



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
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
CHILDREN (Include all children, other relatives, whether blood relation)				
NAME	DATE OF BIRTH	NOTIFIED (If applicable)	LIVING ARRANGEMENTS	LEGAL STATUS
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
OTHERS INVOLVED WITH FAMILY (All others contributing to or detracting from family functioning)				
NAME	DATE OF BIRTH	NOTIFIED	RELATIONSHIP TO CHILD/ROLE IN CPT	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
ADDITIONAL PEOPLE INVOLVED WITH FAMILY (All others not identified above)				
BRIEF CASE HISTORY AND CURRENT SITUATION				

IDENTIFIED SAFETY THREAT(S) AND ASSESSED LEVEL OF RISK

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RISK FACTORS (PAST AND/OR PRESENT)

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PROTECTIVE FACTORS (PAST AND/OR PRESENT)

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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.
- 2. 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.
- 3. 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).
- 4. 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.
- 5. A complex case where consultation will help improve the outcome for the children.
- 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?		REPORT REQUESTED?		REPORT ATTACHED?	
			YES	NO	YES	NO	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIST ALL SERVICES PROVIDED TO FAMILY

TYPE OF SERVICE/REPORT/EVALUATION	SERVICE DATES		OUTCOMES/RECOMMENDATIONS/DIAGNOSTICS	COMPLIANCE YES/NO/PARTIAL
	REFERRED	COMPLETED		
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial

DETAILED CASE PLAN

QUESTION (S) FOR THE CPT