

# Child Protective Services - Child Abuse Assessment Summary

Case Name or Names:		
Address:	Home Phone:	Other Phone:
Incident #:	Completion Date:	Addendum Date:
Intake Date:	Child Protection Worker:	County Name/County #:
<b>Assessment Findings:</b> <input type="checkbox"/> Not confirmed <input type="checkbox"/> Confirmed, not placed on registry <input type="checkbox"/> Founded <input type="checkbox"/> Addendum to previous summary	<b>Safety Assessment Findings:</b> <input type="checkbox"/> Safe <input type="checkbox"/> Safe with a plan <input type="checkbox"/> Unsafe	Central Consult?
If Safe with a plan, Date Safety Plan completed:		If Unsafe, Date of Removal: <input type="checkbox"/> All children were removed <input type="checkbox"/> One or more children were removed and other children remain in home (Safety Plan required for remaining children in the home)

<b>Household Composition</b> Sex: Male (M), Female (F)					
Name	DOB	Sex	Role	FACS ID	Comments

<b>Non-Custodial Parent</b>		
Name:	DOB:	Parent of:
Address:		Phone:

<b>Others Involved in the Assessment – Not in Household</b>					
Name	DOB	Sex	Role	FACS #	Comments

<b>Person Determined Responsible for the Abuse</b> (complete only if abuse is confirmed)				
Name:	DOB:	Role:	FACS #:	Sex:
Address:		Home Phone:	Work Phone:	

Intake Allegation Type		
<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Mental injury	<input type="checkbox"/> Sexual abuse
<input type="checkbox"/> Denial of critical care	<input type="checkbox"/> Prostitution of a child	<input type="checkbox"/> Presence of illegal drugs
<input type="checkbox"/> Dangerous substances	<input type="checkbox"/> Bestiality in presence of a minor	<input type="checkbox"/> Allows access by a registered sex offender
<input type="checkbox"/> Allows access to obscene material	<input type="checkbox"/> Child sex trafficking	

Concerns Reported

Additional Allegation Type		
<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Mental injury	<input type="checkbox"/> Sexual abuse
<input type="checkbox"/> Denial of critical care	<input type="checkbox"/> Prostitution of a child	<input type="checkbox"/> Presence of illegal drugs
<input type="checkbox"/> Dangerous substances	<input type="checkbox"/> Bestiality in presence of a minor	<input type="checkbox"/> Allows access by a registered sex offender
<input type="checkbox"/> Allows access to obscene material	<input type="checkbox"/> Child sex trafficking	

Additional Concerns Reported

Summary of Previously Confirmed or Founded Reports Concerning Person Alleged Responsible					
Date	Incident #	Person Responsible	Type	Victim	Finding

Summary of Assessment Process	Date(s)
Incident Date:	

Child(ren) observed Justification if child observed outside of timeframe:	
Confidential Access Justification for Confidential Access	
Custodial parent(s) interview	
Non-custodial parent interview (if applicable)	
Evaluation of home environment completed	
Safety Assessment completed	
Safety Plan completed (if applicable)	
Risk Assessment completed	
Additional process information:	

**ICWA/Native American heritage information:**

1. Was mother asked about Native American heritage?  Yes  No  Deceased
2. Was father asked about Native American heritage?  Yes  No  Deceased
3. What the child's Indian custodian asked about Native American heritage?  
 Yes  No  N/A
4. Was the child asked about Native American heritage?  Yes  No  Child too young
5. Was information received from any other source?  Yes  No
6. Does the child, parent/Indian custodian reside or domicile on an Indian reservation?  
 Yes  No
7. Indicate whether the child is or has been a ward of a Tribal court.  Yes  No  Unknown
8. Indicate whether a parent or the child possesses an identification card indicating membership in an Indian Tribe.  Yes  No
9. Based on the answers to the above, is it possible the child is Native American or has Native American ancestry?  Yes  No  Unsure

Document the family's response when asked if the child subject has any Native American heritage and Tribal affiliation. If the child has Tribal affiliation, the name of the Tribe should be documented:

**Date/time contacts were attempted:**

**Supervisory approval of contact delay:**

**Date/time of supervisory safety decision check back:**

In accordance with Iowa Code Section 232.71B, when conducting an assessment, the Department of Health and Human Services completes an evaluation of the family which includes the identification of strengths and needs of the child, and of the child's parents, home, and family. This information is documented in the Family Risk Assessment, form 470-4133, Safety Assessment, form 470-4132, and when applicable, a Safety Plan, form 470-4461. The information is available only to the child, parents, and others with legal access to this information, and then only upon request.

Confidential access:  Yes  No If Yes, give justification:

### Summary of Contacts

Date of contact:

Summary of contact (including date and time of contact, observations, interviews, or other information gathered to determine if the allegations of abuse meet the definition of child abuse as defined by Iowa Code):

Date of contact:

NOTE: Last contact must include a determination of child death or serious injury (as defined by Iowa Code section 702.18 and Iowa Code section 235A.18): Based on the credible evidence available, it is determined that the abuse

DID  DID NOT result in the death or serious injury of a child.

### Summary of Contacts Addendum (shown only if in addendum status)

Date of contact:

Summary of contact (including date and time of contact, observations, interviews, or other information gathered to determine if the allegations of abuse meet the definition of child abuse as defined by Iowa Code):

Date of contact:

NOTE: Last contact must include a determination of child death or serious injury (as defined by Iowa Code section 702.18 and Iowa Code section 235A.18): Based on the credible evidence available, it is determined that the abuse

DID  DID NOT result in the death or serious injury of a child.

### Findings and Determination of Abuse Allegations

NOTE: The end of this section must include a determination of child death or serious injury (as defined by Iowa Code section 702.18 and Iowa Code section 235A.18): The abuse  DID  DID NOT result in the death or serious injury of a child. [Iowa Code sections 235A.18 and 702.18]

**Addendum Findings and Determination of Abuse Allegations**

(shown only in addendum status)

NOTE: The end of this section must include a determination of child death or serious injury (as defined by Iowa Code section 702.18 and Iowa Code section 235A.18): The abuse  DID  DID NOT result in the death or serious injury of a child. [Iowa Code sections 235A.18 and 702.18]

**Placement on Registry**

Child's Name:	Person Responsible:	Abuse Type:	Assessment Finding:
---------------	---------------------	-------------	---------------------

Justification:

**Safety Assessment Summary**

Describe any current danger indicators you identified (behaviors or conditions that describe a child being in imminent danger of serious harm). If no danger indicators were identified, please provide your rationale:

Describe the current factors influencing child vulnerability (conditions resulting in a child being more vulnerable to danger):

Describe the caretaker's protective capacities and safety interventions that have been taken and how each protected or protects the child from the identified danger indicators:

**Addendum Safety Assessment Summary**

(shown only in addendum status)

Describe any current danger indicators you identified (behaviors or conditions that describe a child being in imminent danger of serious harm). If no danger indicators were identified, please provide your rationale:

Describe the current factors influencing child vulnerability (conditions resulting in a child being more vulnerable to danger):

Describe the caretaker's protective capacities and safety interventions that have been taken and how each protected or protects the child from the identified danger indicators:

**Summary and Analysis of Safety/Risk Assessments Identified**

**Family Strengths:** What strengths does the family have and how can those strengths be used to ensure child safety and well-being.

**Family Safety Concerns:** Given the child(ren)'s level of vulnerability, what are the **concerns and/or threats of danger** in everyday life of the family? What **everyday family life issues** need to be better managed (i.e., new plan for discipline, safe home environment, more rigorous supervision, proper nutrition, etc.) to ensure **child safety and well-being**.

**Individual Parent/Caretaker Concerns:** Describe **what individual issues** parents/caretakers have that need to be better managed or replaced **so that the family tasks can go better** (i.e., new plans for managing anger/control issues, improving emotional stability, stopping or limiting use of substances, managing sexual behavior, etc.) and **what kind of new plan needs to be in place** to ensure **child safety and well-being**.

**Family Consensus Regarding Safety Concerns:** What is the level of consensus with the family regarding the safety concerns and/or threats of danger described above?

**Addendum Summary and Analysis of Safety/Risk Assessments Identified**

(shown only in addendum status)

**Family Strengths:** What strengths does the family have and how can those strengths be used to ensure child safety and well-being.

**Family Safety Concerns:** Given the child(ren)'s level of vulnerability, what are the **concerns and/or threats of danger** in everyday life of the family? What **everyday family life issues** need to be better managed (i.e., new plan for discipline, safe home environment, more rigorous supervision, proper nutrition, etc.) to ensure **child safety and well-being**.

**Individual Parent/Caretaker Concerns:** Describe **what individual issues** parents/caretakers have that need to be better managed or replaced **so that the family tasks can go better** (i.e., new plans for managing anger/control issues, improving emotional stability, stopping or limiting use of substances, managing sexual behavior, etc.) and **what kind of new plan needs to be in place** to ensure **child safety and well-being**.

**Family Consensus Regarding Safety Concerns:** What is the level of consensus with the family regarding the safety concerns and/or threats of danger described above?

Final Risk Level (based upon completion of the standardized risk assessment):

Low     Moderate     High

### Recommendation for Service

Information or Information and Referral – no additional services recommended

Non-Agency Voluntary Services      Referral date:

Service recommendations were discussed with the family and a service plan is appropriate to address the following:

No referral to Non-Agency Voluntary Services was made due to the following exception reason:

Already engaged in HHS services

Court action by HHS or already engaged in JCS services

Abuse occurred in out of home setting

Parent not willing to accept Non-Agency Voluntary Services

Already engaged in Non-Agency Voluntary Services

Family does not need additional supports beyond current formal/informal systems

Resides out of state

Department Services      Referral date:

Case transferred to Social Work Case Manager or Supervisor:

Prevention services identified to meet the foster care prevention strategy include (select all that apply):

Solution Based Casework

Integrated Health Homes (IHH)

SafeCare

Domestic Violence Advocacy/Education

Mental Health Evaluation/Treatment

Early ACCESS

Substance Use/Abuse Evaluation/Treatment

Family Preservation

Treatment Court

START

Behavioral Health Intervention Services (BHIS)

Parent Partner Program

Home Visiting Program

Other (specify):

The foster care prevention strategy identified for this family is:

The case is not being referred to HHS Service due to the following exception reason:

The abuse occurred in an out of home setting (such as child care, PMIC, or hospital), the person responsible has no access to the child, and the parent or caretaker had no prior knowledge of the alleged abuse.

The child victim is deceased and there are no other children in the home.

The entire family moved out of the state prior to the completion of the assessment and the CPW has notified that state's child protective services.

Other (explanation required):

Additional Service Recommendations:

<b>Recommendations for Court Involvement</b>		
Jurisdiction	Date	Type of Action Requested
Juvenile		
Criminal		

<b>Approval</b>	
CPW Signature:	Date:
Supervisor Signature:	Date:
Central Consultant Signature:	Date:

CC: County Attorney  
Juvenile Court

Date Sent:  
Date Sent: