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NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

ICPC SUPERVISION REPORT 90-Day

	Γ	DATE OF REPORT (mm/dd/yy):
		1 1
Name(s) of Child(ren):		
Name(s) of Caretaker(s):		
Address of Placement:		
Courtesy Caseworker:(Receiving State)	Phone Number:	() -
Reporting Period: / / Beginning date of report	/ / Ending date of report	
Dates and locations of face-to-face contact (mm/dd/yy):		
Briefly discuss child(ren)'s current circumstances, addichild(ren)'s well-being (use clear concise language and be of the child):		
Child(ren)'s school performance, if applicable (attach co	pies of report cards, IEPs, eval	uations):
Child(ren)'s health and medical status, including date of service providers, if applicable (attach records, evaluation		ments and names of
Assessment of current placement and caretakers (e.g., child, current status of caretaker family, any changes in fam involvement, social relationships, child care arrangements):	ily composition, health, financia	
Permanent plan status: What progress has been made there any recommendations?	toward a permanent goal? Ha	s the goal changed? Are
List any unmet needs and recommendations to meet the and for funding):	ose needs (Sending State is re	esponsible for case planning
Recommendation:		
☐ Continue Placement☐ Continue Supervision☐ Terminate Supervision		
Receiving Concurs With:		
☐ Continue with Current Permanency Goal ☐ Return Custody to Parent, Terminate Jurisdiction ☐ Establish Guardianship ☐ Finalize Adoption ☐ Other (Specify any other permanency issues):		
Other (Specify any other permanency issues):		

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OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY:	
☐ The Receiving State Compact Administrator/Deputy Administrator/ICPC Specialist concurs with recommendation.	n this
☐ The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist do this recommendation.	pes not concur with
PRINT NAME OF COMPACT ADMINISTRATOR:	DATE (mm/dd/yy):
	/ /