

**NORTH CAROLINA  
FAMILY REUNIFICATION ASSESSMENT**

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_ Date Completed: \_\_\_/\_\_\_/\_\_\_

County Name: \_\_\_\_\_ Date Report Received : \_\_\_/\_\_\_/\_\_\_

Date Custody Received: \_\_\_/\_\_\_/\_\_\_

Worker Name: \_\_\_\_\_

Children: \_\_\_\_\_

Parent/caregiver: \_\_\_\_\_

**A. RISK REASSESSMENT FOR OUT-OF-HOME CASES** Score

**R1. Initial Risk Level**

- a. Low.....0
- b. Moderate.....3
- c. High .....4
- d. Intensive.....5

**R2. Household's Progress Toward Goals**

- a. Successfully met all service agreement objectives and/or significant progress in ongoing programs .....-2
- b. Actively participating in programs; pursuing objectives detailed in service agreement; significant progress .....-1
- c. Partial participation in pursuing objectives in service agreement; some progress.....0
- d. Refuses involvement in programs or has exhibited a minimal level of participation with service agreement /made little or no progress toward ameliorating needs .....4

**R3. Has There Been a New Substantiation Since the Last Assessment?**

- a. No.....0
- b. Yes.....6

**Total Score** \_\_\_\_\_

**RISK LEVEL**

Assign the family's risk level based on the following chart.

<u>Score</u>	<u>Risk Level</u>
-2 to 1	_____ Low
2 to 3	_____ Moderate
4 to 5	_____ High
6 and above	_____ Intensive

**OVERRIDES**

Override to Intensive. Check appropriate reason.

Policy Overrides:

- \_\_\_\_\_ 1. Prior sexual abuse, perpetrator has access to child(ren) and has not successfully completed treatment.
- \_\_\_\_\_ 2. Cases with non-accidental physical injury to an infant and parent(s) have not successfully completed treatment.
- \_\_\_\_\_ 3. Serious non-accidental physical injury requiring hospital or medical treatment and parent(s) have not successfully completed treatment.
- \_\_\_\_\_ 4. Death of a sibling as a result of abuse or neglect.
- \_\_\_\_\_ 5. Other

Discretionary Override:

\_\_\_\_\_ 5. Reason: \_\_\_\_\_

**OVERRIDE RISK LEVEL:** \_\_\_\_\_ Low \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_ Intensive

**Social Worker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Review/Approval of Override:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Case Name: \_\_\_\_\_ Case#: \_\_\_\_\_

**B. VISITATION PLAN EVALUATION** (Check appropriate box for each child).

	Child Name	Child Name	Child Name	Child Name
<b>Compliance with Plan</b>				
a. If parents(s) cannot visit children, state the Reason: 1) ___ Parents(s) incarcerated 2) ___ Parent(s) in Treatment Facility 3) ___ Court-Order Prohibits 4) ___ Other, specify: _____				
Parents(s) have failed to visit or visits have been suspended due to parental behavior.				
Low compliance-parent(s) have met few objectives of plan or visitation has been changed from unsupervised to supervised due to parental behavior. ( <i>Definition: More than one missed visit without legitimate explanation and/or advance notice and/or parent has demonstrated poor parenting techniques or parent-child interaction during visitation.</i> )				
Moderate compliance-parent (s) have met some objectives of plan. ( <i>Definition: Parent-child appropriate or improving during visits but continued improvement required. No more than one missed visit without legitimate explanation or advance notice.</i> )				
High compliance-parent (s) have met most objectives of plan. ( <i>Definition: Parent-child interaction positive throughout all visits. Visitation changed from supervised to unsupervised due to parental behavior, visits may have been rescheduled but arrangements made in advance.</i> )				
Very High compliance-parent (s) have met all objectives outlined in the visitation plan, no missed visits.				

**C. REUNIFICATION SAFETY ASSESSMENT  
(To be Used When Reunification is Considered)**

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

County Name: \_\_\_\_\_ Date Report Received: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Children : \_\_\_\_\_

Parent(s)/Caregiver(s): \_\_\_\_\_

**SECTION 1: SAFETY ASSESSMENT**

**(a) .Safety Factor Identification** (Assessment must include a home visit.)

Directions: The following is a list of factors that *may be associated with a child(ren) being in danger of serious harm*. Identify the presence or absence of each factor by circling either "yes" or "no" if factor applies to any child in the household or to be returned to the household.

**Note: The vulnerability of each child needs to be considered throughout the assessment.**

- |    |     |    |  |
|----|-----|----|--|
| 1. | Yes | No | Caregiver(s) current behavior is violent or out of control.  |
| 2. | Yes | No | Caregiver(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.   |
| 3. | Yes | No | The family refuses access to the child. or there is reason to believe that the family is about to flee or the child's whereabouts cannot be ascertained.                         |
| 4. | Yes | No | Caregiver(s) is unwilling, or is unable to provide supervision or to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health <u>care</u> . |
| 5. | Yes | No | Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.  |
| 6. | Yes | No | The child's physical living conditions are hazardous and immediately threatening.  |
| 7. | Yes | No | Caregiver(s) drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.   |
| 8. | Yes | No | Caregiver has a new live-in partner with history of child maltreatment. Domestic violence, or a criminal history.  |
| 9. | Yes | No | Other (specify):   |

**CHECK IF ALL SAFETY FACTORS ARE CIRCLED "NO."**

\_\_\_\_\_ **CHILD IS SAFE. Otherwise, complete Sections (b), (c), and (d) of the Reunification Safety Assessment**

**(b) Safety Factor Description**

Directions: For all safety factors which are circled "Yes." note the applicable safety factor number and briefly describe the specific individuals behaviors, conditions, and/or circumstances associated with particular safety factor.

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**(c) SAFETY RESPONSE**

For each factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe. Check each intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

- \_\_\_\_\_ 1. Direct services provided by placement worker or other social worker.
- \_\_\_\_\_ 2. Use of family resources (relatives), neighbors, or other individuals in the community as safety factor.
- \_\_\_\_\_ 3. Use of community agencies or services as safety resources (check one or all):  
       \_\_\_\_\_ Intensive Home-Based  
       \_\_\_\_\_ Other Community
- \_\_\_\_\_ 4. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- \_\_\_\_\_ 5. Other (specify): \_\_\_\_\_

For each intervention checked, describe all protecting interventions taken or immediately planned by you or anyone else, and explain how each intervention protects each child. Describe in detail the actions that any safety resource agrees to do.

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**(d) SAFETY DECISION**

Identify your safety decision by checking the appropriate line below. Check one line only. This decision should be based on the assessment of all safety factors, protecting interventions, and any other information known about this case.

- A. Safe to return home:** \_\_\_\_\_ No further interventions.
- B. Safe with Services/Intervention:** \_\_\_\_\_ Protecting safety interventions allow child to return home for a trial home visit for no more than 6 months before custody is returned.
- C. Unsafe:** \_\_\_\_\_ Placement remains the only protecting intervention possible for the child(ren). Without continued placement, the child(ren) will likely be in danger of immediate or future serious harm.

**REUNIFICATION SAFETY ASSESSMENT** (If risk level is low or moderate and parents have attained at least a moderate level of compliance with the Visitation Plan, complete a Reunification Safety Assessment).

**SAFETY DECISION:**

- \_\_\_\_\_ 1. Safe
- \_\_\_\_\_ 2. Conditionally Safe
- \_\_\_\_\_ 3. Unsafe (do not return home)

**INSERT FORM :**

NORTH CAROLINA  
FAMILY REUNIFICATION  
POLICY AND PROCEDURES

The family reunification assessment consists of four parts that are used to evaluate risk, visitation compliance, safety issues, and the recommendation summary. Results are used to reach a permanency placement recommendation and to guide decisions about whether or not to return a child(ren) home.

**Which cases:** All cases where the agency holds custody, with at least one child in placement with a goal of return home. (Note: Exclude cases in which the court has ordered the agency to cease reasonable efforts to reunify).

**Who completes:** Assigned social worker.

**When:** The Family Reunification Assessment shall be completed when the agency holds legal custody and at least one child is in placement with a goal of return home (reunification). The assessment shall be completed to track with the required scheduled Permanency Planning Action Team meetings; prior to any trial visit; prior to any time the child is being considered for a return home; and within 30 days prior to any court hearing or review. (If reviews are held frequently, documentation on the Family Reunification Assessment form may state that there have been no changes since the last update and that the current information is correct.)

When reunification is no longer the plan, the Family Reunification Assessment form is no longer required.

**Decision:** The Family Reunification Risk Reassessment for Out-of-Home Care (A) results and the Visitation Plan Evaluation (B) results indicate if a child(ren) is eligible for a return home or if a new recommendation regarding another permanent plan should be made to the court.

If families have effectively reduced risk to low or moderate and have achieved at least moderate compliance with visitation, a reunification safety assessment is conducted and results used to determine if the home environment is safe. The permanency plan guidelines and recommendation sections guide decisions to return a child(ren) home, to continue with current/ concurrent planning, or proceed with a new recommendation for a new permanent goal for the next court hearing.

**Appropriate completion:** Complete the case identifiers at the top of the page.

**Section A. Family Reunification Risk Reassessment**

Complete the Family Reunification Risk Reassessment. Based on the total score, indicate family risk level. Indicate if an override has been exercised. If so, indicate risk level after override. Supervisor must approve override.

**Section B. Visitation Plan Evaluation**

For each child, indicate the level at which the parent(s)/caregiver(s) has participated in the visitation plan. If the parent(s) is unable to visit the child(ren), supply a reason in I a. Proceed to Section D.

If 1.a. does not apply, evaluate parent(s)/caregiver(s) participation in visitation. Visitation evaluation choices range from none to very high. Rate parental/caregiver compliance with the visitation plan for each child.

**Section C. Reunification Safety Assessment**

If risk has been reduced to low or moderate *and* parents have achieved at least a moderate visitation compliance rating, complete a reunification safety assessment. Enter the results of the reunification safety assessment in Section C. If risk has *not* been reduced to low or moderate or parents receive a low visitation rating or have not complied, do not complete a reunification safety assessment. Proceed to Section D.

**Section D. Permanency Plan Recommendation Summary**

Complete Section D for all reunification assessments. Enter the name and case number of each child in custody and check the recommended permanency goal. If "Proceed with new recommendation for next court hearing " is checked, you **MUST** enter the new permanency goal using the codes provided on the form.

Under "Current Case Status," indicate the current case status by placing a check mark next to the status. Case refers to the status of the household under assessment for reunification. The supervisor and social worker are to sign at the bottom of Section D.