# Choose an agency

*Tool 3*

If Other, Specify: Enter agency

Child Protection Services Assessment

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| --- | --- | --- | --- |
| FRAME # | Enter FRAME # | Assessment # | Enter Assessment # |
| Date Report Received | Select date | Date Case Assigned | Select 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/EthnicityIf “Other”, specify | Victim  | [ ]  Yes[ ]  No | Face to Face Visit? | [ ]  Yes Select date[ ]  No |
| If No Face to Face Visit Explain Why | Enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent(s) / Caregiver(s) | First and last name | Relationship to Child(ren) | Enter text. | Subject | [ ]  Yes[ ]  No |
| Military Affiliation  | [ ]  Yes[ ]  No | If Yes, Select Branch of Service  | Choose one |

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| --- | --- | --- | --- | --- | --- |
| Other Adults | First and last name | Relationship to Child(ren) | Enter text. | Subject | [ ]  Yes[ ]  No |
| Military Affiliation  | [ ]  Yes[ ]  No | If Yes, Select Branch of Service  | Choose one |

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

1. 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. |
| **I**s there a tribal affiliation? | [ ]  Yes Enter Tribe. [ ]  No [ ]  Unknown |

1. MALTREATMENT – EXTENT, CIRCUMSTANCES, AND HISTORY

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| Supporting Information *Describe in detail the type of maltreatment, severity and duration of maltreatment, history of the maltreatment, description of the specific events, caregiver intent of the maltreatment, caregiver explanation and attitude about the maltreatment, and other problems occurring in association with the maltreatment.* Enter text. |
| Was Present Danger Found? | [ ]  Yes *If Yes, complete a Present Danger Assessment & Plan (Tool 2.1 & SFN 455)*  |
| [ ]  No |

1. CHILD FUNCTIONING

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| Supporting Information *Describe how each child functions, including their behavior, emotions, temperament, and physical capacity. (i.e., Tell what the child is like from day to day, capacity for attachment, expressions of feelings, social skills, peer relations, school performance, motor skills, physical and behavioral health).*Enter text.  |

1. ADULT FUNCTIONING

|  |  |
| --- | --- |
| Parent/Caregiver | First and last name |
| Parent/Caregiver Protective Capacities – Supporting Information*Describe in detail the enhanced and diminished protective capacities of the parent/caregiver regarding how this person functions personally and presently in their everyday lives, regardless of their parenting. (i.e., Life management, social relationships, problem solving abilities, ability to relate to others, stress management, self-control, communication, employment and financial management, mental health, substance use). Include information gathered from the parent/caregiver as well as others interviewed.* Enter text. |

1. DISCIPLINE

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| Supporting Information *Evaluate and describe typical approaches to behavior management utilized by each parent/caregiver and whether these discipline techniques are effective/developmentally appropriate, and in alignment with age-appropriate expectations.*Enter text. |

1. PARENTING

|  |  |
| --- | --- |
| Parent/Caregiver | First and last name |
| Parent/Caregiver Protective Capacities – Supporting Information *Describe in detail the enhanced and diminished protective capacities for the parent/caregiver regarding how this person functions as a parent including satisfaction in being a parent, knowledge/skill in parenting, expectations and empathy for the child(ren), history of parenting behavior, cultural context for parenting approach, etc. Include information gathered from the parent/caregiver as well as others interviewed.* Enter text. |

STATUS OF IMPENDING DANGER

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| Assessment of Impending Danger Threats  |
| 1. Living arrangements seriously endanger the physical health of the child(ren).

*(Maltreatment factor)* | [ ]  Yes [ ]  No |
| 1. One or both parents/caregivers intend(ed) to hurt the child and show no remorse.

*(Maltreatment factor)* | [ ]  Yes [ ]  No |
| 1. One or both parents/caregivers cannot or do not explain the child’s injuries and/or conditions. *(Maltreatment factor)*
 | [ ]  Yes [ ]  No |
| 1. The child is profoundly fearful of the home situation or people within the home.

*(Child Functioning factor)* | [ ]  Yes [ ]  No |
| 1. One or both parents/caregivers are violent. *(Adult Functioning factor)*
 | [ ]  Yes [ ]  No |
| 1. One or both parents’/caregivers’ emotional stability, development, mental status or cognitive deficiency seriously impairs their ability to care for the child(ren).

 *(Adult Functioning factor)* | [ ]  Yes [ ]  No |
| 1. One or both parents’/caregivers’ behavior is dangerously impulsive or they will not / cannot control their behavior. *(Adult Functioning factor)*
 | [ ]  Yes [ ]  No |
| 1. The family does not have or use resources necessary to assure the child’s basic needs. *(Adult Functioning factor)*
 | [ ]  Yes [ ]  No |
| 1. No adult in the home will perform parental duties and responsibilities. *(Parenting factor)*
 | [ ]  Yes [ ]  No |
| 1. One or both parents/careivers have extremely unrealistic expectations. *(Parenting factor)*
 | [ ]  Yes [ ]  No |
| 1. One or both parents/caregivers have extremely negative perceptions of the child. *(Parenting factor)*
 | [ ]  Yes [ ]  No |
| 1. One or both parents/caregivers fear they will maltreat the child and/or request placement. *(Parenting factor)*
 | [ ]  Yes [ ]  No |
| 1. One or both parents/caregivers lack parenting knowledge, skills, and/or motivation necessary to assure the child’s basic needs are met. *(Parenting factor)*
 | [ ]  Yes [ ]  No |
| 1. Child has exceptional needs, which the parents/caregivers cannot or will not meet. *(Parenting factor)*
 | [ ]  Yes [ ]  No |
| Danger Threshold Criteria*Check all that apply.*[ ]  Observable[ ]  Vulnerable Child[ ]  Out of Control[ ]  Imminent[ ]  Severity |
| Is there Impending Danger? | [ ]  Yes *If Yes, complete a Safety Plan (Tool 4)* | [ ]  No |
| Status of Impending Danger*Describe the status of Impending Danger as currently manifested. If no Impending Danger, leave blank and check “N/A” below.*Enter text. |
| [ ]  N/A *No impending danger was identified during the CPS assessment process.* |

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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. |
| If Confirmed, Maltreatment Type Determined | [ ]  Physical Abuse [ ]  Sexual Abuse [ ]  Neglect[ ]  Psychological Maltreatment  |
| Impending Danger Identified | [ ]  Yes – Refer to Protective Services [ ]  No  |
| Reason for Decision | Enter text. |

SAFETY CONCLUSION AND/OR TRANSFER SUMMARY

[ ]  Impending Danger Threats exist for one or more children in the home. Case will be open for Protective Services (out-of-home safety plan – placement with licensed foster caregiver OR hybrid). Conduct the Safety Plan Determination immediately unless Present Danger Plan is in place.

[ ]  Impending Danger Threats exist for one or more children in the home and Maltreatment was Confirmed. Case will be open for Protective Services (in-home safety plan, OR placement with unlicensed alternative caregiver, OR hybrid). Conduct the Safety Plan Determination immediately unless Present Danger Plan is in place.

[ ]  Impending Danger Threats exist for one or more children in the home and Maltreatment was Unconfirmed. Case will be open forProtective Services (in-home safety plan, OR placement with unlicensed alternative caregiver, OR hybrid). Conduct the Safety Plan Determination immediately unless Present Danger Plan is in place.

[ ] Unable to determine child safety.Case closed.

[ ] Child(ren) is/are safe.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.*Enter text. |

SAFETY PLAN DETERMINATION

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| Unsafe Child(ren) from CPS Assessment |
| First and last name | DOB/Age |

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| Safety Determination Analysis*(Rule In or Rule Out an In-Home Safety Plan)* |
| 1. Does 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. Given the current location of the family, can this safety plan be carried out?
 | [ ]  Yes [ ]  No  |
| 1. Is the home environment calm/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  |
| 1. Are the primary parents/caregiver’s cooperative with child welfare services and willing to participate in the development of the in-home safety plan?
 | [ ]  Yes [ ]  No  |
| 1. Are the primary parents/caregivers willing to allow safety services and actions to be provided in accordance with the safety plan?
 | [ ]  Yes [ ]  No  |
| 1. Do the primary caregivers have the 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  |
| 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  |
| If the answer to all of the above safety plan determination questions are Yes, STOP the Safety Plan Determination and proceed with the development of an In-Home Safety Plan. |
| If any of the above Safety Plan Determination questions are No, justify the No’s below and PROCEED WITH THE DEVELOPMENT OF AN OUT-OF-HOME SAFETY PLAN (kinship care or foster care). |
| Justification for all “No” responsesEnter text. |

OUT-OF-HOME SAFETY MANAGEMENT

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| Safety Plan with Relatives, Kin, or Fictive Kin |
| 1. Are there relatives/kin available that reside in a resource home and the environment is safe and stable to sustain placement (this includes a judgement about the community)?
 | [ ]  Yes [ ]  No  |
| 1. The relatives/kin/fictive kin possess adequate parent/caregiver protective capacities (behavioral, cognitive, and emotional characteristics) to meet or accommodate all the needs of the children.
 | [ ]  Yes [ ]  No  |
| 1. The safety plan provider is cleared of criminal activity and CPS history after completing all necessary background checks including state and local police records, central registry, and agency records.
 | [ ]  Yes [ ]  No  |
| 1. Is the safety plan with relatives/kin/fictive kin sufficient to manage impending danger?
 | [ ]  Yes [ ]  No  |
| If the answers to all of the above questions are Yes, STOP the Safety Plan Determination and proceed with the development of a safety plan with relatives/kin. |
| If the answer to any of the above questions is No, SAFETY MANAGEMENT MUST INVOLVE FOSTER CARE PLACEMENT. Thoroughly justify any case specific information for any/all No determinations below. This establishes reasonable efforts, diligence, and CPS level of effort to pursue the least intrusive, most appropriate intervention. |
| Justification for all “No” responsesEnter text. |
| Placement with Foster Care Providers |
| 1. The foster home environment is safe and stable to sustain placement.
 | [ ]  Yes [ ]  No  |
| 1. The foster parents possess sufficient parent/caregiver protective capacities (behavioral, cognitive, and emotional characteristics) to meet or accommodate all the needs of the child(ren).
 | [ ]  Yes [ ]  No  |
| If the answers to all of the above questions are Yes, PROCEED with the development of an out-of-home safety plan with a suitable foster care provider. |
| If the answer to any of the above questions is No, CONTINUE SEARCH FOR A SUITABLE FOSTER CARE PROVIDER until the answers to both questions are Yes. |

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