



**2INGage MONTHLY REPORT**

**Month/Year:**

Child:

CPA/Residential Worker:

CPA Agency/Residential Provider:

Name of Foster-Kinship Family/Residential Facility:

**SECTION 1: Child/Youth Well-Being – Safety/Environmental**

**Caregiver Safety/Environment**

List any safety issues or concerns for the child regarding this placement:

Does the child/youth currently present any behaviors that puts themselves or others at risk?

Yes                      No

If Yes, has a safety plan been completed and reviewed with foster/kin parents and/or youth?

Yes                      No                      Date Reviewed:

**Child/Youth Safety**

Serious Incidents that occurred during this reporting period:

Date of Incident	Incident Type	Was this incident reported to 2INGage care management?

**SECTION 2: Child/Youth Well-Being – Support Services**

Date of Initial CANS Assessment:

**Mental Health:**

Date of Last CANS Assessment

Is child/youth receiving mental health services?    Yes    No

Frequency of Service	Type of Service	Service Provider	Comments

**SECTION 3: Child/Youth Well-Being – Education:**

School Name:

Grade Enrolled:

Date Enrolled:

Comments:

If Child is 3 to 5 years old is the child attending a pre-k, early childhood or head start?    Yes    No

If Child is 3 years or under has the child been referred to ECI?    Yes    No    Date:

**SECTION 4: Child/Youth Permanency:**

**Permanency Goal:**

If Adoption is the current permanency goal is the current resource family a potential resource?    Yes    No

Comments:

**Court:**

Was there a court hearing during the reporting period?    Yes    No    If yes, date of court hearing:

Comments:

**SECTION 5: Child/Youth Development:**

If child is 14 years or over has an Ansell Casey Life Skills Assessment been completed?    Yes    No

If Yes, date completed:

**Report Prepared By:** \_\_\_\_\_

**Report Reviewed By:** \_\_\_\_\_

**Date of Report:** \_\_\_\_\_