

## Permanency Report

### IN THE INTEREST OF:

**Child full name and Docket number  
D.O.B. and AGE**

### BIOLOGICAL MOTHER:

**Mothers Full Name and DOB (name of attorney)  
Full Address, telephone number, e-mail address  
Date of Cants/Leads**

### BIOLOGICAL FATHER:

**Fathers Full Name and DOB (name of attorney)  
Full Address  
Date of Cants/Leads:**

### LEGAL FATHER (if applicable)

Protective Custody Date:

Temporary Custody Date:

Adjudication Date: finding of abuse or neglect

Dispositional Date:

Permanency hearings date (s):

### PURPOSE FOR REPORT:

The purpose of this report is to provide updated information on the above-mentioned family and to make recommendations on behalf of the care of the minor child for hearing scheduled for date **and time**

Integrated Assessment: file date

Service plan: 03/27/2019

### REASON FOR INVOLVEMENT:

Summarize the reason for protective custody/referral to the State for CUS.

### FAMILY CASE HISTORY:

**INDICATED REPORTS** Report the history, if you need to make a chart like below.

REPORT	DATE	INDICATED FINDING
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(you can give the dates of the unfounded reports, but you cannot say what the report was for or about)

### OPEN CHILD CASE HISTORY (if applicable)

If the children have been in care on a prior occasion, report the historical time line. Include dates of open cases with open/closed dates. Include the reason the case was opened, the services provided and the outcome of the services. Specify which parents or children were involved in each case. Indicate whether the case as a placement case or was intact.

## **PARENTS STATUS:**

### **Mother: NAME**

**Outline of service recommendations from the IA that correspondence with the Service plan and any ongoing services noted from assessments.** *For each service/recommendation, briefly indicate why the service is recommended*

**Mental Health:** note the service provider, reason for referral, desired outcome from the services and attach all reports since the last court hearing as attachments. (What is mother's diagnosis? when was mother supposed to attend counseling? Did she attend? Is she actively engaging? Is she prescribed meds? Is she taking meds? Validate that all information is from the service provider, as opposed to self-reports of the parent or opinion of the caseworker. If the parent has completed the ACE, provide the score and use the questionnaire as an attachment.

**Housing:** address is listed above, report the conditions of the home and any concerns, describe the concerns

**Employment:** report the employer, hours of work and monthly pay.

**Substance abuse:** note the service provider, reason for referral desired outcome from the services and attach all reports since the last court hearing as attachments. (What is mother's diagnosis? when was mother supposed to attend counseling? Did she attend? Is she actively engaging? Is she prescribed meds? Is she taking meds? Validate each answer.)

**Domestic violence:** note the service provider, reason for referral desired outcome from the services and attach all reports since the last court hearing as attachments.

**Anger management:** note the service provider, reason for referral desired outcome from the services and attach all reports since the last court hearing as attachments.

**Visitation** report the dates and times and length of the visit, supervised or unsupervised, location of the visit, the general assessment of the visit, interactions with the parents to the children, if the parents engage with the child, greet them, take them to the car, provide appropriate snacks. Attach visitation reports either positive or negative. What was the reaction of the children to the mother or her paramour?

**Child and Family Team Meeting dates and members:**

**Barriers to parents accessing services and visitation:**

(The statute requires the Court to find whether or not the services were successful and, if not successful, the reasons the services failed. In this section, indicate why the above services were not successful and the basis for your opinion).

**Are there services recommended in the IA/service plan that are not available in the service area? If so, what are they and what is the Department's plan to address the gap.**

**Dates of in-person visits with the parent (s) in the home environment:**

**Diligent search** if location unknown, attach certification of the DS effort

**Mother's Partner:** (include the same types of information that is included for Mother)  
**Name**

**date of Leads/Cants/Cans**

**IA services and progress**

**Visitation** – clearly indicate the reaction the child has to the partner during the visits.

**Father: NAME**

**Outline of service recommendations from the IA that correspondence with the Service plan and any ongoing services noted from assessments.**

**Mental Health:** note the service provider, reason for referral desired outcome from the services and attach all reports since the last court hearing as attachments. (What is father's diagnosis? when was father supposed to attend counseling? Did he attend? Is he actively engaging? Is he prescribed meds? Is he taking meds? Validate each answer. If the parent has completed the ACE, provide the score and use the questionnaire as an attachment.

**Housing:** address is listed above, report the conditions of the home and any concerns, describe the concerns

**Employment:** report the employer, hours of work and monthly pay.

**Substance abuse:** note the service provider, reason for referral desired outcome from the services and attach all reports since the last court hearing as attachments. (What is father's diagnosis? when was father supposed to attend counseling? Did he attend? Is he actively engaging? Is he prescribed meds? Is he taking meds? Validate each answer.

Include drug testing – dates and results

**Domestic violence:** note the service provider, reason for referral desired outcome from the services and attach all reports since the last court hearing as attachments.

**Anger management:** note the service provider, reason for referral desired outcome from the services and attach all reports since the last court hearing as attachments.

**Visitation** report the dates and times and length of the visit, supervised or unsupervised, location of the visit, the general assessment of the visit, interactions with the parents to the children, if the parents engage with the children, greet them, take them to the car, provide appropriate snacks. Attach visitation reports either positive or negative. What was the reaction of the children to the father or his paramour?

**Diligent search** if location unknown, attach certification of the DS effort

**Child and Family Team Meetings dates and members**

**Barriers to parents accessing services and visitation:**

(The statute requires the Court to find whether or not the services were successful and, if not successful, the reasons the services failed. In this section, indicate why the above services were not successful and the basis for your opinion).

**Dates of in-person visits with the parent (s) in the home environment.**

**Father's partner:** (include the same information that is included for Mother)

**Name**

**date of Leads/Cants/Cans**

**IA services and progress**

**Visitation** – clearly indicate the reaction the child has to the partner during the visits.

## **CHILD'S STATUS:**

**CHILD #1: Child Name and Age (FOR EACH CHILD)**

### **CURRENT PLACEMENT**

Is this a relative (indicate licensed or unlicensed), traditional, fictive kin, specialized or residential placement? How long has child been in current placement? Who else lives in the home? How is child doing in the home -- based upon observations and reports (if age appropriate) from child? If applicable, indicate the foster parent's intent for permanency/guardianship/adoption. Based upon your trauma training, note any behaviors that could be related to prior or on-going trauma.

**STATUS OF SIBLINGS (if applicable)**

Are sibling's placed together? If not, why not, and what is sibling visitation plan? Describe visits and behaviors of children at the visits.

### **REPORT FROM FOSTER PARENTS**

How is child doing in the home? Behaviors - positive and negative. If applicable, has foster parent been trained/provided information about traumatized children? If so, is foster parent utilizing tools to address behaviors? Do children have any behaviors – positive or negative –

after a visit with parent? Based upon your trauma training, note any behaviors that could be related to prior or on-going trauma.

**PLACEMENT HISTORY:**

Has the child been placed in multiple homes or types of placement? Why has the child been moved? If there have been multiple placements, what is the chronological placement history.

**SERVICES**

**Outline of service recommendations from the IA that correspondence with the Service plan and any ongoing services noted from assessments.**

**Mental health:**

What is the child's diagnosis and how does the diagnosis manifest in the child? Same process as noted for the parents on reporting the service provider location, outcomes and attach reports. when was child supposed to attend counseling? Did child attend? Is child actively engaging? Is child prescribed meds? Is child taking meds? Was the child referred for an assessment for trauma-informed therapy? If so, when? What were the results? If the child has experienced trauma, is the child treated by a therapist trained in evidenced-based, trauma-informed therapies? Validate each answer.

If an ACE score was obtained through an interview with the child (if age appropriate) or if an ACE score was obtained for the child based upon an assessment completed by the parent, indicate the score.

**Developmental status:** (if applicable)

Has child been assessed for developmental delays or learning disabilities. What is diagnosis? (talk to therapists about the therapy and behaviors of the child) Has child been attending therapies? What is prognosis?

**Education:** grade in school, name of school, contacts with teachers, reports from teacher, or school officials (principals, school counselors, etc..) Note concerns, whether there is an IEP, whether child is receiving all services required by IEP).

**Physical Health:** report current

**Additional services or extracurricular activities.**

Is child involved in any extracurricular activities?

**SUMMARY:**

Include Department's compliance with any prior court orders.

EXAMPLE:

At this time, the progress is minimal and does not support the rating of satisfactory progress for the service plan. The parents take little to no responsibility in their actions that caused for the

removal. Given the history that has been outlined in this report and the services that have been provided to the family, the future of reunification is a huge concern for it to be successful.

**RECOMMENDATIONS:**

1. The Department of Children and Family Services recommends the following goal: If this goal cannot be achieved, the concurrent plan is:
2. DCFS will maintain custody and guardianship of (CHILD'S NAME (s))
3. Admonish Parents to comply and cooperate with services to correct conditions.
4. Visitation to be at the discretion of DCFS.
5. Reasonable efforts granted to DCFS.
6. Schedule a Permanency Hearing

Respectfully Submitted,

Worker Name  
Child Welfare Specialist

Supervisor Name

Cc: SA-ASA  
GAL  
Mother Attorney  
Fathers Attorney