

*Tool 5*

JV#, Child first and last name

**Choose an agency**

*If Other, specify:* **Enter agency**

**Protective Capacities Family Assessment (PCFA)**

|  |
| --- |
| **DEMOGRAPHIC INFORMATION** |
| **FRAME#** | Enter FRAME # | **CPS Assessment #** | Enter Assessment # |
| **Case Manager** | First and last name | **Supervisor**  | First and last name |
| **Case Name** | Enter case name | **FRAME Program Type** | [ ]  In-Home[ ]  Foster Care |
| **Legal Status** | [ ]  Parent/Caregiver Custody[ ]  Agency Custody | **Current Safety Plan Type** | [ ]  In-Home[ ]  Out-of-Home |
| **Date of Warm Handoff 2** | Select date |
| **CHILDREN** |
| First and last name | Age **years old** | **DOB:** MM/DD/YY |
| **Native American Heritage?** | [ ]  **Yes** Enter Tribe [ ]  **No** [ ]  **Unknown** |
| **RESIDENT OR PRESENT PARENTS/CAREGIVERS** |
| **Name**First and last name | **Relationship to Child(ren)**Relationship | **Phone #** Enter phone # | **Address**Enter address |
| **NONRESIDENT OR ABSENT PARENTS/CAREGIVERS** |
| **Name**First and last name | **Relationship to Child(ren)**Relationship | **Phone #**Enter phone # | **Address**Enter address |
| **OTHER ADULTS** |
| **Name**First and last name | **Relationship to Child(ren)**Relationship | **Phone #**Enter phone # | **Address**Enter address |

|  |
| --- |
| **SECTION I*****PCFA Introduction Stage Summary*** |
| 1. **Document efforts to engage parents/caregivers – both present and absent – in the PCFA process and their responsiveness; include the current status of engagement.**

Describe efforts to engage all parents/caregivers |
| 1. **Roles, Expectations, and the PCFA Process**

Describe conclusions about parent/caregiver understanding of roles, expectations, and PCFA process |
| 1. **Reason for Agency Involvement**

Describe discussion with parent/caregiver about impending danger |
| 1. **Commitment to Participate**

Describe your conclusion about parent/caregiver willingness to participate |
| 1. **Safety Management Status**

Describe status of the safety plan |

|  |
| --- |
| **SECTION II*****PCFA Discovery Stage Summary*** |
| 1. **Enhanced Parent/Caregiver Protective Capacities**

Identify the KEY enhanced parent/caregiver protective capacities including rationale and basis  |
| 1. **Diminished Parent/Caregiver Protective Capacities**

Identify the KEY diminished parent/caregiver protective capacities including rationale and basis |
| 1. **Parent/Caregiver Self-Awareness Regarding What Must Change**

Describe parent/caregiver self-awareness of what must change |
| 1. **Areas of Agreement Regarding What Must Change**

Document areas of agreement |
| 1. **Areas of Disagreement Regarding What Must Change**

Document areas of disagreement |
| 1. **Children’s Needs***.*
 |

|  |  |
| --- | --- |
| **CHILD’S NAME:** |  First and last name |
| **Describe Child Functioning**Describe child functioning  |
| **RELATIVE SEARCH** |
| [ ]  **N/A because** *(choose one of the following)*[ ]  **This is an in-home case and relative search is not necessary (due to case circumstances).**[ ]  **This is a foster care case and relative placement is not appropriate due to child’s specialized** **needs.**[ ]  **This is a foster care case and identity of both parents and relatives remains unknown.**[ ]  **This is an 18+ foster care case.**[ ]  **Maternal relative search has been completed**[ ]  **Paternal relative search has been completed**Document relative search efforts.[ ]  **Same for all children** |
| **IMPORTANT CONNECTIONS** |
| [ ]  **N/A** *This is an in-home case and the safety plan does not include placement with alternate caregivers.*[ ]  **Important connections have been maintained**List child’s important connections and describe how they are being maintained. |
| **PHYSICAL HEALTH** |
| [ ]  **N/A** *This is an in-home case and physical health needs are not present or parent/caregiver is willing and able to manage child’s needs.*[ ]  **Physical, dental, and vision health needs have been assessed****Needs identified and services provided:**List child’s physical, dental, and/or vision health needs and services provided. If none identified, enter “None identified”.[ ]  **Health Tracks screening has been scheduled or completed****Date:** Select date of most recent screening[ ]  **N/A** *This is an in-home case and Health Tracks screening isn’t necessary based on the circumstances.*[ ]  **Child takes medication for physical health needs****Medications:** List type(s) and dosage(s)**CHECK ONE:**  |
| [ ]  **Physical health needs are met** | [ ]  **Physical health needs are partially met** | [ ]  **Physical health needs are not met** |
| **MENTAL/BEHAVIORAL HEALTH** |
| [ ]  **N/A** *This is an in-home case and mental/behavioral health needs are not present or parent/caregiver is willing and able* *to manage child’s needs.*[ ]  **Mental/behavioral health needs have been assessed** **Needs identified and services provided:**List child’s mental/behavioral health needs and services provided. If none identified, enter “None identified”.[ ]  **Child takes medication for mental/behavioral health needs** **Medications:** List type(s) and dosage(s)**CHECK ONE:** |
| [ ]  **Mental/behavioral health needs are**  **met** | [ ]  **Mental/Behavioral health needs are** **partially met** | [ ]  **Mental/behavioral health needs are** **not met** |
| **DEVELOPMENT**[ ]  **N/A** *This is an in-home case and developmental needs are not present or parent/caregiver is willing and able to manage child’s needs.*[ ]  **Developmental needs have been assessed****Needs identified and services provided:**List child’s developmental needs and services provided. If none identified, enter “None identified”.**CHECK ONE:** |
| [ ]  **Developmental needs are met** | [ ]  **Developmental needs are partially met** | [ ]  **Developmental needs are not met** |
| **EDUCATION**[ ]  **N/A** *This is an in-home case and educational needs are not present or parent/caregiver is willing and able to manage child’s needs OR* *this is an out-of-home (foster care) case and the child is age or younger and there are no apparent developmental delays requiring educational services.*[ ]  **Educational needs have been assessed****Needs identified and services provided:**List child’s educational needs and services provided. If none, enter “None identified”.**CHECK ONE:** |
| [ ]  **Educational needs are met** | [ ]  **Educational needs are partially met** | [ ]  **Educational needs are not met** |
| **OTHER**[ ]  **N/A** *No other needs have been identified.***= = = *Go to SECTION III* = = =** [ ]  **Other needs have been assessed that are not identified above**List child’s other needs and services provided. If none identified, enter “None identified”.**CHECK ONE:** |
| [ ]  **All other needs are met** | [ ]  **All other needs are partially met** | [ ]  **All other needs are not met** |

|  |
| --- |
| **SECTION III*****PCFA Safety Management Conclusion*** |
| **DANGER THRESHOLD CRITERIA** |
| *Check all that apply.* |  |
| [ ]  **Observable** |  |
| [ ]  **Vulnerable Child** |  |
| [ ]  **Out of Control** |  |
| [ ]  **Imminent** |  |
| [ ]  **Severity** |  |
| **Is there Impending Danger?** | [ ]  **Yes** [ ]   **No** |
| **STATUS OF IMPENDING DANGER** |
| Describe the status of Impending Danger as currently manifested. If no Impending Danger, describe what has changed since the CPS Assessment.[ ]  **N/A** *No Impending Danger was identified during the PCFA process.* |

|  |
| --- |
| **SECTION IV*****Safety Determination Analysis*** |
| **Home** |
| 1. Does/do the child’s primary parent(s)/caregiver(s) have a suitable place to reside where an in-home safety plan can be considered?
 | [ ]  **Yes** [ ]   **No** |
| 1. Is there confidence in the sustainability of the safety plan in the current location of the parent(s)/caregiver(s)?
 | [ ]  **Yes**[ ]   **No** |
| **Calm and Consistent Enough** |
| 1. Is the home environment calm and consistent enough to allow safety services in accordance with the safety plan, and for people participating in the safety plan to be in the home safely without disruption (e.g., reasonable schedules, routine, structure, general predictability of family functioning)?
 | [ ]  **Yes**[ ]   **No** |
| **Willing and Able** |  |
| 1. Is/are the primary parent(s)/caregiver(s) cooperative with child welfare services and willing to participate in the development of an in-home safety plan?
 | [ ]  **Yes**[ ]   **No** |
| 1. Is/are the primary parent(s)/caregiver(s) willing to allow safety services and actions to be provided in accordance with the safety plan?
 | [ ]  **Yes**[ ]   **No** |
| 1. Do/does the primary parent(s)/caregiver(s) possess the necessary ability to participate in an in-home safety plan and do what they must do as identified in an in-home safety plan?
 | [ ]  **Yes**[ ]   **No** |
| **Sufficient Resources** |  |
| 1. Are there sufficient resources within the family or community to perform the safety services necessary to manage the identified impending danger threats?
 | [ ]  **Yes**[ ]   **No** |
| **JUSTIFY YES AND NO RESPONSES**Provide justification for “Yes” and “No” responses above. |
| **SAFETY PLAN TYPE**[ ]  **An out-of-home safety plan is indicated.** [ ]  **An out-of-home safety plan has been in place, but the use of an in-home safety plan is indicated.** *Proceed with the reunification plan; develop and establish an in-home safety plan.*[ ]  **In-home safety plan remains sufficient.**[ ]  **In-home safety plan has been revised, as needed.**[ ]  **No safety plan is needed; child is safe.** |

|  |
| --- |
| **SIGNATURES** |
| **Case Manager** | **Date** |
| **Supervisor**  | **Date** |