Iowa Department of Human Services

ICPC Supervision Report 30 Day

Date of report: / /

Name of children: Name of caretakers: Address of placement: Courtesy caseworker: (Receiving state) Reporting period: Dates and locations of face-to-face contact:
Address of placement: Courtesy caseworker: Phone number: (Receiving state) Reporting period:
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(Receiving state) Reporting period:
Dates and locations of face-to-face contact:
Briefly discuss children's current circumstances, addressing children's safety in current placement and children's well-being:
List any unmet needs and recommendations to meet those needs: (Sending state is responsible for case planning and for funding.)
Recommendation: Continue placement Continue supervision Terminate supervision
Receiving state concurs with: Continue with current permanency goal Return custody to parent, terminate jurisdiction Establish guardianship Other (specify):
OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY:
☐ The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist concurs with this recommendation.
The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist does not concur with this recommendation.
Name Date