# Choose an agency

*Tool 3.2*

If Other, Specify: Enter agency

Abbreviated Child Protection Services Assessment

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| --- | --- | --- | --- |
| FRAME # | Enter FRAME # | Assessment # | Enter Assessment # |
| Date Report Received | Select date | Date Case Assigned | Enter date |
| CPS Worker Name | First and last name | Supervisor Name | First and last name |
| Assessment Type | Choose an item. | | |
| Case Name | Enter text. | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child(ren) | First and last name | | DOB/Age | Race/Ethnicity  If “Other”, specify | Victim | Yes  No | Face to Face Visit? | Yes Select date  No |
| If No Face to Face Visit Explain Why | | Enter text. | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Parent(s) / Caregiver(s) | First and last name | Relationship to Child(ren) | Enter text. | Subject | Yes  No |

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| --- | --- | --- | --- | --- | --- |
| Other Adults | First and last name | Relationship to Child(ren) | Enter text. | Subject | Yes  No |

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| Interviewed |
| Name, role (date)  Enter text. |

HOUSEHOLD COMPOSITION

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| *Evaluate and describe how the household operates as well as the family structure (i.e. family make-up, housing, income, household member roles and boundaries). Identify the alleged victim(s) and maltreating caregiver. Include any known family members or supports, as well as aliases.*  Enter text. | |
| Is there a tribal affiliation? | Yes Enter Tribe.  No  Unknown |

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| --- | --- |
| Assessment Determination | |
| Subject(s) | First and last name(s) |
| Child(ren) & specifiy if victim or non-victim) | First and last name First and last name First and last name  First and last name First and last name First and last name |
| Assessment Decision | Choose an item. |
| Reason for Decision | Enter text. |

SAFETY CONCLUSION

Child(ren) is/are safe.Case closed.

Unable to determinechild(ren)’s safety.Case closed.

CASE STATUS

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| *Describe immediate needs that were addressed during or at the conclusion of the CPS Assessment and efforts made to connect the family with agency and/or community-based resources and services. Include initiation of the Plan of Safe Care, if applicable.*  Enter text. |

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| --- | --- | --- | --- |
| Signatures | | | |
| CPS Worker Signature | Date | Supervisor Signature | Date |