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EARLY SCREENING TOOL

This form must be completed by the permanency supervisor or designee and placed in the family case record.

Case Name: _____ Case Number: _____

If any one item in the following section is checked "yes", the case must be referred to the Permanency Committee for case direction.

DELAWARE CODE

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| 1. Is the parent willing to voluntarily relinquish their parental rights? | Yes | No |
| 2. Has the child been abandoned? | Yes | No |
| 3. Has the parent been found by the court to be mentally incompetent? | Yes | No |
| 4. Has the parent committed a felony level offense against a person in which the victim was a child? | Yes | No |
| 5. Has the parent or parents not been able to or failed to plan for the child? | Yes | No |
| 6. Has the child been subjected to torture, chronic abuse, sexual abuse, and/or life-threatening abuse by the parent? | Yes | No |
| 7. Has there been prior involuntary terminations of parental rights over a sibling of the child? | Yes | No |
| 8. Has the child suffered unexplained serious physical injury that resulted from the intentional conduct or willful neglect of the parent? | Yes | No |

If 4 or more items in the parent or child sections are checked "yes", this case must be referred to the Permanency Committee for case direction.

PARENT

- | | | | |
|----|---|-----|----|
| 1. | Does either parent have substance abuse history that has not been successfully addressed? | Yes | No |
| 2. | Does either parent have a mental health diagnosis that may interfere with the care/safety of the child? | Yes | No |
| 3. | Has either parent had a history of, or current exposure to, severe and/or long-term domestic violence? | Yes | No |
| 4. | Is either parent a repeat criminal offender? | Yes | No |
| 5. | Is either parent currently incarcerated? | Yes | No |
| 6. | Was either parent abused or neglected during their childhood? | Yes | No |
| 7. | Have there been multiple reports of a/n/d made on either parent? | Yes | No |

CHILD

- | | | | |
|-----|--|-----|----|
| 9. | Does the child have special needs that the parents are unable or unwilling to address? | Yes | No |
| 9. | Has this child or other children of the parents ever been in foster care before? | Yes | No |
| 10. | Do parents have multiple children for whom they do not provide primary care? | Yes | No |

Other:

Should the child be placed in a legal risk adoptive home?	Yes	No
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Completed By: _____ Date Completed: _____