

**MONTANA SAFETY ASSESSMENT AND MANAGEMENT SYSTEM  
 Family Functioning Assessment**

<b>REPORT NAME:</b>	<b>DATE OF REPORT:</b>	<b>DATE OF INITIAL CONTACT W/TARGET CHILD:</b>
<b>REPORT NUMBER:</b>	<b>CHILD PROTECTION SPECIALIST NAME:</b>	
<b>REPORT PRIORITY:</b> <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4	<i>*If P4, CPS fills out Child Information, Caregiver Information, Contacts, Nature and Maltreatment Sections of the FFA.</i>	

**CHILD INFORMATION**

List all children in the household. All children residing in the household must be considered in the assessment of safety. (Include siblings, step siblings, non-related children in the home)

Child Name	Date of Birth / Age
1	
2	
3	
4	
5	
6	

*\*To insert additional rows, TAB from the last cell in the table.*

**CAREGIVER(S) AND OTHER ADULT(S) INFORMATION**

List all Caregivers and other Adults in the household; all adults in the household must be considered in the Family Functioning Assessment. (Bio-parent, paramour, grandparent, roommate, boarder, other relatives living in the home or providing significant care to the family).

Name	Date of Birth	Relationship to child
1		
2		
3		
4		
5		

*\*To insert additional rows, TAB from the last cell in the table.*

**CONTACTS**

List everyone who was contacted in chronological order. List one contact per line. If there are multiple contacts with the same individual, each contact should be entered on a separate line, in the order that the contacts occurred. **Also note each contact/consultation with your supervisor on a separate line.** Include

phone number and address when known. Indicate whether the individual was interviewed alone or with others. Specify if the contact occurred or a message was left. Do not detail the contact information in the log.

Name/Relationship	Date	Type of Contact (phone or in person) and location:	Initials:

*\*To insert additional rows, TAB from the last cell in the table.*

**Note:** Worker summary documentation needs to be supported by the documentation in each section and is a professional analysis of the facts and a conclusion based on all of the interviews and information gathered and should reconcile conflicting accounts or details.

**Assessment Section 1**

**ASSESSMENT AREA: NATURE OF MALTREATMENT**

**1. NATURE:**

Documentation must include information collected from the initial contacts with all the children who reside in the home reconciling the existence of any safety threats that is/are actively occurring or in process of occurring and will likely result in actual or substantial risk of physical or psychological harm to a child. Provide documentation to confirm or alleviate concerns specific to the allegations of maltreatment documented in the report as well as any additional maltreatment that was identified through CPS involvement. Include documentation that details the surrounding circumstances that led to the alleged maltreatment. Include the caregiver’s explanation of circumstances and events associated with maltreatment; includes duration, patterns or escalation of abuse, response from non-maltreating caregiver, child’s explanation for maltreatment, collaterals explanation for maltreatment, and attitudes/response of caregivers’ on maltreatment. Include documentation specific to CPS observations and interactions within the home and with all parties residing in the home as well as collaterals (familial and professional), and the reporter. Documentation must address

allegations noted in the initial incident report; as well as, all additional information reports and new incidents to open report. Provide detailed information to support the finding of maltreatment or lack of maltreatment specific to both immediate and impending danger threats. Include information to justify why the implementation of a Protection Plan was/was not necessary.

**Summary:**

- Yes  No      Additional information or new incident to an open report received and is included in Summary.
- Yes  No      Immediate danger threats identified. The immediate danger threshold is met when all 3 criteria are present:
- Immediate
  - Significant
  - Clearly observable

Protection Plan  Yes  No                      In Home  Out of Home

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**ASSESSMENT AREA: HISTORY**

**2. HISTORY:**

Describe how the CPS history informs the current assessment needs. Consider the following factors in reviewing the CAPS and DocGen history associated with the reported allegations and weigh history in context to the overall scope of the current allegations: parents known to CPS and the severity, scope, span and frequency of this involvement (i.e. multiple reports, court action, VPSA, prior FFAs); parent's pattern of behavior; caretaker or adult in the home has a history of serious victimization of children/convictions of crimes against children; parental rights have been terminated or relinquished to a prior child; reoccurring themes in the history that indicate parents don't adequately understand or address safety concerns; reporter source and scope of knowledge (i.e. are there multiple people and agencies concerned); and the parents' history as children.

**Summary:**

**ASSESSMENT AREA: CHILD VULNERABILITY**

**3. CHILD VULNERABILITY:**

When assessing child vulnerability it is necessary to document the degree to which a child’s exposure to the acts or omissions of a caretaker impacts their safety. All children are vulnerable to maltreatment and it is not the responsibility of child, regardless of age, to provide protection for themselves or other children in the home. Child vulnerability should be considered from numerous perspectives such as the child's ability to protect self, the child's age, the child's ability to communicate, the likelihood of harm given the child's development, the child's behavioral and emotional needs, the visibility of the child to others/child's access to individuals who can protect, family composition, prior victimization, the child's role in the family, and the child's resilience and problem-solving skills. Document how these factors decrease or increase the likelihood of actual or substantial risk of physical or psychological harm to the child(ren).

**Summary:**

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**ASSESSMENT AREA: CHILD MALTREATMENT INDICATORS OF SUBSTANTIAL RISK OF HARM**

**4. INDICATORS:**

Indicators of child maltreatment that put children at substantial risk of harm may include but are not limited to: Physical or Mental Health, Substance Use, Developmental Ability, Hazardous Living Environment, Grief and Loss, Traumatic Experience/Response, Financial and Residential Stability, Family Conflict, Domestic Violence within the home or community (witness to or victim of), Engagement in High Risk Behaviors or Criminal Activity, etc. Documentation will provide detailed justification to support one of the following determinations specific to any applicable indicator(s) of child maltreatment alleged or identified in the report or via CPS interactions and observations. Check only one that applies.

<input type="checkbox"/>	No evidence to support an active indicator of child maltreatment within the household.
<input type="checkbox"/>	Current/History of an indicator(s) of child maltreatment being prevalent within the household; there is no evidence to indicate a negative impact on safety or daily functioning, include information to indicate if caregivers or children are/are not engaging in preventative measures as a result.
<input type="checkbox"/>	Indicator(s) of child maltreatment is/are active within the household and is <b>limiting or interfering</b> with aspects of safety and/or daily functioning.
<input type="checkbox"/>	Indicator(s) of child maltreatment is/are active in the immediate sense that one’s capacity for daily functioning is <b>completely diminished</b> and requires an immediate response.

**Summary:**

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**ASSESSMENT AREA: CAREGIVER PROTECTIVE CAPACITY**

**5. PROTECTIVE CAPACITY:**

Protective capacities are the behavioral, cognitive, and emotional characteristics that are specifically and directly associated with a person’s ability to care for and keep a child safe. This is the ability, capacity, and willingness of a parent or caretaker who has responsibility for the care of a child and can protect the child from actual or substantial risk of physical or psychological harm to a child(ren). Describe the parent(s) protective capacities through your observations, information gathering, and collateral contacts. Document how specific attributes of the person are demonstrated to protect children in relation to the safety threats. To have protective capacities, the attributes have to mitigate actual or substantial risk of physical or psychological harm from arising or having an unsafe impact on the child. To demonstrate these protective capacities the caretaker will have demonstrated the ability to protect the child in the past while under similar or comparable circumstances and family conditions and understands the significance of the threat without the prompting of Department involvement.

**Summary:**

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**ASSESSMENT AREA: MALTREATMENT**

**6. MALTREATMENT:**

Describe the extent of the maltreatment through identification of type(s) of maltreatment, details about symptoms, severity, and identify the maltreater. Indicate whether the maltreatment was substantiated, unsubstantiated or founded. Information should be from workers observations, information gathering and interactions with children and caregivers and not from the report/referral from C.I. Document your finding of maltreatment with specific facts to justify your determination. Specify by whom and toward whom the maltreatment occurred.

<b>Justification of Safe or Whether Section 2 of the FFA is needed:</b>
<b>Justification of SUBSTANTIATED <u>or</u> UNSUBSTANTIATED <u>or</u> FOUNDED Determination:</b>

**Determination:**

- Report closed - safe
- Further analysis required to make a safety determination **(Complete Assessment Section 2)**
  - Protection Plan is in place
  - Protection Plan is not necessary at this time

Report closed as:       IIW       CWF       UNF  
Form RAC 004 Sent to Regional Administrator for approval      DATE: \_\_\_\_\_

**Supervisor Justification:**

**APPROVAL OF FAMILY FUNCTIONING ASSESSMENT**

**(This section must be completed by CPS Supervisor)**

The Family Functioning Assessment policies were followed:

Yes - (Interview process, identifying dates, sources of information and other important case information that would not be included on this summary should be documented below).

No - (If timeframes are not met for the initial contact or the completion of the family functioning assessment, document the rationale and/or justification below. If the interview protocol was not or could not be followed, or an interview was waived, document rationale and justification below. This would include any petitions for custody that were denied by the judge or county attorney).

**RATIONALE and JUSTIFICATION only if NO was checked:**

Supervisor Approval for Report Closure Date and Signature:

**-----Assessment Section 2-----**

This section must be completed if further analysis was determined necessary in section 1. Impending danger threats are marked yes if the safety threshold criteria are met. **Justification must be completed for any YES determinations and a description of how the threshold is met must be included in the justification.** The safety threshold is met when all 5 criteria are present:

- A family condition is out of control.
- A family condition is likely to result in severe effect.
- The severe effect is imminent; reasonably could happen soon.
- The family condition is observable and can be clearly described and articulated.
- There is a vulnerable child.

**ASSESSMENT AREA - MALTREATMENT AND NATURE**

**Impending Danger Threats:**

Based on Section 1 assessment information above, indicate Yes Impending Danger exists or No Impending Danger does not exist.

Yes     No        Living arrangements seriously endanger a child’s physical health.

**Justification (only complete if YES):**

Yes  No Family does not have resources to meet basic needs.

**Justification (only complete if YES):**

Yes  No One or both caregivers intend(ed) to hurt the child and show no remorse.

**Justification (only complete if YES):**

### ASSESSMENT AREA - CHILD FUNCTIONING & DISCIPLINE

**Child Functioning:** How does the child function on a daily basis? Include pervasive behaviors, feelings, intellect, physical capacity and temperament. Physical, emotional, and social development, predominant behavior, peer and school behavior, mood and temperament, speech and communication, vulnerability, general behavior, daily routines and habits, ability to self-protect. Child functioning refers to information regarding all children in the home. What are the disciplinary approaches used by the caregivers, and under what circumstances? Intent, attitude and expectations about discipline, purpose for discipline, creativity and versatility, age appropriateness, varied methods.

	Child Name	Child Functioning
<b>Child 1:</b>		
<b>Child 2:</b>		
<b>Child 3:</b>		
<b>Child 4:</b>		
<b>Child 5:</b>		
<b>Child 6:</b>		

*\*To insert additional rows, TAB from the last cell in the table.*

#### Impending Danger Threats:

Based on case information specific to the Child Functioning Area, indicate Yes Impending Danger exists or No, Impending Danger does not exist.

Yes  No Child has exceptional needs which the caregivers cannot or will not meet.

**Justification (only complete if YES):**

Yes  No Child is extremely fearful of the home situation.

**Justification (only complete if YES):**

Yes  No One or both caregivers have extremely unrealistic expectations or negative perceptions of a child.

**Justification (only complete if YES):**

**ASSESSMENT AREA: CAREGIVER FUNCTIONING**

**Caregiver Functioning:** How does the caregiver function with respect to daily life management and general adaptation? Always include mental health; physical health; substance use; social and domestic relations. Daily routine and habits, communication, emotional control and presentation, social relationships, problem solving, stress management. What are the overall, typical, parenting practices used by the caregivers? (Do not include discipline.) Parenting style and approach, knowledge of child development and parenting, parenting skill, parenting satisfaction, sensitivity to child’s limits, realistic expectations. Caregiver’s overall attitude, approach and belief about being a parent.

	Caregiver Name	Caregiver Functioning
Caregiver 1:		
Caregiver 2:		
Caregiver 3:		
Caregiver 4:		
Caregiver 5:		

*\*To insert additional rows, TAB from the last cell in the table.*

**Impending Danger Threats:**

Based on case information specific to the Caregiver Functioning Assessment Area, indicate Yes Impending Danger exists or No, Impending Danger does not exist.

Yes  No One or both caregivers are violent; this includes Domestic Violence and General Violence.

**Justification (only complete if YES):**



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Yes     No    One or both caregivers cannot control behavior.

**Justification (only complete if YES):**

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Yes     No    The caregiver is unwilling or unable to perform parental duties and responsibilities, which could result in serious harm to the child.

**Justification (only complete if YES):**

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Yes     No    One or both caregivers fear they will maltreat child and/or request placement.

**Justification (only complete if YES):**

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Yes     No    One or both caregivers lack parenting knowledge, skills, and/or motivation which affects child safety.

**Justification (only complete if YES):**

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**CAREGIVER PROTECTIVE CAPACITIES:**

Protective capacity means behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe. Document how the protective capacities are confirmed or diminished by the care provider. These are the characteristic that prepare the person to be protective; the characteristics that enables or empowers the person to be protective, characteristics that can be related to acting or being able to act on behalf of the child; and the characteristic that must exist prior to the Department's involvement.

<b>Caregiver 1:</b>	
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<b>Caregiver 2:</b> N/A: <input type="checkbox"/>	
<b>Caregiver 3:</b> N/A: <input type="checkbox"/>	
<b>Caregiver 4:</b> N/A: <input type="checkbox"/>	

*\*To insert additional rows, TAB from the last cell in the table.*

**Behavioral Protective Capacities**

- The parent/caregiver has a history of protecting. This refers to a person with many experiences and events in which they have demonstrated clear and reportable evidence of having been protective
- The parent/caregiver demonstrates impulse control. This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways.
- The parent/caregiver uses resources necessary to meet the child’s basic needs. This refers to knowing what is needed, getting it, and using it to keep a child safe.

**Cognitive Protective Capacities**

- The parent/caregiver plans and articulates a plan to protect the child. This refers to the thinking ability that is evidenced in a reasonable, well thought out plan.
- The parent/caregiver is reality oriented; perceives reality accurately. This refers to mental awareness and accuracy about one’s surroundings; correct perceptions of what is happening; and the viability and appropriateness of responses to what is real and factual
- The parent/caregiver understands his/her protective role. This refers to awareness....knowing there are certain responsibilities and obligations that are specific to protecting a child.
- The parent/caregiver is self-aware. -This refers to a parent’s/caregiver’s sensitivity to one’s thinking and actions and their effects on others – on a child.

**Emotional Protective Capacities**

- The parent/caregiver is emotionally able to intervene to protect the child. This refers to mental health, emotional energy, and emotional stability.
- The parent/caregiver displays concern for the child and the child’s experience and is intent on emotionally protecting the child. This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure.

**CHILD SAFETY DETERMINATION SUMMARY**

<b>Child 1:</b>		Safe <input type="checkbox"/>	Unsafe <input type="checkbox"/>
<b>Child 2:</b>		Safe <input type="checkbox"/>	Unsafe <input type="checkbox"/>
<b>Child 3:</b>		Safe <input type="checkbox"/>	Unsafe <input type="checkbox"/>
<b>Child 4:</b>		Safe <input type="checkbox"/>	Unsafe <input type="checkbox"/>

<b>Child 5:</b>		Safe <input type="checkbox"/>	Unsafe <input type="checkbox"/>
<b>Child 6:</b>		Safe <input type="checkbox"/>	Unsafe <input type="checkbox"/>

\*To insert additional rows, TAB from the last cell in the table.

**The Child(ren) is/are Safe. (Check which apply)**

- There are no children who are identified as vulnerable.
- There are no impending danger threats that meet the safety threshold.

**Briefly summarize the justification for above-determination that children are safe.**

**The Child(ren) is/are Unsafe.**

- There are one or more impending danger threats to a vulnerable child’s safety which are not being controlled or managed by a caregiver.
  - A safety plan must be implemented. Proceed to Safety Plan Determination Worksheet
  - The case will be open for services.

**Child Fatality**

**IF SECTION 2 WAS NECESSARY TO MAKE A MALTREATMENT DETERMINATION, INDICATE THAT DETERMIANTION IN SECTION 1, ASSESSMENT AREA 6 MALTREATMENT**

**APPROVAL OF FAMILY FUNCTIONING ASSESSMENT**

**(This section must be completed by CPS Supervisor)**

The Family Functioning Assessment policies were followed:

- Yes - (Interview process, identifying dates, sources of information and other important case information that would not be included on this summary should be documented below).
- No - (If timeframes are not met for the initial contact or the completion of the family functioning assessment, document the rationale and/or justification below. If the interview protocol was not or could not be followed, or an interview was waived, document rationale and justification below. This would include any petitions for custody that were denied by the judge or county attorney).

**RATIONALE and JUSTIFICATION only If NO was checked:**

**Supervisory Approval of Child Safety Determination (if Section 2 required to be completed):**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Supervisor Comments:**

**Safety Plan Determination/Conditions for Return**

Upon completion of the Family Functioning Assessment, the Child Protection Specialist and Supervisor will review the safety determination made. If the Child Protection Specialist finds impending danger, they must staff with their Supervisor within 24 hours to complete the Safety Plan Determination (SPD). If the child cannot be safely maintained in the home an out of home plan must be used.

**Safety Plan Determination Criteria for In-Home Safety Planning.**

**Impending Danger(s):** Describe how the impending danger is occurring in the home and family. How long has it been occurring? What is the frequency? Is it predictable?

**Summary:**

**Control of Impending Danger(s):** Describe what would be required to manage threatening behaviors, provide social support, provide for brief separation of parent and child, manage crises, and provide resources?

**Summary:**

**Analysis Criteria for In-Home Safety Planning** (answer yes or no and using the Guidelines for Analysis during Safety Plan Determination and Development of Conditions for Return to provide justification for either response. If answered no, provide the conditions for return)

Yes     No    There is a home-like setting where the parent(s) and child(ren) live.

**Justification:**

**Conditions for Return:**

Yes  No

The home is calm enough to allow for safety service providers in the home and safety activities to occur.

**Justification:**

**Conditions for Return:**

Yes  No

At least one parent is willing to cooperate with the safety plan.

**Justification:**

**Conditions for Return:**

Yes  No

The necessary safety activities and resources are available to implement the plan.

**Justification:**

**Conditions for Return:**

**Responses:** Type of safety plan and intervention based on unsafe determination:

- In-Home safety plan (Offer Family Engagement Meeting within 30 days of Safety Plan Determination)
- Combination In-Home/Out of Home safety plan (Offer Family Engagement Meeting within 30 days of Safety Plan Determination)
- Out of Home Safety plan (Offer Family Engagement Meeting within 30 days of Safety Plan Determination)
- In-Home Safety plan remains sufficient
- In-Home Safety plan revised
- Case Closed

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Child Protection Specialist \_\_\_\_\_ Date \_\_\_\_\_

**(This section must be completed by CPS Supervisor)**

The Safety Plan Determination and Conditions for Return timelines and policies were followed:

- Yes - (Supervisor Case Consultation regarding Safety Plan Determination and Conditions for Return occurred within 5 working days).
- No - (If timeframes are not met for the Safety Plan Determination and Conditions for Return, document the rationale and/or justification below).

**Rationale and Justification:**

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Child Protection Specialist Supervisor \_\_\_\_\_ Date \_\_\_\_\_