

Initial Family Assessment (CD-301) (AC) Instructions:

PURPOSE:

Within 24 hours of the child coming into care, the Children's Service Worker is to begin assessing the family in order to develop the Social Service Plan. All parents should be given the opportunity to be involved in the assessment process. The Initial Family Assessment (IFA) should be used with all caregivers living in the primary household (additional households will be recorded on the Initial Family Assessment Attachment (CD-301a). This should be completed with all family members to capture the child's voice, case participants, natural supports, safety network, service providers, CD, and Court partners.

OF COPIES AND DISTRIBUTION:

Upon completion, the Initial Family Assessment (IFA) should be uploaded into OnBase, and retained in the physical file. All visits with the family during the completion of the IFA should be fully documented in FACES as a contact note.

INSTRUCTIONS FOR COMPLETION:

General:

The Initial Family Assessment must be developed:

1. With the full participation of children and families
2. With the involvement of a team of supportive people chosen by children and families
3. In collaboration with other service providers and systems involved with children and families
4. With the involvement of resource families or residential treatment providers, when children are in out-of-home care

Should there be additional households with Parent/Caregiver/Guardians of any of the LS-1 children other than the primary removal household, each household should be assessed. The primary removal household is to be assessed using the Initial Family Assessment document, and all other households utilizing the Initial Family Assessment Attachment.

Specific:

Family Name: Enter the family name

Case #: The case number

Name(s) of the P/C/G's in the primary hhd this assessment is completed with: This is every adult in the removal household.

Case Manager/Supervisor: The name of the Case Manager and Supervisor involved in the completion of the IFA.

Case Open Date: This is the date the child entered out-of-home placement.

Case Type: Alternative Care

Initial 4 weekly contact dates & P/C/G signatures: According to Policy (Section 4, Chapter 6

(Working with Parents), Subsection 3– Ongoing Work with Parents), it is recommended the worker meet in the parent’s home one time per week during the first 30 days of custody. The P/C/G will sign at each visit

Incarcerated Parent, Caregiver, Guardian(s): If there is an incarcerated parent, information is entered here, as well as a place to check off and date when the following forms were sent to the parent – CS-2 & CS-2att

Parent/Caregiver/Guardian(s) Voices: This section is to be filled out with the P/C/G to capture their words to each of the listed questions. These questions do not need to be completed all at one visit, but can become part of ongoing conversations during the assessment period (first 30 days)

Natural Supports: Who does the family identify as their current natural supports who they are willing to allow to be involved? Fill out each box below with as much information regarding these individuals. If it is a relative, check when the Relative Notification Letter has been sent.

Harm: Select all that apply regarding the reason(s) the child(ren) came into Alternative Care. Identify the harm and impact to the child(ren). (See: Child Welfare Manual, Section 1, Chapter 6 (Case Mapping and Risk Assessment) for more information)

Threats to Child Safety: select all that apply to all P/C/G

1. Parent/caregiver does not attend to child(ren) to the extent that the need for supervision is unmet (e.g., although parent/caregiver or household member is present, child(ren) can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards); Parent/caregiver leaves child(ren) alone (time period varies with age and developmental stage); Parent/caregiver makes inadequate and/or inappropriate baby-sitting or child(ren) care arrangements or demonstrates very poor planning for child(ren)’s care; Parent/caregiver’s whereabouts are unknown; Criminal behavior occurring in the presence of the child(ren) or the child(ren) is forced to commit a crime(s) or engage in criminal behavior; Parent/caregiver has not, will not, or is unable to protect child(ren) from violence against other family members.
2. Family has insufficient money to provide basic and protective care; Family has insufficient food, clothing, or shelter for basic needs of child; Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in severe consequences to the child; Caregivers lack life management skills to properly use resources for basics when they are available; Family is routinely using their resources for things (e.g., drugs) other than their basic care and support resulting in the children’s basic needs not being adequately met.
3. Caregiver’s intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care; Young or intellectually limited parents/primary caregivers have little or no knowledge of a child’s needs and capacity; Caregiver’s expectations of the child far exceed the child’s capacity thereby placing the child in situations that could result in severe consequences; Caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child’s age); Caregivers’ parenting skills are exceeded by a child’s special needs and demands in ways that will result in severe consequences to the child; Caregiver’s knowledge and skills are adequate for some children’s ages and development, but not for others (e.g., able to care for an infant, but cannot control a

toddler); Caregiver is averse to parenting and does not provide basic needs; Caregiver avoids parenting and basic care responsibilities; Caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity; Caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children); Caregivers do not believe the children's disclosure of abuse/neglect even when there is a preponderance of evidence and this has or will result in severe consequences to the children.

4. Extreme physical or verbal, angry or hostile outbursts at the child(ren) or between household members; Use or threatened use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding); Use of guns, knives, or other instruments in a violent or threatening way; Violently shakes or chokes baby or child(ren); Behavior that seems out of touch with reality, fanatical, or bizarre; Behavior that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).
5. Caregiver is seriously depressed and unable to control emotions or behaviors; Caregiver is chemically dependent and unable to control the dependency's effects; Substance abuse renders the caregivers incapable of routinely/consistently attending to the children's basic needs; Caregiver makes impulsive decisions and plans that leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver); Caregiver spends money impulsively resulting in a lack of basic necessities; Caregiver is emotionally immobilized (chronically or situational) and cannot control behavior; Caregiver has addictive patterns or behaviors (e.g., addiction to substances, gambling or computers) that are uncontrolled and leave the children in potentially severe situations (e.g., failure to supervise or provide other basic care); Caregiver is delusional and/or experiencing hallucinations; Caregiver cannot control sexual impulses (e.g., sexual activity with or in front of children); Caregiver is seriously depressed and functionally unable to meet the children's basic needs.
6. Describes child(ren) as evil, stupid, ugly, or in some other demeaning or degrading manner, or objectifies child(ren) (e.g. calling child(ren) "it" or "them"); Repeatedly curses and/or belittles child(ren); Parent/caregiver targets a particular child(ren) in the family by extreme placement of blame for family or community problems (e.g., truancy, delinquency, etc.); Expects a child(ren) to perform or act in a way that is impossible or improbable for the child(ren)'s age (e.g., babies and young child(ren) expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone); Child(ren) is seen by either parent as responsible for the parents' problems; Uses sexualized language to describe child(ren) or name calling (e.g., whore, slut, etc.).
7. Intentionally or by other than accidental means caused serious abuse or injury (e.g., fractures, poisoning, suffocating, shooting, burns, significant bruises or welts, bite marks, choke marks, etc.); An action, inaction, or threat that would result in serious harm (e.g., kill, starve, lock out of home, etc.); Plans to retaliate against child(ren) for agency involvement; Use of torture or physical force that bears no resemblance to reasonable discipline, or punished child(ren) beyond the duration of the child(ren)'s endurance; One or both parent/caregiver fear they will maltreat child(ren) and request placement.
8. Based on child(ren)'s age and developmental status, the child(ren)'s physical living conditions are hazardous and immediately dangerous. For example: Leaking gas from stove or heating unit; Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or easily accessible; Lack of water or utilities (heat, plumbing, electricity) and no alternate provisions made, or alternate provisions are inappropriate (e.g., stove, unsafe space heaters); Open windows or broken or missing windows; Exposed electrical wires; Excessive garbage, or rotted or spoiled food which threatens health; Serious illness or significant injury has occurred

due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites); Evidence of excessive human or animal waste in living quarters; Guns and other weapons are accessible; Active meth labs; Vermin infestation (e.g., rats, roaches, etc.); Vicious animal(s) or excessive number of animals in the home pose a safety concern to the child(ren)

9. The incident was planned or had an element of premeditation; The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns); Caregiver's motivation to teach or discipline seems secondary to inflicting pain and/or injury; It is reasonable to assume that the caregiver had some awareness of what the result would be prior to the incident; Caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child.
10. Parent/caregiver has previously fled or made threats to flee in response to a present or past intervention; Parent/caregiver has history of keeping child(ren) at home, away from peers, school, and other outsiders for extended periods; Parent/caregiver refuses to cooperate or is evasive; Child(ren)'s whereabouts are unknown.
11. Parent/caregiver is unwilling or unable to meet the child(ren)'s imminent needs for food, clothing, shelter, and/or medical or mental health care; No food provided or available to child(ren), or child(ren) starved or deprived of food or drink for prolonged periods; Child(ren) without minimally warm clothing in cold months; No housing or emergency shelter; child(ren) must or is forced to sleep in the street, car, etc.; Parent/caregiver does not seek treatment for child(ren)'s imminent and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s); Child(ren) appears malnourished; Child(ren) has physical or behavioral needs which parent/caregiver cannot or will not meet; Child(ren) is suicidal and/or violent to self or others and the parent/caregiver will not or is unable to take protective action; Child(ren) displays serious emotional symptoms, serious physical symptoms, and/or a lack of behavior control which is believed to be a result of the child(ren)'s maltreatment. Parent/caregiver has removed child(ren) from a hospital against medical advice.
12. Child has severe injuries; Child has multiple/different kinds of injuries (e.g. burns and bruises); Child has injuries to head or face; Injuries appear to have occurred as a result of an attack, assault or out-of-control reaction (e.g. serious bruising across a child's back as if beaten in an out-of-control disciplinary act); Injuries appear associated with the use of an instrument which exaggerates method of discipline (e.g., coat hanger, extension cord, kitchen utensil, etc.); Child has physical symptoms from maltreatment which require immediate medical treatment; Child has physical symptoms from maltreatment which require continual medical treatment; Child appears to be suffering from Failure to Thrive; Child is malnourished; Child has physical injuries or physical symptoms that are a more serious example of similar injuries or symptoms previously known and recorded.
13. Child threatens suicide, attempts suicide, or appears to be having suicidal thoughts; Child's emotional state is such that immediate mental health/medical care is needed; Child is capable of and likely to self-mutilate; Child is a physical danger to others; Child abuses substances and may overdose; Child is so withdrawn that basic needs are not being met; Child is annoying, aggravating to the point of stimulating intolerance in others; Child is highly aggressive and acts out repeatedly so as to cause reactive responses; Child is confrontational, insulting or so challenging that caregivers lose patience, impulsively strike out at the child, or isolate the child or totally avoid the child.
14. Child(ren) cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes fear; Child(ren) exhibits severe emotional, physical or behavioral symptoms (e.g., nightmares, insomnia) related to situation(s) associated with a person(s) in the

home; Child(ren) has fears of retribution or retaliation from parent/caregiver or household members.

15. Parent/caregiver's explanation for the observed injuries is inconsistent with the type of injury; Parent/caregiver's description of the causes of the injury minimizes the extent of harm to the child(ren); Medical evaluation indicates injury is a result of abuse and parent denies or attributes injury to accidental causes.

Child/Youth Assessment: With the P/C/G, assess EACH CHILD in each area listed. (Check off documents received for each child)

Genogram: Complete a genogram with the family, attempt to have at least 3 generations listed

Culture-Map: Talk with the P/C/G regarding the categories listed. Attempt to obtain as much information as possible.

Existing Safety: Ask P/C/G about steps that could be taken to ensure the safety of the children, current and in the past.

Child(ren)/Youth Discussion:

- House of Good Things: (Draw a house, or whatever the youth prefers and discuss/draw/document that here) along with listing people allowed to live in/visit the safety house. **For Older Youth:** What is the youth doing well? Continue to identify Permanent Connections. Discuss overall well-being & feelings of safety.
- House of Worries: (Draw a house, or whatever the youth prefers and discuss/draw/document that here) along with listing people not allowed to live in/visit the safety house. **Older Youth:** What additional needs remain? What are the youth's worries? Discuss overall wellbeing and feelings of safety.
- House of Dreams: (Draw a house, or whatever the youth prefers and discuss/draw/document that here) along with listing the rules of the safety house. How close is the youth to having their house just as they would like it? **Older Youth:** Next steps to reach goals. What additional support does the youth need, and what is the plan to address those needs? What additional needs have been identified?

Case Participants Voices: Capture anyone else's voices here from the team, including Natural Supports, Resource Providers, Community Supports, GAL, Court Partners, CD, etc.)

Additional Notes, Worker Follow Up/To Do: Worker can list any follow up or next steps for the worker to follow up on here.

Supervisor Comments: Supervisor can make any comments regarding the assessment here

Signatures: Worker & Supervisor will sign here. (Signatures of others can be found on the first page)