Superior Court for Juvenile Matters at: (address)

Date: (day, month, year)

**STATUS REPORT**

**STATUS REPORT REGARDING PROTECTIVE SUPERVISION**

**[**Select the appropriate title**]**

**SECTION A. Demographics**

1. Child/ren for Whom Motion is Filed [List each one separately]

* Name:
* Address:
* Date of Birth:
* Legal Status:
* Indian Tribe:
* Parentage: Adjudicated / Not Adjudicated

[**Note**: Dates of Birth need to be verified through birth certificates. Please put "verified" next to any date of birth for whom you have a birth certificate.]

2. Parent 1:

* Name:
* Address [or last known address]:
* Date of Birth:
* Prison Identification Number [if applicable]:
* Indian Tribe:

Parent 2:

* Name:
* Address [or last known address]:
* Date of Birth:
* Prison Identification Number [if applicable]:
* Indian Tribe:

3. Legal Guardian [delete if not applicable]

* Name:
* Address [or last known address]:
* Date of Birth:
* Prison Identification Number [if applicable]:
* Indian Tribe:

4. Court Intervenor [delete if not applicable]

* Name:
* Address [or last known address]:
* Date of Birth:
* Prison Identification Number [if applicable]:
* Indian Tribe:

5. Minor Sibling(s) for Whom Motion is not Filed [name each separately]:

* Name:
* Address / Current placement:
* Date of Birth:
* Current legal status:

**SECTION B: Procedural History and Reason for Removal/Petition** [Provide a clear summary of the problems or issues that led the Department to file a petition]

**SECTION C: Subsequent DCF Reports, Investigations, Family Assessment Reports and New Criminal Charges**

[List any new DCF reports, including non-accepted reports alleging abuse or neglect pertaining to the child(ren) or a parent of the child.  Include whether the report resulted in an investigation or a FAR assessment and include the findings of the investigation/FAR.  Include any new criminal charges filed against any parent.]

**SECTION D: Dates of Administrative Case Reviews and Permanency Team Meetings**

[List all ACRs and PTMs to date]

**SECTION E. Parent Assessment**

[Provide a summary of each parent's progress to date, include all referral made to date on behalf of each parent and their compliance and insight gained from each service]

**SECTION F: Child Assessment**

[List each recommended services for each child, who recommended the service, when was the service recommended, when the service began, if the child did not participate in the recommended service, state why not.

Describe the type of and analyze the effectiveness of DCF's care, treatment and supervision of the child.

Include the most up to date information concerning the child's medical, dental, educational, developmental and treatment needs include the source and date of the information provided]

**FOR CHILDREN IN OUT- OF- HOME PLACEMENT**

**SECTION G: Placement**

This child was placed in a licensed home on **DATE**.  A waiver was/was not received for this placement. If a waiver was received, state the reason for the waiver. (If home is not licensed, please state where they are in the licensing process)

A description of every effort DCF has taken to find a permanent placement for the child, where applicable.

Identify the permanent placement if continued out-of-home care is recommended or a justification of why extended out-of-home care is necessary.

Indicate whether the child has been placed out of state and when he or she has been visited at that placement by a state or private agency or a DCF representative.

**SECTION H: Visitation** [Detailthe current visitation schedule for the child with his or her parents and siblings, if applicable.]

**SECTION I: Reasonable efforts to reunify the child(ren) with a parent or to find the child a permanent placement** [List all efforts made to reunify the child(ren) with each parent and/or to find the child a permanent home]

**SECTION J: Proposed timeframe for reunification of the child(ren) with each parent or permanent placement or a justification of why extended substitute care is necessary**

**SECTION K: If the child is placed out of state, has the child been visited less than every three months by a state or private agency?  If so, why?:**

**SECTION L: Qualified Residential Treatment Program: (If applicable)**

1. Provide the assessments undertaken including the strengths and needs of the child/youth which support that the child/youth’s needs still cannot be met through placement in a home setting

1. Explain why QRTP continues to provide the most effective and appropriate level of care in the least restrictive environment

1. Explain why QRTP remains consistent with short- and long-term goals per permanency plan

1. Provide specific treatment or service needs that will be met for the child/youth in QRTP

1. Include the length of time the child/youth is expected to need the treatment or services

1. Indicate the efforts made to prepare the child/youth to return home or to be placed with a fit and willing relative/kinship resource, a legal guardian, an adoptive parent or foster parent after discharge

**RECOMMENDATIONS:**

Submitted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

                       ,Social Worker (860-000-0000)

DCF, 505 Hudson Street, Hartford CT 06106

Email:          @ct.gov

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

           , Social Work Supervisor (860-000-0000)

DCF, 505 Hudson Street, Hartford CT 06106

Email:          @ct.gov

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

                    , Program Supervisor (860-000-0000)

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