

# CASE PROGRESS EVALUATION, SAFETY ASSESSMENT AND CASE CLOSURE

Case Name		Case Number
Effective Date	Worker Name	County

## I. CHILD FUNCTIONING

### Safety Assessment:

- Yes    No   Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavioral control.  
 Yes    No   Child is fearful of home situation.  
 Yes    No   Child shows no effects of maltreatment such as serious physical symptoms.

For each child, describe the child's general functioning and effects of maltreatment.

### Active Goals

Child's Name

Begin Date

Target End Date

Service / Activity Category:

Specifically explain service / activity:

Responsible person / provider:

Discuss progress and / or barriers in achieving goal:

Items of Goal

### Completed / Historical Goals

Child's Name

Begin Date

Target End Date

Service / Activity Category:

Specifically explain service / activity:

Responsible person / provider:

Discuss progress and / or barriers in achieving goal:

Items of Goal

## II. PARENT / CAREGIVER PROTECTIVE CAPACITIES (ADULT FUNCTIONING AND PARENTING PRACTICES)

### Safety Assessment:

- Yes    No   One or both parents / caregivers cannot control behavior.  
 Yes    No   One or both parent / caregivers are violent.  
 Yes    No   One or both parent / caregivers have failed to benefit from previous professional help.  
 Yes    No   There is some indication parents / caregivers may flee.  
 Yes    No   One or both parent / caregivers intend(ed) to hurt the child and do not show remorse.  
 Yes    No   Maltreating parent / caregiver exhibits no remorse or guilt.  
 Yes    No   Child has exceptional needs which parent / caregiver cannot / will not meet.  
 Yes    No   No adult in the home will perform parental duties and responsibilities.

Progress Evaluation, Safety Assessment and Case Closure

CFS-2394 (04/2006)

- Yes  No One or both parent / caregivers fear they will maltreat child and / or request placement.
- Yes  No One or both parent / caregivers lack knowledge, skill, motivation in parenting which affects the child's safety.
- Yes  No Child is perceived in extremely negative terms by one or both of the parents / caregivers.
- Yes  No Child is seen by either parent / caregiver as responsible for the parent's / caretaker's problems.
- Yes  No Parents / caregivers do not have resources to meet basic needs.
- Yes  No Living arrangements seriously endanger the physical health of the child.

For each parent/caregiver, describe how adult functioning (general functioning, daily life management, mental health functioning and substance use) impacts parenting practices (disciplinary approaches, nurturing, limit setting, protectiveness, provision of basic care, etc.). When a child is unsafe, determine how diminished parent / caregiver protective capacities impact impending danger threats (foreseeable danger) to safety.

<b>Actual Goals</b>	
Parent/Caregiver Name	
Goal	

Begin Date	Target End Date
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Service / Activity Category:

Specifically explain service / activity:

Responsible person / provider:

Discuss progress and / or barriers in achieving goal:

Needs of Goal

**Completed / Historical Goals**

Parent/Caregiver's Name

Goal

Begin Date	Target End Date
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Service / Activity Category:

Specifically explain service / activity:

Responsible person / provider:

Discuss progress and / or barriers in achieving goal:

Needs of Goal

**FAMILY FUNCTIONING (INCLUDING FAMILY SUPPORTS)**

Describe the family's general functioning, strengths and current stresses. Consider the family's cultural context.

**Family Goals**

Begin Date	Target End Date
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Service / Activity Category:

Specifically explain service / activity:

Responsible person / provider:

Discuss progress and / or barriers in achieving goal:

Status of Goal

**Achieved / Historical Goals**

Goal

Begin Date

Target End Date

Service / Activity Category:

Specifically explain service / activity:

Responsible person / provider:

Discuss progress and / or barriers in achieving goal:

Status of Goal

**V. SAFETY ASSESSMENT CONCLUSIONS**

Yes  No One or more factors that negatively affect safety are identified

If the answer is "NO" then the child is safe. Proceed only with the required documentation of contacts, interview content or observations, and obtain supervisory approval.

If the answer is "YES" then the child may be unsafe. Proceed to the Safety Analysis and Plan to consider the parent / caregiver protective capacities and the need to control for safety.

**CHANGES IN ADDITIONAL TASKS AND RESPONSIBILITIES**

Use this checkbox when there are changes in the participant tasks and responsibilities.

Describe any changes in tasks or responsibilities (e.g. transportation, other case management responsibilities, etc.) that will assist the family in achieving the identified goals.

**VI. CASE PROGRESS EVALUATION SUMMARY**

Describe the overall case progress and any other relevant case progress information.

**VII. CASE CLOSURE**

- Case closure is appropriate:
  - Threats to child safety have been eliminated or are being successfully managed by family and / or support network.
  - The family refuses services and no jurisdiction exists for ordering services through the court.
  - Other

**VIII. SIGNATURES**

\_\_\_\_\_  
 SIGNATURE – Family Member \_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 SIGNATURE – Family Member \_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 SIGNATURE – Family Member \_\_\_\_\_  
 Date Signed

Name - Worker

SIGNATURE – Worker

Date Signed

Name - Supervisor

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**SIGNATURE** – Supervisor

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Date Signed