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| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)CHILD PROTECTION TEAM**(CPT) Case Presentation Summary** |
| PRESENTER | SUPERVISOR SIGNATURE | DATE SIGNED |
| DATE OF CPT STAFFING | CASE NAME | NUMBER OF CHILDREN STAFFED |
| CHILD PROTECTION TEAM | CASE NUMBER |
| PARENT(S) / CAREGIVER(S) (and any other adult living in the home) |
| NAME | **DATE OF BIRTH** | NOTIFIED | RELATIONSHIP TO CHILD/ROLE IN CPT | ADULT IN HOME |
|  |  | **[ ]**  |  | **[ ]**  |
|  |  | **[ ]**  |  | **[ ]**  |
|  |  | **[ ]**  |  | **[ ]**  |
|  |  | **[ ]**  |  | **[ ]**  |
| **CHILDREN (Include all children, other relatives, whether blood relation)** |
| **NAME** | **DATE OF BIRTH** | **NOTIFIED****(If applicable)** | **LIVING ARRANGEMENTS** | **LEGAL STATUS** |
|  |  | **[ ]**  |  |  |
|  |  | **[ ]**  |  |  |
|  |  | **[ ]**  |  |  |
|  |  | **[ ]**  |  |  |
|  |  | **[ ]**  |  |  |
|  |  | **[ ]**  |  |  |
| OTHERS INVOLVED WITH FAMILY (All others contributing to or detracting from family functioning) |
| **NAME** | **DATE OF BIRTH** | **NOTIFIED** | **RELATIONSHIP TO CHILD/ROLE IN CPT** |
|  |  | **[ ]**  |  |
|  |  | **[ ]**  |  |
|  |  | **[ ]**  |  |
|  |  | **[ ]**  |  |
|  |  | **[ ]**  |  |
| ADDITIONAL PEOPLE INVOLVED WITH FAMILY (All others not identified above) |
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| BRIEF CASE HISTORY AND CURRENT SITUATION |
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| IDENTIFIED SAFETY THREAT(S) AND ASSESSED LEVEL OF RISK |
|  |
| RISK FACTORS (PAST AND/OR PRESENT) |
|  |
| PROTECTIVE FACTORS (PAST AND/OR PRESENT) |
|  |
| CPT STAFFING PER CA POLICY 97-02**Please check one or more of the appropriate boxes below** |
| **[ ]**  | 1. A case with serious professional disagreement, including disagreement by the foster parent(s), regarding risk of death, serious injury, out-of-home placement of a child, or the child’s return home as a result of a decision to leave a child in the home or to return the child to the home.
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| **[ ]**  | 1. A case in which the risk assessment, following initial investigation, results in a moderately high or high risk classification (4-5) and the child victim is age six (6) or younger.
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| **[ ]**  | 1. A case being staffed prior to the return home or dismissal of Dependency, when the child is age six (6) or younger, and any risk assessment has resulted in a risk level of moderately high or high risk (4-5).
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| **[ ]**  | 1. A case that is open solely on the basis of risk of “imminent harm” following the initial investigation where there are no allegations of abuse or neglect
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| **[ ]**  | 1. A case that is open solely on the basis of risk of “imminent harm” following the initial investigation where there are no allegations of abuse or neglect
 |
| **[ ]**  | **Non-Mandatory:** Reason:  |
| PRIOR CPT STAFFING**[ ]** Yes **[ ]** No | IF YES, DATE | **PLEASE ATTACH RECOMMENDATIONS.** |
| **LIST ALL CURRENT SERVICE PROVIDERS** **(Include GAL and/or CASA)** |
| NAME | AGENCY(IF APPLICABLE) | TITLE OR RELATIONSHIP | INVITED TO CPT? YES NO | REPORT REQUESTED?YES NO | REPORT ATTACHED?YES NO |
|  |  |  | **[ ]  [ ]**  | **[ ]  [ ]**  | **[ ]  [ ]**  |
|  |  |  | **[ ]  [ ]**  | **[ ]  [ ]**  | **[ ]  [ ]**  |
|  |  |  | **[ ]  [ ]**  | **[ ]  [ ]**  | **[ ]  [ ]**  |
|  |  |  | **[ ]  [ ]**  | **[ ]  [ ]**  | **[ ]  [ ]**  |
|  |  |  | **[ ]  [ ]**  | **[ ]  [ ]**  | **[ ]  [ ]**  |
| **LIST ALL SERVICES PROVIDED TO FAMILY** |
| TYPE OF SERVICE/REPORT/EVALUATION | SERVICE DATES REFERRED COMPLETED | OUTCOMES/RECOMMENDATIONS/DIAGNOSTICS | COMPLIANCEYES/NO/PARTIAL |
|  |  |  |  | **[ ]**  Yes **[ ]**  No **[ ]**  Partial |
|  |  |  |  | **[ ]** Yes **[ ]** No **[ ]** Partial |
|  |  |  |  | **[ ]** Yes **[ ]** No **[ ]** Partial |
|  |  |  |  | **[ ]** Yes **[ ]** No **[ ]** Partial  |
|  |  |  |  | **[ ]** Yes **[ ]** No **[ ]** Partial |
| **DETAILED CASE PLAN** |
|  |
| QUESTION (S) FOR THE CPT |
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