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|  Out-Of-State Placement |

**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 heating 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**TWIST, Mainframe and AOC records checks completed |

**Comments:**

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**Section 3: 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. Describe the caregiver’s ability to meet the needs, including any possible special needs. What is 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. Describe (caregiver)’s views on maintaining parental, sibling and other family connections.
2. 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?

 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.
2. 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**  οPlacement Approved οPlacement Not Approved |

**Section 4: 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 5. 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 6: 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 7: Assessment Results**

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| **Outcome** |
| οClose Referral |
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| **Assessment Conclusion** |