



Section 6 – Case Management

Form 6.1.1

Case Notes

Case Note

Purpose:

1. Client Contact

Case Note Date/Time:



Method of Contact:

Select

Contact Location:

Select

Contact With: ☐ Other

Interviewed or Observed:

Interviewed

Private/Not In Private:

Select

Add

Note:



Note Entered: 2020-03-02 03:03 PM

Spell Check

Cancel

Save

Save and Continue



Section 6 – Case Management

Form 6.1.1

Case Note

Select

- 1. Client Contact
- 2. General - No Client Contact
- 3. Supervisory Consultation
- 4. Legal Consultation
- 5. Case Transfer

Case Note Date/Time:

Contact Location:

Select

Contact With: ☐ Other

Interviewed or Observed:


Interviewed

Private/Not In Private:

Select

Add

Note:



Note Entered: 2020-03-02 03:03 PM

Spell Check

Cancel

Save

Save and Continue



Section 6 – Case Management

Form 6.1.1

Case Note

Purpose:

1. Client Contact

Case Note Date/Time:

Method of Contact:

Select

1. Face to Face

2. Phone

3. Text

4. Email

5. Fax

6. Social Media (Facebook, etc)

Contact Method:

Interviewed or Observed:

Interviewed

Private/Not In Private:

Select

Add

Note:

Note Entered: 2020-03-02 03:03 PM

Spell Check

Cancel

Save

Save and Continue



Section 6 – Case Management

Form 6.1.1

Case Note

Purpose:

1. Client Contact

Case Note Date/Time:



Method of Contact:

Select

Contact Location:

Select

- 1. Home (Household)
- 2. Placement Resource
- 3. Community
- 4. Worker's Office
- 5. School
- 6. Hospital/Medical Setting
- 7. Police Station
- 8. Court
- 9. Other Setting

Private/Not In Private:

Select

Add

Note:



Note Entered: 2020-03-02 03:03 PM

Spell Check

Cancel

Save

Save and Continue



Section 6 – Case Management

Form 6.1.1

Case Note

Purpose:

1. Client Contact

Case Note Date/Time:



Method of Contact:

Select

Contact Location:

Select

Contact With: ☐ Other

☐ Check All



Private/Not In Private:

Select

Add



Note Entered: 2020-03-02 03:03 PM

Spell Check

Cancel

Save

Save and Continue



Section 6 – Case Management

Form 6.1.1

Case Note

Purpose:

1. Client Contact

Case Note Date/Time:

Method of Contact:

Select

Contact Location:

Select

Contact With: ☐ Other








Select
Interviewed
Observed

Private/Not In Private:

Select

Add

Note:

Note Entered: 2020-03-02 03:03 PM

Spell Check

Cancel

Save

Save and Continue



Section 6 – Case Management

Form 6.1.1

Case Note

Purpose:
1. Client Contact

Case Note Date/Time:

Method of Contact:
Select

Contact Location:
Select

Contact With: ☐ Other

Interviewed or Observed:
Interviewed

Private/Not In Private:

Select
In Private
Not In Private

Add

Note:

✂️ 📄 📌 ☰ B I U

Note Entered: 2020-03-02 03:03 PM

Spell Check

Cancel

Save

Save and Continue

After you select “Contact With”, “Interviewed or Observed” and “Private/Not in Private”, you will need to click on “ADD” to add the client to the case note. Also, all other types of case notes appear the same.



Section 6 – Case Management

Form 6.1.1

Case Note

Purpose:

2. General - No Client Contact ▼

Case Note Date/Time:

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Note:

Note Entered: 2020-03-02 03:03 PM

Spell Check

Cancel

Save

Save and Continue

Child Protection Record Check

Personal Information	
Name:	Maiden Name: <i>(where applicable)</i>
Alias(es): <i>(where applicable)</i>	Date of Birth: <i>(day/month/year)</i>
Current Address:	
Previous Address(es): <i>(include other provinces/territories/countries)</i>	
Names of birth children and/or other children residing in the home <i>(use back of form to add more children)</i>	
Name of Child: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Name of adult children (19 years of age and older) and/or other adults residing in the home <i>(use back of form to add more children)</i>	
Name: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Relationship to Applicant:	

For Office Use Only

Using the Names and Birthdates Provided:

- ☐ As of today I find no Child Protection Services record in _____ (province/territory) indicating that the applicant might have caused a child to be deemed in need of protection.
- ☐ There is a Child Protection Services record in _____ (province/territory) indicating that the applicant might have caused a child to be deemed in need of protection.

Summary of Involvement

Check all search methods used:

- ☐ CFIS
- ☐ Child/Family Paper file
- ☐ Other _____ (specify)

Child Protection Record Check Started:
(day/month/year)Child Protection Record Check Completed:
(day/month/year)

Name of person who completed the Child Protection Record Check:

_____ (signature)

(please print)

Date: (day/month/year)

Health and Social Services Office:

Address:

Phone:

Fax:

Names of Birth Children and/or Other Children Residing in the Home (add more lines as required)	
Name of Child: (and aliases)	Date of Birth: (day/month/year)
Name of Child: (and aliases)	Date of Birth: (day/month/year)
Name of Child: (and aliases)	Date of Birth: (day/month/year)
Name of Child: (and aliases)	Date of Birth: (day/month/year)

Names of Adult children (19 years of age or older) and/or Other Adults Residing in the Home (add more lines as required)	
Name: (and aliases) Relationship to Applicant:	Date of Birth: (day/month/year)
Name: (and aliases) Relationship to Applicant:	Date of Birth: (day/month/year)
Name: (and aliases) Relationship to Applicant:	Date of Birth: (day/month/year)
Name: (and aliases) Relationship to Applicant:	Date of Birth: (day/month/year)

Child Protection Worker Safety Assessment

Section 1

Name:	Address:
Location of Visit: <input type="checkbox"/> Home	Other:

Section 2 – Check each question that applies

<i>Consider each factor for your client and any other person who is likely to be present for the visit: If any of the below indicators are checked off, the site visit should not occur without supervisory consultation.</i>	Date of Visit: <i>(form can be used up to 5 visits)</i>				
Have you or other staff been physically assaulted by the client or others relevant to the case?					
Have you or other staff been threatened or intimidated ?					
Is the purpose of the visit likely to upset the client?					
Is the visit to be conducted after normal working hours ?					
When scheduling the visit, was the client belligerent or uncooperative ?					
Does the client have unresolved drug/alcohol issues ?					
Does the client have a history of violent behaviour ?					
Does the client have an unstable major mental disorder ?					
Is the location of the site visit in a high-risk neighbourhood ?					
Has the possibility of violence in the home or neighbourhood escalated <i>(increased alcohol consumption/suicide/recent violence, etc.)</i> ?					
Does the client have a history of illegal weapons ?					
Is the home known to have physical hazards , <i>(i.e. damaged steps, poor visibility from street)</i> ?					
Are aggressive pets in the home or vicinity?					
Is the location a place where large numbers of people often congregate ? <i>(identities unknown/varying)</i>					
Is the visit to be conducted during severe weather conditions?					

Section 3 – Child Protection Worker Decision:

☐ Conduct site visit

☐ Consult with Supervisor Date: Time of Decision:

Section 4 - Results of supervisory consultation:

- ☐ Supports decision to conduct the site visit without changes or additional supports.
- ☐ Supports decision to conduct the site visit with conditions or escorts.
- ☐ Does not support site visit.

Conditions Imposed on Visit:

- ☐ Additional staff assigned to site visit Name(s) _____
- ☐ RCMP assistance required Yes No

Alternatives To a Site Visit:

- ☐ Office Visit
- ☐ Other (specify): _____

Comments/Concerns: _____

Method of Consultation: _____Telephone _____E-mail _____In Person

Supervisor's Name:

Date: Time of Decision:

Child Protection Worker Safety Incident Report

Identifying Information

Name:		Office:	
Location of Incident:		Date of Incident:	
Type of Incident:			
Verbal Harassment		Threats	
Client Unannounced Visits to CPW's Home		Stalking	
Physical Assault/Attempted Assault		Sexual Harassment	
Racial\Ethnic Harassment		Other (specify):	
Damage\Theft of Property			

Child Protection Worker's Comments

--

Child Protection Worker's signature _____ Date _____ D/M/Y

Supervisor's Comments

--

Form forwarded to Director of Social Programs on _____ D/M/Y

Supervisor's signature _____ Date _____ D/M/Y

Child Protection Worker Site Visit Sign-in/out

Designated Contact Person <i>(person tracking the CPW in the field):</i>	Date:	Name of Child Protection Worker(s):
CPW's Cell Phone Number, if applicable:		

Site Visit #1 Information

Name of Client:	Address of Client:	Telephone:
Estimated time of arrival: Expected duration: _____ mins Actual time visit was completed:	Reason for visit: <input type="checkbox"/> Foster Home Study <input type="checkbox"/> Investigation <input type="checkbox"/> Home Visit (VSA/ SSA, POCA, TCO, SO) <input type="checkbox"/> Other:	

Site Visit #2 Information

Name of Client:	Address of Client:	Telephone:
Estimated time of arrival: Expected duration: _____ mins Actual time visit was completed:	Reason for visit: <input type="checkbox"/> Foster Home Study <input type="checkbox"/> Investigation <input type="checkbox"/> Home Visit (VSA/ SSA, POCA, TCO, SO) <input type="checkbox"/> Other:	

Site Visit #3 Information

Name of Client:	Address of Client:	Telephone:
Estimated time of arrival: Expected duration: _____ mins Actual time visit was completed:	Reason for visit: <input type="checkbox"/> Foster Home Study <input type="checkbox"/> Investigation <input type="checkbox"/> Home Visit (VSA/ SSA, POCA, TCO, SO) <input type="checkbox"/> Other:	

Notification of the Right to Access Legal Services

I, _____, a duly authorized Child Protection Worker for
(Name of Child Protection Worker)

the Northwest Territories, am formally notifying:

(Name of parent and/or guardian)

(Name of parent and/or guardian)

(Name of person having actual care of the child/youth)

(Child aged 12-15 years)

(Youth aged 16-18 years)

of their right to contact legal services and be represented by legal counsel throughout their involvement with child protection services and have provided them with information on where to contact legal services.

I, the Child Protection Worker, by signing below, attest that notification and facilitation to access to legal services has been given:

Child Protection Worker

Date

I, the parent/guardian, person having actual care of the child/youth, child, youth, young adult, by signing below indicate that the Child Protection Worker did notify me on the above date of my right to access legal services counsel regarding the child protection process.

Signatures:

Parent and/or Guardian

Date

_____ Parent and/or Guardian	_____ Date
_____ Person having actual care of the child/youth	_____ Date
_____ Child aged 12-15 Years	_____ Date
_____ Youth aged 16-18 Years	_____ Date
_____ Interpreter Where Applicable	_____ Date

To apply for legal aid, you must make an appointment with one of the legal aid offices in Yellowknife, NT, or with a [community court worker](#) for assistance with filling out an application.

**NORTHWEST TERRITORIES
SDM® RISK ASSESSMENT**

R: 4/16

Case Name: _____ **Report #:** _____

Child Protection Worker Name: _____ **Assessment Date:** _____

Household Assessed: _____ **Were there allegations in this household?** ☐ Yes ☐ No

SECTION 1: NEGLECT/ABUSE INDEX

	Neglect Score	Abuse Score
R1. Current report is for: <input type="radio"/> a. Neglect <input type="radio"/> b. Abuse <input type="radio"/> c. Both	1 0 1	0 1 1
R2. Prior investigations <input type="radio"/> a. No <input type="radio"/> b. Yes	0 1	0 0
R2a. Prior neglect <input type="radio"/> a. None <input type="radio"/> b. One <input type="radio"/> c. Two <input type="radio"/> d. Three or more	0 1 1 2	0 0 0 0
R2b. Prior abuse <input type="radio"/> a. None <input type="radio"/> b. One <input type="radio"/> c. Two or more	0 0 0	0 1 2
R3. Household has previously received child protection services <input type="radio"/> a. No <input type="radio"/> b. Yes	0 1	0 1
R4. Number of children involved in the child abuse and/or neglect incident <input type="radio"/> a. One, two, or three <input type="radio"/> b. Four or more	0 1	0 0
R5. Prior injury to a child resulting from child abuse and/or neglect <input type="radio"/> a. No <input type="radio"/> b. Yes	0 0	0 1
R6. Age of youngest child in the home <input type="radio"/> a. Two or older <input type="radio"/> b. Under 2	0 1	0 0

		Neglect Score	Abuse Score
R7. Characteristics of children in household (select all that apply) <input type="checkbox"/> a. Medically fragile or failure to thrive <input type="checkbox"/> b. Positive toxicology screen at birth <input type="checkbox"/> c. Developmental, physical, or learning disability <input type="checkbox"/> i. Developmental or learning disability <input type="checkbox"/> ii. Physical disability <input type="checkbox"/> d. Child or youth in conflict with law <input type="checkbox"/> e. Mental health or behavioural problem <input type="checkbox"/> f. None of the above		1	0
		1	0
		1	0
		0	1
		0	0
		0	1
		0	1
		0	0
R8. Primary parent/caregiver's assessment of incident (select all that apply) <input type="checkbox"/> a. Blames child for abuse and/or neglect <input type="checkbox"/> b. Justifies abuse and/or neglect <input type="checkbox"/> c. None of the above		0	1
		0	2
		0	0
R9. Primary parent/caregiver provides physical care consistent with child needs <input type="radio"/> a. Yes <input type="radio"/> b. No		0	0
		1	0
R10. Primary parent/caregiver characteristics (select all that apply) <input type="checkbox"/> a. Provides insufficient emotional/psychological support <input type="checkbox"/> b. Employs excessive/inappropriate discipline <input type="checkbox"/> c. Overcontrolling/bullying <input type="checkbox"/> d. None of the above		0	1
		0	1
		0	1
		0	0
R11. Primary parent/caregiver has a historic or current mental health issue <input type="radio"/> a. No <input type="radio"/> b. Yes (select all that apply) <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to the last 12 months)		0	0
		1	0
R12. Primary parent/caregiver has a historic or current alcohol or drug issue <input type="checkbox"/> a. No <input type="checkbox"/> b. Alcohol (select all that apply) <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to the last 12 months) <input type="checkbox"/> c. Drugs (select all that apply) <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to the last 12 months)		0	0
		1	0
		1	0
R13. Secondary parent/caregiver has a historic or current alcohol or drug issue <input type="radio"/> a. No secondary parent/caregiver <input type="radio"/> b. No <input type="radio"/> c. Yes Alcohol (select all that apply) <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to the last 12 months) Drugs (select all that apply) <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to the last 12 months)		0	0
		0	0
		0	1

	Neglect Score	Abuse Score
R14. Primary parent/caregiver has a history of abuse and/or neglect as a child <input type="radio"/> a. No <input type="radio"/> b. Yes	0 0	0 1
R15. Violence between two or more adults in the household in the past year <input type="radio"/> a. No <input type="radio"/> b. Yes (select all that apply) <input type="checkbox"/> Intimate partner violence <input type="checkbox"/> Other violence between household adults	0 0	0 2
R16. Housing (select all that apply) <input type="checkbox"/> a. Current housing is physically unsafe <input type="checkbox"/> b. Homeless <input type="checkbox"/> c. None of the above	1 2 0	0 0 0
TOTAL RISK SCORE		

SECTION 2: SCORING

Scored Risk Level

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Risk Level</u>
<input type="radio"/> 0–1	<input type="radio"/> 0–1	<input type="radio"/> Low
<input type="radio"/> 2–4	<input type="radio"/> 2–4	<input type="radio"/> Moderate
<input type="radio"/> 5–8	<input type="radio"/> 5–7	<input type="radio"/> High
<input type="radio"/> 9+	<input type="radio"/> 8+	<input type="radio"/> Very High

SECTION 3: SUPPLEMENTAL RISK QUESTIONS

S1. Does the parent/caregiver have supportive social connections?

- ☐ a. Yes
☐ b. No

S2. Does the parent/caregiver have knowledge of parenting and child development?

- ☐ a. Yes
☐ b. No

S3. Primary and secondary parent/caregiver characteristics

Primary	Secondary	No Secondary Parent/Caregiver
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> a. Cognitive impairment that limits parental functioning
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> b. Prior arrest/conviction
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> c. Prior arrest/conviction that involved actual or threatened violence

S4. Is the secondary parent/caregiver the biological parent of:

- ☐ a. All child victims
☐ b. One or more but not all child victims
☐ c. None of the child victims
☐ d. No secondary parent/caregiver

S5. Does the secondary parent/caregiver have a history of abuse and/or neglect as a child?

- ☐ a. No
- ☐ b. Yes
- ☐ c. No secondary parent/caregiver

SECTION 4: OVERRIDES AND FINAL RISK LEVEL

OVERRIDES

Select an override or, if there are no overrides, select "No overrides;" the risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If there is a discretionary override, the risk level will increase one level, and a reason must be entered in the box provided.

☐ **No overrides**

☐ **Policy overrides**

- ☐ 1. Non-accidental injury to a child younger than 3.
- ☐ 2. Sexual abuse case AND the abuser is likely to have access to the child.
- ☐ 3. Severe non-accidental injury to any child.
- ☐ 4. Parent/caregiver's action or inaction resulted in death of a child (previous or current).

☐ **Discretionary override**

Select override level: ☐ Moderate ☐ High ☐ Very high

Discretionary override reason:

FINAL RISK LEVEL

Final risk level: ☐ Low ☐ Moderate ☐ High ☐ Very high

Risk Classification	Child Protection Concern	
	Confirmed	Unconfirmed
Very high	Open for ongoing services	Open for ongoing services
High	Open for ongoing services	Open for ongoing services
Moderate	Close*	Close*
Low	Close*	Close*

*Low- and moderate-risk cases should be opened if the most recent safety assessment finding was safe with services or unsafe.

ACTION

Enter the action taken (opened as a case or not opened as a case). If the recommended action differs from the action taken, provide an explanation.

- ☐ Open (note whether ☐ new or ☐ continuing services offered)
- ☐ Do not open

If the recommended action and action taken do not match, explain why:

Child Protection Worker Name: _____ **Date Risk Assessment Form Completed:** _____

Child Protection Worker Signature: _____

Supervisor Name: _____ **Date of Supervisory Approval:** _____

Supervisor Signature: _____

**NORTHWEST TERRITORIES
SDM® SAFETY ASSESSMENT**

r: 4-16

Household Name: _____ **Report #:** _____ **File #:** _____

Primary Parent/Caregiver: _____ **Secondary Parent/Caregiver:** _____

Region: _____ **Child Protection Worker:** _____

Date of Assessment: _____ **Assessment Type:** ☐ Initial ☐ Review ☐ Case Closing

Were there allegations on this household? ☐ Yes ☐ No

Select whether the child was observed, was interviewed, or was not available for an observation or interview.

	Child Name	Observed	Interviewed	Unavailable	Date
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For each child unavailable, describe the reason(s) and the plan to see the child:

--

Child Vulnerability

Select all conditions resulting in child's inability to protect self that apply to any child living in the household.

- ☐ Age 0-5 years
- ☐ Developmental delay; medical or mental health disorder
- ☐ Not visible in the community
- ☐ Diminished physical capacity (e.g. non-ambulatory, limited use of limbs)
- ☐ Addiction and/or other high-risk behaviour
- ☐ Homeless or highly transient

SECTION 1: SAFETY THREATS

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe one or more safety threats are present.

Yes No	Safety Threat	Safety Threat Description (Parent/caregiver action/inaction and impact on child)
1. <input type="radio"/> <input type="radio"/>	Parent/caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by <i>(select all that apply)</i> : <input type="checkbox"/> Serious injury to the child other than accidental <input type="checkbox"/> Parent/caregiver fears he/she will maltreat the child <input type="checkbox"/> Threat to cause serious harm or retaliate against the child <input type="checkbox"/> Excessive discipline or physical force <input type="checkbox"/> Propensity to violence <input type="checkbox"/> Drug-exposed infant	
2. <input type="radio"/> <input type="radio"/>	Child sexual abuse or exploitation is suspected, AND circumstances suggest that the child's safety may be of IMMEDIATE concern.	
3. <input type="radio"/> <input type="radio"/>	Parent/caregiver does not protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, emotional abuse, and/or neglect.	
4. <input type="radio"/> <input type="radio"/>	Parent/caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.	
5. <input type="radio"/> <input type="radio"/>	The physical living conditions are hazardous and immediately threatening to the child's health and/or safety.	
6. <input type="radio"/> <input type="radio"/>	Parent/caregiver's current use of substances seriously impairs his/her ability to supervise, protect, or care for the child.	
7. <input type="radio"/> <input type="radio"/>	Intimate partner violence or violence between two or more adults in the household exists and poses an immediate danger of serious physical and/or emotional harm to the child.	
8. <input type="radio"/> <input type="radio"/>	Parent/caregiver's mental health, developmental, or cognitive functioning or physical condition/disability seriously impairs his/her current ability to supervise, protect, or care for the child.	
9. <input type="radio"/> <input type="radio"/>	Parent/caregiver describes the child in predominantly negative terms or acts toward the child in negative ways AND the child is a danger to self or others, acts out aggressively, or is severely withdrawn and/or suicidal.	
10. <input type="radio"/> <input type="radio"/>	Parent/caregiver's explanation for the child's injury is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.	

Yes No	Safety Threat	Safety Threat Description (Parent/caregiver action/inaction and impact on child)
11. <input type="radio"/> <input type="radio"/>	Parent/caregiver refuses access to the child or hinders the investigation, or there is reason to believe that the family is about to flee.	
12. <input type="radio"/> <input type="radio"/>	Other (specify).	

SECTION 1A: PROTECTIVE CAPACITIES

(If no safety threats are present, skip to Section 3 and select "Safe.")

Select all that apply to at least one child or parent/caregiver in the household.

Child

- ☐ 1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ 2. Child has, on more than one occasion, successfully acted in a way to protect self from the safety threat.

Parent/Caregiver

- ☐ 3. Parent/caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ 4. Parent/caregiver recognizes problems and safety threats that place the child in imminent danger and is willing and able to participate in safety planning.
- ☐ 5. Parent/caregiver is willing to accept temporary interventions offered by the CPW and/or other community agencies, including cooperation with continuing investigation/assessment.
- ☐ 6. Parent/caregiver is aware of AND committed to meeting the needs of the child.
- ☐ 7. There is evidence of a healthy relationship between parent/caregiver and child.
- ☐ 8. At least one parent/caregiver in the home is willing and able to take action to protect the child.
- ☐ 9. Parent/caregiver has the ability to access resources to provide necessary safety interventions.
- ☐ 10. Parent/caregiver has supportive relationships with one or more people who may be willing to participate in safety planning, AND parent/caregiver is willing and able to accept their assistance.
- ☐ 11. Parent/caregiver can articulate strategies that, in the past, have been successful in mitigating the identified threats to child safety.
- ☐ 12. Other (specify): _____

SECTION 2: SAFETY INTERVENTIONS

(If no safety threats are present, skip to Section 3 and select "Safe.")

Select all that apply.

In-Home Interventions

- ☐ 1. Intervention or direct services by the CPW. (Do NOT include the investigation itself.)
- ☐ 2. Use of family, neighbours, community elders, traditional healers, or other individuals in the community as safety resources.
- ☐ 3. Use of community agencies or services as safety resources.
- ☐ 4. Parent/caregiver appropriately protects the victim from the alleged abuser.
- ☐ 5. Alleged abuser leaves the home, either voluntarily or in response to legal action.
- ☐ 6. Non-offending parent/caregiver moves to a safe environment with the child.
- ☐ 7. Legal action planned or initiated—child remains in the home. (May ONLY be used in conjunction with other safety interventions.)
- ☐ 8. Parent/caregiver makes arrangements for the child to stay with identified extended family, a friend, or a community member.

☐ 9. Other (specify): _____

Placement Interventions

☐ 10. Child apprehended because interventions 1–9 do not adequately ensure the child’s safety.

SECTION 3: SAFETY DECISION

Identify the **household** safety decision by selecting the appropriate item below. Select one response only.

- ☐ 1. **Safe.** No safety threats were identified at this time. Based on currently available information, no children are likely to be in immediate danger of serious harm.
- ☐ 2. **Safe with plan.** One or more safety threats are present. Protective in-home safety interventions have been initiated and the child will either remain in the home or will temporarily stay with a relative or the parent/caregiver’s significant other with consent of the parent/caregiver. **A SAFETY PLAN IS REQUIRED.**
- ☐ 3. **Unsafe.** One or more safety threats are present, and apprehension is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in immediate danger of serious harm.

SECTION 4: LOCATION OF CHILD’S PLACEMENT (Only complete this section if the household safety decision is **UNSAFE** and any child will remain in the home.)

Record the name and status of each child in the household. For any child who will remain in the household, CPWs must provide an explanation documenting the child vulnerabilities, protective capacities, and safety interventions to support this decision. **A SAFETY PLAN MUST BE COMPLETED IF ANY CHILD(REN) WILL REMAIN IN THE HOME.**

Last Name	First Name	Case Number	Birth Date	Apprehended	Will Remain in the Home
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>

Summary

Document any information used to support the safety decision.

--

Child Protection Worker Name: _____ Date Safety Assessment Form Completed: _____

Child Protection Worker Signature: _____

Supervisor Name: _____ Date of Supervisory Approval: _____

Supervisor Signature: _____

**NORTHWEST TERRITORIES
CHILD AND FAMILY SERVICES
SDM® SCREENING AND RESPONSE PRIORITY ASSESSMENT**

r: 5/16

Household Name: _____ **Screening #:** _____
Date of Report: _____ **Time of Report:** _____
Worker Receiving the Call: _____

SECTION 1: ABUSE OR NEGLECT TYPE

Part A: Screening Criteria

Select ALL that apply based on available intake information.

Physical Abuse

- ☐ Suspicious death of a child due to physical abuse and another child is in care of parent/caregiver.
- ☐ Non-accidental physical injury.
- ☐ Unexplained physical injury.
- ☐ Parent/caregiver has acted or threatened to act in a way that is likely to cause physical injury.

Sexual Abuse

- ☐ Parent/caregiver has engaged in or is attempting to engage in a sexual act with child.
- ☐ Sexual exploitation of child by a parent/caregiver.
- ☐ Exposure to sexually explicit conduct or sexually explicit materials.
- ☐ Physical, behavioural, or suspicious indicators consistent with sexual abuse.
- ☐ Threat of sexual abuse.

Emotional Abuse

- ☐ Parental action has or is likely to emotionally harm the child.
- ☐ Exposure to violence between parents/caregivers and/or other adult household members.

Neglect

- ☐ Suspicious death of a child due to neglect and another child is in care of parent/caregiver.
- ☐ Parent/caregiver permanent absence or abandonment.
- ☐ Failure to protect child against neglect, physical harm, emotional harm, and/or sexual abuse.
- ☐ Inadequate supervision.
- ☐ Non-organic failure to thrive.
- ☐ Inadequate medical, dental, and/or mental health care.
- ☐ Inadequate clothing or hygiene.
- ☐ Malnutrition.
- ☐ Exposure to unsafe home and immediate environment.
- ☐ Child younger than 12 years old committed a criminal act and parent/caregiver is unable or unwilling to provide for needs.
- ☐ Exposure to illegal drug commerce.
- ☐ Involving child in criminal activity.
- ☐ Parent/caregiver provides drugs or alcohol to child/youth or allows access.
- ☐ Newborn exposure to drugs or alcohol.
- ☐ Other high-risk birth.

Part B: Screening Recommendations and Overrides

Initial Screening Recommendation

- ☐ Screen in: One or more criteria selected.
- ☐ Screen out: No criteria selected.

OVERRIDES

Consider both policy and discretionary overrides. If no policy or discretionary overrides are present, select "No overrides apply" and record the final screening decision.

Policy

- ☐ Screen in for investigation: No abuse or neglect type is present, but report will be screened in and assigned for investigation.
 - ☐ Response required by court order.
- ☐ Screen for non-investigatory response: No abuse or neglect type is present. No further SDM assessments required.
 - ☐ Courtesy interview at law enforcement's request.
 - ☐ Report does not require screening but does require a non-investigatory response by CFS.
 - ☐ Provincial/territorial protocol on children and families moving between provinces and territories.
 - ☐ Other (specify):

- ☐ Screen out: One or more abuse or neglect types are selected, but report will be screened out. (Select all that apply.)
 - ☐ Insufficient information to locate child/family.
 - ☐ Another community agency has jurisdiction.
 - ☐ Duplicate report; information will be included with report assigned for investigation.
 - ☐ Historical information only. (Record the time since alleged incident in ____years and ____months)
 - ☐ Report already investigated; no new allegations.
 - ☐ Other (specify):

Discretionary

- ☐ Discretionary override to screen in. (Complete all required assessments.)
- ☐ Discretionary override to screen out.

Reason:

- ☐ **No overrides apply.**

Final Screening Decision

Record the final screening decision after consideration of overrides. If there are no overrides, the final decision will be the same as the initial recommended decision.

- ☐ **Screen out:** No abuse or neglect type selected and no screen-in overrides apply; OR report was screened out based on an override.
- ☐ **Screen for non-investigatory response:** No abuse or neglect type is present, but report requires a non-investigatory response. No further SDM assessments required.
- ☐ **Screen in:** At least one abuse or neglect type selected and no screen-out overrides are selected; OR the report was screened in based on an override. Complete Section 2, Response Priority Decision.

Report Description:

Reason for Screening Decision (harm statement):

Worker Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

SECTION 2: RESPONSE PRIORITY DECISION

Part A: Response Priority

Completed for all screened-in reports.

- ☐ Same-day response required based on one or more criteria below. (Select all that apply.)
 - ☐ Child death is suspicious or unexplained, and another child is in the home.
 - ☐ Child requires same-day medical or mental health attention, AND either abuse/neglect is suspected or parent/caregiver is unwilling/refusing to obtain needed treatment.
 - ☐ Child is demonstrating suicidal behaviours, and parent/caregiver is not providing an adequate or appropriate response.
 - ☐ Child age 12 or younger killed or seriously injured another person.
 - ☐ Child has an injury that is suspicious, unexplained, or consistent with abuse, **AND** the parent/caregiver who is alleged to have either caused the injury or failed to protect will have access to the child ***within the next five days***.
 - ☐ Child is unsupervised and requires immediate care.
 - ☐ Child is inadequately supervised and likely to be exposed to harm or unsafe conditions within the next five days.
 - ☐ Child is likely to be exposed to sexual abuse within the next five days.
 - ☐ Failure to protect child from serious harm.
 - ☐ Physical conditions of the living environment are immediately unsafe, and the child will be in that environment within the next five days.
 - ☐ A child has been or likely will be exposed to violence within the next five days, AND no parent/caregiver is demonstrating protection of the child.
 - ☐ Other (specify):
- ☐ No same-day response criteria; response within five days is required.

Part B: Response Priority Recommendations and Overrides

OVERRIDES

Consider policy and discretionary overrides to the recommended response priority. If there are no overrides, select "No overrides apply." If policy or discretionary overrides are appropriate, select the appropriate reason and record the final response priority.

Policy

- ☐ Increase to immediate whenever:
 - ☐ Law enforcement is requesting immediate response;
 - ☐ Forensic considerations would be compromised by slower response; or
 - ☐ There is reason to believe that the family may flee.
- ☐ Decrease to five days whenever:
 - ☐ Child safety requires a strategically slower response;
 - ☐ The child is in an alternative safe environment; or
 - ☐ The alleged incident occurred more than six months ago AND no abuse or neglect is alleged to have occurred in the intervening time period.

Discretionary

- ☐ Increase; OR
- ☐ Decrease response level (requires supervisory approval).

Reason:

- ☐ **No overrides apply.**

Final Response Priority

Based on overrides, indicate the final response priority level. If there are no overrides, it will be the same as the recommended response.

- ☐ Immediate/same working day
- ☐ Within five days

Reason for Response Priority Decision (one day or within five):

Worker Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Suspected Abuse/Neglect Medical Examination

A medical exam is a required component of a child abuse investigation in cases of physical, sexual and/or severe neglect pursuant to the *NWT Child and Family Services Act* sections 8(1), 9(1).

Child's Name:	Date of Referral:
Case Number:	Parent(s)/Legal Guardian(s) Name:
Child Protection Worker:	Phone: Fax:
Supervisor:	Phone:

Section 1 – *to be completed by the Child Protection Worker*

1. The following injury or injuries and concerns have been noted:

2. In addition to the injury or injuries the following behavioural indicators have been noted:

3. Explanation of the injury or injuries provided by the parent/legal guardian:

4. There are concerns in the child's home life regarding:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> family violence | <input type="checkbox"/> parent alcohol/drug problem | <input type="checkbox"/> neglect |
| <input type="checkbox"/> lack of supervision | <input type="checkbox"/> physical abuse | <input type="checkbox"/> sexual abuse |
| <input type="checkbox"/> emotional abuse | <input type="checkbox"/> other (please specify) _____ | |

5. Please note if any of the following risk factors are present:

- | | |
|---|--|
| <input type="checkbox"/> Injury in non-cruising infant | <input type="checkbox"/> Un-explained injury |
| <input type="checkbox"/> Changing explanation of injury | <input type="checkbox"/> Unwitnessed injury |
| <input type="checkbox"/> Explanation may be inconsistent with the injury | |
| <input type="checkbox"/> Explanation may be inconsistent with the child's abilities | |
| <input type="checkbox"/> Other information seems to contradict explanation for the injury <i>(please specify)</i> | |

- | | |
|---|--|
| <input type="checkbox"/> Delay in seeking treatment | <input type="checkbox"/> Injury shaped like an object, hand or pattern |
| <input type="checkbox"/> Various stages of healing of injuries | <input type="checkbox"/> Multiple injuries |
| <input type="checkbox"/> Bruises on non-prominent areas | <input type="checkbox"/> Prior injuries |
| <input type="checkbox"/> Missed medical appointments/missed follow-up treatment | |
| <input type="checkbox"/> Other <i>(please specify)</i> | |

Section II: - *To be completed in consultation with the medical practitioner*

The following tests have been performed as part of this medical exam:

- ☐ *Clothing* (clothes worn during or after a possible assault)
- ☐ *Hair Samples*
- ☐ *Swab(s)* (contact with oral, vaginal and/or anal regions) (Testing for sexually transmitted illnesses (STI's), and/or other evidence of a sexual assault)
- ☐ *Blood Samples* (test for pregnancy and/or STI's)
- ☐ *Toxicology Blood/Urine Screen* (If there is a concern the child was drugged by the assailant, screening tests may be done, including testing for alcohol)
- ☐ *X-Rays* (If there are concerns about physical abuse, x-rays will be performed to obtain information regarding possible previously broken bones)

6. Additional injuries or concerns identified by the medical practitioner:

7. Required or recommended treatment/follow-up:

Medical Practitioner's Name: _____ Date: _____
(please print) (day/month/year)

Medical Practitioner's Signature: _____

Phone:

Fax

Address: