

Complete the Initial Family Assessment (CD-301) with members of the primary household. Complete this document with any additional Parent/Caregiver/Guardian's not residing in the primary household. If additional P/C/G's are identified at case opening complete this document within the first 30 days. Complete throughout the case as any additional P/C/G's are identified or begin participating in the case. Attach this document to the primary household Initial Family Assessment (CD-301).

Case name:	Case #:	Assessment begin date:	
Parent/Caregiver/Guardian(s) being assessed:	Date P/C/G(s) became involved in the case:	What is the relationship of the P/C/G(s) to the child(ren)?	Is Parent, Caregiver, Guardian Incarcerated?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/CAREGIVER/GUARDIAN(S) VOICES:

Case Manager should capture the information below as voiced by the P/C/G.

What is your understanding of why Children's Division is involved?

Please describe specifically as possible the incident(s) that caused Children's Division's involvement.

What are some of the most important things you think I should know about your family?

What do you feel are your strengths as a parent? What would others, including your children, tell me you do best as a parent? Tell me about times you managed challenging situations successfully.

What do you feel that you struggle with the most?

If I asked your child(ren) what they worry about most, what do you suppose they will tell me?

If you had three wishes that you could use to improve your situation, what would they be? How would they help?

1.

2.

3.

What do you think needs to happen differently moving forward to reach your goals? What would need to change?

Who could help you reach those goals and how could they help? How do you think that Children's Division could help you with that? What services might be able to help?

What else would you like us to know or to keep in mind while working with your family?

NATURAL SUPPORTS:

Who does the family identify as their current natural supports who they are willing to allow to be involved?

Consider asking: Who are the people who care about your children? If you were to become unable to care for your child(ren) and they needed a temporary home to stay in, who would be your top three preferences?

Name:	What role do they have in supporting your family?	Contact information:
	<input type="checkbox"/> Relative <input type="checkbox"/> Sent Relative Notification Letter (CD-203) <input type="checkbox"/> Non-Relative/Other: What is this person's relationship to each child? _____ _____	
	<input type="checkbox"/> Relative <input type="checkbox"/> Sent Relative Notification Letter (CD-203) <input type="checkbox"/> Non-Relative/Other: What is this person's relationship to each child? _____ _____	
	<input type="checkbox"/> Relative <input type="checkbox"/> Sent Relative Notification Letter (CD-203) <input type="checkbox"/> Non-Relative/Other: What is this person's relationship to each child? _____ _____	
	<input type="checkbox"/> Relative <input type="checkbox"/> Sent Relative Notification Letter (CD-203) <input type="checkbox"/> Non-Relative/Other: What is this person's relationship to each child? _____ _____	
	<input type="checkbox"/> Relative <input type="checkbox"/> Sent Relative Notification Letter (CD-203) <input type="checkbox"/> Non-Relative/Other: What is this person's relationship to each child? _____ _____	

THREATS TO CHILD SAFETY: (select all that apply to all Parent/Caregiver/Guardians)

When developing the Social Service Plan, each Threat to Child Safety identified here must have a corresponding Safety Goal.

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation.

Yes No

If yes, indicate if safety threat is based on:

- Serious injury or abuse to the child other than accidental.
- Threat to cause harm or retaliate against the child.
- Excessive discipline or physical force.
- Drug-/alcohol-exposed infant during pregnancy

Applies to which P/C/G's?:

Applies to which child(ren)?:

Details/Supporting evidence:

2. Child sexual abuse is suspected, AND current circumstances suggest that the child may be in imminent danger.

Yes No

If yes, indicate if safety threat is based on:

- Sexual abuse
- Sexual trafficking

Applies to which P/C/G's?:

Applies to which child(ren)?:

Details/Supporting evidence:

3. Caregiver does not meet the child's immediate and basic needs for supervision, food, or clothing.

Yes No

Applies to which P/C/G's?:

Applies to which child(ren)?:

Details/Supporting evidence:

4. Caregiver does not meet the child's immediate needs for medical or mental health care.

Yes No

Applies to which P/C/G's?:

Applies to which child(ren)?:
Details/Supporting evidence:
<p>5. Caregiver's current substance abuse impairs their ability to supervise, protect, or create a safe environment for the child AND the child has been harmed or is likely to be harmed without intervention.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
<p>6. Caregiver's current emotional instability, developmental status, or intellectual disability impairs their ability to supervise, protect, or care for the child AND the child has been harmed or is likely to be harmed without intervention.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
<p>7. Domestic violence exists in the household and poses an imminent danger of physical and/or emotional harm to the child.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
<p>8. The physical living conditions are hazardous and immediately threatening to the child's health and/or safety.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Applies to which P/C/G's?:

Applies to which child(ren)?:
Details/Supporting evidence:
9. Caregiver acts toward the child in negative ways that cause severe psychological/emotional harm to the child. <input type="checkbox"/> Yes <input type="checkbox"/> No
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
10. Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. <input type="checkbox"/> Yes <input type="checkbox"/> No
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
11. Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child's safety may be of immediate concern. <input type="checkbox"/> Yes <input type="checkbox"/> No
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
12. The family refuses to allow the Children's Division to assess the child, and child safety cannot be determined any other way. <input type="checkbox"/> Yes <input type="checkbox"/> No
Applies to which P/C/G's?:
Applies to which child(ren)?:

Details/Supporting evidence:

13. Current circumstances, combined with information that the caregiver has previously harmed a child in their care, suggest that the child may be in imminent danger based on the severity of the previous abuse or neglect or the caregiver's response to the previous incident.

Yes No

Applies to which P/C/G's?:

Applies to which child(ren)?:

Details/Supporting evidence:

14. Other (specify):

Yes No

Applies to which P/C/G's?:

Applies to which child(ren)?:

Details/Supporting evidence:

CULTURE-MAP Assess all P/C/G's in the household for the following and determine if additional steps need to be taken to address any insufficient protective capacities, complicating factors or if areas of strengths and sufficient protective capacities may be utilized to increase safety and decrease risk.

Military Status

Have you or an immediate family member ever served in the U.S. Armed Forces?
If yes, would you like information about military-related services in Missouri?

Culture

Absent Parent/ Caregiver/Guardian(s) identity, status, involvement, location, etc.

Discipline beliefs/practices

Trauma/Crisis events experienced by family members and impact of those events on current functioning

Including presence of intimate partner violence or aggression in the home, presence or history of human trafficking.

<p>Religious/Faith Based/Cultural Beliefs, Practices and Supports Values</p>	
<p>Parental custody status/Parenting Plan Who has Legal/Physical custody? Not established? Pending? Current status?</p>	
<p>Family's housing situation/stability. Previous cities/states of residence. Who resides in the home</p>	
<p>P/C/G's risk to self or others</p>	
<p>Self-Care: P/C/G's level of independence and ability to care for self, meet own needs</p>	
<p>Protection: P/C/G's ability to intervene in all circumstances to protect the child(ren) and advocate for their well-being P/C/G's ability to protect self and their own feelings of safety in the home</p>	
<p>Interaction: P/C/G's interaction and expectations of child(ren) Developmentally appropriate? Level of bond?</p>	
<p>Immigration Status Primary language spoken in the home</p>	
<p>P/C/G Medical: Explain any medical or developmental conditions that may impact the P/C/G's ability to safely care for the child(ren). List any existing providers or services, diagnosis, etc.</p>	

<p>P/C/G Mental Health: Explain any mental health conditions, emotional stability, coping abilities, etc. List any existing providers or services, diagnosis, etc.</p>	
<p>P/C/G Drug/Alcohol Use: List any existing providers or services, current and historical use, etc.</p>	
<p>Education:</p>	
<p>Employment: Sources of Income: Ability to meet financial needs to maintain basic necessities: Benefits (SSI, TA, FS, etc.) See Financial Statement for Parents (CS-99) for more detailed information about the family's financial status.</p>	
<p>Community Based Activities/Supports/ Services:</p>	
<p>Recreation:</p>	
<p>Relevant CA/N and Criminal History/Current legal status of all members of the hhd: (CA/N, FCS, AC, IIS, JO involvement, Diversions, Criminal, Protection Orders, etc.) Current legal representation.</p>	
<p>Other:</p>	

EXISTING SAFETY:

Consider asking: Regarding the things that happened to cause Children's Division's involvement, what are some things you or anyone else were able to do to keep the child(ren) safe either now or in the past? Who helped to keep them safe?

What actions has the family taken in the past to keep the child(ren) safe when the concerning behaviors were occurring?

What supports did the family utilize to help keep the children safe?

What are the family's ideas now on how to keep the child(ren) safe if these things were to happen again? Who would be involved to help to keep them safe?

ADDITIONAL NOTES, WORKER FOLLOW UP/TO DO:

--

Supervisor Comments:

--

SIGNATURES

Family Signature(s):	Date:	Family Signature(s):	Date:
Worker signature at completion of assessment:	Date:	Supervisor signature approving completed assessment, following comprehensive review for quality documentation and verification that all potential resources have been utilized to gather a full and thorough assessment of the family:	Date:

**Attach to the Initial Family Assessment (CD-301).
Upload to OnBase following Supervisor approval.**