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| **ADT Safe Infant Assessment** |

**Case Number: Case Name:**

**Assessment Number:**

**Section 1: Assessment Summary**

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| Name:  Role:  Refused to be interviewed  Unable to be interviewed |

**Summary of current allegations/Type of maltreatment alleged:**

**Section 2: Safe Infant**

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| **(INTAKE) Case: (Case Name) Individual:** |

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| **Safe Infant (check all that apply)** |  |
| **Birth related data**  Premature Birth  Difficult/problematic delivery  Problems with pregnancy  Pre-natal care  No pre-natal care  Mother was physically abused during pregnancy  No information | **Infant was left at:**  Police Station  Fire department  Hospital  EMS  Staffed place of worship |
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| Date Infant was left: |  |
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| **Mother’s Information (check all that apply)**  **Parent’s Medical**  Diabetes  Allergies  Asthma  Seizures  Cancer  Heart disease  High blood pressure  Mental illness  Sexually transmitted disease  Other  No information available | **Did the parent do one of the following before or during the pregnancy?**  Smoke  Use alcohol  Use drugs or medication  No information available |

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| **Father’s Information (check all that apply)**  **Parent’s Medical**  Diabetes  Allergies  Asthma  Seizures  Cancer  Heart disease  High blood pressure  Mental illness  Sexually transmitted disease  Other  No information available | **Did the parent do one of the following before or during the pregnancy?**  Smoke  Use alcohol  Use drugs or medication  No information available |

**Notes**

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**Section 3: Child/Youth Assessment (Complete for each child)**

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| **Intake ID: Case: (Case Name) Individual:** |

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| **Interview** | |
| **Interview**  Refused to be interviewed  Unable to be interviewed | **Native American**  οNo  οUnknown  οYes  οDeclined to disclose |

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| **Child Physical/Mental Health** (check all that apply) | |
| **Risk Factors**  Hearing or vision impaired  History of seizures  Medical diagnosis requiring life sustaining measure  Medical diagnosis requiring ongoing care  Medical issues (asthma, broken arm, severe allergy)  Mental health diagnosis ongoing medications  Physical disability  Requires psychotropic meds to function  No Risk Factors | **Protective Factors**  No physical/mental health issues  Received care for identified mental health issues  Receives care for identified medical issues  Up to date on immunizations |

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| **Describe child and any factors that need further explanation:** |

**Section 4: Chronology Information**

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| **Investigative Related Data**  Report received:  Assigned by Supervisor:  Inv Worker Received Report:  First Attempt to Make Contact:  First Face to Face Contact Made with Victim:  First FSOS Consultation: | *mm/dd/yyyy*  *mm/dd/yyyy*  *mm/dd/yyyy*  *mm/dd/yyyy*  *mm/dd/yyyy*  *mm/dd/yyyy* |

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| **Roles of Individuals**  **Interviewed**  Alleged Perpetrator  Alleged Victim  Attorney  Clergy  Custodial Parent  Day Care Provider  Employer  EMS/Fire Department  Former Spouse | Family Friend  Family Support/Kames  Forensic Consultation  Household Member-Related  Household Member Non-Related  Landlord  Law Enforcement  Medical Provider | | Mental Health Provider  Neighbor  Non-Custodial Parent  Paramour/Partner  Relative  School Personnel  No collateral contact  Spouse |
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| **Evidence Collected**  Child Care Provider records  Court records  Law Enforcement records  Drug Screen | Medical records  Mental Health records  Other CPS agency records | Photographs  School records  Substance abuse assessment |

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| **Investigation narrative:** |

**Section 5: Assessment Results**

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| **Outcome** | **Plan** |
| οClose Referral | Prevention Plan |
| οIn home ongoing case  οOut of home ongoing case | Aftercare Plan |

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| **Assessment Conclusion** |