

INTERSTATE COMPACT QUARTERLY REPORT
DCF-2225
(Rev. 9/24)

1. IDENTIFYING DATA: (Enter all of the Child(ren)'s full name and DOB)

Placement Name:

Relationship:

Address:

Phone #:

Date of Placement:

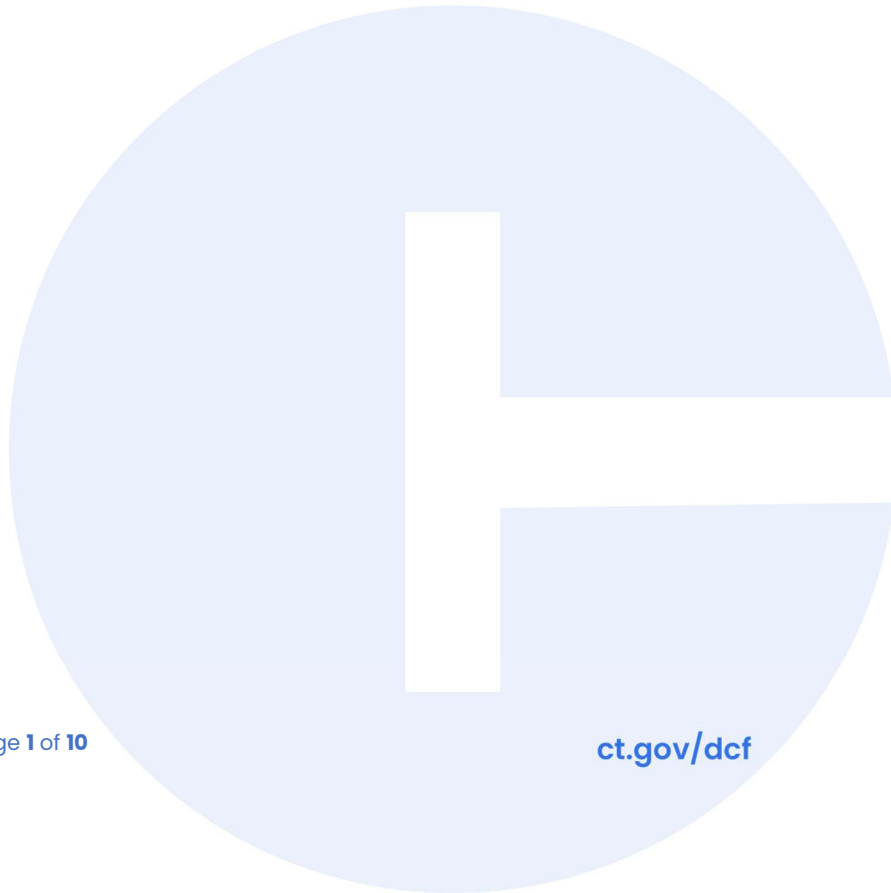
Sending State:

2. DATES, TYPES AND LENGTH OF CONTACTS AND VISITS BY SOCIAL WORKER:
VISITATION TYPE (VIRTUAL OR IN-PERSON)

1st VISIT:

2nd VISIT:

3rd VISIT:



INTERSTATE COMPACT QUARTERLY REPORT

3. PHYSICAL CONDITION OF THE HOME:

Any changes? Are sleeping arrangements adequate for child(ren)?

4. CURRENT STATUS OF CARETAKER(S) AND THEIR FAMILY:

Any changes in family composition, health, financial situation, work, legal involvement, social relationships?

INTERSTATE COMPACT QUARTERLY REPORT

5. CHILD CARE ARRANGEMENTS (IF ANY):

6. CURRENT FUNCTIONING OF CHILD(REN):

Adjustment to placement, school (include name and grade), health, relationships with peers and adults, behavioral/emotional concerns, delinquent activity, special services (by whom and how often), results of any new evaluations, special interests/hobbies/events.

Adjustment to Placement

INTERSTATE COMPACT QUARTERLY REPORT

School (include grade and name of School)

Health



INTERSTATE COMPACT QUARTERLY REPORT

Relationships with Peers and Adults

Behavioral/Emotional Concerns



INTERSTATE COMPACT QUARTERLY REPORT

Delinquent Activity

Special Services (by whom and how often)



INTERSTATE COMPACT QUARTERLY REPORT

Results of any new evaluations

Special interest/hobbies/events



INTERSTATE COMPACT QUARTERLY REPORT

7. CONTACT WITH BIOLOGICAL PARENTS OR RELATIVES:

What type, where, with whom, how often, quality of contact, child(ren)'s reaction?

8. FINANCIAL/MEDICAL PROVISIONS FOR CHILD(REN):

How is the child(ren) being supported? If sending state is responsible, are there any problems? Is there a problem with medical coverage? Suggestions for resolution.

INTERSTATE COMPACT QUARTERLY REPORT

9. ASSESSMENT OF PLACEMENT:

Is caretaker meeting the child(ren)'s needs and providing proper care and supervision to the child(ren)? What is caretaker's commitment to the child(ren)? Is caretaker having any difficulties caring for the child(ren)? If yes, what is the nature of such difficulties? List strengths and weaknesses. Are the caretaker and the child(ren) receiving the services in the treatment plan?

INTERSTATE COMPACT QUARTERLY REPORT

10. PERMANENT PLAN STATUS:

From your perspective, what progress has been made in obtaining permanent goal for the child(ren)? Has permanent goal changed? Recommendations.

11. RECOMMENDATION FOR TRANSFER OF GUARDIANSHIP, ADOPTION, OR DISCHARGE OF SENDING STATE'S LEGAL JURISDICTION (WHEN APPROPRIATE):

| SIGNATURES | |
|--------------------------------------|-------|
| Signature of Social Worker: | Date: |
| Signature of Social Work Supervisor: | Date: |
| Signature of Program Supervisor: | Date: |
| DCF Office: Select an Area Office | |