|  |
| --- |
| **ADT Court Ordered Status Offender Assessment** |

**Section 1: Child/Youth Assessment (Complete for each child)**

|  |
| --- |
| **Intake ID: Case: (Case Name) Individual:**  |

|  |
| --- |
| **Interview**  |
| **Interview** Refused to be interviewedUnable to be interviewed | **Native American**οNo οUnknown οYesοDeclined to disclose  |

|  |
| --- |
| **Child Physical/Mental Health** (check all that apply)  |
| **Risk Factors** Hearing or vision impaired History of seizuresMedical diagnosis requiring life sustaining measureMedical diagnosis requiring ongoing careMedical issues (asthma, broken arm, severe allergy)Mental health diagnosis ongoing medicationsPhysical disabilityRequires psychotropic meds to function No Risk Factors | **Protective Factors**No physical/mental health issuesReceived care for identified mental health issuesReceives care for identified medical issuesUp to date on immunizations |

|  |
| --- |
| **Child Development/Education** (check all that apply)  |
| **Risk Factors**Developmentally delayedDifficulty communicating needsEducationally delayed/IEP not utilizedIs not potty trained or unable to use toiletLack of muscle control, motor skillsLimited verbal ability or non-verbal Non-mobile or limited mobilityNot attached to adult caregiverPoor social skills/peer relations Requires assistance for dressing/bathingNo risk factors | **Protective Factors**Able to dress/bath selfChild receiving services for delayDevelopmentally on trackEducationally on trackGood social skills/peer relationsSecure attachment to adult caregiver  |
| **Child Behaviors** (check all that apply) |
| **Risk Factors** Alcohol use/abuseAWOL history/riskBullyingCan’t focus/hyperactiveDestruction of propertyDoesn’t follow rules/oppositionalDrug use/abuseEncopresis/enuresis not due to ageEscalating negative behaviorsExpulsion/suspensions from schoolFire settingGang involvementHas harmed self or othersPast victim of abuse/neglectPrevious juvenile court involvementRages/tantrumsRequires extensive supervisionSexually reactive/Sexually acting outSexually activeThreatens to harm self or othersTorturing/killing small animalsTruancy/ skipping schoolNo Risk Factors | **Protective Factors** Behavioral issues within normal range for child’s ageChild is responding to services provided Receives services for identified behavioral indicators |

|  |
| --- |
| **Describe child and any factors that need further explanation:** |
|  |

**Section 2: Status Offender**

**Status Offender**

|  |
| --- |
| **Did Protection and Permanency staff file the court petition on this youth?** * Yes
* No
 |

|  |
| --- |
| **If No, then describe how Protection and Permanency staff became involved with the youth.** |

|  |
| --- |
| **Recommendations to the court** |
|

|  |  |
| --- | --- |
| Probated to parents | Probated to the court |
| Community Service | Obey all laws |
| Probated to DCBS | Curfew |
| Committed to DCBS for placement | Do not use drugs/alcohol/tobacco |
| Court ordered psychological | No unexcused absences at school |
| Court ordered family counseling | No behavioral issues at school |
| Dual commitment to DJJ/DCBS |  |

 |

|  |
| --- |
| **Child’s Prior Legal History** |
|  |

**Section 3: Family Functioning**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the home a health or safety hazard for the individuals living there? (check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Broken windows | Human/animal feces | Meth Lab |  |
| Dangerous animals in the home | Inadequate heat in winter | Mold infestation |  |
| Dangerous chemicals accessible | Infestation of rodents/insects | Spoiled food |  |
| Exposed wiring | Inoperable sanitation | Unsafe space heaters |  |
| Fire safety hazards | Insufficient shelter (includes homeless) | Unsupervised with loaded guns/weapons |  |
| Hoarding | Medications not secure | No issues |  |
| Holes in floor or walls |  |  |  |

|  |
| --- |
|  |

 |

|  |
| --- |
| **What corrective action has caretaker made for any checked item?** |
| **Do you have any current concerns that the child(ren) are not supervised adequately? (check all that apply)**Caretaker is unqualified or lacks capacity to meet child's needsChild afraid to be aloneChild requires more supervision than parents are providingChild unsupervised with individual where there is a no contact orderChildren do not know what to do in case of emergencyExpulsion of child from the homeLeft alone in a vehicleMedical/QMHP expresses concern that caretaker use of alcohol/drugs/medications impairs their ability to take care of childParent's whereabouts are not knownUnsupervised child 7 years or younger (developmental/chronological)Abusing drugs/alcohol or incapacitated while caring for childNo issues found during investigation |

|  |
| --- |
| **Please explain you current concerns regarding supervision of the child(ren):** |

|  |
| --- |
| **Family Structure (check all that apply)**Single mother householdSingle father householdSingle mother household, with one other adultSingle father household, with one other adultMarried CoupleUnmarried two parent household with two biological/adoptive parentsUnmarried two parent household with one biological/adoptive parent and one cohabitating partnerTwo parent household, marital status unknownNon-parent relative caregiver household (includes relative foster care)Non-relative caregiver household (includes non-relative foster care) |

|  |  |
| --- | --- |
| **Family Development Stage**Infant/preschool childrenSchool age children | Teenage childrenAdult children |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Functioning /Culture**

|  |  |
| --- | --- |
| Adult was in out of home care as a child | Inconsistent family boundaries |
| Caregiver history of childhood abuse/neglect | Mistrust of medical providers / government |
| Disregard for education | Native American heritage/belongs to a tribe |
| Escalating pattern of child maltreatment | Parent / child role confusion |
| Frequent changes in residence | Relocated to US |
| Home setting, rural | Social or geographic isolation |
| Home setting, urban/suburban | Strict gender roles |

 |
|  |

|  |  |
| --- | --- |
| **Family Use of Supports (Check all that apply)** |  |
| **Community**Unwilling to utilize/accessUnaware but willing to accessAware and can accessUtilizing available supportsIsolated from supportsNo supports identified or available | **Family/Friends**Unwilling to utilize/accessUnaware but willing to accessAware and can accessUtilizing available supportsIsolated from supportsNo appropriate supports identified or available  |
| **Family Functioning Notes** |  |

**Section 4: Chronology Information**

|  |  |
| --- | --- |
| **Investigative Related Data**Report received:Assigned by Supervisor:Inv Worker Received Report: First Attempt to Make Contact:First Face to Face Contact Made with Victim Date:First Face to Face Contact Made with Victim Time: First FSOS Consultation:  | *mm/dd/yyyy**mm/dd/yyyy**mm/dd/yyyy**mm/dd/yyyy**mm/dd/yyyy*Hour, Minute AM/PM*mm/dd/yyyy* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Roles of Individuals****Interviewed**

|  |  |  |
| --- | --- | --- |
| Alleged Perpetrator | Family Support/KAMES | Neighbor |
| Alleged Victim | Forensic Consultation | Non-Custodial Parent |
| Attorney | Former Spouse | Paramour/Partner |
| Clergy | Household Member - Related | Relative |
| Custodial Parent | Household Member Non-Related | School Personnel |
| Day Care Provider | Landlord | Spouse |
| Employer | Law Enforcement | Witness to the Incident |
| EMS/Fire Department | Medical Provider | No collateral contact |
| Family Friend | Mental Health Provider |  |

 |

|  |
| --- |
| **No collateral contact** |

|  |  |  |
| --- | --- | --- |
| **Evidence Collected**Child Care Provider recordsCourt recordsDrug ScreenLaw Enforcement records | Medical recordsMental Health recordsOther CPS agency records | PhotographsSchool recordsSubstance abuse assessment |

|  |
| --- |
| **Investigation narrative:** |

**Section 5: Assessment Results**

|  |
| --- |
| **Outcome**Close AssessmentIn Home ongoing case - DependencyIn Home ongoing case - StatusOut of Home ongoing case - DependencyOut of Home ongoing case - Status |
| **Prevention Plan Notes** |
| **Aftercare Plan Notes** |
| **Assessment Conclusion** |