

**SEXUAL ABUSE PROGRAM  
SUMMARY OF REVIEW AND SCREENING**

***Filing Instructions:*** Upon completion, the CFS 687 Summary of Review and Screening is to be filed in Section VI Child Specific Section of the case record.

**I. UIR REVIEW**

<b>UIR #</b>	<b>DATE FILED:</b>	<b>DATE RECEIVED:</b>
Name: _____		ID#: _____
DOB: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Primary language: _____		Legal status: _____
<b><u>Persons Contacted</u></b>	<b><u>Relationship to Child</u></b>	<b><u>Date</u></b>
_____	_____	_____
		In person <input type="checkbox"/> By phone <input type="checkbox"/>
_____	_____	_____
		In person <input type="checkbox"/> By phone <input type="checkbox"/>
_____	_____	_____
		In person <input type="checkbox"/> By phone <input type="checkbox"/>
_____	_____	_____
		In person <input type="checkbox"/> By phone <input type="checkbox"/>
_____	_____	_____
		In person <input type="checkbox"/> By phone <input type="checkbox"/>
Reporter: _____		
Worker: _____		R/S/F: _____
Supervisor: _____		
CPSW investigation conducted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, outcome:	<input type="checkbox"/> Indicated	Date _____
	<input type="checkbox"/> Unfounded	Date _____
	<input type="checkbox"/> Pending as of _____	(Date)
Investigator: _____		
Investigating Unit: _____		
Investigation by law enforcement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of law enforcement / investigating unit: _____		
_____		

**Criminal charges filed for sexual offense?**

Yes  No

**Date charged:** \_\_\_\_\_

Pending as of \_\_\_\_\_ (Date)

**What was the charge?** \_\_\_\_\_

Adjudicated

Charges pled down from \_\_\_\_\_ to \_\_\_\_\_

Charges dropped

Dependency

**Court of jurisdiction:** \_\_\_\_\_

**List all of the court's orders regarding this offense or violation:** \_\_\_\_\_  
\_\_\_\_\_

**Was the ward placed on probation as a result of this offense?**

Yes  No

**If yes, list the conditions of probation:** \_\_\_\_\_  
\_\_\_\_\_

**SASC NOTES: Summary of Contacts/Findings**  
**(Include reason for disposition determination.)**

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**DISPOSITION**

- NOT A SEXUAL BEHAVIOR PROBLEM.
- PROCEED WITH BEHAVIORAL REVIEW.

**RECOMMENDATIONS**

**For caseworker / supervisor:** \_\_\_\_\_  
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**For caregiver:** \_\_\_\_\_  
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**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**ALLEGED SEXUAL INCIDENT**

**Date of incident:** \_\_\_\_\_ **UIR #:** \_\_\_\_\_

**Describe the behavior:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the precursors/antecedents to the incident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the context in which the incident occurred:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The incident was witnessed by:** \_\_\_\_\_  
\_\_\_\_\_

**What time of day did the alleged incident occur?** \_\_\_\_\_  
\_\_\_\_\_

**Ward's age at time of alleged incident:** \_\_\_\_\_

**How was the sexual incident discovered? Another child's report? Observed by the caregiver or a teacher? What documentation is there of the alleged incident, for example, case notes, school report, eyewitness?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often does the behavior occur? \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_\_

Does the behavior place the child at risk?  Yes  No

Does the behavior place other children at risk?  Yes  No

Is the behavior physically self-abusive?  Yes  No

Is the behavior developmentally typical for this child?  Yes  No

**OTHER REPORTED INCIDENTS OF SEXUAL MISBEHAVIOR**

(Attach additional pages if necessary.)

Date of incident: \_\_\_\_\_

Describe: \_\_\_\_\_

UIR submitted?  Yes  No

If yes, UIR #: \_\_\_\_\_

CPSW investigation conducted?  Yes  No

If yes, outcome:  Indicated Date \_\_\_\_\_

Unfounded Date \_\_\_\_\_

Pending as of \_\_\_\_\_ (Date)

Investigator: \_\_\_\_\_

Investigating Unit: \_\_\_\_\_

Investigation by law enforcement?

Yes  No

If yes, name of law enforcement / investigating unit: \_\_\_\_\_

\_\_\_\_\_

Criminal charges filed for sexual offense?

Yes  No

What was the charge? \_\_\_\_\_

Adjudicated

Charges pled down from \_\_\_\_\_ to \_\_\_\_\_

Charges dropped

Dependency

Court of jurisdiction: \_\_\_\_\_

List all of the court's orders regarding this offense or violation: \_\_\_\_\_

\_\_\_\_\_

Was the ward placed on probation as a result of this offense?

Yes  No

If yes, list the conditions of probation: \_\_\_\_\_

\_\_\_\_\_

**OTHER UIRS**

(Attach copies or summarize UIRs not described elsewhere.)

UIR #: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

Summary of UIR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

UIR #: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

Summary of UIR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

UIR #: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

Summary of UIR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETE LEGAL/CRIMINAL HISTORY**

Have other charges been filed against this ward?  Yes  No

If yes:

Charge: \_\_\_\_\_ Date: \_\_\_\_\_

- Adjudicated
- Charges pled down from \_\_\_\_\_ to \_\_\_\_\_
- Charges dropped
- Dependency

Court of jurisdiction: \_\_\_\_\_

List all of the court's orders regarding this offense or violation: \_\_\_\_\_

Was the ward placed on probation as a result of this offense?  Yes  No

If yes, list the conditions of probation: \_\_\_\_\_

Charge: \_\_\_\_\_ Date: \_\_\_\_\_

- Adjudicated
- Charges pled down from \_\_\_\_\_ to \_\_\_\_\_
- Charges dropped
- Dependency

Court of jurisdiction: \_\_\_\_\_

List all of the court's orders regarding this offense or violation: \_\_\_\_\_

Was the ward placed on probation as a result of this offense?  Yes  No

If yes, list the conditions of probation: \_\_\_\_\_

**PLACEMENTS**

Attach NOMAD Report.



**SCHOOL**

**Grade, Performance, Placement:** \_\_\_\_\_

\_\_\_\_\_

<u><b>IQ</b></u> <b>Verbal</b> _____	<u><b>IQ</b></u> <b>Verbal</b> _____	<u><b>IQ</b></u> <b>Verbal</b> _____
<b>Performance</b> _____	<b>Performance</b> _____	<b>Performance</b> _____
<b>Full Scale</b> _____	<b>Full Scale</b> _____	<b>Full Scale</b> _____
<b>Date</b> _____	<b>Date</b> _____	<b>Date</b> _____

**MEDICAL CONDITION**

<input type="checkbox"/> <b>ASTHMA</b>	<input type="checkbox"/> <b>ENURESIS</b>	<input type="checkbox"/> <b>ENCOPRESIS</b>
<input type="checkbox"/> <b>GLASSES</b>	<input type="checkbox"/> <b>HEARING</b>	<input type="checkbox"/> <b>LEAD EXPOSURE</b>
<input type="checkbox"/> <b>OTHER</b>		

**Describe:** \_\_\_\_\_

\_\_\_\_\_

**HOSPITALIZATIONS**

**Date:** \_\_\_\_\_ **Name of Hospital:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Name of Hospital:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Name of Hospital:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MENTAL HEALTH DIAGNOSES**

**Diagnosis:** Axis I \_\_\_\_\_  
Axis II \_\_\_\_\_  
Axis III \_\_\_\_\_  
**Made by:** \_\_\_\_\_  
**Agency/Facility/Hospital:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Diagnosis:** Axis I \_\_\_\_\_  
Axis II \_\_\_\_\_  
Axis III \_\_\_\_\_  
**Made by:** \_\_\_\_\_  
**Agency/Facility/Hospital:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Diagnosis:** Axis I \_\_\_\_\_  
Axis II \_\_\_\_\_  
Axis III \_\_\_\_\_  
**Made by:** \_\_\_\_\_  
**Agency/Facility/Hospital:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Diagnosis:** Axis I \_\_\_\_\_  
Axis II \_\_\_\_\_  
Axis III \_\_\_\_\_  
**Made by:** \_\_\_\_\_  
**Agency/Facility/Hospital:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**BEHAVIORAL FUNCTIONING**

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> AOD        | <input type="checkbox"/> DELINQUENCY         | <input type="checkbox"/> EATING PROBLEMS                |
| <input type="checkbox"/> RUNNING    | <input type="checkbox"/> PHYSICAL AGGRESSION | <input type="checkbox"/> SEXUAL ORIENTATION/QUESTIONING |
| <input type="checkbox"/> SELF-ABUSE | <input type="checkbox"/> SLEEP DISTURBANCES  | <input type="checkbox"/> GANG INVOLVEMEN                |
| <input type="checkbox"/> OTHER      |  |   |

Describe: \_\_\_\_\_  
\_\_\_\_\_

Does this child have friends?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does s/he like to do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does s/he do well?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overall, what are this child's strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS**

**Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_  
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**Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_  
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**Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_  
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**Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
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**CURRENT TREATMENT SERVICES**

Type: _____	Dates: _____
Provider/Clinician: _____	
Agency/Facility/Hospital: _____	
Type: _____	Dates: _____
Provider/Clinician: _____	
Agency/Facility/Hospital: _____	
Type: _____	Dates: _____
Provider/Clinician: _____	
Agency/Facility/Hospital: _____	
Type: _____	Dates: _____
Provider/Clinician: _____	
Agency/Facility/Hospital: _____	
Type: _____	Dates: _____
Provider/Clinician: _____	
Agency/Facility/Hospital: _____	

**PREVIOUS TREATMENT SERVICES**

Type: _____	Dates: _____
Provider/Clinician: _____	
Agency/Facility/Hospital: _____	
Type: _____	Dates: _____
Provider/Clinician: _____	
Agency/Facility/Hospital: _____	
Type: _____	Dates: _____
Provider/Clinician: _____	
Agency/Facility/Hospital: _____	
Type: _____	Dates: _____
Provider/Clinician: _____	
Agency/Facility/Hospital: _____	









**SASC PLACEMENT AND SUPERVISION RECOMMENDATIONS AND APPROVAL**

**Supervision**

**Use of alarms, motion detectors, or other electronic monitoring devices:**

**Not Approved**

**Approved**

**Describe the devices that will be used, where they will be located, and why they are necessary:**

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**Notification of School / Others**

**Notification of school personnel or other adults outside of the ward's living arrangement:**

**Not Approved**

**Approved**

**List the activities which require notification of other adults, using the addendum to the Supervision Plan, and the names of the adults who will supervise:**

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**PLACEMENT RECOMMENDATIONS**

**Change in placement:**

**Not Approved**

**Approved**

**If approved, recommended placement setting: \_\_\_\_\_**

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