



## Child Protective Services Child Abuse Assessment Summary

**Please note:** This version is blank. Contractor will receive form with text in each field.

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"/> Conditionally safe <input type="checkbox"/> Unsafe	If conditionally safe, date Safety Plan completed:  If unsafe, date of removal:  <input type="checkbox"/> Removal request, court denied <input type="checkbox"/> Voluntary <input type="checkbox"/> Relative <input type="checkbox"/> Non-relative <input type="checkbox"/> Emergency custody

<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

**Person Determined Responsible for the Abuse** *(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"/> Denial of critical care <input type="checkbox"/> Dangerous substances <input type="checkbox"/> Allows access to obscene materials	<input type="checkbox"/> Mental injury <input type="checkbox"/> Child prostitution <input type="checkbox"/> Bestiality in presence of a minor <input type="checkbox"/> Child sex trafficking	<input type="checkbox"/> Sexual abuse <input type="checkbox"/> Presence of illegal drugs <input type="checkbox"/> Allows access by a registered sex offender
---	---	--

### 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)
-------------------------------	---------

## Date(s)

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	
<p>Additional process information:</p> <p><u>ICWA/Native American heritage information:</u></p> <p><u>Date/time contacts were attempted:</u></p> <p><u>Supervisory approval of contact delay:</u></p> <p><u>Date/time of supervisory safety decision check back:</u></p> <p>In accordance with Iowa Code 232.71B, when conducting an assessment, the Department of 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.</p>	

<p>Confidential access: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, give justification:</p>
---

<b>Summary of Contacts</b>
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:
<p>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</p> <p><input type="checkbox"/> DID <input type="checkbox"/> DID NOT result in the death or serious injury of a child.</p>

<b>Summary of Contacts Addendum</b> <i>(shown only if in addendum status)</i>
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:
<p>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</p> <p><input type="checkbox"/> DID <input type="checkbox"/> DID NOT result in the death or serious injury of a child.</p>

## Family Risk Assessment

This page will not print with the CPS Assessment Summary report!

Family Name:	Incident Number:
Worker Name:	Date Completed:
<b>NEGLECT</b> <b>N1</b> Current allegation is for neglect <input type="checkbox"/> a. No ..... -1 <input type="checkbox"/> b. Yes ..... 1	<b>ABUSE</b> <b>A1</b> Number of prior assessments <input type="checkbox"/> a. None ..... -1 <input type="checkbox"/> b. 1 to 3 ..... 1 <input type="checkbox"/> c. 4 or more ..... 3
<b>N2</b> Prior neglect assessments <input type="checkbox"/> a. None ..... -1 <input type="checkbox"/> b. Assessment only ..... 1 <input type="checkbox"/> c. One confirmed or founded ..... 2 <input type="checkbox"/> d. Two or more confirmed or founded ..... 3	<b>A2</b> Household has previously received DHS child welfare services <input type="checkbox"/> a. No ..... 0 <input type="checkbox"/> b. Yes ..... 2
<b>N3</b> Household has previously received DHS child welfare services <input type="checkbox"/> a. No ..... 0 <input type="checkbox"/> b. Yes, previously received services ..... 1 <input type="checkbox"/> c. Yes, prior child removal from household ..... 3	<b>A3</b> Primary caregiver has history of abuse or neglect as a child <input type="checkbox"/> a. No ..... 0 <input type="checkbox"/> b. Yes ..... 2
<b>N4</b> Number of children in household <input type="checkbox"/> a. Two or fewer ..... -1 <input type="checkbox"/> b. Three or more ..... 1	<b>A4</b> Primary caregiver was placed in protective services as a child <input type="checkbox"/> a. No ..... 0 <input type="checkbox"/> b. Yes ..... 3
<b>N5</b> Age of youngest child in household <input type="checkbox"/> a. Three or older ..... 0 <input type="checkbox"/> b. Two or younger ..... 1	<b>A5</b> Caregiver(s) provides supervision inconsistent with the child's needs <input type="checkbox"/> a. No ..... 0 <input type="checkbox"/> b. Yes ..... 1
<b>N6</b> Number of prior assessments <input type="checkbox"/> a. None ..... 0 <input type="checkbox"/> b. One ..... 1 <input type="checkbox"/> c. Two or more ..... 2	<b>A6</b> Current allegation is for abuse <input type="checkbox"/> a. No ..... 0 <input type="checkbox"/> b. Yes ..... 2
<b>N7</b> Age of primary caregiver <input type="checkbox"/> a. 26 or older ..... -1 <input type="checkbox"/> b. 25 or younger ..... 0	<b>A7</b> Caregiver(s) involved in disruptive/volatile adult relationships <input type="checkbox"/> a. No ..... 0 <input type="checkbox"/> b. Yes ..... 1
<b>N8</b> Primary caregiver has substance use problem <input type="checkbox"/> a. No ..... 0 <input type="checkbox"/> b. Yes ..... 1	<b>A8</b> Characteristics of children in the household <input type="checkbox"/> a. Not applicable ..... 0 <input type="checkbox"/> b. Mental health/behavioral problems ..... 2 <input type="checkbox"/> c. Physical disability ..... 2 <input type="checkbox"/> d. Both b. and c. .... 4
<b>N9</b> Child in household has mental health/behavioral problem <input type="checkbox"/> a. No ..... 0 <input type="checkbox"/> b. Yes ..... 1	<b>A9</b> Caregiver(s) has history of mental health treatment <input type="checkbox"/> a. No, neither caregiver ..... 0 <input type="checkbox"/> b. Either caregiver ..... 1 <input type="checkbox"/> c. Both caregivers ..... 2

<b>N10</b> Recent or history of domestic violence in the household <input type="checkbox"/> a. No ..... 0 <input type="checkbox"/> b. Yes ..... 1	<b>A10</b> Secondary caregiver has a substance use problem <input type="checkbox"/> a. N/A - no secondary caregiver .....0 <input type="checkbox"/> b. No problem with drugs or alcohol ..... -1 <input type="checkbox"/> c. Alcohol only .....1 <input type="checkbox"/> d. Other drugs or drugs and alcohol combined .2
<b>N11</b> Caregiver(s) have history of homelessness <input type="checkbox"/> a. No ..... 0 <input type="checkbox"/> b. Yes ..... 3	<b>A11</b> Prior abuse assessments <input type="checkbox"/> a. None .....0 <input type="checkbox"/> b. Abuse assessments (other than sex abuse) .1 <input type="checkbox"/> c. Sexual abuse assessments .....2 <input type="checkbox"/> d. Both b. and c. ....3

Total neglect score:	Total abuse risk score:
----------------------	-------------------------

**SCORED RISK LEVEL:**

Assign family's scored risk level based on the highest score on either the neglect or abuse instrument using the following chart.

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
<input type="checkbox"/> -4 to -1	<input type="checkbox"/> -2 to 0	<input type="checkbox"/> LOW
<input type="checkbox"/> 0 to 4	<input type="checkbox"/> 1 to 6	<input type="checkbox"/> MODERATE
<input type="checkbox"/> 5+	<input type="checkbox"/> 7+	<input type="checkbox"/> HIGH

**POLICY OVERRIDES:**

Mark the conditions shown below that are applicable in this case. If any condition is applicable, override final risk to HIGH.

☐ 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.  
☐ 2. Non-accidental injury to infant.  
☐ 3. Serious non-accidental physical injury requiring hospital or medical treatment.  
☐ 4. Parent/caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).

Policy Override Risk Level: ☐ HIGH ☐ Not applicable

**DISCRETIONARY OVERRIDE:**

If a discretionary override is made, mark YES and indicate reason. Otherwise, mark NO.  
 (Risk level will be overridden one level HIGHER. Risk level may NOT be lowered.)

☐ NO ☐ YES, Override risk level to \_\_\_\_\_

**DISCRETIONARY OVERRIDE REASON:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUPERVISOR'S REVIEW/APPROVAL OF DISCRETIONARY OVERRIDE:**

Signature:	Date:
------------	-------

**FINAL RISK LEVEL:**

\_\_\_\_\_

## Safety Assessment

This page will not print with the CPS Assessment Summary report!

Case name:		Incident number/FACS number: /
Worker name: County:		Date <i>Safety Assessment</i> completed:  Time:

**Safety Assessments:**

☐ Initial CPS safety assessment (*Completed at first visit with child/supervisory consultation within 24 hours*)

☐ CPS safety assessment (*At the end of the child protection assessment on all assessments*)

☐ Unsafe situations safety assessments (*Whenever circumstances suggest the child is in an unsafe situation. Completed by worker with supervisory consultation.*)

☐ Unsupervised visitation safety assessment (*Prior to decision, with supervisory consultation*)

☐ Reunification safety assessment (*Prior to decision, with supervisory consultation*)

☐ Case closure safety assessments (*Prior to decision, with supervisory consultation*)

**Signs of Present or Impending Danger:**

Yes	No	Current Child Well-Being
<input type="checkbox"/>	<input type="checkbox"/>	1. Caretaker is unwilling or unable to provide for the child's medical or mental health care needs.
<input type="checkbox"/>	<input type="checkbox"/>	2. Child is fearful of the caretaker, other family member, or other people living in or having access to the home.
<input type="checkbox"/>	<input type="checkbox"/>	3. Child is unable to self-protect, prevent maltreatment, or access protective relationships to assure safety; and at least one other concern exists.

**Narrative:**

Yes	No	Current Parent (Caretaker) Capabilities
<input type="checkbox"/>	<input type="checkbox"/>	1. Caretaker alleged or observed substance use affects the caretaker's ability to supervise, protect, or care for the child.
<input type="checkbox"/>	<input type="checkbox"/>	2. Caretaker is unable to provide sufficient supervision to protect the child from potential maltreatment.
<input type="checkbox"/>	<input type="checkbox"/>	3. Caretaker's alleged or observed emotional instability or developmental delay affects the caretaker's ability to supervise, protect, or provide care for the child.

**Narrative:**

Yes	No	Current Family Safety
<input type="checkbox"/>	<input type="checkbox"/>	1. Child has nonaccidental injuries or history is at variance with injury.
<input type="checkbox"/>	<input type="checkbox"/>	2. Caretaker in the home is violent or out of control. Domestic violence exists in the home and poses an imminent danger of physical or emotional maltreatment to the child.
<input type="checkbox"/>	<input type="checkbox"/>	3. Caretaker is causing maltreatment to the child or has made recent credible threats.
<input type="checkbox"/>	<input type="checkbox"/>	4. Child sexual abuse is suspected and circumstances suggest that the child's safety is of immediate concern.

<input type="checkbox"/>	<input type="checkbox"/>	<p>5. Caretaker previously abused or neglected a child (or is suspected of such) and the severity of the past maltreatment or caretaker's response to previous intervention, along with at least one other safety concern, suggest imminent danger to the child. Such circumstances include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Bodily injury to a child due to assault</li> <li>• Death of a child due to maltreatment</li> <li>• Prior placement of any child due to maltreatment</li> <li>• Prior termination or relinquishment of parental rights due to maltreatment</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	6. The family refuses access to the child or there is reason to believe the family might flee.
<b>Narrative:</b>		
<b>Yes</b>	<b>No</b>	<b>Current Family Interactions</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Caretaker describes or acts toward the child in predominantly negative terms or has unrealistic expectations likely to cause maltreatment.
<b>Narrative:</b>		
<b>Yes</b>	<b>No</b>	<b>Current Home Environment</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Caretaker is unwilling or unable to meet the child's immediate needs for food, clothing, shelter, and physical living conditions, which may result in maltreatment to the child.
<b>Narrative:</b>		
<p><b>Describe the threats of maltreatment that are present at this time</b> (aggravating factors that combine to produce a potentially dangerous situation):</p>		
<p><b>Describe the child's vulnerability to maltreatment</b> (the degree to which a child cannot, on the child's own, avoid, negate, or minimize the impact of present or impending danger):</p>		
<p><b>Describe the caretaker's protective capacities</b> (family strengths and resources that reduce, control, or prevent threats of maltreatment from arising, as well as factors and deficiencies that have a negative impact on child safety):</p>		
<b>Safety Decision:</b>		
<input type="checkbox"/> Safe	<ul style="list-style-type: none"> <li>• No signs of present or impending danger identified OR one or more signs of present or impending danger identified and child vulnerability or caregiver's protective capacity offset the current danger. The child is not likely to be in imminent danger of maltreatment.</li> </ul>	
<input type="checkbox"/> Unsafe	<ul style="list-style-type: none"> <li>• One or more signs of present or impending danger identified. Child vulnerability or protective capacities do not offset the impending danger of maltreatment, or caretaker has refused access to the child. Removal sanctioned by court order or <i>Voluntary Placement Agreement</i> for placement into foster care is the only controlling safety intervention possible.</li> </ul>	

<input type="checkbox"/> Conditionally Safe (Safety Plan needed; develop jointly with the family)	<ul style="list-style-type: none"> <li>One or more signs of present or impending danger identified. Child's vulnerability or protective capacities do not offset the present or impending danger of maltreatment. Controlling safety interventions have been initiated as identified and agreed upon by all necessary parties in the written safety plan. The controlling safety interventions may include the parent arranging informal temporary care of the child.</li> <li>The implementation of the safety interventions offset the need to take more restrictive actions at this time. Failure to follow the safety interventions or a change in circumstances may result in the need to take more formal actions to assure child safety in the future.</li> </ul> <p><b>Note:</b> The safety plan must identify who will participate to assure safety of the child, who will monitor the safety plan, and duration of the safety plan. Document the actions taken or services initiated to address each identified sign of present or impending danger. Address how behaviors, conditions, and circumstances associated with the sign of present or impending danger will be controlled.</p>
---	---

DHS worker signature:	Date and time completed:
Supervisor consulted and manner of consultation:	Date and time:

**Present danger:** Immediate, significant, and clearly observed maltreatment which is occurring to a child in the present or there is an immediate threat of maltreatment requiring immediate action to protect the child.

**Impending danger:** A foreseeable state of danger in which family behaviors, attitudes, motives, emotions, or the child's physical environment pose a threat of maltreatment.

## Assessment of Family Functioning and Safety

This page will not print with the CPS Assessment Summary report!

Yes	No	Current Child Well-Being
<input type="checkbox"/>	<input type="checkbox"/>	1. Caretaker is unwilling or unable to provide for the child's medical or mental health care needs.
<input type="checkbox"/>	<input type="checkbox"/>	2. Child is fearful of the caretaker, other family member, or other people living in or having access to the home.
<input type="checkbox"/>	<input type="checkbox"/>	3. Child is unable to self-protect, prevent maltreatment, or access protective relationships to assure safety; and at least one other concern exists.

### 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)

\* **Child-specific statements will be kept in separate paragraphs to allow for redaction if needed in dissemination of the report.**

C1

C2

C3

Protected information regarding parent's physical health, mental health, or substance abuse:

Yes	No	Current Parent (Caretaker) Capabilities
<input type="checkbox"/>	<input type="checkbox"/>	1. Caretaker alleged or observed substance use affects the caretaker's ability to supervise, protect, or care for the child.
<input type="checkbox"/>	<input type="checkbox"/>	2. Caretaker is unable to provide sufficient supervision to protect the child from potential maltreatment.
<input type="checkbox"/>	<input type="checkbox"/>	3. Caretaker's alleged or observed emotional instability or developmental delay affects the caretaker's ability to supervise, protect, or provide care for the child.

**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)

\* **Child-specific statements will be kept in separate paragraphs to allow for redaction if needed in dissemination of the report.**

C1  
C2  
C3

**Protected information regarding parent's physical health, mental health, or substance abuse:**

Yes	No	Current Family Safety
<input type="checkbox"/>	<input type="checkbox"/>	1. Child has non-accidental injuries or history is at variance with injury.
<input type="checkbox"/>	<input type="checkbox"/>	2. Caretaker in the home is violent or out of control. Domestic violence exists in the home and poses an imminent danger of physical or emotional maltreatment to the child.
<input type="checkbox"/>	<input type="checkbox"/>	3. Caretaker is causing maltreatment to the child or has made recent credible threats.
<input type="checkbox"/>	<input type="checkbox"/>	4. Child sexual abuse is suspected and circumstances suggest that the child's safety is of immediate concern.
<input type="checkbox"/>	<input type="checkbox"/>	5. Caretaker previously abused or neglected a child (or is suspected of such) and the severity of the past maltreatment or caretaker's response to previous intervention, along with at least one other safety concern, suggests imminent danger to the child. Such circumstances include, but are not limited to: <ul style="list-style-type: none"><li>• Bodily injury to a child due to assault</li><li>• Death of a child due to maltreatment</li><li>• Prior placement of any child due to maltreatment</li><li>• Prior termination or relinquishment of parental rights due to maltreatment</li></ul>

Yes	No	Current Family Safety
<input type="checkbox"/>	<input type="checkbox"/>	6. The family refuses access to the child or there is reason to believe the family might flee.

#### 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)
- \* Child-specific statements will be kept in separate paragraphs to allow for redaction if needed in dissemination of the report.

C1  
C2  
C3

Protected information regarding parent's physical health, mental health, or substance abuse:

Yes	No	Current Family Interactions
<input type="checkbox"/>	<input type="checkbox"/>	1. Caretaker describes or acts toward the child in predominantly negative terms or has unrealistic expectations likely to cause maltreatment.

#### 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)

\* **Child-specific statements will be kept in separate paragraphs to allow for redaction if needed in dissemination of the report.**

C1  
C2  
C3

**Protected information regarding parent's physical health, mental health, or substance abuse:**

Yes	No	Current Home Environment
<input type="checkbox"/>	<input type="checkbox"/>	1. Caretaker is unwilling or unable to meet the child's immediate needs for food, clothing, shelter, and physical living conditions, which may result in maltreatment to the child.

**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.**

C1

C2

C3

**Protected information regarding parent's physical health, mental health, or substance abuse:**

### 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:

## Summary and Analysis of Safety/Risk Assessments Identified

**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?

**Protected information regarding parent's physical health, mental health, or substance abuse:**

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

(shown only in addendum status)

Addendum Date:

**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?

**Protected information regarding parent's physical health, mental health, or substance abuse:**

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
- ☐ Voluntary Services
- ☐ Service recommendations were discussed with the family and a service plan is appropriate to address the following:
- ☐ No referral to Voluntary Services was made due to the following exception reason:
- ☐ Already engaged in DHS services
  - ☐ Court action by DHS or already engaged in JCS services
  - ☐ Abuse occurred in out of home setting
  - ☐ Parent not willing to accept Voluntary Services
  - ☐ Already engaged in Voluntary Services
  - ☐ Family does not need additional supports beyond current formal/informal systems
  - ☐ Resides out of state
- ☐ Department Services      Referral date:
- Prevention services identified to meet the foster care prevention strategy include (select all that apply):
- |   |   |
|---|---|
| <input type="checkbox"/> Solution Based Casework                        | <input type="checkbox"/> Integrated Health Homes (IHH)        |
| <input type="checkbox"/> SafeCare                                       | <input type="checkbox"/> Domestic Violence Advocacy/Education |
| <input type="checkbox"/> Mental Health Evaluation/Treatment             | <input type="checkbox"/> Early ACCESS                         |
| <input type="checkbox"/> Substance Use/Abuse Evaluation/Treatment       | <input type="checkbox"/> Other (specify):                     |
| <input type="checkbox"/> Treatment Court                                | <input type="checkbox"/> Other (specify):                     |
| <input type="checkbox"/> Behavioral Health Intervention Services (BHIS) | <input type="checkbox"/> Other (specify):                     |
- The foster care prevention strategy identified for this family is:
- ☐ Case transferred to Social Work Case Manager or Supervisor:

## Recommendations for Court Involvement

Jurisdiction	Date	Type of Action Requested
Juvenile		
Criminal		

## Case Disposition Decision Support Tree

This page will not print with the CPS Assessment Summary report!



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

CC: County Attorney  
Juvenile Court

Date Sent:  
Date Sent: