

**COMPLETE CHILD ABUSE REPORT: PART II (b)**

Date	County	Intake Date	Incident Number
Parents			
Child(ren)			

Part II (a) of this form was submitted by \_\_\_\_\_ on \_\_\_\_\_.

**ASSESSMENT OF HOME ENVIRONMENT**

This report shall include:

**IDENTIFICATION BY NAME AND ROLE OF FAMILY MEMBERS:**

**IDENTIFICATION OF THE FAMILY'S STRENGTHS AND NEEDS:**

**ANALYSIS OF THE RISK FACTORS TO THE CHILD NAMED IN THE REPORT:**

**IF PROTECTIVE CONCERNS ARE IDENTIFIED, AN ANALYSIS OF RISK FACTORS TO OTHER CHILDREN IN HOUSEHOLD:**

**SERVICES TO MEET IDENTIFIED STRENGTHS AND NEEDS:**

Worker and Title	Signature
Supervisor and Title	Signature