

Case Closure Assessment Form

ASSESSMENT DATE:		
CHILD PROTECTION SPECIALIST (CPS):		
CHILD PROTECTION SPECIALIST SUPERVISOR (CPSS):		
PARENT/GUARDIAN/CAREGIVER (S)	RELATIONSHIP TO CHILD	
NAME OF CHILD(REN) INCLUDED IN CASE:		

ASSESSING PAST AND PRESENT SAFETY

A case may be closed when it is reasonable to presume the child(ren) will no longer be harmed; or, be at substantial risk of harm based on the absence of safety threats, improved protective capacities, and decreased vulnerability of the child. An assessment of case closure should occur at finalization of adoption/guardianship, after a child has been safely reunified with the family, or when CFSD withdraws services from a family whose children have safely remained in the home.

CONSIDERING FACTORS:	JUSTIFICATION/EXPLANATION (<i>detailed as possible</i>):
What was the original safety factor(s) that necessitated the opening of the case? <i>Refer to the initial Family Function Assessment (FFA).</i>	
Were there safety issues identified after the case was opened?	
Are there any issues or concerns related to the other children or adults in the family that may impact the child(ren)'s safety?	
For all children in this assessment, have the safety reasons been altered or reduced to sufficient level where control within the family is probable?	
How have the parents actively participated and followed through with their Prevention Plan or Court Ordered Treatment Plan? Include the following in your explanation: <ul style="list-style-type: none"> Behavioral changes to address safety for the child(ren). Demonstration of willingness, and ability to use protective capacities and resources. Formal and informal resources. Strengths to sustain safety for the child(ren). 	
If the parents have not participated and followed through with their Prevention Plan or Court Ordered Treatment Plan, how does this effect the child(ren)'s safety?	

CASE CLOSURE DETERMINATION

CPSS will contact Parent/Guardian/Caregiver (s) to assess how they feel about the case being dismissed, and how they feel about services ending.

Date Contact was made:

Feedback from Parent/Guardian/Caregiver(s):

Determination: Yes – Plan/Case should be dismissed. Safety concerns has been mitigated for.

No – Safety concerns are still present.

If the decision is “No – Safety concerns are still present.” CPS and CPSS will set a review date for:

SIGNATURES

ROLE:	NAME:	SIGNATURE:	DATE:
CPS			
CPSS			