

ADT Court Ordered Risk Assessment/Home Evaluation

Section 1: Home Environment

Relative Home Evaluation

Home Environment

Does the home meet the minimum standards of cleanliness?

- Yes
- No

Are there any environmental hazards inside or outside the home?

- Yes
- No

Are the children's sleeping arrangements appropriate?

- Yes
- No

Does the home have adequate heating and cooling?

- Yes
- No

Are utilities on and in working order?

- Yes
- No

Is there any reason the caregiver might not be able to meet the short term needs of the children during the course of the investigation?

- Yes
- No

Has the family secured medications, alcoholic beverages, guns/weapons/ammunition and poisonous or cleaning materials?

- Yes
- No

Are there any dangerous animals or pets in the home?

- Yes
- No

Can the family provide for the basic needs of the child?

Yes

No

TWIST

TWIST, Mainframe and AOC records checks completed

Comments:

Section 2: Care and Supervision

(INTAKE)	Case:	(Case Name)	Individual:
----------	-------	-------------	-------------

Care and Supervision

1. Interview all adults living in the home. Specify who will provide direct care for the child. Observe and describe the quality of the relationship between these persons and the child.

8. Discuss the caregiver's understanding of DCBS policy and procedures including: participating in the child's case plan, providing full-time care for child, protect the child from abuse/neglect, cooperate with visitation plans.

Summary and recommendations (including any potential problem areas):

Placement Placement Approved
 Placement Not Approved

Section 4: Child/Youth Assessment (Complete for each child 17 and younger to be placed in the home)

Intake ID:	Case:	(Case Name)	Individual:
-------------------	--------------	--------------------	--------------------

Interview	
Interview	Native American
<input type="checkbox"/> Refused to be interviewed	<input type="radio"/> No
<input type="checkbox"/> Unable to be interviewed	<input type="radio"/> Unknown
	<input type="radio"/> Yes
	<input type="radio"/> Declined to disclose

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

Child Development/Education (check all that apply)	
Risk Factors	Protective Factors
<input type="checkbox"/> Developmentally delayed	<input type="checkbox"/> Able to dress/bath self
<input type="checkbox"/> Difficulty communicating needs	<input type="checkbox"/> Child receiving services for delay
<input type="checkbox"/> Educationally delayed/IEP not utilized	<input type="checkbox"/> Developmentally on track
<input type="checkbox"/> Is not potty trained or unable to use toilet	<input type="checkbox"/> Educationally on track
<input type="checkbox"/> Lack of muscle control, motor skills	<input type="checkbox"/> Good social skills/peer relations
<input type="checkbox"/> Limited verbal ability or non-verbal	<input type="checkbox"/> Secure attachment to adult caregiver
<input type="checkbox"/> Non-mobile or limited mobility	

- Not attached to adult caregiver
- Poor social skills/peer relations
- Requires assistance for dressing/bathing
- No Risk Factors

Child Behaviors (check all that apply)

Risk Factors

- Alcohol use/abuse
- AWOL history/risk
- Bullying
- Can't focus/hyperactive
- Destruction of property
- Doesn't follow rules/oppositional
- Drug use/abuse
- Encopresis/enuresis not due to age
- Escalating negative behaviors
- Expulsion/suspensions from school
- Fire setting
- Gang involvement
- Has harmed self or others
- Past victim of abuse/neglect
- Previous juvenile court involvement
- Rages/tantrums
- Requires extensive supervision
- Sexual reactive/sexually acting out
- Sexually active
- Threatens to harm self or others
- Torturing/killing small animals
- Truancy/skipping school

Protective Factors

- Behavioral issues within normal range for child's age
- Child is responding to services provided
- Receives services for identified behavioral indicators

No Risk Factors

Describe child and any factors that need further explanation:

Section 4. Adult Assessment (For every adult (individual 18 years old or older) living in the home complete the following:)

Intake ID:	Case:	(Case Name)	Individual:
-------------------	--------------	--------------------	--------------------

Interview

Interview	Native American
<input type="checkbox"/> Refused to be interviewed	<input type="radio"/> No
<input type="checkbox"/> Unable to be interviewed	<input type="radio"/> Unknown
	<input type="radio"/> Yes
	<input type="radio"/> Declined to disclose

Adult Health and Functioning

Risk Factors

- Alcohol abuse
- Attention seeking
- Dishonest and/or manipulative
- Disregard for others' safety or wellbeing
- Drug abuse
- Hostile to authority figures or service providers
- Impulsive or unpredictable
- Intellectual or cognitive disability
- Irrational or disconnected from reality
- Lacks insight into their own behavior
- Mental health issue that affects functioning
- Paranoid
- Physical disability or debilitating illness
- Selfish, self-centered decision-making
- Unable to apply logic to solve problems
- Unable to assess (due to inability to interview)
- No Risk Factors

Protective Factors

- Accepts assistance that enhances functioning
- Candid and/or cooperative
- Copes or functions despite a disability
- Demonstrates logic/reasoning ability
- No mental health issues
- No physical health issues
- Primary relationships are stable
- Realistic awareness of self and reality
- Respects the rights and feelings of others
- Seeks and gives affection to loved ones

Ability to Manage Daily Life and Stress (High Risk Behaviors)

Risk Factors

Protective Factors

- | | |
|--|--|
| <input type="checkbox"/> Abuses substances (drugs/alcohol) to escape or deal with stress | <input type="checkbox"/> College or career training |
| <input type="checkbox"/> Blames others for problems | <input type="checkbox"/> Healthy support network |
| <input type="checkbox"/> Displays of frustration / anger cause injury or likelihood of harm | <input type="checkbox"/> High school education or GED |
| <input type="checkbox"/> Displays of frustration / anger out of proportion to situation | <input type="checkbox"/> Realistic coping strategies |
| <input type="checkbox"/> Escalating frustration / anger | <input type="checkbox"/> Realistic understanding of barriers |
| <input type="checkbox"/> Lack of realistic long term goals | <input type="checkbox"/> Realistic view of daily needs/obligations |
| <input type="checkbox"/> Overwhelmed/discouraged by responsibilities | <input type="checkbox"/> Self-sufficient, able to meet own needs |
| <input type="checkbox"/> Parasitic lifestyle: relies on others to provide food, housing, etc | |
| <input type="checkbox"/> Poor self-control | |
| <input type="checkbox"/> Rapidly changing affect or emotional displays | |
| <input type="checkbox"/> Serial relationships | |
| <input type="checkbox"/> Unable or unwilling to plan ahead | |
| <input type="checkbox"/> Unable to assess (due to inability to interview) | |
| <input type="checkbox"/> Unstable/chaotic relationships | |
| <input type="checkbox"/> No Risk Factors | |

Methods of behavior management

Risk Factors

- Can't articulate discipline strategies
- Can't articulate how to manage beyond control behaviors
- Can't articulate how to manage child's tantrums, rages
- Inconsistent discipline
- Methods of discipline result in injury to child
- Severe or harsh discipline
- Unable to assess (due to inability to interview)
- Unable to manage child's behavior
- Unusual/bizarre discipline
- Use no discipline or fails to follow through
- No Risk Factor

Protective Factors

- Balances teaching and discipline
- Discipline techniques corroborated by collaterals
- Uses age appropriate discipline
- Willingness to learn appropriate discipline techniques

Attitude Toward Caretaking

Risk Factors

- Articulates inappropriate expectations for child
- Caretaker self-reports may harm child
- Describes child in negative terms
- Doesn't follow through with required medical treatment
- Fails to protect child
- Fails to supervise child
- Frustrated by parenting duties
- Inability to recognize situational risks to child
- Not attached to child
- Puts personal needs before child
- Unable to assess (due to inability to interview)
- Uses poor judgment in choosing caregivers
- No Risk Factors

Protective Factors

- Attached to the child
- Demonstrates cooperation with child's service providers
- Has realistic expectations of child
- Meets child's needs
- Parent seeks and follows medical advice
- Prioritizes the child's safety
- Receives satisfaction being a parent
- Recognizes dangerous situations

CPS/APS/Criminal History

Risk Factor

- Adult is registered sex offender
- Parental rights on a child involuntarily terminated
- Prior convictions involving drugs/alcohol
- Criminal "versatility": variety of types of convictions
- Prior felony convictions involving weapon/violence
- Prior revocation of parole/probation
- Prior substantiated reports
- Prior substantiation death/near death of another child
- Action / lack of action contributed to death/serious harm of a child
- Multiple prior reports not accepted for investigation
- Prior unsubstantiated reports
- No Risk Factors

Protective Factors

- Acknowledges responsibility for prior charges
- Acknowledges responsibility for child welfare allegations
- No criminal charges
- No felony convictions
- No prior CPS/APS history
- Non-violent/traffic offenses
- Other rehabilitative services
- Received treatment/rehabilitative services related to prior sexual abuse

Notes

Section 5: Chronology Information

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 Date:

First Face to Face Contact Made with Victim Time:

First FSOS Consultation:

Roles of Individuals

Interviewed

- | | | |
|--|---|--|
| <input type="checkbox"/> Alleged Perpetrator | <input type="checkbox"/> Family Support/KAMES | <input type="checkbox"/> Neighbor |
| <input type="checkbox"/> Alleged Victim | <input type="checkbox"/> Forensic Consultation | <input type="checkbox"/> Non-Custodial Parent |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Former Spouse | <input type="checkbox"/> Paramour/Partner |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Household Member - Related | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Custodial Parent | <input type="checkbox"/> Household Member Non-Related | <input type="checkbox"/> School Personnel |
| <input type="checkbox"/> Day Care Provider | <input type="checkbox"/> Landlord | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Witness to the Incident |
| <input type="checkbox"/> EMS/Fire Department | <input type="checkbox"/> Medical Provider | <input type="checkbox"/> No collateral contact |
| <input type="checkbox"/> Family Friend | <input type="checkbox"/> Mental Health Provider | |

No collateral contact

Evidence Collected

- | | | |
|--|---|---|
| <input type="checkbox"/> Child Care Provider records | <input type="checkbox"/> Medical records | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Court records | <input type="checkbox"/> Mental Health records | <input type="checkbox"/> School records |
| <input type="checkbox"/> Drug Screen | <input type="checkbox"/> Other CPS agency records | <input type="checkbox"/> Substance abuse assessment |
| <input type="checkbox"/> Law Enforcement records | | |

Investigation narrative:

Section 6: Assessment Results

Outcome

- oClose Referral

Assessment Conclusion