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| **ADT Court Ordered Status Offender Assessment** |

**Section 1: 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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| **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 |
| **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 2: Status Offender**

**Status Offender**

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| **Did Protection and Permanency staff file the court petition on this youth?**   * Yes * No |

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| **If No, then describe how Protection and Permanency staff became involved with the youth.** |

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| **Recommendations to the court** |
| |  |  | | --- | --- | | Probated to parents | Probated to the court | | Community Service | Obey all laws | | Probated to DCBS | Curfew | | Committed to DCBS for placement | Do not use drugs/alcohol/tobacco | | Court ordered psychological | No unexcused absences at school | | Court ordered family counseling | No behavioral issues at school | | Dual commitment to DJJ/DCBS |  | |

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| **Child’s Prior Legal History** |
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**Section 3: Family Functioning**

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| **Is the home a health or safety hazard for the individuals living there? (check all that apply)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Broken windows | Human/animal feces | | Meth Lab | |  | | Dangerous animals in the home | Inadequate heat in winter | | Mold infestation | |  | | Dangerous chemicals accessible | Infestation of rodents/insects | | Spoiled food | |  | | Exposed wiring | Inoperable sanitation | | Unsafe space heaters | |  | | Fire safety hazards | Insufficient shelter (includes homeless) | | Unsupervised with loaded guns/weapons | |  | | Hoarding | Medications not secure | | No issues | |  | | Holes in floor or walls |  |  |  |  |  | | --- | |  | |

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| **What corrective action has caretaker made for any checked item?** |
| **Do you have any current concerns that the child(ren) are not supervised adequately? (check all that apply)**  Caretaker is unqualified or lacks capacity to meet child's needs Child afraid to be alone Child requires more supervision than parents are providing Child unsupervised with individual where there is a no contact order Children do not know what to do in case of emergency Expulsion of child from the home Left alone in a vehicle Medical/QMHP expresses concern that caretaker use of alcohol/drugs/medications impairs their ability to take care of child Parent's whereabouts are not known Unsupervised child 7 years or younger (developmental/chronological) Abusing drugs/alcohol or incapacitated while caring for child No issues found during investigation |

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| **Please explain you current concerns regarding supervision of the child(ren):** |

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| **Family Structure (check all that apply)**  Single mother household Single father household Single mother household, with one other adult Single father household, with one other adult Married Couple Unmarried two parent household with two biological/adoptive parents Unmarried two parent household with one biological/adoptive parent and one cohabitating partner Two parent household, marital status unknown Non-parent relative caregiver household (includes relative foster care) Non-relative caregiver household (includes non-relative foster care) |

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| **Family Development Stage**  Infant/preschool children  School age children | Teenage children  Adult children |

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| **Family Functioning /Culture**   |  |  | | --- | --- | | Adult was in out of home care as a child | Inconsistent family boundaries | | Caregiver history of childhood abuse/neglect | Mistrust of medical providers / government | | Disregard for education | Native American heritage/belongs to a tribe | | Escalating pattern of child maltreatment | Parent / child role confusion | | Frequent changes in residence | Relocated to US | | Home setting, rural | Social or geographic isolation | | Home setting, urban/suburban | Strict gender roles | |
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| **Family Use of Supports (Check all that apply)** |  |
| **Community**  Unwilling to utilize/access  Unaware but willing to access  Aware and can access  Utilizing available supports  Isolated from supports  No supports identified or available | **Family/Friends**  Unwilling to utilize/access  Unaware but willing to access  Aware and can access  Utilizing available supports  Isolated from supports  No appropriate supports identified or available |
| **Family Functioning Notes** |  |

**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 Date:  First Face to Face Contact Made with Victim Time:  First FSOS Consultation: | *mm/dd/yyyy*  *mm/dd/yyyy*  *mm/dd/yyyy*  *mm/dd/yyyy*  *mm/dd/yyyy*  Hour, Minute AM/PM  *mm/dd/yyyy* |

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

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| **No collateral contact** |

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| **Evidence Collected**  Child Care Provider records  Court records  Drug Screen  Law Enforcement records | 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**  Close Assessment In Home ongoing case - Dependency In Home ongoing case - Status Out of Home ongoing case - Dependency Out of Home ongoing case - Status | |
| **Prevention Plan Notes** |
| **Aftercare Plan Notes** |
| **Assessment Conclusion** |