

Child Protective Services Family Assessment Summary

Case Name or Names:		
Address:	Home Phone:	Other Phone:
Incident #:	Child Protection Worker:	County Name/County #:
Intake Date:	Completion Date:	
Safety Assessment Findings: <input type="checkbox"/> Safe <input type="checkbox"/> Safe with a plan <input type="checkbox"/> Unsafe		

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

Non-Custodial Parent		
Name:	DOB:	Parent of:
Address:		Phone:

Others Involved in the Assessment – Not in Household					
Name	DOB	Sex	Role	FACS #	Comments

Concerns Reported

Summary of Assessment Process	Date(s)
Incident Date:	
Child(ren) observed Justification if child observed outside of timeframe:	
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:	
<u>ICWA/Native American heritage information:</u>	
1. Was mother asked about Native American heritage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased
2. Was father asked about Native American heritage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased
3. Was the child's Indian custodian asked about Native American heritage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Was the child asked about Native American heritage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child too young
5. Was information received from any other source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the child, parent/Indian custodian reside or domicile on an Indian reservation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Indicate whether the child is or has been a ward of a Tribal court.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
8. Affiliated with the Meskwaki Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
9. Indicate whether a parent or the child possesses an identification card indicating membership in an Indian Tribe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Based on the answers to the above, is it possible the child is Native American or has Native American ancestry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If the answer to 10 above is Yes, please explain and document the Native American heritage or Tribal affiliation of each applicable child.	
<u>Date/time contacts were attempted:</u>	
<u>Supervisory approval of contact delay:</u>	

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:

Assessment of Family Functioning Domain Criteria

Analysis of Child Well-Being:

* This message and prompts indicated with a * below will not print with the CPS Assessment Summary report!

* **Provide general narrative below documenting worker observations of strengths and challenges to child's well-being. Be sure to address how/if the allegations that prompted this assessment were or were not found to be a threat to the child's well-being. As you describe your assessment of the child's well-being, give consideration to the following:**

- **Child's mental health** (emotional stability, ability to handle stress, involvement in any needed mental treatment/medication)
- **Child's behavior** (in accordance with child's development level, is child well-behaved, following rules, accepting responsibilities, oppositional/delinquent)
- **School performance** (attendance patterns, does/does not do well academically, behaviors at school)
- **Relationship with parents/caregivers** (accepts discipline/supervision, open vs. hostile communication)
- **Relationship with siblings** (do siblings get along, is there serious fighting or rivalry, are siblings supportive of each other)
- **Relationship with peers** (able to form positive peer relationships vs. avoidance of peers or involvement with peers who have a negative influence; engagement in activities via school, religious, social or recreational outlets)
- **Motivation/cooperation to maintain the family** (child motivated to change, is cooperative with family members, wants to stay with family/caregivers, accepting of services/supports vs. resistant to change, not wanting to be part of family, not accepting of supports)

Analysis of Parental Capabilities:

- * Provide general narrative below documenting worker observations of strengths and challenges to current parent or caretaker capabilities. Be sure to address how/if the allegations that prompted this assessment were or were not found to relate to the parent/caretaker's capabilities. As you describe your assessment of the parent/caretaker's capabilities, give consideration to the following:
- **Supervision of child** (is supervision age-appropriate, is parent able to set age-appropriate limits, are substitute caregivers chosen carefully and with consideration to child's safety/comfort, is parent knowledgeable regarding where and with whom the child is located)
 - **Disciplinary practice** (is discipline age-appropriate, non-punitive, and consistent; are parents good models for the children; do parents agree on parenting style and support each other; is discipline physically or emotionally abusive, excessive, punitive, inconsistent, or age-inappropriate)
 - **Development/enrichment opportunities** (children are provided with social, recreational, musical, or other enrichment activities and parents are appropriately involved, or is child discouraged from such activities, or participates without active parental support)
 - **Parent/caregiver's physical health** (does parent's physical health or medical needs impair the parent's ability to provide for the child's well-being)
 - **Parent/caregiver's mental health** (does the parent have mental health issues that negatively impact the parent's ability to provide for the child's well-being; if parental mental health issues exist, is the parent getting help as needed)
 - **Parent/caregiver's use of drugs/alcohol** (does parent use drugs or alcohol and if so, is/how is this impacting the parent's ability to provide for the well-being of the child)

Analysis of Family Safety:

- * **Provide general narrative below documenting worker observations of strengths and challenges to current family safety. Be sure to address how/if the allegations that prompted this assessment were or were not found to relate to current family safety. As you describe your assessment of current family safety, give consideration to the following:**
- **Absence/presence of physical abuse of children** (have there been issues related to the physical abuse of the children and if so, how have these been resolved; has family been accepting of any needed help to resolve issues related to physical abuse)
 - **Absence/presence of sexual abuse of children** (do there appear to be good boundaries; do children understand good and bad touch; have there been issues related to the sexual abuse of children and if so, how have these been resolved; are there issues related to a child in the household acting in a sexualized or sexually aggressive manner and if so, how is this being addressed; has family been accepting of any needed help to resolve issues relating to sexual abuse)
 - **Absence/presence of emotional abuse of children** (do caregivers appear to meet child's emotional needs; do children appear to be secure and possessing sense of self-worth; have there been issues related to the emotional abuse of the children and if so, how have these been resolved; has family been accepting of any needed help to resolve issues related to emotional abuse)
 - **Absence/presence of neglect of children** (have there been issues related to the neglect of children and if so, how have these been resolved; has the family been accepting of any needed help to resolve issues related to neglect)
 - **Absence/presence of domestic violence between parents/caregivers** (how are family disputes resolved; does this family have a positive approach to resolving disputes; do family disputes ever erupt in violence; if there have been issues related to violence, how have these been resolved; has the family been accepting of any needed help to resolve issues related to domestic violence)

Analysis of Family Interactions:

- * **Provide general narrative below documenting worker observations of strengths and challenges to current family interactions. Be sure to address how/if the allegations that prompted this assessment were or were not found to relate to current family interactions. As you describe your assessment of current family interactions, give consideration to the following:**
- **Bonding with children** (parents create positive opportunities for interacting with children and establishing a strong attachment; parents show high levels of positive stimulation, affection, and nurturing toward the child; appropriate independence is encouraged; or does parent not appear attached and is resentful, rejecting, detached, and unresponsive to the basic needs of the child)
 - **Expectations of the children** (does parent understand child development stages, including cognitive, physical, social, and emotional; are expectations age-appropriate; or is parent's understanding of child development limited and/or not age-appropriate; or parent unable to successfully communicate expectations to child)
 - **Mutual support within the family** (is there strong support within family and from extended family; is family able/not able to identify and access other resources and supports; do family members help each other willingly; or is there a lack of support from family members or a tendency for family members to undermine one another)
 - **Relationship between parents/caregivers** (relationship between parents/caregivers is stable, consistent, affectionate, and loving; communication between parents/caregivers is clear and encouraging; the parents/caregivers have a relationship separate from the children; parent/caregiver conflicts are resolved successfully; or is there a lack of common parent/caregiver goals and cohesion, with an atmosphere of conflict; are issues of divorce, separation, and abandonment a constant challenge for parent/caregivers)

Analysis of Home Environment:

- * **Provide general narrative below documenting worker observations of strengths and challenges to current home environment. Be sure to address how/if the allegations that prompted this assessment were or were not found to relate to current home environment. As you describe your assessment of current home environment, give consideration to the following:**
 - **Housing stability** (does family have stable housing or are they at risk of eviction, dependent on others for housing, homeless, constantly moving)
 - **Safety in community** (is the neighborhood safe or unsafe, are neighbors supportive, can children play outside)
 - **Habitability of housing** (is/isn't home clean, neat, with no safety or health hazards; is home infested; are there unsafe items such as guns, knives, legal or illegal drugs, or poisons within reach of children; are there interior or exterior issues that need addressed to ensure safety)
 - **Income/employment** (is/isn't there stable employment/income; is/isn't there sufficient income from legal sources to meet the family's needs)
 - **Financial management** (financial resources are/not used in a way that addresses family's basic needs; debts are/not small and manageable)
 - **Food/nutrition** (children's nutritional needs including any special needs are/not met; meals are/not provided regularly and meet basic nutritional needs)
 - **Personal hygiene** (family members do/not appear clean, well-groomed, with awareness of hygiene and grooming; clothes are/not clean and appropriate to the season)
 - **Transportation** (family has/not a car, or access to public transportation; transportation is/isn't sufficient to meet obligations such as school, medical, employment; is a lack of transportation increasing social isolation)
 - **Learning environment** (learning environment at home supports child development; parent is/isn't involved with child's educational development at home; parent is/isn't engaged with child's school)
- * **Child-specific statements will be kept in separate paragraphs to allow for redaction if needed in dissemination of the report.**
- * **Parent-specific statements will be kept in separate paragraphs to allow for redaction if needed in dissemination of the report.**

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:

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.

Final Risk Level (based upon completion of the 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:
 - Parent not willing to accept Non-Agency Voluntary Services
 - Already engaged in Non-Agency Voluntary Services
 - Already engaged in JCS services
 - Family does not need additional supports beyond current formal/informal systems
 - Resides out of state

Recommendations for Court Involvement

Jurisdiction	Date	Type of Action Requested
Juvenile		
Criminal		

Approval

CPW Signature:	Date:
Supervisor Signature:	Date: