

Comprehensive Child Safety and Risk Assessment

Case Name: <input style="width: 90%;" type="text"/>	Investigator: <input style="width: 90%;" type="text"/>
Case ID: <input style="width: 90%;" type="text"/>	Supervisor: <input style="width: 90%;" type="text"/>
Report #: <input style="width: 90%;" type="text"/>	Report Date: <input style="width: 90%;" type="text"/>

PARTICIPANT NAMES

ANY ADDITIONAL NAMES NOT ON OTHER DOCUMENTS

Mother: <input style="width: 90%;" type="text"/>		
Child: <input style="width: 90%;" type="text"/>	Father: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Alleged
Child: <input style="width: 90%;" type="text"/>	Father: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Alleged
Child: <input style="width: 90%;" type="text"/>	Father: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Alleged
Child: <input style="width: 90%;" type="text"/>	Father: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Alleged
Other: <input style="width: 90%;" type="text"/>	Relationship: _____	(Father Name if a child): <input style="width: 90%;" type="text"/>
Other: <input style="width: 90%;" type="text"/>	Relationship: _____	<input style="width: 90%;" type="text"/>
Other: <input style="width: 90%;" type="text"/>	Relationship: _____	<input style="width: 90%;" type="text"/>
Other: <input style="width: 90%;" type="text"/>	Relationship: _____	<input style="width: 90%;" type="text"/>
Other: <input style="width: 90%;" type="text"/>	Relationship: _____	<input style="width: 90%;" type="text"/>

SECTION I: BACKGROUND INFORMATION

A. PRIORS

Date of Report	Reported Maltreatment(s)	Alleged Perpetrator(s)	Findings

Mandated Source Communication

Date of Report	Reported Maltreatment(s)	Alleged Perpetrator(s)	Findings	State

Out of State Reports

Date of Report	Reported Maltreatment(s)	Alleged Perpetrator(s)	Findings	State

ASSESSMENT OF PRIOR DCS INVOLVEMENT/REPORTS

Document pattern of abuse or neglect and household membership (include a description of severity, chronicity, patterns of maltreatment, prior services, and perpetrators):

Key Issues, additional information or documents needed and questions to consider for current report:

B. DEPARTMENT OF PUBLIC SAFETY

A DPS background check was completed on:

List Name

Mother: [Redacted] Date Run: _____ Record Found? NO YES

Unable to Run

If yes, list Date and Charge:

Father: [Redacted] Date Run: _____ Record Found? NO YES

Unable to Run

If yes, list Date and Charge:

Placement: [Redacted] Date Run: _____ Record Found? NO YES

Unable to Run

If yes, list Date and Charge:

Other: [Redacted] _____ Date Run: _____ Record Found? NO YES

Unable to Run

If yes, list Date and Charge:

Other: [Redacted] _____ Date Run: _____ Record Found? NO YES

Unable to Run

If yes, list Date and Charge:

Other: [Redacted] _____ Date Run: _____ Record Found? NO YES

Unable to Run

If yes, list Date and Charge:

Other: [Redacted] _____ Date Run: _____ Record Found? NO YES

Unable to Run

If yes, list Date and Charge:

C. COURT ORDERS

Asked each parent/guardian if there are any current court orders that restrict or deny custody, visitation or contact between any parent or other adult in the home and any child in the home.

Each parent/guardian responded that there are none _____

A parent/guardian responded Yes (describe current orders) _____

Additional Resources accessed or reviewed:

Related information found in DPS

D. JOINT INVESTIGATION

Not required

Yes (Department, Name, DR#) Describe action and status: _____

E. DOCUMENTS REVIEWED:

Custody, Visitation or Contact Orders Requested:Date_____ Reviewed N/A

Comments (include name and type of record): _____

Medical Records Requested:Date_____ Reviewed N/A

Comments (include name and type of record): _____

School Records Requested:Date_____ Reviewed N/A

Comments (include name and type of record): _____

Behavioral health records Requested:Date_____ Reviewed N/A

Comments (include name and type of record): _____

Police Reports Requested:Date_____ Reviewed N/A

Comments (include name and type of record): _____

Probation Reports Requested:Date_____ Reviewed N/A

Comments (include name and type of record): _____

Public Access Reviewed Nothing Found

Comments (include name and type of record): _____

DDD/AzEIP Requested:Date_____ Reviewed N/A

Comments (include name and type of record): _____

Is child enrolled in DDD? NO YES Service Coordinator: _____

Other _____ Requested:Date_____ Reviewed N/A

Comments (include name and type of record): _____

Other _____ Requested:Date_____ Reviewed N/A

Comments (include name and type of record): _____

SECTION II: INTERVIEWS WITH ALL REQUIRED PARTIES

A. REPORTING SOURCE

Attempted to contact source; no contact made

Date Attempted: _____ Time: _____ Mode: _____

Date Attempted: _____ Time: _____ Mode: _____

Date Attempted: _____ Time: _____ Mode: _____

Anonymous source, cannot contact

Interviewed Source

Additional information from source related to child or adult functioning or current maltreatment?

No

Yes _____

B. COLLATERAL CONTACTS?

No Yes

Name_____: Relationship: _____ Date: _____ Mode: _____

Contact Number: _____

Describe Contact: _____

Name_____: Relationship: _____ Date: _____ Mode: _____

Contact Number: _____

Describe Contact: _____

Name_____: Relationship: _____ Date: _____ Mode: _____

Contact Number: _____

Describe Contact: _____

Name_____: Relationship: _____ Date: _____ Mode: _____

Contact Number: _____

Describe Contact: _____

SECOND SOURCE(S)

Name_____: Relationship: _____ Date: _____ Mode: _____

Contact Number: _____

Describe Contact: _____

Name_____: Relationship: _____ Date: _____ Mode: _____

Contact Number: _____

Describe Contact: _____

Name_____: Relationship: _____ Date: _____ Mode: _____

Contact Number: _____

Describe Contact: _____

C. HOME SAFETY

Home Safety and Observation: Safe Unsafe

(describe all living environments): _____

Checked home for signs of violence

No observable signs

Observed signs(describe) : _____

CHILD INTERVIEWS

Name of Child Interviewed: _____ Date Interviewed: _____ Time: _____

- A. Alleged child victim
- B. Other child in the home
- C. Other child (describe relationship): _____

Interview location: Home School Other: _____

Interviewed alone? Yes No (list other attendees): _____

Describe efforts to establish rapport: _____

Child's description of household composition and relationships: _____

Describe observations of the child: _____

- No visible signs of bruises, marks, or injuries
- Observed signs of possible injury, mark, or bruise (describe): _____

- No observable signs of neglect
 - Observable signs of neglect
 - Food (describe): _____
 - Supervision (describe): _____
 - Shelter (describe): _____
 - Medical (describe): _____
 - Clothes (describe): _____
 - Appearance/Hygiene (describe): _____

- No visible signs of developmental delays, behavioral health concerns, or physical health issues
- Observed signs of developmental delays, behavioral health concerns, or physical health issues (describe): _____

Interview of the child:

- Asked child questions to determine if s/he is fearful of someone
 - Response(s) indicated no
 - Yes (describe) : _____

- Asked questions to determine forms and frequency of discipline
 - Acknowledged non-physical forms of discipline (describe) : _____
 - Acknowledged use of physical discipline (describe) : _____
 - No discipline (describe) : _____
 - Child's description of rules and chores (describe) : _____

- Asked child questions to determine if s/he has observed domestic violence
 - Responses indicated no observation of DV
 - Child observed DV (describe) : _____

- Asked child about police involvement
 - Responses indicated no police activity
 - Child expressed police activity (describe) : _____

- Asked child questions to determine drug use in the home/by the caregivers
 - Responses indicated child doesn't know what drugs are
 - Child knows about drugs but has not observed adults using illegal substances
 - Child has observed alcohol or prescribed drug use (describe): _____
 - Child has observed illegal substance use (describe) : _____

- Observed child for signs of drug use in the home/by the caregivers
 - Specialist did not observe signs of illegal drug use
 - Specialist observed signs of illegal drug use (describe) : _____

- Asked child questions to determine if s/he is being treated for behavioral health and/or developmental delays
 - Responses indicated child is not being treated for behavioral health issues and/or developmental delays
 - Child indicated treatment (describe): _____

- Asked child questions to determine if s/he has been sexually abused
 - Child did not understand and did not respond (describe): _____
 - Child refused to respond (describe): _____
 - Child responded no (describe): _____
 - Child responded yes (describe): _____

- Asked child questions to determine if his/her basic needs are being met
 - Child's answers indicated basic needs are met (describe): _____
List caregiver(s) named by child: _____
 - Child's answers indicated these basic needs are not being met:
 - Food (describe): _____
 - Supervision (describe): _____
 - Shelter (describe): _____
 - Medical/dental (describe): _____
 - Clothes (describe): _____
 - Empathy and nurturance (describe): _____

Child's explanation of allegations (describe): _____

- Asked child questions to learn child's perception of family/individual needs
 - Child's response indicated no needs for services or supports (describe): _____
 - Child's response indicated needs for services or supports (describe): _____

ADULT INTERVIEWS

Name of Adult Interviewed: _____ Date Interviewed: _____ Time: _____

- A. Custodial/ Non-custodial parents of child victim(s)
- B. Spouse/Partner/Significant other of custodial parent/Other adult in home
- C. Alleged Perpetrator

Interview location: Home DCS office Other: _____

Interviewed alone? Yes No (list other attendees): _____

Describe efforts to establish rapport: _____

Notification of Rights

- Offered Notice of Duty to Inform
- Advised of rights on Notice of Duty to Inform
- Signed Notice of Duty to Inform
- Did not sign Notice of Duty to Inform (describe): _____
- Not Applicable (describe): _____
- Asked about Native American Heritage (describe tribal affiliation): _____
- Reviewed PAC 518
- Community Resources and/or Services were discussed provided
- Not applicable (non-parent)

Observations of adult's health, mental health, other (describe): _____

Interview of the Adult

Adult's description of household composition, relationships, and caregiving role: _____

Asked question about family history (describe prior states of residence, legal history and prior CPS involvement): _____

The allegations in the report were supported by the adult (describe): _____

The allegations in the report were denied by the adult (describe): _____

Adult's response to the allegations (describe): _____

Asked questions to determine adult's history of abuse or neglect

Denied any history

Acknowledged abuse (describe): _____

Asked questions regarding behavioral health issues and/or developmental delays

Denied any mental health issues and/or developmental delays

Acknowledged behavioral health issues and/or developmental delays (describe): _____

Treatment

No Treatment

Asked questions to determine if adult is aware of any sexual abuse towards the child

Responded no

Acknowledged history of child abuse

Abuse was reported (describe): _____

Abuse was not reported (describe): _____

- Asked questions to determine forms and frequency of discipline for children in home
 - Acknowledged forms of discipline (describe): _____
 - No child discipline (describe): _____
 - Describe child(ren)'s rules and chores (describe): _____

- Asked questions to determine domestic violence
 - Denied any domestic violence
 - Acknowledged domestic violence
 - Current (describe): _____
 - Historic (describe): _____
 - Observed signs of domestic violence (describe): _____

- Asked questions to determine substance abuse
 - Denied illegal substance use
 - Acknowledged illegal substance use (describe): _____
- Observed visible signs (describe): _____
- Asked adult to drug test (describe): _____

- Asked questions to determine each child's behavioral health issues and/or developmental delays
 - Denied any special needs for any of the children
 - Acknowledged special needs and current treatment services (describe): _____
 - Acknowledged special needs or need for treatment (describe): _____

- Asked questions to determine if the family has income and resources to meet basic needs:
 - Answers indicated income or resources are sufficient (describe): _____
 - Answers indicated income or resources are not sufficient (describe): _____

- Asked questions to determine if each child's basic needs are being met:
 - Answers indicated basic needs are met
 - List caregiver(s) described by the adult: _____
 - Answers indicated these basic needs are unmet:
 - Food (describe): _____
 - Supervision/Child Care (describe): _____
 - Shelter (describe): _____
 - Medical (describe): _____
 - Clothes (describe): _____
 - Empathy and nurturance (describe): _____

- Asked questions to determine family's stress level and ability to manage current family stress (describe stressors): _____
 - Adult reported that the stress level in the home was low
 - Adult reported that they manage stress in the following ways: _____

- Asked questions to determine family's social supports related to needs (describe stressors): _____
 - Adult reported that their social supports meet their needs (describe): _____
 - Adult reported that their social supports do not meet their needs (describe): _____

- Asked adult questions to learn adult's perception of family/individual needs
 - Adult's response indicated no needs for services or supports (describe): _____
 - Adult's response indicated needs for services or supports (describe): _____

SECTION III: ANALYSIS/CONCLUSIONS

A. ASSESSMENT OF PRESENT DANGER

Based upon the initial contact with the child(ren), _____, there was no indication of present danger. The child(ren) were observed at **school** / **daycare** / **hospital** / **home** / **other** and no clearly observable family condition was occurring in the present that has or is likely to result in severe harm to the child(ren) and needed to be immediately controlled before further interviews and assessment could take place. Therefore, no protective action is required.

Based upon the initial contact with the child(ren), _____, present danger was observed.
Describe: _____

The Protective Action Plan utilized to control the present danger until further interviews and assessment are completed.

- In-home safety plan with a safety monitor and/or safety services _____
- Child with protective parent while the perpetrator leaves the home _____
- Voluntary Placement Agreement, placing the child with _____
- TCN, placing the child with _____

B. ASSESSMENT OF THE 14 RISK FACTORS FOR EACH CHILD, THE FAMILY, AND THE PARENTS, GUARDIAN OR CUSTODIAN

Intervention Required	No Intervention Required	
<input type="checkbox"/>	<input type="checkbox"/>	Child vulnerability/Self protection
<input type="checkbox"/>	<input type="checkbox"/>	Child special needs/Behavior problems
<input type="checkbox"/>	<input type="checkbox"/>	Parenting skills/Expectations of child
<input type="checkbox"/>	<input type="checkbox"/>	Parent empathy, nurturance, bonding
<input type="checkbox"/>	<input type="checkbox"/>	Parent substance abuse
<input type="checkbox"/>	<input type="checkbox"/>	Parent mental/emotional/intellectual/physical impairment
<input type="checkbox"/>	<input type="checkbox"/>	General history of violence toward peers or children
<input type="checkbox"/>	<input type="checkbox"/>	Domestic violence in family
<input type="checkbox"/>	<input type="checkbox"/>	Protection of child by non-abusive caregiver
<input type="checkbox"/>	<input type="checkbox"/>	Parent history of child abuse/neglect as a child
<input type="checkbox"/>	<input type="checkbox"/>	Parent recognition of problem/motivation to change/level of cooperation
<input type="checkbox"/>	<input type="checkbox"/>	Economic resources of family
<input type="checkbox"/>	<input type="checkbox"/>	Family social support system
<input type="checkbox"/>	<input type="checkbox"/>	Current family stressors

Describe risks that require intervention: _____

Describe protective behaviors of the caregiver that mitigate the level of risk in the family: _____

C. ASSESSMENT OF IMPENDING DANGER

Present Absent

- | | | |
|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/guardian/custodian leaves child alone and child is not competent to care for self, or caregiver leaves child with persons unwilling or unable to provide adequate care, placing the child at risk of serious or severe harm. |
| <input type="checkbox"/> | <input type="checkbox"/> | Child is fearful of a parent or other people living in or having access to the home. |
| <input type="checkbox"/> | <input type="checkbox"/> | The behavior of a child living in the home threatens immediate harm to him/herself or others and the parent/guardian/custodian cannot control the behavior. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/guardian/custodian is verbally hostile when talking to or about the child and/or has extremely unrealistic expectations for the child's behavior. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/guardian/custodian's behavior is violent, erratic, or unpredictable and may cause serious or severe harm to the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | Domestic violence among adults living in or having access to the home seriously impairs the necessary supervision, care, or physical safety of the child and may result in serious or severe harm to the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/guardian/custodian has caused serious or severe harm to the child or has made a believable threat to cause serious or severe harm to the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/guardian/custodian's explanation for the child's injury or physical condition is inconsistent with the observed or diagnosed injury or condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/guardian/custodian refuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts are unknown. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/guardian/custodian has not, cannot or will not protect the child from serious or severe harm, including harm from other persons living in or having access to the home. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/guardian/custodian is unwilling or unable to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care, placing the child at risk of serious or severe of harm. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/guardian/custodian or other adult living in or having access to the home previously threatened the safety of a child and/or caused harm to a child and circumstances indicate the person is a present danger to the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | Child sexual abuse is suspected and circumstances suggest that continued sexual abuse is an immediate concern. |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical conditions in the home are hazardous and immediately threaten to cause serious or severe harm to the child. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Drug and/or alcohol use by parent/guardian/custodian or others living in or having access to the home places the child in immediate danger of serious or severe harm. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The parent/guardian/custodian's involvement in criminal activity or the criminal activity of any other person living in or having access to the home places the child in immediate danger of serious or severe harm. |
| <input type="checkbox"/> | <input type="checkbox"/> | The physical or mental health or mental limitations of a parent/guardian/custodian or other person living in or having access to the home places the child in immediate danger of serious or severe harm. |

For all safety threats identified as present for at least one child, describe how all 5 of the Safety Criteria are met for each unsafe child:

- Vulnerable Child _____
- Out of Control _____
- Severity _____
- Specific Time Frame _____
- Oservable Family Condition _____

D. Safety Decision

- Safe Child (No Impending Danger)
- Unsafe Child (All 5 Safety Threshold Criteria were met)

Names of children who are safe: _____

Names of children who are unsafe: _____

The Safety Plan utilized to control the identified safety threat(s)

- In-home safety plan with a safety monitor and/or safety services _____
- Child with protective parent while the perpetrator leaves the home _____
- Voluntary Placement Agreement, placing the child with _____
- TCN, placing the child with _____

Describe the safety plan, including safety monitors, safety actions, and DCS oversight of the safety plan: _____