



ASSESSMENT STAFFING

State Form 56567 (R7 / 10-22)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

This form is completed by the Family Case Manager (FCM) Supervisor or Safe Assessment Closure Team (SafeACT) Supervisor during the staffing of an assessment with the assigned FCM.

Assigned FCM		Assessment name		Assessment identification number	
Staffing Supervisor		Date of 310 report (mm/dd/yyyy)	Staffed with SafeACT <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety assessment outcome
Details of contact with report source(s): (what is being alleged in 310 and any additional information)					
ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Human trafficking allegations <input type="checkbox"/> Yes <input type="checkbox"/> No		Plan of safe care: <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety plan <input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence uploaded (Includes but not limited to pictures, records, notices, or any other evidence needed to complete the assessment) <input type="checkbox"/> Yes <input type="checkbox"/> No :					
What impact does the history have on the safety decision or assessment outcome? (Considerations: substantiations, open cases, last assessment/case, assessment(s) linked)					
Details of household composition [who resides in the home, their relationship to the child(ren), age(s) of child(ren)]					
Custody arrangements					
Protective orders (If yes, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No :					
Observations while in the home (safe sleep, utilities, home conditions, occupants, food)					

Pediatric Evaluation and Diagnostic Service (PEDS) mandatory? <input type="checkbox"/> Yes <input type="checkbox"/> No		PEDS referral completed <input type="checkbox"/> Yes <input type="checkbox"/> No		PEDS recommendations	
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INTERVIEW WITH CHILD VICTIM(S)	
Child victim #1 name	
Child's disclosure/response to allegations: (include where interview occurred and whether child was alone) (Other Considerations: child's knowledge of safety, DV, parental or child substance abuse, discipline, cognitive delays, physical disabilities, mental health diagnosis, probation, what services are in place)	
Child victim #2 name	
Child's disclosure/response to allegations: (include where interview occurred and whether child was alone, child's knowledge of safety, DV, parental or child substance abuse, discipline, cognitive delays, physical disabilities, mental health diagnosis, probation, what services are in place)	

ADDITIONAL CHILDREN IN THE HOME	
Name	
Information obtained:	
Name	

Information obtained:	
INTERVIEWS WITH PARENTS, GUARDIANS, CUSTODIANS, OTHER CAREGIVERS, AND HOUSEHOLD MEMBERS	
Parent #1 name	Relationship to victim(s)
Response to allegations/disclosures/observations: <i>(appearance, behaviors & parenting capacities as observed by FCM, method of interview (phone, in-person, etc.), if unable to locate, include reasonable efforts)</i>	
Known diagnoses, medications prescribed, or concerns regarding parent's ability to parent:	
Parental illegal substance use/ history:	
Parent #2 name	Relationship to victim(s)
Response to allegations/disclosures/observations: <i>(appearance, behaviors & parenting capacities as observed by FCM, method of interview (phone, in-person, etc.), if unable to locate, include reasonable efforts)</i>	
Known diagnoses, medications prescribed, or concerns regarding parent's ability to parent:	
Parental illegal substance use/ history:	
Name	Relationship to victim(s)
Information obtained:	

ADDITIONAL CONTACTS	
Name	
Information obtained:	
Name	
Information obtained:	

ADDITIONAL INFORMATION	
Important information:	

WHAT ARE THE NEXT STEPS?	
Date (mm/dd/yyyy) and Time	Actions

STAFFING OUTCOME	
Date (mm/dd/yyyy) and Time	
