



CIS Maltreatment Assessment

INTAKE FACE SHEET *(Please complete this face sheet for all cases)*

CIS OFFICE USE ONLY

--	--	--	--	--	--

1. Date referral was received:

D	D	M	M	Y	Y
---	---	---	---	---	---

2. Date case opened:

D	D	M	M	Y	Y
---	---	---	---	---	---

3. Source of allegation/referral *(Fill in all that apply)*

- | | | | | |
|---|---|--|---|--|
| <input type="radio"/> Custodial parent | <input type="radio"/> Neighbour/friend | <input type="radio"/> Hospital (any personnel) | <input type="radio"/> School | <input type="radio"/> Police |
| <input type="radio"/> Non-custodial parent | <input type="radio"/> Social assistance worker | <input type="radio"/> Community health nurse | <input type="radio"/> Other child welfare service | <input type="radio"/> Community agency |
| <input type="radio"/> Child (subject of referral) | <input type="radio"/> Crisis service/shelter | <input type="radio"/> Community physician | <input type="radio"/> Day care centre | <input type="radio"/> Anonymous |
| <input type="radio"/> Relative | <input type="radio"/> Community/recreation centre | <input type="radio"/> Community mental health professional | <input type="radio"/> Other: _____ | |

4. Please describe referral, including alleged maltreatment or risk of maltreatment (if applicable) and results of investigation

In jurisdictions with differential/alternative response choose one: Customized/alternate response Traditional protection investigation

.....
.....
.....
.....

CIS OFFICE USE ONLY

5. Caregiver(s) in the home

Primary caregiver

- a) Sex Male Female
- b) Age <16 16–18 yrs 19–21 yrs
- 22–30 yrs 31–40 yrs 41–50 yrs
- 51–60 yrs >60 yrs

Second caregiver in the home at time of referral

- No second caregiver in the home
- a) Sex Male Female
- b) Age <16 16–18 yrs 19–21 yrs
- 22–30 yrs 31–40 yrs 41–50 yrs
- 51–60 yrs >60 yrs

Use the following **relationship codes** to indicate caregiver's relationship to the child in 6d) and 6e) and, in the case of "other," please specify the relationship in the space provided

1 Biological parent
2 Parent's partner
3 Foster parent
4 Adoptive parent
5 Grandparent
6 Other:

CIS OFFICE USE ONLY	6a) List first names of all children (<20 years) in the home at time of referral	6b) Age of child	6c) Sex of child	6d) Primary caregiver's relationship to child (see relationship codes above)	6e) Other caregiver's relationship to child (see relationship codes above)	6f) Referred	6g) Risk investigation only	6h) Investigated incident of maltreatment
			<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A Child Information Sheet should be completed for each child investigated for a risk of maltreatment (6g) or incident of maltreatment (6h).

Worker's name: _____

CIS OFFICE USE ONLY

--	--	--	--	--	--

First two letters of primary caregiver's surname:

--	--

Other family surname, if applicable:

--	--

Case number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

This information will remain confidential, and no identifying information will be used outside your own agency.
This tear-off portion of the instrument will be destroyed by the site researcher at this agency/office upon completion of data collection.

PROCEDURES

1. The **Intake Face Sheet** should be completed on every case that you assess/investigate, even if there is no suspected maltreatment.
2. The entire **CIS Maltreatment Assessment** form (*Intake Face Sheet, Household Information Sheet and Child Information Sheet(s)*) should be completed for each investigation. Each investigated child requires a separate *Child Information Sheet*.

Note: Currently open/active cases with new allegations of child maltreatment are not included in the CIS.

COMPLETION INSTRUCTIONS

To ensure accuracy and minimize response time, the **CIS Maltreatment Assessment** should be completed when you complete the standard written assessment/investigation report for the child maltreatment investigation.

Unless otherwise specified, all information *must* be completed by the investigating worker.

Complete *all* items to the best of your knowledge. To increase accuracy of data scanning, please avoid making marks beyond the fill-in circles.

Thank you for your time and interest.

COMMENTS

If you are unable to complete an investigation for any child indicated in 6g) or 6h) please explain why

CIS OFFICE USE ONLY			

Comments: Intake information

Comments: Household information

Comments: Child information

perforate >

perforate >

This information will remain confidential, and no identifying information will be used outside your own agency.
 This tear-off portion of the instrument will be destroyed by the site researcher at this agency/office upon completion of data collection.

McGill University, Centre for Research on Children and Families, 3506 University Street, Suite 106, Montréal QC H3A 2A7 • t: 514-398-5399 • f: 514-398-5287
University of Toronto, Faculty of Social Work, 246 Bloor Street West, Toronto ON M5S 1A1 • t: 416-978-2527 • f: 416-978-7072
University of Calgary, Faculty of Social Work, 2500 University Drive, NW, Calgary AB T2N 1N4 • t: 403-220-4698 • f: 403-282-7269
First Nations Child and Family Caring Society of Canada, 251 Bank Street, Suite 302, Ottawa ON K2P 1X3 • t: 613-230-5885 • f: 613-230-3080

CIS Maltreatment Assessment: Household Information

Please describe household composition at time of referral

CIS OFFICE USE ONLY

--	--	--	--	--	--	--	--

<p>Primary Caregiver : _____</p> <p>A8. Primary income</p> <p><input type="radio"/> Full time <input type="radio"/> Seasonal <input type="radio"/> Other benefit</p> <p><input type="radio"/> Part time (<30 hrs/wk) <input type="radio"/> Employment insurance <input type="radio"/> None</p> <p><input type="radio"/> Multiple jobs <input type="radio"/> Social assistance <input type="radio"/> Unknown</p> <p>A9. Ethno-racial</p> <p><input type="radio"/> White <input type="radio"/> South Asian <small>(e.g., East Indian, Pakistani, Punjabi, Sri Lankan)</small></p> <p><input type="radio"/> Black <small>(e.g., African, Haitian, Jamaican)</small></p> <p><input type="radio"/> Latin American <input type="radio"/> Chinese</p> <p><input type="radio"/> Arab/West Asian <small>(e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)</small></p> <p><input type="radio"/> Southeast Asian other than Chinese <small>(e.g., Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)</small></p> <p><input type="radio"/> Aboriginal <input type="radio"/> Other: _____</p> <p>A10a) If Aboriginal <input type="radio"/> On reserve <input type="radio"/> Off reserve</p> <p>b) <input type="radio"/> First Nations status <input type="radio"/> First Nations non-status <input type="radio"/> Métis</p> <p><input type="radio"/> Inuit <input type="radio"/> Other: _____</p> <p>c) Caregiver attended residential school <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>d) Caregiver's parent attended residential school <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>A11. Primary language <input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other: _____</p> <p>A12. Contact with caregiver in response to investigation</p> <p><input type="radio"/> Co-operative <input type="radio"/> Not co-operative <input type="radio"/> Not contacted</p> <p>A13. Caregiver risk factors</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Confirmed</th> <th>Suspected</th> <th>No</th> <th>Unknown</th> </tr> </thead> <tbody> <tr><td>Alcohol abuse</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Drug/solvent abuse</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Cognitive impairment</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Mental health issues</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Physical health issues</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Few social supports</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Victim of domestic violence</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Perpetrator of domestic violence</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>History of foster care/group home</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </tbody> </table>		Confirmed	Suspected	No	Unknown	Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of foster care/group home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>Second Caregiver in the home : _____</p> <p><input type="radio"/> No other caregiver in the home</p> <p>B8. Primary income</p> <p><input type="radio"/> Full time <input type="radio"/> Seasonal <input type="radio"/> Other benefit</p> <p><input type="radio"/> Part time (<30 hrs/wk) <input type="radio"/> Employment insurance <input type="radio"/> None</p> <p><input type="radio"/> Multiple jobs <input type="radio"/> Social assistance <input type="radio"/> Unknown</p> <p>B9. Ethno-racial</p> <p><input type="radio"/> White <input type="radio"/> South Asian <small>(e.g., East Indian, Pakistani, Punjabi, Sri Lankan)</small></p> <p><input type="radio"/> Black <small>(e.g., African, Haitian, Jamaican)</small></p> <p><input type="radio"/> Latin American <input type="radio"/> Chinese</p> <p><input type="radio"/> Arab/West Asian <small>(e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)</small></p> <p><input type="radio"/> Southeast Asian other than Chinese <small>(e.g., Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)</small></p> <p><input type="radio"/> Aboriginal <input type="radio"/> Other: _____</p> <p>B10a) If Aboriginal <input type="radio"/> On reserve <input type="radio"/> Off reserve</p> <p>b) <input type="radio"/> First Nations status <input type="radio"/> First Nations non-status <input type="radio"/> Métis</p> <p><input type="radio"/> Inuit <input type="radio"/> Other: _____</p> <p>c) Caregiver attended residential school <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>d) Caregiver's parent attended residential school <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>B11. Primary language <input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other: _____</p> <p>B12. Contact with caregiver in response to investigation</p> <p><input type="radio"/> Co-operative <input type="radio"/> Not co-operative <input type="radio"/> Not contacted</p> <p>B13. Caregiver risk factors</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Confirmed</th> <th>Suspected</th> <th>No</th> <th>Unknown</th> </tr> </thead> <tbody> <tr><td>Alcohol abuse</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Drug/solvent abuse</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Cognitive impairment</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Mental health issues</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Physical health issues</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Few social supports</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Victim of domestic violence</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Perpetrator of domestic violence</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>History of foster care/group home</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </tbody> </table>		Confirmed	Suspected	No	Unknown	Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of foster care/group home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Confirmed	Suspected	No	Unknown																																																																																																	
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Physical health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
History of foster care/group home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
	Confirmed	Suspected	No	Unknown																																																																																																	
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Physical health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
History of foster care/group home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
<p>14. Other adults in the home <i>(Fill in all that apply)</i></p> <p><input type="radio"/> None <input type="radio"/> Grandparent</p> <p><input type="radio"/> Children >19 <input type="radio"/> Other: _____</p> <p>15. Caregiver(s) outside the home <i>(Fill in all that apply)</i></p> <p><input type="radio"/> None <input type="radio"/> Father <input type="radio"/> Mother</p> <p><input type="radio"/> Grandparent <input type="radio"/> Other: _____</p> <p>16. Child custody dispute</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>17. Housing</p> <p><input type="radio"/> Own home <input type="radio"/> Rental</p> <p><input type="radio"/> Public housing <input type="radio"/> Band housing</p> <p><input type="radio"/> Unknown <input type="radio"/> Hotel/Shelter</p> <p><input type="radio"/> Other: _____</p> <p>18. Home overcrowded</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>19. Number of moves in past year</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 or more</p> <p><input type="radio"/> Unknown</p>	<p>20. Housing safety</p> <p>a) Accessible weapons</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>b) Accessible drugs or drug paraphernalia</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>c) Drug production or trafficking in the home</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>d) Chemicals or solvents used in production</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>e) Other home injury hazards</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>f) Other home health hazards</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>21. Household regularly runs out of money for basic necessities</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>22. Case previously opened</p> <p><input type="radio"/> Never <input type="radio"/> 1 time <input type="radio"/> 2-3 times</p> <p><input type="radio"/> >3 times <input type="radio"/> Unknown</p> <p>a) If case was opened before, how long since previous opening</p> <p><input type="radio"/> <3 mo <input type="radio"/> 3-6 mo <input type="radio"/> 7-12 mo</p> <p><input type="radio"/> 13-24 mo <input type="radio"/> >24 mo</p>	<p>23. Case will stay open for on-going child welfare services</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>a) If yes, is case streamed to differential or alternative response</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>24. Referral(s) for any family member <i>(Fill in all that apply)</i></p> <p><input type="radio"/> No referral made</p> <p><input type="radio"/> Parent support group</p> <p><input type="radio"/> In-home family parent counselling</p> <p><input type="radio"/> Other family or parent counselling</p> <p><input type="radio"/> Drug or alcohol counselling</p> <p><input type="radio"/> Welfare or social assistance</p> <p><input type="radio"/> Food bank</p> <p><input type="radio"/> Shelter services</p> <p><input type="radio"/> Domestic violence services</p> <p><input type="radio"/> Psychiatric or psychological services</p> <p><input type="radio"/> Special education placement</p> <p><input type="radio"/> Recreational services</p> <p><input type="radio"/> Victim support program</p> <p><input type="radio"/> Medical or dental services</p> <p><input type="radio"/> Child or day care</p> <p><input type="radio"/> Cultural services</p> <p><input type="radio"/> Other: _____</p>																																																																																																			



CIS Maltreatment Assessment: Child Information

--	--	--	--	--	--	--	--	--	--

First name: _____ 25. Sex Male Female 26. Age

--	--

27. Type of investigation Investigated incident of maltreatment **OR** Risk investigation only

28. Aboriginal status Not Aboriginal First Nations status First Nations non-status Métis Inuit Other: _____

29. Child functioning (Are you aware if any of the following apply to this child at this point in time?)

(Fill in each item)	Confirmed	Suspected	No	Unknown	Confirmed	Suspected	No	Unknown
Depression/anxiety/withdrawal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Intellectual/developmental disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Failure to meet developmental milestones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-harming behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Academic difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD/ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FAS/FAE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Positive toxicology at birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running (Multiple incidents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate sexual behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Criminal Justice Act involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. If risk investigation only, is there a significant risk of future maltreatment? Yes No Unknown
 For risk investigation only, please complete only Questions 39, 40, 41 and 42

31. Maltreatment Codes

Physical abuse	Sexual abuse	Neglect	Emotional maltreatment	Exposure to intimate partner violence
1 - Shake, push, grab or throw 2 - Hit with hand 3 - Punch, kick or bite 4 - Hit with object 5 - Choking, poisoning, stabbing 6 - Other physical abuse	7 - Penetration 8 - Attempted penetration 9 - Oral sex 10 - Fondling 11 - Sex talk or images 12 - Voyeurism 13 - Exhibitionism 14 - Exploitation 15 - Other sexual abuse	16 - Failure to supervise: physical harm 17 - Failure to supervise: sexual abuse 18 - Permitting criminal behaviour 19 - Physical neglect 20 - Medical neglect (includes dental) 21 - Failure to provide psych. treatment 22 - Abandonment 23 - Educational neglect	24 - Terrorizing or threat of violence 25 - Verbal abuse or belittling 26 - Isolation/confinement 27 - Inadequate nurturing or affection 28 - Exploiting or corrupting behaviour	29 - Direct witness to physical violence 30 - Indirect exposure to physical violence 31 - Exposure to emotional violence 32 - Exposure to non-partner physical violence

Insert Maltreatment Codes in the boxes below
 (Enter primary form of maltreatment first)

--	--	--

32. Alleged perpetrator (Fill in all that apply)

1st	2nd	3rd	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Primary caregiver
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Second caregiver
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other

If Other perpetrator:

a) Age <13 13-15 16-20
 21-30 31-40 41-50
 51-60 >60

b) Sex Male Female

39. Placement during investigation

No placement required
 Placement considered
 Informal kinship care
 Kinship foster care
 Family foster care (non kinship)
 Group home
 Residential/secure treatment

33. Substantiation (Fill in only one per column)

1st	2nd	3rd	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Substantiated
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suspected
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unfounded

a) Substantiated or suspected maltreatment, is mental or emotional harm evident?
 Yes No

b) If yes, child requires therapeutic treatment
 Yes No

c) Was the unfounded report a malicious referral?
 Yes No Unknown

40. Child welfare court
 No court considered Application considered
 Application made

a) Referral to mediation/alternative response
 Yes No

34. Was maltreatment a form of punishment? (Fill in only one per column)

1st	2nd	3rd	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unknown

d) If unfounded, is there a significant risk of future maltreatment?
 Yes No Unknown

41. Previous reports

a) Child previously reported to child welfare for suspected maltreatment
 Yes No Unknown

b) If yes, was the maltreatment substantiated?
 Yes No Unknown

35. Duration of maltreatment (Fill in only one per column)

1st	2nd	3rd	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable (unfounded)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Single incident
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Multiple incidents

37. Severity of harm

a) Medical treatment required
 Yes No N/A - no harm

b) Health or safety seriously endangered by suspected or substantiated maltreatment
 Yes No N/A - no harm

c) History of injuries
 Yes No Unknown

42. Caregivers use spanking as a form of discipline
 Yes No Unknown

36. Physical harm (Fill in all that apply)

No harm Bruises/Cuts/Scrapes
 Broken bones Burns and scalds
 Head trauma Fatal
 Other health condition: _____

38. Physician/nurse physically examined child as part of the investigation
 Yes No

43. Police involvement in adult domestic violence investigation

None Charges laid
 Investigation only Unknown
 Charges being considered N/A

44. Police involvement in child maltreatment investigation

None Charges being considered
 Investigation only Charges laid

CIS OFFICE USE ONLY

--	--

CIS OFFICE USE ONLY

--	--	--	--

CIS OFFICE USE ONLY

--	--

