); CAUSE#

DOB/(Age) ; Male Female; Race,

Mother: , (Atty:) Father: (Atty:)

Current Placement: DCS Permanency Plan:

CHILD(REN) IN NEED OF SERVICES

PROGRESS REPORT

NOTICE: This report is Confidential and
may only be released with specific authorization

NEXT HEARING DATE:

DCS Attorney: DCS Family Case Manager:

CASA/GAL

Date of Removal: CHINS Finding: Dispositional Decree:

This report is filed by the Indiana Department of Child Services Local Office in
County (DCS), and covers the period to . DCS reports to the Court as follows,
in accordance with IC 31-34-21:

I. HISTORY OF THE MATTER (Brief narrative summary for the CHINS matter):

II. CHILD'S CONDITION, PLACEMENT AND SERVICES:

A. Narrative about the child(ren):

B. Child(ren)'s condition:

1. Present physical and psychological condition of the child(ren) is/are:

2. Extent of the child(ren)'s recovery from any injuries suffered before removal:



3. **Extent to which the child(ren) has/have been rehabilitated psychologically or socially:**
4. **Medical and dental care of child(ren) since last report:**
5. **Educational status for the child(ren):**

C. Child(ren)'s Placement:

1. **Placement history (for each child, list all placements under DCS care):**
 (name), has not been removed from his/her/their home.

 (name), has been removed from the home. Identify each child by name, dates of placement and placement type. (See any Predispositional Report /Progress Report previously filed in this matter, if any, for information prior to the dates covered by this report.)
2. **Reason for current placement of each child:**
3. **Explain how the child(ren) is/are in the least restrictive, most family-like setting, and whether the child(ren) is/are placed close to the home of the child(ren)'s parent, guardian, or custodian, including the appropriateness of placement. (Distance from home, same or different school, placement is with or different than siblings):**
4. **Extent to which the reasons for the child(ren)'s out-of-home placement or supervision have been alleviated, including whether current placement or supervision by the department should be continued:**
5. **Identify the Current Legal settlement (school district) for each child and the location, grade, school name and date of the child's most current IEP, if appropriate:**



6. **Date(s) and locations of all DCS visits with each child during the term of this report:**

D. Child(ren)'s Services

1. **The following services have been offered or provided to the child(ren):**

2. **Additional service needs for each child, if any:**

III. COMPLIANCE WITH DISPOSITIONAL DECREE:

A. Services to finalize a plan of reunification (*Check one*):

(If this box is checked III(B), (C) and (D) are to be left blank) **The Permanency Plan for the child(ren) is a plan other than reunification. All services currently provided are included under section II(C) above identified as "Child(ren)'s services".**

The Permanency Plan for the child(ren) is reunification. A summary of the extent to which each parent, guardian, or custodian has enhanced his/her ability to fulfill parental obligations follows (*number and list each service or requirement under the Parental Participation plan, followed by a report of compliance*):

- B. The extent to which each parent, guardian or custodian has participated and enhanced his/her ability to fulfill parental obligations:**

- C. The extent to which each parent, guardian, or custodian has visited the child(ren), including the reasons for infrequent visitation, if applicable:**

- D. Additional services recommended for the benefit of the child(ren) for the child(ren)'s parent, guardian, or custodian and the nature of those services:**

IV. PERMANENCY PLAN

- A. The permanency plan anticipated in the current Case Plan for the child is:**



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- Reunification
- Adoption
- Legal Guardianship
- Another planned permanent living arrangement
- Placement with a fit and willing relative as permanent custodian

B. The projected date for the child's permanency is _____, in accordance with the Case Plan.

C. If more than one Permanency Plan is identified above, list the plan for each child. In addition, list any concurrent plan being pursued for any child:

V. REASONABLE EFFORTS

A. To facilitate the Permanency Plan for the child(ren):

B. Child and Family Team Meetings/Case Plan conferences (*include date, attendance*):

VI. FINANCIAL REPORT

DCS has made disbursements for programs/services and parent, guardian or custodian financial responsibility is:

- No Court Ordered Child Support/Reimbursement.
- Court Ordered Child Support/Reimbursement due as follows:
- Court Ordered Child Support/Reimbursement paid as follows:

VII. OTHER PERTINENT INFORMATION:

VIII. DCS RESPECTFULLY RECOMMENDS:

That wardship continue on the child with the responsibility for placement and care with the DCS, with continuance of the following services and/or programs:



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That the Court make a finding that reasonable efforts have been made to finalize the permanency plan.

That the Court set this matter for further review _____ and conduct the Permanency Hearing currently set to be heard _____.

That the Court find _____ in contempt in accordance with a Motion for Rule to Show Cause filed on _____.

That the Court make a finding that it is in the best interests of the child for the child to be removed from the home environment and that remaining in the home would be contrary to the health and welfare of the child *[not applicable if the child has been previously removed]*.

That the following additional services may be required for the child or the parent, guardian or custodian in accordance with the Modification Report dated:

Dismissal of this/these matters.

Respectfully Submitted,

Indiana Department of Child Services by;

(signature)
_____, Family Case Manager
Indiana Department of Child Services Local Office in _____ County
Address:
Phone:

Date: _____

(signature)
_____, Supervisor
Indiana Department of Child Services Local Office in _____ County

Date: _____

ATTACHMENTS:



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- Case Plan** (*if not previously submitted to the court*)
- Report from** **Service Provider(s)** dated
- Family Team Meeting Summary**
- Child Support Worksheet**
- Other:**

Distribution:



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