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|  Home Evaluation/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: Home Environment**

**Relative Home Evaluation**

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| **Home Environment** |  |
| Does the home meet the minimum standards of cleanliness? | ο Yes οNo |
| Are there any environmental hazards inside or outside the home?  | ο Yes οNo |
| Are the children’s sleeping arrangements appropriate? | ο Yes οNo |
| Does the home have adequate hearing and cooling? | ο Yes οNo |
| Are utilities on and in working order? | ο Yes οNo |
| 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? | ο Yes οNo |
| Has the family secured medications, alcoholic beverages, guns/weapons/ammunition and poisonous or cleaning materials? | ο Yes οNo |
| Are there any dangerous animals or pets in the home? | ο Yes οNo |
| Can the family provide for the basic needs of the child? | ο Yes οNo |

TWIST, Mainframe and AOC records checks completed

**Comments:**

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**Care and Supervision**

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

**Care and Supervision**

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| 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.

 1. Discuss the child’s needs (education, clothing, food, medical, emotional, physical). Describe the caregiver’s ability to meet the needs, including any possible special needs. What sis the caregiver’s plan for appropriate child care after school, while the caregiver works, etc.?

  1. Does the caregiver have access to transportation, telephone, medical services, first aid supplies and school?

 1. Discuss the relative’s understanding of DCBS policy and procedures including: participating in the child’s case plan, providing full-time care for the child, protect the child from abuse or neglect, prohibit unsupervised contact with birth parent, monthly home visits, etc.

 1. Describe (caregiver’s) view on maintaining parental, sibling and other family connections.

 1. Describe the caregiver’s views on discipline and punishment

 1. Does the caregiver or any household member have any known physical, psychological, emotional or intellectual limitations that impair their ability to care for the child? Describe health history and current status for all family members. Obtain doctor’s statement of caregiver’s ability if there are concerns.

 1. Discuss any concerns noted in the TWIST or AOC checks and how they could impact the care of the child. Discuss the caregiver’s understanding of the impact that abuse, neglect or substance abuse may have on a child and the extended family.

 Summary and recommendations (including any potential problem areas) Placement ApprovedPlacement Not Approved |

**Section 3: Child/Youth Assessment (Complete for each child 17 and younger to be placed in the home)**

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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 οYesοDeclined 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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| **Child Development/Education** (check all that apply)  |
| **Risk Factors**Developmentally delayedDifficulty communicating needsEducationally delayed/IEP not utilizedIs not potty trained or unable to use toiletLack of muscle control, motor skillsLimited verbal ability or non-verbal Non-mobile or limited mobilityNot attached to adult caregiverPoor social skills/peer relations Requires assistance for dressing/bathingNo risk factors | **Protective Factors**Able to dress/bath selfChild receiving services for delayDevelopmentally on trackEducationally on trackGood social skills/peer relationsSecure attachment to adult caregiver  |

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| **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Sexually reactive/Sexually acting outSexually activeThreatens to harm self or othersTorturing/killing small animalsTruancy/ skipping schoolNo Risk Factors | **Protective Factors** Behavioral issues within normal range for child’s ageChild is responding to services provided Receives services for identified behavioral indicators |

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| Describe child and any factors that need further explanation: |
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**Section 4. Adult Assessment (For every adult (individual 18 years old or older) living in the home complete the following:)**

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

**Interview**

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

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| **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 feeling or othersSeeks and give affection to loved ones |

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

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| **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 tantrums, ragesInconsistant 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Uses no discipline or fails to follow through | **Protective Factors**Balances teaching and disciplineDiscipline techniques corroborated by collateralsUses age appropriate disciplineWillingness to learn appropriate discipline techniques |
| No Risk Factors |  |

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| **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 the 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 |

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| **CPS/APS/Criminal History** **Risk Factors**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 or 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 |

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| **Notes** |

**Section 5: 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 6: Assessment Results**

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| Incident Date | Primary Individual | Alleged Perpetrator | Program/Sub Program | Determination Date | Alleged Perpetrator Role |
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| **Risk Factors****Based on your observations, interviews and information collected during this assessment, please rate the following:****The most vulnerable child in the family (considering age, development and behavioral needs) (select only one):**οNot vulnerable-behaviors within normal range, child attached to caregiver, developmentally on track, able to complete tasks of daily living (bathing, feeding, dressing)οMild-has behaviors that are controlled by medication or therapy, struggles with some subjects in school, can usually complete tasks of daily living without assistanceοModerate-often has problematic behaviors that interfere with functioning, can generally communicate needs, mild developmental delays, requires assistance with tasks of daily livingοSevere-physical or mental illness that requires intensive treatment, behaviors are out of control, difficulty in communication needsοExtremely vulnerable-physical disability requiring life sustaining care, not attached to caregiver, non-mobile or very limited mobility, nonverbal, unable to complete tasks of daily living**The primary caregiver’s ability to manage daily life/stress and attitude toward caregiving (select only one):**οNo concerns-Satisfied being a parent, balances teaching with discipline, realistic coping strategies, and healthy support systemοMild-Mostly satisfied with parent/caretaker role, has some community/family supportsοModerate-Sometimes uses positive methods to deal with conflict, Physical or mental impairment limits ability but accepts assistance, Inconsistent in providing basic care, nurturing and/or supportοSevere-Non-offending parent does not believe maltreatment occurred, has unstable relationships, relies on others to meet children’s needs, overwhelmed by responsibilities, unable/unwilling to plan ahead, unsatisfied with parent/caretaker roleοExtreme concerns-Puts perpetrator needs before family’s needs, fails to supervise the child, not attached or describes the child in negative terms, inability to recognize risks to the child, very dissatisfied with parent/caretaker role**The perpetrator’s access to the child and high risk patterns/behaviors (select only one):**οNo concerns-Verified no perpetrator access, No threats/use of violence, recognizes/manage threats/dangers to child, identifies high risk times and appropriate responsesοMild-Limited perpetrator access, situational stress-linked to services to manage, usually can verbalize high-risk times/trigger-respond appropriately, problem-solving skills can be increased with supports; First occurrence-parent is remorsefulοModerate-Limited self-control in caretaking or disciplining-no injury, Alcohol/Drug abuse (including prescription drug) impacts caretaking, Unrealistic expectations based on the child’s strengths/limitations, history of violenceοSevere-Uses threats to manage conflict, Incapacitated from drugs/alcohol, unable to verbalize high-risk times/triggers, History of intergenerational family violence, criminal chargesοExtreme concerns-Child resides with perpetrator, Actions resulted in serious physical injury, Expresses fear they will harm child, Parent justify maltreatment as cultural/religious practice, Previous involuntary TPR, Perpetrator unknown |

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| **Outcome** | **Plan** |
| οClose Referral | Prevention Plan |
|  | Aftercare Plan |

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| **Assessment Conclusion** |