

Child Protective Services Worker Manual Table of Contents

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Child Protective Services Manual Transmittal Letters

CPSMTL 1-A

Child Protective Services Manual Transmittal Letter No. 1-A

April 17, 2007

TO: CPS Manual Holders
FROM: Helen E. Jones-Kelley, Director
SUBJECT: CHILD PROTECTIVE SERVICES WORKER MANUAL AND COMPREHENSIVE ASSESSMENT AND PLANNING MODEL - INTERIM SOLUTION FIELD GUIDES

This letter has been reissued to correct the web address in for ODJFS eManuals.

This letter transmits the Child Protective Services (CPS) Worker Manual and Comprehensive Assessment and Planning Model - Interim Solution (CAPMIS) Field Guides which have been developed for the implementation of CAPMIS.

The worker manual is designed to help supervisors and caseworkers understand the process of assessing the family. This manual is divided into four sections: the Screening Decision Manual; the CAPMIS Policy Manual; the Safety Assessment Field Guide; and the Family Assessment Field Guide. The Screening Decision Manual is designed to assist in establishing screening criteria and guidelines for gathering and documenting referral information and making screening decisions. The Policy Manual assists the supervisor and caseworker in understanding the conceptual framework of CAPMIS. This manual is sectioned by assessment tool and includes policies, procedures, associated definitions, and instructions on the assessment and documentation process for each CAPMIS tool. The Field Guide sections of the manual include suggested questions to elicit information during the interview process and case examples to assist in the assessment of safety and risk.

The worker manual and field guides will not be available in hardcopy from the ODJFS warehouse. They can be obtained online at: <http://emanuals.odjfs.state.oh.us/emanuals>. To receive notice of updates to this manual, as well as other ODJFS manuals, manual holders may subscribe to an e-mail notification list. By subscribing to this e-mail notification list, manual holders will be sent an e-mail notice containing a list of what was issued during that week. All manual holders may subscribe to the e-mail notification list by sending an e-mail with the word: subscribe in lower case letters in the subject line to: handbook_update_subscriptions@odjfs.state.oh.us.

If you have questions regarding this change, please contact the Office for Children and Families Help Desk at (866) 886-3537 (Option 4) or via e-mail at help-desk-ocf@odjfs.state.oh.us.

INSTRUCTIONS:

The following chart depicts what materials are to be removed from the manual and what materials are to be inserted.

LOCATION	REMOVE AND FILE AS OBSOLETE	INSERT/REPLACEMENT
MANUAL	CPSMTL No. 1	CPSMTL No. 1A

Abstract

This manual is dedicated to supervisors and caseworkers who make the critical decisions that impact children and families.

Assessment of child safety and future risk of abuse and/or neglect are two of the many standards identified in the Adoption and Safe Families Act (ASFA). The standards were instituted in order to ensure that critical decisions regarding children were a result of the thorough assessment of both safety and risk. The assessment of child safety is a process which determines whether or not a child is safe. Evaluating risk is a process which assesses risk factors while considering the ever changing family dynamics in order to determine whether a family is in need of child protective services. Together, these processes support decision-making relative to children and families. In order to maintain consistency in child protective decision making and assure compliance with the ASFA, instruments were developed to assist caseworkers in assessing families and in making critical decisions.

The Worker Manual is designed to help supervisors and caseworkers understand the process of assessing the family. This manual is divided into four sections: the Screening Decision Manual; the Comprehensive Assessment Planning Model- Interim Solution (CAPMIS) Policy Manual; the Safety Assessment Field Guide; and the Family Assessment Field Guide. The Screening Decision Manual is designed to assist in establishing screening criteria and guidelines for gathering and documenting referral information and making screening decisions. The Policy Manual assists the supervisor and caseworker in understanding the conceptual framework of CAPMIS. This manual is sectioned by assessment tool and includes policies, procedures, associated definitions, and instructions on the assessment and documentation process for each CAPMIS tool. The Field Guide sections of the manual include suggested questions to elicit information during the interview process and case examples to assist in the assessment of safety and risk.

The Screening Decision Manual

The Screening Decision

The screening function is the first point at which a judgment must be made about a child's safety. The information obtained from the referent is used to make a judgment about the necessity to intervene and the speed and nature of the agency's response.

The purpose of screening is:

- To determine whether an incoming allegation meets the criteria for assessment/investigation and is appropriate for Child Protective Services (CPS).
- To gather sufficient information about the referred family to locate the family and child(ren), and to identify children who may be in danger.
- To determine whether the information indicates the need for an emergency response because a child appears to be unsafe.

In accordance with section 2151.42.1 of the Revised Code, the public children services agency (PCSA) shall investigate each report of known or suspected child abuse or child neglect, or threat thereof, which is referred to it. Furthermore, section 5153.16(A)(1) of the Revised Code also states that the PCSA shall make an investigation concerning allegations of an abused, neglected, or dependent child. Based on the information obtained from the referent, the agency must determine whether the allegation meets the criteria for assessment/investigation.

A referral is an allegation of child abuse and/or neglect, dependency, or family in need of services made orally or in writing. It includes, but is not limited to, allegations involving individuals, families, and out-of-home care settings.

A report is a referral accepted by the PCSA as a result of the screening decision for PCSA assessment/investigation, services, and/or intervention.

To determine whether a referral meets the criteria to be accepted as a report and assigned for assessment/investigation, the information provided by the referent/reporter should indicate that a child is suspected of being abused or neglected or was abused and/or neglected, that a child is dependent (or suspicion thereof), or that a family is in need of services.

Abused Child, pursuant to 2151.03.1 of the Revised Code, includes any child who:

- Is the victim of sexual activity as defined under Chapter 2907 of the Revised Code, where such activity would constitute an offense under Chapter 2907 of the Revised Code except that the court need not find that any person has been convicted of the offense in order to find that the child is an abused child.
- Is endangered as defined in section 2919.22 of the Revised Code, except that the court need not find that any person has been convicted under 2919.22 of the Revised Code in order to find that the child is an abused child.
- Exhibits evidence of any physical or mental injury or death, inflicted other than by accidental means, or an injury or death which is at variance with the history given of it. Except as provided in this definition, a child exhibiting evidence of corporal punishment or other physical disciplinary measure by a parent, guardian, custodian, person having custody or control, or person in loco parentis of a child is not an abused child under this definition if the measure is not prohibited under 2919.22 of the Revised Code.
- Because of the acts of his parents, guardian, or custodian, suffers physical or mental injury that harms or threatens to harm the child's health or welfare.
- Is subjected to out-of-home care child abuse.

Neglected Child, pursuant to section 2151.03 of the Revised Code, includes any child:

- Who is abandoned by the child's parents, guardian, or custodian.
- Who lacks adequate parental care because of the faults or habits of the child's parents, guardian, or custodian.

- Whose parents, guardian, or custodian neglects the child or refuses to provide proper or necessary subsistence, education, medical or surgical care or treatment, or other care necessary for the child's health, morals, or well being.
- Whose parents, guardian, or custodian neglects the child or refuses to provide the special care made necessary by the child's mental condition.
- Whose parents, legal guardian, or custodian have placed or attempted to place the child in violation of sections 5103.16 and 5103.17 of the Revised Code.
- Who, because of the omission of the child's parents, guardian, or custodian, suffers physical or mental injury that harms or threatens to harm the child's health or welfare.
- Who is subjected to out-of-home care child neglect.

Nothing in Chapter 2151 of the Revised Code shall be construed as subjecting a parent, guardian, or custodian of a child to criminal liability when, solely in the practice of religious beliefs, the parent, guardian, or custodian fails to provide adequate medical or surgical care or treatment for the child.

Dependent Child, pursuant to Section 2151.04 of the Revised Code, means any child:

- Who is homeless or destitute or without adequate parental care, through no fault of the child's parents, guardian, or custodian;
- Who lacks adequate parental care by reason of mental or physical condition of the child's parents, guardian, or custodian;
- Whose condition or environment is such as to warrant the state, in the interests of the child, in assuming the child's guardianship;
- To whom both of the following apply:
 - The child is residing in a household in which a parent, guardian, custodian, or other member of the household committed an act that was the basis for an adjudication that a sibling of the child or any other child who resides in the household is an abused, neglected or dependent child.
 - Because of the circumstances surrounding the abuse, neglect, or dependency of the sibling or other child and the other conditions in the household of the child, the child is in danger of being abused or neglected by that parent, guardian, custodian, or member of the household.

Family in Need of Services Report is a report that services be rendered to a family. This report type includes requests which have been made for a PCSA to provide or to facilitate a specific set of services.

Child Abuse and Neglect Reports

After determining that the information contained in the referral constitutes a report of child abuse and/or neglect, the PCSA conducts an assessment/investigation to determine:

- If the child's immediate safety is a concern and, if it is, the interventions that will ensure the child's protection while keeping the child within the family or with extended family members, if at all possible;
- If child maltreatment occurred;
- If there is a risk of future maltreatment and the level of that risk;
- If continuing agency services are needed to address any effects of child maltreatment and to reduce the risk of future maltreatment. [\(1\)](#)

The PCSA shall determine the type(s) of assessment/investigation. There are four types of assessment/investigations:

- An Intra-familial assessment/investigation is conducted by a PCSA in response to a child abuse and/or neglect report and includes an alleged perpetrator (AP) who is one or more of the following:
 - A member of the alleged child victim's (ACV) family.

- Has sanctioned or continued access to the ACV (e.g., boy/girlfriend of the parent not living in the home, neighbor).
- Is involved in daily or regular care of the ACV, excluding a person responsible for the care of a child in an out-of-home care setting (e.g., unlicensed/uncertified child care provider).

The requirements for conducting an intra-familial assessment/investigation are contained within rule 5101:2-36-03 of the Administrative Code.

- A Specialized Assessment/Investigation is an assessment/investigation conducted by a PCSA in response to a child abuse or neglect report and includes an alleged perpetrator who meets one or more of the following criteria:
 - Is responsible for the care of a child in an out-of-home care setting as defined in rule 5101:2-1-01 of the Administrative Code (e.g., a school teacher).
 - Is a person responsible for a child's care in out-of-home care as defined in section 2151.011 of the Revised Code (e.g., a day camp counselor, a foster parent, a pre-finalized adoptive parent, an employee of a residential facility, or a licensed/approved child care provider or facility).
 - Has access to the child by virtue of his/her employment or affiliation with an institution (e.g., a Boy/Girl Scout leader).

The requirements for conducting a specialized assessment/investigation are contained within rule 5101:2-36-04 of the Administrative Code.

- A Third Party Investigation is the requirement that a PCSA request the assistance of law enforcement or another PCSA or both when conducting an assessment/investigation due to the potential conflict of interest a PCSA may have assessing/investigating an entity when the following parties are involved as alleged perpetrators or principals of the report of child abuse or neglect:
 - Any employee of an institution or facility that is licensed or certified by the Ohio Department of Job and Family Services (ODJFS) or another state agency and supervised by the PCSA (e.g. PCSA's own licensed group home and child residential center).
 - A foster caregiver or pre-finalized adoptive parent that is licensed, certified, or approved by ODJFS and supervised by the PCSA (e.g., PCSA's own approved pre-finalized adoptive home or PCSA's own licensed foster caregiver).
 - Any employee, or agent of ODJFS or the PCSA as defined in Chapter 5153. of the Revised Code (e.g., PCSA's own employee or an ODJFS employee).
 - Any authorized person representing ODJFS or the PCSA who provides services for payment or as a volunteer.

A third party investigation shall also be completed any time a PCSA determines that they have a conflict of interest.

A third party investigation may be an intra-familial assessment/investigation or a specialized assessment/investigation depending upon the relationship of the alleged perpetrator with the alleged child victim.

The requirements for conducting a third party investigation are contained within rule 5101:2-36-08 of the Administrative Code.

- A Stranger Danger investigation is a type of investigation identified under the "Family in Need of Services" intake category and its definition is contained in the section below.

Dependency Reports

The requirements for conducting a dependent child assessment/investigation are consistent with the requirements for conducting an intra-familial assessment/investigation (for child abuse/neglect reports). The

alleged child victim will be the child who is subject to the report and there will be no identified alleged perpetrator.

The requirements for conducting a dependent child assessment/investigation are outlined in rule 5101:2-36-09 of the Administrative Code.

Family in Need of Services Reports

In addition to child abuse, neglect, or dependency reports, an agency may also serve families when services are being requested and/or provided.

A ***Family in Need of Services*** is a report category in which a request has been made for a PCSA to provide or to facilitate one or more of the following types of services to a family:

- **Home Evaluations/Visitation Assessments**

A Home Evaluation is the collection of information requested by a court, other PCSA, or other child serving agency (CSA) regarding a prospective caregiver and his/her ability to provide care to a child. A court or out-of-county PCSA may request a PCSA to conduct such a home evaluation. Rule 5101:2-42-18 of the Administrative Code outlines the requirements for approval of such placements. A Home Evaluation may also be ordered by a court for the purposes of determining child visitation.

A Visitation Assessment is a summary of information regarding visitations between the child(ren) and parent or other individual(s) as ordered by a court or requested by a PCSA.

- **Courtesy Supervision**

Courtesy Supervision is a request made by a PCSA or CSA to another PCSA for assistance in providing protective services to a family who is residing in the jurisdiction of the second PCSA.

- **Required Non-Lead PCSA Interviews**

Required non-lead PCSA interviews are interviews of principals and collateral sources conducted as requested by a PCSA or CSA on behalf of the lead PCSA as required by rules 5101:2-36-03, 5101:2-36-04, and 5101:2-36-09 of the Administrative Code.

- **Child Fatalities that are not a result of abuse/neglect**

The PCSA may provide intervention services to a family when information is received that there has been a child fatality in the family that was not the result of child abuse and/or neglect (CA/N).

- **Unruly/Delinquent Youth**

Per section 5153.16 (A)(3) of the Revised Code, the PCSA shall accept custody of children committed to the PCSA by a court exercising juvenile jurisdiction. Furthermore, rule 5101:2-33-26 of the Administrative Code states that the county Child Abuse and Neglect Memorandum of Understanding shall include a system for receiving and responding to reports involving individuals who aid, abet, induce, cause, encourage, or contribute to a child or a ward of the Juvenile Court becoming an unruly or delinquent child.

- **Deserted Child (Safe Havens Law)**

Per rule 5101:2-1-01 of the Administrative Code, a deserted child is a child whose parent has voluntarily delivered the child to an emergency medical services worker, peace officer, or hospital employee without expressing an intent to return for the child and who, pursuant to sections 2151.35.16 and 2151.35.17 of the Revised Code, is less than seventy-two hours old and has no apparent signs of

abuse or neglect. Rule 5101:2-36-06 of the Administrative Code outlines the PCSA requirements for a deserted child investigation.

- Stranger Danger Investigation

Per rule 5101:2-36-05 of the Administrative Code, a Stranger Danger Investigation is defined as a report to the PCSA alleging a criminal act against a child of assault or sexual activity as defined under Chapter 2907 of the Revised Code and includes an alleged perpetrator who is all of the following:

- Is not a member of the ACV's family.
- Has no sanctioned or continued access to the ACV.
- Has no relationship with the ACV and family.
- Is not involved in the daily or regular out-of-home care for the ACV.

The alleged perpetrator is unknown to the alleged child victim/family prior to the act.

- Preventive Services

Services provided by the PCSA aimed at promoting awareness or preventing child abuse and/or neglect which have been requested by and provided to children and families who have no current allegations of child abuse, neglect, or dependency. Examples of these services include: parenting education; requests for emergency monetary funds; or positive toxicology screen of unborn child (no other children residing in the home).

- Emancipated Youth

Per rule 5101:2-42-19.2 of the Administrative Code, the PCSA shall, when requested, provide services and support to former foster care recipients, who emancipated from that agency's custody due to attaining 18 years of age. The services and supports are to complement the young adult's own efforts to achieve self-sufficiency, and shall be available until the young adult's 21st birthday.

- Permanent Surrender

Per rule 5101:2-42-09 of the Administrative Code, the PCSA may enter into an agreement with the parents, guardian, or other persons having custody of a child to voluntarily surrender a child into the permanent custody of an agency when there is a mutual agreement that a permanent surrender would be in the best interests of the child.

- Post-Finalization Adoption Services

Per rule 5101:2-1-01 of the Administrative Code, post-finalization adoption services are services provided or arranged by the PCSA to support, maintain, and assist an adopted child, adoptive family, or birth parent anytime after finalization of an adoption.

- Postnatal Placement Services to Infants of Incarcerated Mother

Per rule 5101:2-42-60 of the Administrative Code, the PCSA shall have the responsibility for helping the mother and the correctional facility plan for the infant including investigation and recommendation regarding whether a placement plan arranged by the mother provides for the infant's care and safety, and arranging substitute care for the infant.

Information and/or Referral

In accordance with rule 5101:2-1-01.1 of the Administrative Code, **Information and/or Referral** is an intake category in which information is provided to any person to assist in locating or using available and appropriate resources. At intake, this category is applicable when the PCSA determines the information received does not

constitute a CA/N or Dependency report or a Family in Need of Services Report and the PCSA refers the reporter to the appropriate agency or service provider (e.g., Juvenile Court, mental health, educational services) or provides information to the reporter. Information and/or Referral may also include additional information received which does not constitute a new report of child abuse and/or neglect on an open intake or ongoing protective services case.

Guidelines for Screening

Screening decisions are *critical decisions*. Gathering the appropriate information at the screening level can greatly increase the efficiency and effectiveness of the agency's response and can allow agencies to act quickly to protect children in danger.

When the referent/reporter believes the information he/she has provided constitutes a report of child abuse and/or neglect, dependency, or family in need of services, but the screener determines that the referral information does not meet the parameters of abuse and/or neglect, dependency, or family in need of services, the PCSA shall screen the referral out.

The PCSA shall not contact collateral sources prior to making the screening decision thereby accepting the referral as a report.

Definitions and examples designed to assist in making screening decisions are located in the Screening Guidelines.

Introduction to the Comprehensive Assessment and Planning Model - Interim Solution

Decisions regarding child safety and risk, family functioning, and a family's ability to resolve concerns have profound consequences for the family system. The assessments contained in the Comprehensive Assessment and Planning Model- Interim Solution (CAPMIS) offer caseworkers a structured process to support and document critical decisions involving children and their families.

The Safety Assessment is designed to assist caseworkers in determining whether or not a child is currently safe. Safety planning is implemented immediately when the assessment of safety determines that a child is in need of immediate protection. The Safety Plan is a specific and concrete strategy for protecting a child from immediate, serious harm by controlling active safety threats and/or supplementing protective capacities.

The Family Assessment assists caseworkers with the review of child safety; the identification of the family's risk contributors, non risk contributors, strengths; and the assessment of risk. The actuarial risk assessment classifies families according to how likely they are to maltreat or re-maltreat their children. The information collected in the Family Assessment will guide workers in determining which cases should be opened for ongoing protective services.

Case planning is the process of developing a comprehensive action plan for services and activities to effect change in the family to resolve safety threats, enhance protective capacities, reduce risk, and strengthen family functioning.

The Case Review helps caseworkers re-evaluate safety, risk, and strengths and needs; review the degree to which services have led to desired case outcomes; and make decisions regarding the status of the case.

The Reunification Assessment helps caseworkers make decisions of whether, when, and how to reunite children with their families. The Reunification Assessment includes a review of the original and any subsequent safety threats, and an assessment of the family's readiness for reunification. The Reunification Assessment also guides caseworkers in identifying potential changes in family dynamics that may occur should a child be returned and assists the worker in planning with the family how to address changes and challenges inherent in reunifying a child with his/her family.

Comprehensive Assessment Planning Model- I.S. Flowchart

[Click here to view the Comprehensive Assessment Planning Model- I.S. Flowchart.](#)

Conceptual Overview

Safety versus Risk

Risk means the likelihood that maltreatment will occur or recur in the future. Risk concerns are family characteristics, behaviors, and conditions that suggest that the caretaker may maltreat his/her child in the future. Risk of various degrees and seriousness may exist within the family. (2) Safety is a subset of the broader concept of risk. Safety is risk concerns which constitute an immediate threat of serious harm to a child.

[Click here to view the Safety/Risk Chart.](#)

Safety is limited to the specific criteria of immediacy and degree of harm. Safety deals with serious harm that may occur now or in the immediate future. Risk, on the other hand, concerns itself with a full range of harm that may occur in the future. Because a safety assessment identifies serious harm occurring now, safety must be evaluated and responded to very quickly. Risk, on the other hand, is evaluated over a longer period of time and may permit a longer service plan development process, if needed.

SAFETY	RISK
Safety identifies <u>serious</u> harm that is occurring <u>immediately</u> .	Risk identifies the likelihood of <u>any degree</u> of harm that may occur at some point in a <u>more protracted future</u> , usually measured in months or years.
Safety must be assessed quickly. It assesses present danger (i.e., the presence of current serious harm or the likelihood of serious harm).	Risk is assessed over time. It estimates the likelihood of future abuse/neglect in a family.
Safety Assessment identifies what safety threats need to be controlled.	Risk Assessment identifies the need for intervention.

Safety Assessment

Key Term Definitions

- **Control** is the focus of the safety plan, in response to any child in immediate danger of serious harm, which serves to manage immediate safety threats and supplement protective capacities.
- **Credible Information** is information worthy of belief. Credible information is used as a standard to help evaluate safety or risk.
- **Danger** is the likelihood of serious harm to a child precipitated by one or more currently active safety threats and arising from insufficient protective capacities.
- **Protective Capacities** are family strengths or resources that reduce, control or prevent threats of serious harm from arising or having an unsafe impact on a child.
- **Safe Child** is the safety response when there are no immediate threats of serious harm present or the protective capacities of the family can manage any identified threats to a child.
- **Safety Plan** is a specific and concrete strategy for controlling threats of serious harm to a child or supplementing protective capacities, which is implemented immediately when a family's protective capacities are not sufficient to manage immediate and serious threats of harm.
- **Safety Threat** is an act or condition that has the capacity to seriously harm any child.
- **Safety Response** is the determination of whether a child is safe or whether a PCSA must implement a safety plan. The types of safety responses are safe, in-home safety plan, out-of-home safety plan, or legally authorized out-of-home placement.
- **Serious Harm** is the actual or threatened consequence of an active safety threat that may be significantly affected by a child's degree of vulnerability and includes one or more of the following:
 - Is life-threatening.
 - Substantively retards the child's mental health or development.
 - Produces substantial physical suffering, disfigurement or disability, whether permanent or temporary.
- **Vulnerability** is the degree to which a child can avoid or modify the impact of safety threats or risk concerns.

Key Constructs

Safety Threats

Safety threats are the specific conditions that cause or maintain danger of serious harm to any child. A safety threat may be a situation, condition, behavior, thought, feeling, or perception and may include:

- Caretaker's use of anger or violence to control others
- Caretaker's beliefs about child care and discipline
- Extremely unrealistic expectations of the child
- Domestic violence that threatens the child
- Inability to cope with stress
- Lack of basic resources
- Perceiving child as an obstacle to needs attainment.

Present danger involves situations in which safety threats are present and there is an immediate need for safety intervention.(3)

Present Danger has four (4) specific characteristics:

- Is active.
- Is specific and observable.

- Is out-of-control.
- Is likely to result in serious harm or risk thereof. [\(4\)](#)

To begin to understand how to resolve a safety threat, it is important to understand that the threat and the harm are related but separate constructs. The safety threat is the act or condition in the family that leads to the serious harm. The abuse or neglect of a child is the harm caused or the outcome of the safety threat(s). Child vulnerability and insufficient protective capacities may serve to increase the severity of the safety threat and its harmful effects on a child.

Serious Harm

Harm is the actual or threatened consequence of the active safety threat. It is life-threatening, substantively retards the child's mental health or development and/or produces substantial physical suffering, disfigurement or disability, whether temporary or permanent.

Assessing Safety

An assessment of safety is conducted in response to a child abuse and/or neglect report, a dependency report, or any other instances in which safety needs to be assessed throughout the life of a case. The assessment of safety and the decision-making process is documented on the Safety Assessment tool (JFS 01401). It is a point in time documentation of safety. The completed Safety Assessment tool documents the evaluation of signs of present danger, past history, child vulnerability, and family protective capacities to determine the most appropriate safety response.

The Safety Assessment tool shall be completed for all of the following:

- Intra-familial child abuse/neglect report, including those which are screened in as a third party investigation.
- Dependency report.
- Stranger danger investigation.

The Safety Assessment tool is optional for any reports classified under the Family in Need of Services Report category (e.g., Unruly/Delinquent, Home Evaluation/Visitation Assessments), except for stranger danger investigations.

The tool is completed within four (4) working days from the date the report was screened in. The supervisor's signature marks the completion of the Safety Assessment tool. If the Safety Assessment tool cannot be completed within the four working days from the date the report was screened in due to the inability to interview each ACV and at least one parent, guardian, or custodian or caretaker who has responsibility for the care of the ACV and these attempts are documented in the case record, the completion time frame may be extended beyond the first four (4) working days. To extend the completion time frame, a justification must be completed by the caseworker and approved by the supervisor no later than the expiration of the four (4) working day time frame.

If a justification to extend the time frames to complete the Safety Assessment has been approved, the caseworker shall continue to attempt face-to-face contact at least every five (5) working days until the child and minimally, one parent, guardian, or custodian or caretaker who has responsibility for the care of the ACV, are seen, or until the PCSA is required to make a report disposition. Once face-to-face contact is made with the ACV(s) and the parent, guardian, or custodian or caretaker who has responsibility for the care of the ACV, the Safety Assessment shall be completed by the next working day.

If a Safety Assessment tool is being completed because there is concern regarding a child's safety but no new child abuse, neglect, or dependency report is generated, the caseworker must document the assessment of safety on the JFS 01401 or on the Safety Reassessment contained within the JFS 01413 (Case Review) immediately to ensure a decision regarding a child's safety is documented and if necessary, safety planning is immediately implemented.

The Safety Assessment documents the evaluation of present danger, past history, child vulnerability, and family protective capacities.

Safety Factors

The main function of the Safety Assessment is to identify children who are in need of immediate protection from serious harm. "Safety Factors" is the section of the Safety Assessment tool which contains a specific set of behaviors or conditions that are associated with a child being in immediate danger of serious harm. These safety factors are made up of safety threats and signs of present danger. There are fifteen (15) different safety factors within this section to be assessed to determine whether or not they are active.

The caseworker will respond "Yes" or "No" to each safety factor. The determination of whether a child is in immediate danger of serious harm is present is based upon credible information available at the time of the assessment of safety. A "Yes" response would indicate there is credible information to support the safety factor. A "No" response would indicate there is evidence that the safety factor does not exist; that there is a lack of credible information that it does; or that information regarding a particular safety factor is currently unknown or incomplete. A rationale is required for all responses, regardless if marked "Yes" or "No." The

rationale shall provide support for the response provided. It shall also include documentation on how the information was obtained (e.g., statements, observations) or the reasons that this information may be unknown or incomplete.

For the purpose of completing the Safety Assessment tool, "caretaker" includes the following individuals: parent, guardian, or custodian or caretaker who has responsibility for the care of the ACV. "Other persons having access" includes any individual residing in the home, not included within the definition of family. It also includes other individuals, related or unrelated, who have sanctioned access to a child (e.g., biological father, boyfriend, relative, or friend who resides outside the home).

For each safety factor, observations, suggested interviewing questions for both child(ren) and adult(s), as well as examples of credible information to support a "Yes" or "No" response are provided in the Safety Assessment Field Guide.

The fifteen (15) safety factors (signs of present danger) include:

1. A child has received serious, inflicted, physical harm.

This safety factor evaluates whether the child(ren) has any inflicted, serious injuries (serious injuries are defined as life-threatening, substantively retard the child's mental health or development and/or produce substantial physical suffering or disfigurement or disability, whether temporary or permanent). For any injury, regardless of severity, the narrative explanation shall include a description of the injury, how the injury occurred and who inflicted the injury. This information shall support the "Yes" or "No" response.

2. Caretaker has not, cannot or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.

This safety factor examines whether the caretaker is willing and able to protect the child from serious harm. "Has not" means that the caretaker is culpable or should have protected the child, but did not. "Cannot" means that the caretaker is not able to protect. "Will not" means that the caretaker is able to protect the child but is unwilling to do so. The caseworker should examine the current situation and whether the caretaker has not, cannot or will not protect the child. For example, a child was sexually abused by a father, and the mother was not aware it happened. The mother unknowingly allowed her child to be seriously harmed but is now demonstrating her willingness and ability to protect her child. In this situation, the caseworker may respond "No" to this safety factor because of the parent's reasonable lack of knowledge of the abuse and her current willingness and ability to protect the child even if he/she did not protect previously. However, if the caretaker has a history of stating a willingness and ability to protect a child from serious harm, but has continuously been unable to do so, the caseworker may respond "Yes".

3. Caretaker or other person having access to the child has made a credible threat which would result in serious harm to a child.

This safety factor considers whether the caretaker or other person having access to the child has made a credible threat to the child(ren) which, if carried out, would result in serious harm. It includes threats involving retaliation against the child(ren) for CPS involvement. It also includes threats to the child(ren) of extreme or vague but sinister punishment and extreme gestures to intimidate the child(ren).

4. The behavior of any member of the family or other person having access to the child is violent and/or out of control.

This safety factor evaluates whether a caretaker's behavior is a serious potential danger to any child. Behavior which is violent or out of control includes behavior which indicates a lack of self-control: the caretaker uses brutal or bizarre punishment such as scalding, burning, killing or torturing animals; the caretaker displays extreme actions or reactions such as physical attacks or violent shaking; or the caretaker uses guns, knives, or other instruments in a violent or threatening manner.

5. Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.

This safety factor examines whether a child is in immediate and serious physical and/or emotional danger by being in close proximity to an incident(s) of domestic violence between anyone in the household. This safety factor may include situations involving a physical assault on a caretaker in the presence of the child and the child is fearful for self and others or situations in which a child could be inadvertently harmed, due to their proximity or an attempt to intervene, even though they may not be the actual target of the violence.

6. Drug and/or alcohol use by any member of the family or other person having access to the child suggests that the child is in immediate danger of serious harm.

This safety factor considers the effects that drug and/or alcohol use by family members or others having access to the child(ren) have on the child(ren)'s safety. The assessment includes whether the caretaker's or others' abuse of legal or illegal drugs and/or alcohol is present to the extent that control of his/her actions is significantly impaired. Due to current drug and/or alcohol abuse, a caretaker is unable, or will likely be unable, to care for the child's basic needs, and/or has seriously harmed or is likely to seriously harm the child.

7. Behavior(s) of any member of the family or any person having access to the child is symptomatic of mental or physical illness or disability that suggests the child is in immediate danger of serious harm.

This safety factor evaluates if behaviors of any member of the family or any person having access to the child(ren) are symptomatic of a mental or physical illness or disability to the extent that the child(ren) is in immediate danger of serious harm. The evaluation includes whether a caretaker acts out or exhibits distorted perception which seriously impedes his/her ability to parent the child(ren). This safety factor takes into account whether a physical or psychological illness or impairment is present and profoundly impacts the caretaker's ability to meet the basic needs of the child(ren). Also included is an evaluation of whether an intellectually impaired adult places the child(ren) in physical danger and/or is able to recognize and provide for the child(ren)'s basic needs.

8. Caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.

This safety factor examines if the child(ren) is in immediate danger of serious harm due to his/her immediate need for supervision and/or basic needs not being met. This assessment includes whether the family lacks shelter or cannot access shelter resources. Also examined is whether supervision of the child(ren) is sufficient to prevent serious harm and whether the child(ren)'s basic needs are being met. This safety factor also considers whether the child(ren) has adequate clothing for any current environmental condition and whether the child(ren) has appropriate hygiene without which the child would be in immediate danger of serious harm. This is not a well-being assessment and should focus on basic and essential life necessities.

9. Household environmental hazards suggest that the child is in immediate danger of serious harm.

This safety factor considers if the household environment is hazardous and places the child(ren) in immediate danger of serious harm. The home is examined to determine whether the environment has any hazards such as no plumbing, no heat in the winter, raw sewage, exposed electric wiring; leaking gas; medications, drugs, weapons, chemicals or dangerous objects within reach of children. This safety factor also considers whether the home is a health and safety hazard and whether the physical structure of house is decaying or structurally unsound for human habitation.

10. Any member of the family or other person having access to the child describes or acts toward the child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the child.

This safety factor evaluates if the child(ren) is described or related to in extremely negative terms or if there are extremely unrealistic expectations placed on the child(ren). Also evaluated is whether a caretaker or other person repeatedly describes the child(ren) in an excessively demeaning or degrading manner or whether the child(ren) is repeatedly scapegoated. This safety factor evaluates

whether the child(ren) is given responsibilities far beyond his/her capabilities that potentially could be dangerous. The key operative terms are "predominantly" and "extremely." These terms suggest a belief and/or behavior pattern and intensity far beyond isolated occurrences or isolated errors in judgment.

11. The family refuses access to the child or there is reason to believe the family will flee.

This factor requires an evaluation regarding whether the family has a history of moving frequently in response to CPS intervention or keeping the child(ren) at home, away from peers, school, and other outsiders for extended periods of time for the purpose of avoiding CPS assessment/investigation. Also to be evaluated is whether the caretaker appears to be hiding the child(ren) or denying access to the child(ren).

12. Caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.

This safety factor considers whether the caretaker's explanation for the injury is consistent with the type of injury. When assessing this safety factor consider whether or not the caretaker denies or attributes the injury to accidental causes when a medical evaluation indicates otherwise. Any discrepancies regarding the nature and cause of the injury must be explored.

13. Caretaker is unwilling or unable to meet the child's immediate and serious physical or mental health needs.

This safety factor evaluates the caretaker's willingness and ability to meet the child's physical or mental health needs. The evaluation should include whether the caretaker realistically recognizes or comprehends the child's physical or mental health needs. This safety factor also evaluates if there is a failure to provide or attempt to access essential medical or psychological treatment, thereby placing the child(ren) in immediate danger of serious harm.

14. Child sexual abuse/sexual exploitation is suspected and circumstances suggest that the child may be in immediate danger of serious harm.

This safety factor examines whether sexual abuse or exploitation is suspected and circumstances suggest, due to continued access or trauma, that the child may be in immediate danger of serious harm. Assessment includes whether the child(ren) was engaged in sexual conduct or contact, including whether the child(ren) was forced or encouraged to engage in sexual activities.

15. Other safety factors.

This safety factor should be used if there are other signs of present danger for a family that were not noted above.

Historical Information

Historical information is gathered to assist in making decisions regarding child safety. This is based upon whether or not the individual who is currently the caretaker or has access to the child previously (prior to this report) abused or neglected a child. Historical information should also be gathered regarding any child in the family who had been abused and/or neglected in the past. The abuse or neglect which previously occurred must have been serious in actual harm or duration in order to cause concern for current safety.

Child Vulnerability

Child vulnerability should be considered from several dimensions. The following should be assessed:

- The child's ability to protect self
- The child's age
- The child's ability to communicate
- The likelihood of serious harm given the child's development
- The provocativeness of the child's behavior or temperament
- The child's behavioral needs
- The child's emotional needs

- The child's physical special needs
- The visibility of the child to others/child's access to individuals who can protect
- Family composition
- The child's role in the family
- The child's physical appearance, size, and robustness
- The child's resilience and problem-solving skills
- The child's prior victimization
- The child's ability to recognize abuse/neglect

All children are vulnerable to maltreatment and parents/caretakers have the role of protector. It is not the responsibility of the child, regardless of age, to provide protection for themselves. The parent/caretaker has the ultimate responsibility to protect the child.

Protective Capacities

Protective capacities are strengths of the family which are specifically relevant to child safety. The concept of protective capacities is based on the ability, capacity, and willingness of a parent, guardian, or custodian or caretaker who has responsibility for the care of a child and other family members to protect the child from serious harm.

The following categories of protective capacities shall be assessed:

- Cognitive

This category refers to specific intellect, knowledge, understanding, and perception used to assist in protecting a child. Cognitive abilities include recognizing a child's needs, personal responses to various stimuli, awareness of threatening family circumstances and understanding the responsibility to protect. Other examples include being reality oriented and having an accurate perception of a child.

- Behavioral

This category refers to specific action and activity to assist in protecting a child. Behavioral abilities include an individual's physical capability to intervene to protect a child; the ability to defer one's own needs in favor of the child; and the skills associated with meeting the child's safety related needs. Other examples include being adaptive, assertive and responsive, taking action, and using impulse control.

- Emotional

This category refers to specific feelings, attitudes, and motivations that are directly associated with child protection. Emotional abilities include a willingness and desire to protect, emotional stability, resiliency, the form in which love is expressed and reciprocated and the nature of the parent-child attachment. Also included is how effectively the parent meets his/her own emotional needs.

Caseworkers must look beyond what a parent is saying regarding his/her ability to protect and assess what a parent intentionally or unintentionally reveals about him or herself, specifically how he/she is thinking, feeling, and behaving as it relates to their parental role and protecting their child. The caseworker should collect information through previous history, observations, and interviews, including information obtained from collateral sources, and other household members, including all children.

The Safety Response Decision

The safety response decision is based on the assessment of all available information related to the safety factors, family history of child abuse and neglect, vulnerabilities of the child(ren), and family's protective capacities. There are four (4) safety responses available: safe; in-home safety plan; out-of-home safety plan; and legally authorized out-of-home placement.

A child is deemed safe when no current threats of serious harm or the protective capacities of the family can control or manage any identified safety threats. The "safe" safety response can only be selected when all the children in the family are safe. A child can be deemed safe even when safety factors have been identified in the Safety Assessment if the caretaker has provided a plan that is controlling threats of serious harm and will protect his/her child(ren) prior to the PCSA's involvement. In other words, the parent or caretaker must be utilizing his/her protective capacities in a manner that he/she initiated, without the prompting of any other individual or government entity (e.g., law enforcement or CPS agency), and continue to utilize a plan which controls threats of serious harm and ensures child safety.

If threats of serious harm have been identified and the caretaker is not able to provide sufficient protection to at least one child in the family, the caseworker must implement a safety plan. If the parent or caretaker's plan results from questionable motives (e.g., relative or law enforcement intervention), a safety plan shall be implemented. The caseworker must determine if there are any interventions that could be immediately implemented to control or manage any identified threats of serious harm. This can be done by supplementing protective capacities, restricting access to the child, crisis intervention services, intensive monitoring and other similar intervention. When identifying the type of safety plan to implement, caseworkers must consider the least restrictive safety plan.

The least restrictive safety plan is an in-home safety plan. An in-home safety plan provides interventions necessary to immediately protect the child(ren) while the child(ren) remains in the home. An out-of-home safety plan provides interventions necessary to immediately protect the child(ren) while the child(ren) is voluntarily placed out of the home (e.g., with relative/kin). With an out-of-home safety plan, custody of the child(ren) does not change and remains with the parent, guardian, or custodian. Caseworkers must be confident of the caretaker's trustworthiness and commitment to follow through with these two types of safety plans.

The most restrictive safety plan is a legally authorized out-of-home placement, in which the child(ren) is legally removed from the home and custody is transferred to the PCSA or relative/kin. This option is utilized when either the caretaker will not or cannot agree to an in-home or out-of-home safety plan or there is a lack of services to the degree that legal removal from the home is the only safety intervention which will effectively control the identified threats of serious harm to ensure child safety. NOTE: Documentation on the JFS 01409, "Safety Plan for Children," is not required for this type of safety planning.

Different safety responses may apply to different children in the family. The caseworker must document to whom each safety response applies and explain the reason for the variation in safety response. Furthermore, if the safety response does not apply to a child, the caseworker should document the reason his/her protection from serious harm is not necessary, including whether another safety intervention is already in place.

Safety Planning

A Safety Plan is a specific and concrete strategy for controlling threats of serious harm to a child(ren) or supplementing protective capacities, which is implemented immediately when a family's protective capacities are not sufficient to manage immediate safety threats for at least one child in the family. There are three types of Safety Plans: In-Home Safety Plan, Out-of-Home Safety Plan, and Legally Authorized Out-of-Home Placement. Once the decision is made that a Safety Plan is necessary, the Safety Plan is immediately developed and implemented.

In-Home and Out-of-Home Safety Plans are voluntary, written agreements between the PCSA and the parent, guardian, or custodian. These types of Safety Plans do not change the legal custody status of the child(ren). The Safety Plan is developed using the JFS 01409, "Comprehensive Assessment and Planning Model - I.S., Safety Plan for Children," and implemented with the cooperation and approval of the parent, guardian, or custodian.

A Legally Authorized Out-of-Home Placement is an option utilized when either the parent, guardian, or custodian will not or cannot agree to an In-Home or Out-of-Home Safety Plan or there is a lack of services to control the identified threats of serious harm or to supplement protective capacities and removal from the home is the only intervention to ensure child safety. A Legally Authorized Out-of-Home Placement changes the custody of the child(ren) and may or may not be a voluntary agreement. An "Agreement for Temporary Custody of Child" (JFS 01645) is considered a Legally Authorized Out-of-Home Placement Safety Plan. Completion of the JFS 01409 is not required to document safety planning a legally authorized out-of-home placement.

If, through the ongoing assessment of safety (e.g., through home visits and/or family contacts which are not done in conjunction with a child abuse/neglect report), a threat of serious harm is identified, or protective capacities of the parent, guardian, or custodian change such that a child(ren) is no longer safe in the home without intervention, a Safety Plan must be developed immediately. The Safety Re-Assessment contained in the Case Review tool (Section 2A and B) can be used in lieu of the Safety Assessment tool. However, in this situation, nothing prohibits a caseworker from completing the Safety Assessment instead of the Safety Re-Assessment.

It is understood that because social work practice occurs in the field, the assessment of safety may result in the need to immediately execute a Safety Plan prior to documenting the assessment of safety on the Safety Assessment or Safety Re-Assessment tools. In these instances, execution of the Safety Plan will precede the completion of the Safety Assessment or Safety Re-Assessment tools. However, the completion of the Safety Assessment or Safety Re-Assessment tools shall be done immediately and based upon the assessment of safety which necessitated the implementation of the Safety Plan.

Safety Plan Guidelines

Ensuring child safety is an ongoing process that begins in intake and continues through case closure. Safety Plans are implemented to immediately control threats of serious harm. In order to determine the degree of intervention necessary to protect the child, the caseworker should consider the threats of serious harm identified in the assessment of safety, the child's vulnerability, and the protective capacities of the family.

Guidelines to consider when completing a Safety Plan include:

- The Safety Plan is a specific and concrete control strategy implemented immediately when a family's protective capacities are not sufficient to manage the immediate threats of serious harm to a child.
- The parent, guardian, or custodian is an integral part of the Safety Plan and should have a prominent role in its development and implementation.
- The Safety Plan should employ the least restrictive (least disruptive to the children) strategies possible while assuring the child's safety.
- An effective Safety Plan can often be developed and implemented by incorporating the identified protective capacities which have not been previously utilized by the family. Include the community and extended family supports that are available or are already in place.

- The caseworker must assess the parent(s), guardian, or custodian and make a professional judgment as to their willingness and capability to agree to and abide by the terms of the Safety Plan.
- Active participants and responsible persons must be capable of enforcing the terms of the Safety Plan.
- Safety Plans need to be monitored regularly to ensure child safety is being maintained.
- The PCSA must continually evaluate the effectiveness of the Safety Plan. Safety Plans can and should be modified whenever necessary. This may occur either because the plan has been proven to be insufficient or because a less restrictive Safety Plan may now be appropriate.
- CPS cases cannot be terminated with an active Safety Plan absent a court order.

In-Home or Out-of-Home Safety Plan Interventions

The caseworker and the parent, guardian, or custodian shall jointly identify and agree to the specific activities to control threats of serious harm. Interventions may supplement the family's present protective capacities to control the threats of serious harm.

Examples of these controlling activities/interventions may be:

- Voluntary kinship placements
- Restrict access of the alleged perpetrator to the child(ren)
- Alleged perpetrator leaves the home (voluntarily or through court order)
- Civil protection orders
- Protective day care (only if the use of day care is to protect the child)
- Respite care
- Detoxification
- Home health nurse/Parent aide/Homemaker (must be used specifically to ensure child safety)
- A competent adult caretaker moves into the family's home
- Emergency supply of food, supplies, clothing, etc.
- Obtaining medical or psychological intervention
- Crisis intervention services
- Intensive monitoring

Persons who are responsible for the detailed activity(ies) need to be identified and must sign the JFS 01409 to show agreement and a willingness to participate.

Authorization for Participation in an In-Home or Out-of-Home Safety Plan

The caseworker shall receive authorization for a written Safety Plan to be implemented from the ACV's parent(s), guardian, or custodian. Authorization is obtained by their signing the JFS 01409.

Authorization by Verbal Agreement

A Safety Plan may be implemented if a parent, guardian, or custodian who is unavailable to sign the Safety Plan grants verbal authorization. His/her signature must be obtained within 24 hours from the verbal agreement. If there are extenuating circumstances in which a parental signature cannot be obtained within 24 hours from the verbal agreement (e.g., parent is out of state for extended period of time), a five (5) working day extension may be obtained with written justification and supervisory approval. If the caseworker does not obtain the signature of the parent, guardian, or custodian within the 24 hours from the verbal agreement and an extension of time frames is not approved, the Safety Plan cannot be continued and the PCSA shall explore alternative safety interventions. Only one (1) extension can be granted.

Overall, if the caseworker cannot obtain a signature or verbal authorization of at least one (1) parent, guardian, or custodian prior to implementation of the Safety Plan, the Safety Plan cannot be implemented and the PCSA shall explore alternative safety interventions.

Authorization by One Parent

If the ACV's parents are married or if a court has issued an order of shared parenting, both parents must authorize the Safety Plan.

If one parent is unavailable (e.g., traveling or working out of town) to authorize the Safety Plan, the caseworker may accept the available parent's authorization to implement a Safety Plan. Attempts shall be made to contact the unavailable parent to obtain agreement. The caseworker shall obtain the signature of the unavailable parent within 24 hours of availability.

Monitoring the Safety Plan

The PCSA is responsible for monitoring Safety Plans to ensure that the action steps are controlling the identified threats of serious harm to any child.

In-Home Safety Plans

If an In-Home Safety Plan is active, the caseworker must make, at a minimum, weekly home visits with the family to monitor the Safety Plan. During the home visits, the caseworker will make face-to-face contact with each child and parent, guardian, or custodian involved in the Safety Plan.

Out-of-Home Safety Plans

To monitor an Out-of-Home Safety Plan, weekly contact with the children or the persons responsible for the action steps by either telephone or face-to-face contact is required. Additionally, face-to-face contact with each child involved is required every other week to monitor an Out-of-Home Safety Plan.

Legally Authorized Out-of-Home Placement

If the Safety Plan for the child(ren) is a Legally Authorized Out-of-Home Placement, including custody to a relative or an Agreement for Temporary Custody of Child, the caseworker would follow the guidelines for contact with the child(ren) as outlined in the Ohio Administrative Code (OAC).

Monitoring by Others

Others can assist in monitoring the Safety Plan. However, the caseworker must maintain frequent contact with Safety Plan participants to ensure compliance with Safety Plan activities. Participation by others in monitoring the Safety Plan does not relieve the caseworker from the required contacts for monitoring Safety Plans.

Modifying the Safety Plan

Regardless of Safety Plan duration, modifications to a Safety Plan should occur if safety interventions need to be changed or amended to ensure child protection. Safety Plans may also be modified if the parent, guardian, or custodian is no longer willing to participate in the Safety Plan and threats of serious harm still exist. In this case, the caseworker may need to take more restrictive actions to ensure child safety.

If an existing Safety Plan requires modification outside the formal review of safety, completion of the Safety Assessment or Safety Re-Assessment (Section 2A and B) is not required, although nothing prohibits one from completing either of these tools. If a Safety Assessment or Safety Re-Assessment is not completed, the justification for modifying an existing Safety Plan will be documented at the time of the Family Assessment or next Case Review.

If a Safety Plan is modified, all parties shall be notified. Their signature on the modified Safety Plan documents notification. If a responsible party and/or his/her action step are being discontinued in the modified Safety Plan, this individual should be notified in writing of the modification of the Safety Plan and the discontinuation of the action step.

Discontinuing the Safety Plan

Safety Plans should be discontinued when the threat of serious harm no longer exists or when control of the threat of serious harm within the family is probable and can be maintained without PCSA safety focused intervention or active monitoring.

If an existing Safety Plan is being discontinued outside the formal review of safety, completion of the Safety Assessment or Safety Re-Assessment (Section 2A and B) is not required, although nothing prohibits one from completing either of these tools. If a Safety Assessment or Safety Re-Assessment is not completed, the justification for discontinuing an existing Safety Plan will be documented at the time of the Family Assessment or next Case Review.

All parties, including the parent, guardian, or custodian, of the Safety Plan shall be notified in writing of the Safety Plan discontinuation within one (1) working day of the Safety Plan being discontinued. These parties may be notified verbally if the decision to discontinue the Safety Plan occurs during the face-to-face contact with the parent, guardian, or custodian, however written notification within one (1) working day is still required.

Family Assessment

Key Term Definitions

- **Contributing Factors** are social problems or conditions such as substance abuse, domestic violence, mental illness and unemployment that can increase risk of child maltreatment or its severity.
- **Harm** is the consequence of maltreatment and refers to the nature of the injury or trauma affecting the child.
- **Intra-familial Assessment/Investigation** is an assessment/investigation conducted by a PCSA in response to a child abuse and/or neglect report and includes an alleged perpetrator who is one or more of the following:
 - A member of the ACV's family.
 - Has sanctioned or continued access to the ACV.
 - Is involved in daily or regular care for the child, excluding a person responsible for the care of a child in an out-of-home care setting.
- **Maltreatment** is an act or failure to act by a parent, guardian or custodian which results in physical, sexual or emotional abuse or neglect.
- **No Risk Contributor** is an assessment standard used to identify the conditions existing in the individual or family that do not increase the likelihood of maltreatment to a child.
- **Risk** is the likelihood of any future maltreatment to a child.
- **Risk Contributor** is an assessment standard used to identify the conditions existing in the individual or family that create the likelihood of maltreatment to a child.
- **Safety Review** is a structured review of safety which includes information regarding safety threats, protective capacities, and child vulnerability and the decision to maintain, create, modify, previously discontinue, or discontinue the safety response.
- **Strength** is a condition existing in the individual or family that reduces risk of maltreatment to a child and supports permanency and child well-being.
- **Underlying Conditions** are the needs, perceptions, beliefs, values, feelings, cultural practices, and/or previous life experiences of the individual family members that influence the maltreatment dynamic.

Assessing the Family

The Family Assessment (JFS 01400) tool is designed to assist workers in assessing risk and identifying the strengths and needs present in the family system to inform case opening decisions and what service needs may be present. The Family Assessment includes a safety review, a description of child harm, a strengths and needs assessment, a description of the family's perception, a risk assessment, and service planning.

A Family Assessment shall be completed for all of the following reports:

- Intra-familial child abuse/neglect reports, including those which are screened in as a third party investigation.
- Dependency reports.

The Family Assessment shall be completed on all cases transferred for ongoing PCSA services prior to the completion of the case plan, except for the following family in need of services reports:

- Deserted child.
- Emancipated youth.
- Permanent surrender.

The Family Assessment is completed within 30 days from the date the report was screened in for assessment/investigation. A fifteen day extension of this completion time frame can be obtained if sufficient

information is not available and a justification to extend the time frame has been completed and approved by the supervisor.

Safety Re-Assessment

The Safety Re-Assessment is a structured review to support, guide, and document decisions to maintain, create/modify, or discontinue a safety response. The Safety Review section includes a review of safety threats, an update of protective capacities and child vulnerability, and the progress toward resolving safety threats. Additional information not included in the Safety Assessment is also documented in this section.

The Safety Response Review section also documents, based on the information contained in the Safety Review, whether the safety response initially identified in the Safety Assessment should be maintained, created, modified, discontinued, or was previously discontinued.

"Maintain" is, based on this safety review, indicating the safety response(s) and, if applicable, the safety plan(s) has/have not changed since the last assessment of safety.

"Create" is, based on this safety review, indicating there have been changes identified in protective capacities or child vulnerability that place the child(ren) in immediate danger of serious harm and a safety plan (including a legally authorized out-of-home placement) must be created.

"Modify" is, based on this safety review, indicating an existing safety response must be modified. Changes have been made in safety threats, protective capacities, and/or child vulnerability and an existing safety plan (including a legally authorized out-of-home placement) must be modified.

"Discontinue" is, based on this safety review, indicating all threats resulting in the need for a safety plan have been controlled and/or resolved or there has been adequate change in protective capacities or child vulnerability to protect the child(ren) from serious harm. The safety plan is no longer needed.

"Previously Discontinued" is, based on this safety review, indicating a safety threat is not currently active but has been active at any time since the last assessment of safety and the safety plan was discontinued.

If different safety responses were identified per child, the safety response (maintain, create, modify, etc.) selection will be based upon the most restrictive safety response. For example, if one child has an in-home safety plan and the other child is in a legally authorized out-of-home placement (due to safety reasons) and the in-home safety plan is being discontinued, but the other child will remain in placement, select the safety response, "Maintain," and discuss the reasons for the in-home safety plan being discontinued in the narrative.

Child Harm Description

The Child Harm Description is a summary of all current and historical harm for each child in the family.

Current Harm

Information to be documented in this section includes a description of the type, degree and frequency of actual or threatened harm that does not reach the threshold of serious harm or does reach the threshold of serious harm and was not identified in the safety assessment.

There should also be a summary of information obtained through interviews and observations regarding the allegations contained in the report(s) of abuse and/or neglect. The summary should include a brief description of the investigative findings, identification of the alleged child victim(s) and the alleged perpetrator.

When considering current child harm, the types of actual or threatened harm may include the following: extent of inflicted physical injury or emotional maltreatment, adequacy of medical care; securement of basic needs; adequacy of supervision; physical hazards in the home; sexual abuse; and dangerous acts.

The current harm section also includes the documentation of the discussion of whether current maltreatment is an isolated incident or if a pattern of child abuse and/or neglect exists in the family.

If the Family Assessment is being completed in response to a Dependency or a Family in Need of Services report, the current situation (e.g., child's mental health or behavioral crisis) which triggered the PCSA involvement should be discussed in this section.

Historical Harm

This section provides a description historical harm which establishes the history of past abuse and/or neglect. All historical reports of abuse and/or neglect for each child in the family should be included. The alleged child victim(s), alleged perpetrator, case disposition(s), and case outcome(s) should also be documented. Historical Harm indicates whether an identified form of child abuse and/or neglect is a family pattern or a relatively rare event; both have implications for the planning of service interventions.

Strengths and Needs Assessment

Strengths and Needs Categories and Elements Summary

Category 1: Child Functioning

1. Self-Protection
2. Physical/Cognitive/Social Development
3. Emotional/Behavioral Functioning

Category 2: Adult Functioning

4. Cognitive Abilities
5. Physical Health
6. Emotional/Mental Health Functioning
7. Domestic Relations (Domestic Violence)
8. Substance Use
9. Response to Stressors
10. Parenting Practices

Category 3: Family Functioning

11. Family Roles, Interactions and Relationships
12. Resource Management and Household Maintenance
13. Extended Family, Social and Community Supports

Category 4: Historical

14. Caretaker's Victimization of Other Children
15. Caretaker's Abuse/Neglect as a Child
16. Impact of Past Services

Assessing the Strengths and Needs

Strengths and Needs Assessment is a systematic evaluation of all the elements to determine the family's strengths and needs and help identify any contributing factors and underlying conditions that may influence the maltreatment dynamic. It is dependent upon gathering relevant information. Caseworkers should engage family members in a process to understand their strengths and needs. (5) This is done by possessing interviewing skills in order to gather appropriate information from each child in the household, each adult in the household, including the parent, guardian, or custodian, and collateral contacts in relation to assessing the family's functioning. The information gathered from these individuals will be used to assess the strengths and needs of each member of the family as well as the family as a whole. Suggested Interviewing Questions can be found in the Family Assessment Field Guide.

Four categories with associated elements under each category have been identified. Elements are rated by the caseworker as No Risk Contributor (NRC) or Risk Contributor (RC). The caseworker assesses how each element affects the family's functioning and impacts the risk of child maltreatment. An assessment element would be considered a risk contributor if it contributes to identifying or explaining the child maltreatment dynamic within the family system and/or creates or increases the likelihood of maltreatment to a child. No risk contributor would be an assessment element that neither contributes to identifying or explaining the child

maltreatment dynamic within the family system and/or reduces nor has no influence on the likelihood of child maltreatment. Examples of ratings for all elements can be found in the Family Assessment Field Guide.

A family may have many positive attributes or characteristics. Caseworkers should review all the assessment elements which are not contributing to risk identifying how they interact with those elements contributing to risk. Should one element reduce the risk posed by another, a worker should consider the element reducing risk as a strength. Strengths promote child well-being and family functioning. The absence of risk does not always equate with a strength.

The caseworker must provide a rationale for the category to support the ratings for each assessment element contained in that category. The rationale must include each person in the family being rated and should discuss how the individual elements interact with one another, including if any strengths for the individual exist. Specific behavioral facts, observations or statements should be included in the rationale. Caseworkers should strive to describe family traits specifically, not in general terms.

If there is not enough credible information available to evaluate whether an assessment element is contributing to risk, the caseworker may rate this element as "No Risk Contributor." However, in those instances where no information is available and efforts have been made to obtain the necessary information, the element may be rated "Unknown." The use of this rating is permissible only with supervisory approval.

"Others" residing in the home, but not included within the definition of family, are other adults residing in the household who have no responsibilities for the care of the ACV(s) and his/her sibling(s) and/or other children residing in the home regardless of their parent, guardian, or custodian's status or involvement in the report. These identified "others" will be interviewed and assessed. Their presence and impact on the family will be recorded within each category's rationale.

Category 1: Child Functioning

This category considers the characteristics of each child in the family. This category identifies characteristics of the children that may make them more vulnerable to maltreatment and its negative effects.

The characteristics of each child in the family are assessed, including minor parents in their parent or custodian's home. Any child characteristic that negatively impacts the child's vulnerability is a risk contributor.

Assessment Elements in Category 1:

1. Self Protection

Younger children are more likely to experience recurrent maltreatment when compared to older children.(6) Furthermore, children under the age of three (3) are the most likely to suffer fatal child abuse.(7)

The caseworker should note the child's age and issues of abuse and/or neglect when assessing this element. Some abused and neglected children lack the ability at any age to self-protect (e.g., incest victims, neglected children and emotionally, intellectually or developmentally limited children). Some children may not self-protect because of cultural norms or beliefs. A child's genuine fear of a parent should be taken seriously regardless of age.

A caseworker should be aware that ultimately, for any child regardless of age, the responsibility to protect from abuse and/or neglect lies with the parent, guardian, or custodian. A child is not responsible for his/her own protection.

2. Physical/Cognitive/Social Development

This element refers to the degree to which a child's physical, cognitive or social development may affect the parent's response to the child. Some risk factors for this assessment element include whether a child had a premature birth, any birth anomalies, a low birth weight, any exposure to alcohol/drugs prior to birth, a physical or cognitive delay, and/or a chronic or serious illness.(8) Crying, especially if it is excessive or grating, may activate an abusive reaction on the part of a parent. High risk infants may not be able to shape or elicit positive responses from their parents, or their disabilities may simply increase the stress within the family to a level that precipitates abuse.(9)

A very critical developmental period for each child is birth to three years of age when certain disruptive events may have an impact on the child's development.

3. Emotional/Behavioral Functioning

Caseworkers assess the degree to which emotional/behavioral characteristics affect the child's functioning. Some risk factors which may be identified for this assessment element include the child's temperament, aggression, behavior problems, and/or attention deficits. Also, whether the child is slow to warm up to people or whether the child has an anti-social peer group are also considered risk factors. [\(10\)](#) Research indicates that older children with difficult temperaments, especially boys, are more likely than easy mannered children to be the target of mothers' coercive punitive discipline, especially when the mother is depressed or antisocial, stressed and has few available supports (Heatherington, 1989, 1991).

As a result of child maltreatment, the child may exhibit some behavioral difficulties. Toddlers who have been physically abused exhibit aggressive, provocative, and approach-avoidant behaviors with teachers and peers, characteristics associated with provoking irritability, rejection, aggression, and abuse in others. [\(11\)](#)

This element identifies those child behaviors which may increase the potential for negative caretaker responses. Also consider any behavior identified as a trigger for abusive interactions. Assaultive behaviors of the child toward a parent, guardian, or custodian or others in the home should be addressed in this element. Generally, caseworkers should be assessing if a child's behavior toward self and/or others has contributed to stressful interpersonal relationships.

Category 2: Adult Functioning

This category includes the functioning of all adults in the family.

Elements in Category 2:

4. Cognitive Abilities

This element refers to the parent, guardian, or custodian and/or other adults' ability to comprehend risk to the child and respond with appropriate protective action. It is also concerned with the level of maturity demonstrated by the adult, including the parent, guardian, or custodian's ability to make judgments regarding a child's welfare. Cognitive abilities include recognizing a child's needs and understanding the parental protective role.

5. Physical Health

Caseworkers assess the parent, guardian, or custodian and/or other adults' physical health in relation to their ability to interact with the child, to protect the child, and to provide appropriate parenting to the child. It includes an individual's physical ability to intervene to protect a child.

6. Emotional/Mental Health Functioning

This element refers to the adult's emotional and mental health functioning, including how it may impair the parent, guardian, or custodian's or other adult's capacity to provide care to self and/or child. It also includes the adult's ability to control impulses of anger, hostility and physical violence. Whether the adult is exhibiting any chronic or extreme lack of confidence, self-doubt or disparagement or is withdrawn. Caseworkers should look for clear evidence of a severe alteration of mood, suicidal ideation and suicide attempts. Some characteristics common to abusive parents are depression/anxiety, immaturity, impulsive behavior, low tolerance for frustration, feelings of insecurity, lack of trust, and passive-aggressive personality and other psychopathology. [\(12\)](#)

The caseworker is not diagnosing a mental health disorder. A diagnosis can only be determined through an assessment by a qualified mental health professional. The caseworker is merely assessing behaviors and the impact those behaviors have on the ability to parent a child. However, the caseworker must be able to recognize the indicators of mental illness or emotional disturbance to promote a referral for further evaluation.

7. Domestic Relations (Domestic Violence)

The experience of family violence can be among the most disturbing for children because both victims and aggressors are the adults who care for them and who are most closely attached to them. For many of these children, violence interrupts their experiences of consistent safety and care, and creates an environment of uncertainty and helplessness. [\(13\)](#)

Many published studies have indicated that there is a 30 to 60 percent coexistence between child abuse/neglect and domestic violence in families. In fact, the U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country. [\(14\)](#)

This linkage demonstrates the serious consequences domestic violence has on the safety of all family members as well as the members of the larger community. First, where one form of family violence exists, there is a strong likelihood that the other one does too. [\(15\)](#) Second, research shows that the impact on children witnessing parental domestic violence is strikingly similar to the consequences of being directly abused by a parent, and both experiences are significant contributors to youth violence. [\(16\)](#) Third, many of the factors highly associated with the occurrence of child abuse are also associated with domestic violence, and many of these are the same factors that put children at risk for youth violence and adult violent crime. [\(17\)](#)

Children may be injured - either intentionally or accidentally - during attacks on their mothers. [\(18\)](#) Even when domestic violence does not result in direct injury to the child, it can interfere with both the mother and the father's parenting to such a degree that the children may be neglected or abused. [\(19\)](#)

Many children exposed to domestic violence also exhibit behavioral, emotional and cognitive problems (Edleson, 1999b). Children who are exposed to domestic violence, especially repeated incidents of violence, are at risk for many difficulties, both immediately and in the future. These include problems with sleeping, eating and other basic bodily functions; depression, aggressiveness, anxiety, and other problems in regulating emotions; difficulties with family and peer relationships; and problems with attention, concentration, and school performance. [\(20\)](#) Children exposed to domestic violence are also at risk to repeat their experience in the next generation, either as victims or perpetrators of violence in their own intimate relationships. [\(21\)](#) Each child has an individual response which is based upon the individual child and his/her family and environment.

This element refers to the dynamics and nature of relationships in the family between the parent, guardian, or custodian and other adults and whether these interactions or relationships have a negative affect on the ability to care for and/or protect the child. Specifically, the family should be assessed as to whether domestic violence is occurring.

Caseworkers should assess the dynamics and quality of relationships. Historical or current conflictual or violent interactions between adults should be carefully assessed. Workers should look for evidence that one parent, guardian, or custodian's behaviors or actions may be directly responsible for stressful interactions with the other and how parent, guardian, or custodians respond to problems or stress in their interactions. Specifically, caseworkers should assess if one parent, guardian, or custodian's interaction with other adults results in violence.

8. Substance Use

Substance abuse problems have a dramatic impact on the child welfare system. Substance abuse and addiction are the primary causes of the dramatic rise in child abuse and neglect and an immeasurable increase in the complexity of cases since the mid-1980s. [\(22\)](#) It is estimated that nine (9) percent of children in the United States (six (6) million) live with at least one parent who abuses alcohol and/or other drugs. [\(23\)](#)

Both alcohol abuse and drug abuse have been correlated with child maltreatment. Research has demonstrated that children of substance abusing parents are more likely to experience abuse-physical, sexual, or emotional- or neglect than children in non-substance abusing households. [\(24\)](#) Additionally, other problems with family functioning, including mental illness, unemployment, and high levels of stress, are associated with parental substance abuse and put children at higher risk for abuse or neglect. Most studies find that for between one-third and two-thirds of children involved with the child

welfare system, parental substance abuse is a contributing factor. (25) Parents who abuse substances are less likely to be able to function effectively in a parental role. (26)

Maltreated children of substance abusing parents are more likely to have poorer physical, intellectual, social, and emotional outcomes and are at greater risk of developing substance abuse problems themselves. (27) Many of these children enter the foster care system and are more likely to remain there longer than abused or neglected children from non-substance abusing families.

When assessing this element, the caseworker should evaluate each adult's substance use. Specifically, the effects of substance use on the adult's emotional and physical state, including his/her ability to control interaction with the child must be addressed. The effects the substance use has on family finances, employment, including job absenteeism, job changes, or unemployment, and criminal activity, including traffic violations and criminal arrests. The caseworker assesses previous history of substance use, the severity/duration of substance misuse and escalation of severity of misuse over time. Caseworkers should also be aware that legally prescribed drugs can also be abused and should be included in this element.

9. Response to Stressors

A risk factor for child abuse and neglect includes high general stress level. The focus of this element is on the intensity, severity and the number of stressors affecting the care of the child. The stressors need to be identified along with each adult's response to those stressors. Include how the adult has responded to the current CPS involvement, including each adult's attitude, cooperation, and response to the seriousness of the complaint. A parent or caretaker exercising his/her Fourth and Fourteenth Amendment rights should not, in and of itself, be considered a risk contributor.

Caseworkers should be aware that the interaction of stress and certain personal characteristics may lead to abuse or neglect. The characteristics include, but are not limited to: change in relationship status (e.g., separation/divorce, especially high conflict divorce), marital conflict, parental health problems, financial need, repeated changes in employment, poor housing, and acute psychiatric episodes.

10. Parenting Practices

Factors associated with this element include: parent-child interaction, parent's attitudes and attributions about the child's behaviors, knowledge and expectations regarding child development, and parenting behaviors. The adult's use of culturally or ethnically supported child rearing practices should be examined. Parental belief in the correctness of harsh physical punishment for shaping the child's behavior has been linked to maltreatment.

Child neglect may result from a disengaged style of parenting such as: lack of nurturance, lack of warmth, lack of impulse control, lack of supervision, and/or the inability for a parent to place their child's needs ahead of his/her own. (28)

This element assesses:

- The adult's view of the child and expectations based on child's age, physical and developmental stage;
- The adult's use of discipline;
- Whether the adult is over-controlling as evidenced by unreasonable and/or excessive rules, being overly demanding or overbearing, overreaction, or berating/demeaning responses to relatively minor infractions;
- Whether the adult is exhibiting a disengaged style of parenting;
- Whether the adult views the child as a source of frustration or a problem and is motivated to improve parenting skills; and
- Whether the adult uses discipline practices appropriate to the child's age and misconduct and how the adult responds to the child's ever-changing physical, psychological and developmental needs.

This category is designed to prompt the assessment of the family system. When rating the elements contained within the Family Functioning Category caseworkers should assess the individual family members as a family system. Consideration of the impact individuals residing in the household have on the family system should be considered.

Elements in Category 3:

11. Family Roles, Interactions and Relationships

This element assesses the role that each member of the family plays within the family system. Caseworkers examine the degree to which a child is expected to satisfy the parents' emotional needs, the degree to which a child is expected to take on tasks beyond his/her developmental age and the appropriateness of child's role based on child characteristics.

A risk factor for family relationships includes poor parent-child interaction. The dynamics and quality of the relationship between parent, guardian, or custodian and child should be examined. Assessing parent, guardian, or custodian and child interaction inevitably requires observing the interactions between these individuals. [\(29\)](#) Caseworkers should assess whether there is a history of stressful or conflictive interactions between parent, guardian, or custodian and child. Also, consideration should be given regarding whether or not there is clear evidence that the parent, guardian, or custodian's or the child's behavior is directly responsible for the conflictual relationship between them.

Early contact alone does not guarantee positive bonding and attachment. Studies suggest the existence of an intergenerational attachment disorder which may affect some families. Feelings of rejection, a central factor in many abusive parents' recounting of childhood years, seems to block normal feelings of empathy and attachment necessary to elicit nurturing behavior, especially combined with situational stress and/or a child with special needs. [\(30\)](#)

12. Resource Management and Household Maintenance

Child abuse and neglect is highly correlated with economic factors, particularly unemployment. Poverty, however, does not always lead to abusive/neglectful behavior. [\(31\)](#) The caseworker should consider whether the family has the economic resources to meet the basic needs of the family, including shelter, utilities, food, and/or clothing. Also, lack of access to medical care, adequate child care, and social services may contribute to risk. [\(32\)](#)

The caseworker should also assess whether or not a lack of income or family not living within its means is due to the adult's actions. Also, evaluate if the parent, guardian, or custodian has the resources to improve home conditions, especially conditions which contribute to risk of harm to the child.

13. Extended Family, Social and Community Support

The extent to which child abuse and/or neglect is a product of depleted social environments as well as individual pathology or family dysfunction is a major theme of recent research in the field. Isolation from support systems is characteristic in abusive and neglectful families. One study found that abusive mothers reported fewer friends in their social support system, less contact with friends, and lower ratings of quality support received from friends. [\(33\)](#) Psychological tendencies toward child abuse and neglect may be exacerbated by social isolation. [\(34\)](#) Strong social support systems, including relatives, friends, and community resources, and the availability and access to supportive services can help to prevent or mitigate abuse/neglect.

This element identifies support systems, including any community resources the family utilizes, and their influence on level of risk. Caseworkers should assess whether strong and positive support systems and/or community resources utilized to protect a child or to assist the family are available, accessible and adequate and whether the parent, guardian, or custodian is able to make appropriate use of these support systems and/or community resources. Workers should also evaluate the degree to which the family relies on friends, family, neighbors or social groups for support and assistance. The parent, guardian, or custodian's ability to develop strong and positive support systems, including those in the extended family and community, should be assessed. Furthermore, a child's natural support system should be identified.

Whether there is a history of conflictual or problematic interactions with outside support systems and whether the support systems are negative or create conflict should also be assessed. If parent, guardian, or custodian lacks a support system or is isolated, caseworkers should evaluate whether the isolation or lack of support systems is attributed to geographic, economic or cultural factors.

Category 4: Historical

This category examines historical information for each adult in the family. Caseworkers should assess how an adult's history is contributing to risk of maltreatment and may provide insight and better understanding of child maltreatment dynamics.

Elements in Category 4:

14. Caretaker's Victimization of Other Children

The "other children" referenced here are children not considered to be "family" and have not been assessed in Category 1 of the Family Assessment. Caseworkers should recognize that violence in families tends to be general, rather than specific to one individual. Furthermore, sexual abuse perpetrators often victimize more than one child. [\(35\)](#)

This element assesses whether the adult has a history of victimizing other children. A review of past agency records, other PCSA records, and law enforcement records and/or convictions for all adults in the family is necessary when assessing this element.

15. Caretaker's Abuse/Neglect as a Child

A very consistent finding in the child abuse literature is that maltreating parents were themselves abused or neglected as children. [\(36\)](#) One study found that childhood sexual abuse increased the risk of perpetrating physical abuse on children as adults. [\(37\)](#) A feeling of emotional rejection, stemming from a history of physical abuse, neglect, and/or other maltreatment is common among abusive parents.

This element assesses how an adult's history of childhood abuse and/or neglect, if any, is currently impacting his/her ability to parent. It is suggested that caseworkers collect information from the following sources: self reports, agency records and collateral sources.

16. Impact of Past Services

This element assesses the impact, whether positive or negative, of any previous community or supportive service the adult may have utilized. The caseworker evaluates how the adult utilized supportive services and their impact on the adult.

Family's Perception

Examination of a family's perceptions can provide caseworkers with information on how ready a family is to change their behaviors and engage in the provision of services. All human beings are motivated to meet their basic needs. Individuals frequently differ in their state of readiness to change. In addition, one's readiness to change may fluctuate over time. [\(38\)](#)

Understanding the family's perception can inform how motivated the family is to change. Motivation is clearly linked to the likelihood of change. [\(39\)](#) It provides information regarding how the family views their strengths and problems, which is essential in the case planning process.

The caseworker documents how the family views their ability and willingness to protect their children including a description of how the family views their strengths as well as their problem areas.

It is important to note that this section deals only with the family's perception not the caseworker's perception. The worker should not include any opinions or information he/she may have regarding the legitimacy of the family's perception.

Family Risk Assessment of Abuse/Neglect [\(40\)](#)

The family risk assessment is an actuarial risk assessment tool completed as the assessment/investigation is ending and the decision to close the case or open it for ongoing PCSA services needs to be made.

The family risk assessment is a research-based tool intended to assist caseworkers identify how likely families are to maltreat or re-maltreat their children in the future. In CPS, there are thousands of pieces of information a caseworker can know about a family, but to estimate the likelihood of future maltreatment, the list of characteristics must be limited to those with a demonstrated relationship to actual case outcomes. The tool focuses on family characteristics that are likely to be available at the conclusion of an assessment/investigation. Finally, the tool incorporates as many concrete and easily observable characteristics as possible. This increases the reliability of the risk assessment.

Risk Assessment classifies families based on similar characteristics with families who have re-maltreated or not re-maltreated their children. Actuarial risk assessment tools differentiate cases with intensive, high, moderate, or low classification categories. The difference between risk levels is substantial. High risk families have significantly higher rates than low risk families of subsequent child abuse and/or neglect report and substantiation and are more often involved in serious abuse or neglect incidents. Research demonstrates targeting resources to families in the high and intensive risk categories significantly reduces their recidivism rates.

To complete the risk assessment, the caseworker will identify a primary caregiver and if applicable, a secondary caregiver. The primary caregiver is the adult (typically the parent) living in the household who has legal responsibility. When two adult caregivers are present and both have legal responsibility, select the one who provides the majority of child care. When two caregivers are present and only one has legal responsibility, select the one who is legally responsible for the children (even if they do not assume the most responsibility for child care). If this rule does not resolve the question, the legally responsible adult who was a perpetrator should be selected. Only one primary caregiver can be identified.

The secondary caregiver is defined as an adult living in the household who has routine responsibility for child care, but less than the primary caregiver. A paramour residing in the home may be a secondary caregiver even if he/she has minimal responsibility for care of the child(ren).

The risk scales are based on empirical studies of abuse and neglect cases that examine the relationships between family characteristics and the outcomes of subsequent confirmed abuse and neglect. The scales do not predict recurrence for a specific family, rather they estimate how likely it is that families with similar characteristics will have another abuse/neglect incident if no intervention is provided. One important result of these studies is the finding that a single instrument should not be used to assess risk of both abuse and neglect. Different family dynamics are present in abuse and neglect situations. Hence separate scales are used to assess the future likelihood of abuse or neglect. The caseworker must complete both the abuse scale and the neglect scale on every assessment/investigation when child abuse or neglect has been alleged.

The actuarial risk assessment is only completed when child abuse and/or neglect has been alleged. If the Family Assessment is being completed in response to a Dependency or a Family in Need of Services report, this section is not applicable. Furthermore, since most of the elements of each risk scale are contained within an assessment element in the Strengths and Needs Assessment, the rationales supporting the score for the risk assessment are provided within the appropriate Strengths and Needs Assessment element.

Neglect Scale

N1. Current Report is for Neglect.

Caseworker will indicate "Yes" if the current assessment/investigation is for neglect or both abuse and neglect. Include any problem under investigation not identified in the original report.

N2. Number of Prior Reports

Count all prior CA/N reports that were assessed/investigated, whether they were substantiated or not. Prior reports for any type of abuse or neglect, even if the perpetrator in prior reports no longer lives in the home or current caregiver(s) has had CA/N reports in another family should be included. CA/N reports which occurred in other counties or states should also be included. Caseworker will not include the current report.

N3. Number of Children in the Home

Count the number of individuals under 18 years of age (or under 21 if developmentally delayed or disabled) residing in the home at the time of the current report. If a child is removed as a result of the assessment/investigation or is on runaway status, the child should be counted as residing in the home.

N4. Number of Adults in the Home at the Time of Report

Count number of individuals 18 years of age or over residing in the home at the time of the current report. Any person 18-21 years old who is developmentally delayed and was counted as a "child" in the prior questions should be excluded.

N5. Age of Primary Caregiver

Caseworker will determine the age of the primary caregiver at the time of the assessment/investigation.

N6. Characteristics of Either Caregiver - Check and add scores for each caregiver characteristic:

a. Not applicable

b. Parenting skills are major problem

This includes an inability or unwillingness to care for/supervise children, or uses excessive physical punishment resulting in significant bruises or injury or use of mechanical restraints; or deprives the child of basic needs as punishment; or minimal knowledge of child development and age-appropriate expectations for children, repeated use of disciplinary methods not appropriate for child's age; and/or fails to keep guns/weapons locked and inaccessible.

c. Mental Health Issue

The caseworker will examine whether the caregiver reports/displays chronic and/or extreme lack of confidence, self-doubt or disparagement, or is withdrawn. It includes whether a caregiver reports or appears overwhelmed to the point of not caring about self or children as evidenced by a recent substantial decline in hygiene, energy level and/or physical appearance (which is not related to illness or injury). It also includes other evidence of mental health problems. The caseworker will consider if the caregiver has been referred by a physician for a mental health evaluation or treatment.

N7. Either Caregiver Involved in Harmful Relationships

a. No

b. Yes, some problems, but no history of domestic violence

This includes adult relationships outside the home (e.g., friends involved in drug lifestyle or criminal activities) that are harmful to domestic functioning or child care, or harmful adult relationships inside the home no at the level of domestic violence. Current moderate level of marital or domestic discord that interferes with family functioning should be viewed as affirmative evidence. Lack of cooperation or communication between partners, open disagreements on how to handle child problems/discipline; or frequent and/or multiple live-in partners are also included in this scale.

c. Yes, major domestic conflict and/or domestic violence

A relationship characterized by domestic conflicts, often involving physical violence, that require intervention by police, family or others would be included in this scale. Either caregiver has a history of domestic violence defined as adult mistreatment of one another, as evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, physical fighting (with or without injury; with or without weapon), continuing threats, intimidation, frequent separation/reconciliation, involvement in law enforcement and/or domestic violence programs, restraining orders or criminal complaints all would be included in this scale. Chronic serious arguments and disagreements between caregivers and/or other adults in the household or little communication, support or attachment between caregivers are also examples of this scale.

N8. Either Caregiver has a Current Substance Abuse Problem

This includes a current alcohol/drug abuse problem as evidenced by substance abuse causing the CA/N report, ongoing conflict in the home, extreme behavior, financial difficulties, frequent illnesses, job absenteeism, job changes or unemployment, or driving under the influence, traffic violations, criminal arrests, or life organized around substance use. Substance use in and of itself should not be considered a problem unless there have been negative consequences.

N9. Household is Experiencing Severe Financial Difficulty

Determine if family cannot consistently pay for one or more basic household necessities (rent, heat, light, food, and clothing). This includes whether the lack of income or household not living within its means is due to the caregiver's actions. Homeless families should be scored "yes."

N10. Primary Caregiver's Motivation to Improve Parenting Skills

The caseworker assesses the primary caregiver's motivation to improve parenting skills by observing the primary caregiver's response to a tentative service plan or offers of agency assistance made during the investigation. The assessment should be based on the caregiver's motivation at the end of the assessment/investigation period.

a. Motivated and realistic

No need to improve parenting skills has been identified or there is a need and the primary caregiver is willing and able to work with the agency.

b. Unmotivated

The primary caregiver is able, but has not demonstrated a willingness to address issues with parenting skills.

c. Motivated but unrealistic

The primary caregiver is willing to make agreed upon changes but his/her physical, intellectual, or mental ability precludes making the changes.

N11. Caregiver(s) Response to Investigation and Seriousness of Complaint

The caseworker should base the response on the caregiver who is the least cooperative or whose attitude is least consistent with the seriousness of the allegation. Assessment should be based on the caregiver's overall response at the end of the assessment/investigation period.

a. Attitude consistent with seriousness of allegation and complied satisfactorily

To make this choice, a single caregiver or both show a level of concern that is consistent with the nature of the allegation. The caregiver's focus is on the well-being of the children and he/she comply by answering questions, making the child(ren) available, making safety plans for the child(ren), etc.

b. Attitude not consistent with seriousness of allegation (minimizes)

Either caregiver views the allegation less seriously than warranted or minimizes the level of harm to the child(ren) is an example of this scale.

c. Failed to comply satisfactorily

Either caregiver refuses involvement in the assessment/investigation and/or refuses access to the child(ren) during the assessment/investigation, etc. would be examples of this scale.

d. Both b and c

Either caregiver has an attitude that is not consistent with seriousness of the allegation and did not cooperate during the investigation would be included in this scale.

Abuse Scale

A1. Current Report is for Physical or Emotional Abuse

The caseworker would mark "Yes" if the current report is for physical or emotional abuse or both physical/emotional abuse and neglect. This includes any problem under investigation not identified in the report.

A2. Prior Abuse Reports

This includes all reports, substantiated or not, assigned for assessment/investigation for any type of abuse prior to the current assessment/investigation, even if the alleged perpetrator on prior reports no longer lives in the home or even if the current caregiver(s) has had a CA/N report in another family.

A3. Prior Child Protective Services (CPS) Service History

Consider whether a family received CPS or foster care services as a result of a prior report of abuse and/or neglect.

A4. Number of Children in the Home

Include the number of individuals under 18 years of age (or under 21 if developmentally delayed or disabled) residing in the home at the time of the current report. If a child is removed as a result of the assessment/investigation or is on runaway status, the child should be counted as residing in the home.

A5. Either Caregiver Abused as Child(ren)

Based on agency records and credible statements by the caregiver(s) or others, either or both caregivers were abused as children. Abuse includes physical, sexual and other types of abuse (exclude neglect).

A6. Secondary Caregiver has a Current Substance Abuse Problem

Assess whether the secondary caregiver has a current alcohol/drug abuse problem as evidenced by use causing CA/N report, frequent conflict in home, extreme behavior, financial difficulties, frequent illnesses, job absenteeism, job changes or unemployment, or driving under the influence, traffic violations, criminal arrests, or life organized around substance use.

If responding "Yes" to this scale, check all that apply, but there is only one score.

A7. Either Caregiver has History of Domestic Violence

The caseworker considers whether either caregiver has a history of domestic violence- as a perpetrator or victim- defined as adult mistreatment of one another, evidenced by hitting, slapping, yelling, threats, intimidation, ultimatums, frequent separation/reconciliation, involvement of law enforcement and/or domestic violence programs, restraining orders or criminal complaints.

A8. Either Caregiver has Major Parenting Skills Problem (Uses excessive discipline, over-controlling parenting skills)

The caseworker assesses whether either caregiver employs excessive and/or inappropriate disciplinary practices to punish children in the home. The circumstances of the current incident and past practices may be considered. Examples of excessive or inappropriate disciplinary practices may include discipline that routinely involves use of an instrument (belt, board, etc.) that results in marks, bruises, contusions, etc.; restraining a child with rope, duct tape, or other mechanical means; denial of food or other necessities as punishment; or use of disciplinary practices that are inappropriate given the child's age or development.

Assess whether either caregiver over-controls children, as evidenced by unreasonable and/or excessive rules, being overly demanding or overbearing; overreaction, or berating/demeaning responses to relatively minor infractions. Over-controlling parents may be referred to as tyrannical: they use cruel and unjust power and authority. Parents who are simply strict and firm in their disciplinary practices should not be considered over-controlling.

Assess whether the caregiver's inability or unwillingness to care for/supervise children, or use of excessive physical punishment results in significant bruises or injury or use of mechanical restraints; or whether the caregiver deprives child of basic needs as punishment; or whether the caregiver has minimal knowledge of child development and age-appropriate expectations for children and repeatedly

uses disciplinary methods not appropriate for child's age; and whether the caregiver fails to keep guns/weapons locked and inaccessible.

A9. Child in the Home has Special Needs or History of Delinquency

(Caseworker scores 1 if either special needs or history of delinquency exist or if both exist)

a. No

No history of either.

b. Yes- Special Needs

There is evidence that a child has a special need including serious medical conditions, mental retardation, attention deficit disorder, learning disability, conduct disorder or other diagnosed psychological/psychiatric disorder.

Yes- History of Delinquency

Any child has been arrested and/or referred to juvenile court for delinquent or status offenses (truancy, runaway, incorrigible). Offenses not brought to court attention but which create within the household should also be scored here (e.g., drug or alcohol problems). If yes, check appropriate boxes.

Actual Risk Level

The actuarial risk level is determined by scoring each of the scales, totaling the score, and taking the highest level from either the abuse or neglect scale. Using the following matrix, the caseworker will determine the family's scored risk level, called the actual risk level.

Neglect Score	Abuse Score	Risk Level
0-3	0-2	Low
4-5	3-4	Moderate
6-9	5-7	High
10-17	8-12	Intensive

Policy Overrides

After completing the risk scales, the caseworker determines if any of the policy overrides are applicable. Policy overrides reflect the presence of an active voluntary in-home or out-of-home safety plan, non-accidental physical injury to any age child requiring medical treatment and child vulnerability concerns. These policy overrides have been determined to be case situations that warrant the highest level of service from the PCSA regardless of the risk scale score. If any policy overrides apply, the final risk level is increased to intensive. If no policy overrides apply, the final risk level is the higher of the two scored risk levels (the actual risk level).

Policy overrides are as follows:

1. An in-home or out-of-home safety plan is still active.

An active in-home or out-of-home safety plan reflects that active safety threats still exist in the family and without a controlling intervention, there would be a high likelihood of serious harm to a child. Because the only intervention to ensure child safety is by a voluntary agreement with the family, it is imperative that the PCSA provide the family with the highest level of PCSA service. This policy override does not include legally authorized out-of-home placement safety plans (children in substitute care or in custody of a relative) because the safety plan involves a legal transfer of custody away from the parent, guardian, or custodian.

2. Non-accidental physical injury to any age child requiring medical treatment.

Such injuries might include, but are not limited to: brain damage, skull or bone fractures, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, suffocating, gun shot wound, bruises, welts, bite marks, choke marks, etc. which seriously impair the health and/or well-being of the child and require medical treatment.

3. Death (previous or current) of a caregiver's child or any other child in their care as a result of abuse or neglect.

An example may include a mother who had a child die from shaken baby syndrome and has given birth to another child. Risk is considered intensive in this case. Another example may include a mother who is babysitting her neighbor's child. Mother abuses the neighbor's child resulting in death of that child. Risk is now considered intensive for the mother's own children in her care.

4. Sexual abuse cases where the alleged perpetrator is likely to have immediate access to the child victim.

When considering "immediate access," the caseworker will determine if a non-offending caregiver is available and whether the caregiver demonstrates the ability and willingness to protect the child from any unsupervised contact with or by the alleged perpetrator. No policy override applies if the alleged perpetrator's access to the child is restricted. The policy override only applies if the non-offending caregiver demonstrates questionable willingness and ability to protect the child.

5. Cases with non-accidental physical injury to an infant.

Infant is defined as ages 0-12 months. Non-accidental injuries include, but are not limited to: bruises, bites, burns, and other such injuries. While these types of injuries may not require medical attention/treatment, in this case these injuries are considered very serious. Families with infants who sustain such injuries are considered intensive risk in part because the children cannot talk, defend, or otherwise protect themselves.

6. Positive toxicology screen of child at birth.

A positive toxicology screen (any drug, including alcohol) of a child at birth indicates that the mother used drugs and/or alcohol during the later portion of her pregnancy. Risk in this case is intensive as the mother's possible continued drug use may have a negative impact on her ability to provide for her newborn baby's basic needs.

Case Analysis

Case Decision

The case disposition is one component in determining if a family needs continued PCSA services. A case disposition is the determination of whether or not abuse or neglect has occurred or is occurring and reflects the highest report disposition.

A report disposition is the determination of whether a report of abuse or neglect has occurred or is occurring specific to an alleged child victim and is listed in the following rank order from highest to lowest:

- **Substantiated**

Substantiated is the report disposition in which there is an admission of child abuse or neglect by the person(s) responsible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the PCSA.

- **Indicated**

Indicated is the report disposition in which there is circumstantial or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child may have been abused or neglected based upon completion of the assessment/investigation.

- **Unsubstantiated**

Unsubstantiated is the report disposition in which the assessment/investigation determined no occurrence of child abuse or neglect.

If the Family Assessment is being completed based upon more than one report of abuse and/or neglect, the caseworker should use the most severe disposition as identified in the previous paragraph.

If the Family Assessment is being completed based upon an acceptance of a dependency or family in need of services report, a report disposition and a case disposition are not applicable.

Preliminary Matrix-Indicated Case Decision (41)

The case decision matrix is used to assist in making decisions about which assessed/investigated cases should be transferred for ongoing PCSA services. Two primary criteria are used to structure the preliminary transfer or close decision: 1.) the case disposition; and 2.) the family's final risk level.

The matrix shows that all cases assessed as "intensive" risk should be transferred, regardless of the case disposition. In addition, cases assessed as "high" risk should be transferred if the case disposition is substantiated or indicated.

Two matrix cells indicate an option to transferring the case. These are *high risk-unsubstantiated* cases and *moderate risk-substantiated* cases. For the immediate future, the presumption is that these cases should be transferred for ongoing agency services, unless a community service(s) is in place that is capable and willing to provide case management services. Where such services are in place, the case may be closed with a referral to the community service(s).

Cases falling into all other matrix cells should be closed. These include low risk cases and moderate risk cases that are indicated or unsubstantiated.

Final Case Decision

The final case decision is the consideration of whether the analysis of the family's strengths and needs, risk contributors, identified safety threats, identified protective capacities and family characteristics/behaviors supports the Preliminary Matrix-Indicated Case Decision or triggers the need to request a discretionary override to change the Preliminary Matrix-Indicated Case Decision. It also serves as the analysis of the critical information gathered during the assessment/investigation which may include information regarding safety re-assessment, child harm descriptions, strengths and needs, risk assessment, and case disposition to support the decision to open or close a case.

The caseworker should review all family characteristics which are contributing to risk. Furthermore, the worker should also look at those characteristics which mitigate or offset the risk contributors (strengths). The interaction between the parent, guardian, or custodian's strengths and/or risk contributors and the child characteristics should be addressed. For example, the worker should describe how a parent's parenting practices either increase or decrease the likelihood of future maltreatment based on the child's characteristics. A statement regarding any identified and its impact on the family should also be included in the analysis.

When reviewing the risk contributors, the caseworker should understand that certain family behaviors or characteristics are connected to child abuse and neglect. The Cluster Elements Chart located in the appendix of this manual identifies common patterns of behaviors/characteristics found in serious child abuse/neglect cases. These elements should receive added attention because they are mutually reinforcing and consequently, increase the risk of the type of child abuse/neglect with which they are associated. Also, the caseworker should refer to the "Correlates/Red Flags with Behavior/Traits Connected with CA/N" also located in the appendix of this manual for additional indicators of child abuse/neglect.

Caseworkers need to evaluate each risk contributor and family behavior or characteristic. Patterns of risk contributors should be reviewed to identify mutually reinforcing elements that could allow risk to escalate to a safety concern. A review of family strengths should also be conducted to analyze whether these strengths are mitigating or reducing the patterns of risk contributors. Based on this analysis, the agency should consider whether the family exhibits behaviors or possesses characteristics which increase or decrease the likelihood of future maltreatment.

Discretionary Override (42)

Caseworkers may not apply discretionary overrides to the risk assessment results. However, the caseworker may request an override of the Preliminary Matrix-Indicated Case Decision if the risk classification prompts a case transfer that appears inappropriate (e.g., preliminary case decision is to transfer, but the analysis in the final case decision indicates the case may be closed) or if there is a need to open the case (e.g., preliminary case decision guides case closure at intake, but the evaluation of all assessment variables in the Final Case Decision indicates a need to transfer the case for continued agency involvement).

The discretionary override requests must be approved by a supervisor. If the agency deems appropriate, the agency may require additional administrative approval.

The caseworker must document the specific reason the discretionary override is being requested in this section.

Service Planning

Service planning is an important CPS function. Regardless of whether or not a case is being opened for ongoing services, providing services to families is an integral part of child protective services.

Family Not In Need of PCSA Services

If the Final Case Decision does not warrant continued agency involvement, the case will be closed, absent a court order that the PCSA must provide services. When closing a case, the family may be referred for community services within or outside the community.

For those cases being closed after the assessment/investigation, the caseworker should describe the services and/or interventions that were provided during the assessment/investigation process, were already in existence prior to CPS involvement, or were referred at the time of case closing. The worker should specifically state the services provided, including the provider, and the reason for providing that service.

Family In Need of PCSA Services

If the Final Case Decision warrants continued agency involvement, the case will be transferred for ongoing agency services. In some circumstances, cases (e.g., dependent or unruly/delinquent child) will be transferred if the court orders the PCSA to provide services. Agency services include: voluntary in-home supportive services; protective supervision; or out-of-home placement, which includes substitute care.

Underlying Conditions

Underlying conditions are the needs of family members, perceptions, beliefs, values, feelings, cultural practices and/or previous life experiences that influence the maltreatment dynamic within a family system. Identification of underlying conditions assists the caseworker in determining why a family may be behaving the way they do and what may be causing or contributing to active safety threats or risk contributors. This assessment analysis is especially helpful when considering service planning.

Some examples of underlying conditions may include:

- Quality of the family's identity and interactions
- What to expect of a child
- Child's inability to measure up to expectations
- How children should behave
- Using violence to solve problems/manage stress
- Using social supports
- How children should interact with adults
- How families interact
- Being maltreated as a child
- Being a victim or perpetrator of family violence
- Accepting responsibility for own actions

Identifying Services

Intervention with abused and neglected children and their families must be planned, purposeful, and directed toward the achievement of safety, permanency, and well-being. (43) For cases requiring continued agency involvement, the caseworker should describe the services and/or interventions recommended to address safety and risk contributors identified in the assessment. Services or interventions for the family should be prioritized as follows:

Priority #1- Resolve Immediate Safety Threats

Priority #2- Strengthen Protective Capacities

Priority #3- Overall Risk Reduction; Enhance Child and Family Well-Being and Permanency Attainment

If the Family Assessment was completed based upon a dependency or a family in need of services report and the final case decision is to transfer the case for ongoing PCSA services, identification of services is based upon the needs of the family or child. The caseworker will review the information obtained in the Strengths and Needs Assessment. Elements rated a risk contributor (RC) should be assessed as to whether these elements contribute to the reasons why the report of dependency or family in need of services was received by the PCSA. Recommended services should be based upon the needs of the child and family to enhance permanency for a child and well-being for the family.

Some individuals have been assessed in the Family Assessment from the perspective of how their presence within the family impacts family dynamics (e.g., paramour of the parent or related or unrelated adult residing in the home who has routine responsibility for child care). Inclusion of these individuals on the Family Assessment does not imply that an individual must be involved in case plan services. Who the PCSA serves in the case plan is based upon many variables that are case specific and can be influenced by the involvement of a court.

Family in Need of PCSA Services- Services will not be provided

There may be some cases in which the family is in need of ongoing agency services, but there may be reasons why these services will not be provided. These reasons may include:

- **Family Moved/Unable to Locate**

In some instances, the family may have moved and the PCSA is unable to locate them. In this instance, the caseworker has completed the assessment/ investigation and has determined that this family needs ongoing PCSA services. If the PCSA believes the family may be residing outside the county or state and is concerned about the safety of the child(ren) and/or the risk of future maltreatment is intensive or high, the caseworker should issue a Protective Services Alert.

- **Family Refused Services**

Here, the family has refused agency services and the PCSA will not be filing in court a petition for protective supervision.

- **Court Petition Denied**

The family refused agency services, and the PCSA did file a motion in court for protective supervision or custody. However, the court denied the PCSA motion and the family continues to refuse services.

- **Case Referred to Other PCSA**

In this instance, the family moved to another county and the agency knows where the family is located. The need for ongoing agency services has been determined. Therefore, the PCSA will make a referral to the appropriate PCSA requesting that agency provide services.

Application of the Safety Assessment and Family Assessment in Special Circumstances

In special circumstances, caseworkers need to ask the question, "In what setting am I assessing safety and risk?" The answer to this question will determine the focus of the Safety Assessment and Family Assessment and the number of assessments to be completed. If the worker is not trying to assess safety and risk in more than one setting, then there is no need to complete more than one assessment.

Custody - The Safety Assessment and Family Assessment tools should be completed on the custodial parent. The non-custodial parent may be referenced in each assessment tool.

Shared Parenting - Two Safety Assessments are completed; one is completed on each home. One Family Assessment may be completed to document the assessment of both parents' families.

Unruly/Delinquency - The link between experiencing child maltreatment as a child and committing offenses as a juvenile is profound. (44) A substantial body of research has shown that:

- Maltreated children are significantly more likely than non-maltreated children to become involved in delinquent and criminal behavior.
- The prevalence of childhood abuse or neglect among delinquent and criminal populations is substantially greater than that in the general population.
- Delinquent youth with a history of abuse or neglect are at higher risk of continuing their delinquent behavior than delinquents without such history. (45)

Children with a history of abuse and/or neglect are more likely to become and remain unruly/delinquent. Identifying risk and protective factors remains essential to developing interventions to prevent child delinquency from escalating into chronic criminality. (46) Therefore, this population of children and their families could benefit from an assessment of safety and risk.

If the case will be transferred for ongoing agency services, the Family Assessment must be completed prior to case planning activities. The focus of the family assessment should be the child's family.

Family in Need of Services Report - The Safety Assessment and Family Assessment are optional for this intake Report category, unless the Family in Need of Services Report type is Stranger Danger. For FINS Report Stranger Danger, the Safety Assessment must be completed. However, if the case will be transferred for ongoing agency services, the Family Assessment must be completed prior to case planning activities. In cases of Permanent Surrender, Emancipated Youth, and Deserted Child (Safe Haven), the Family Assessment is not required regardless of whether the case is opened for ongoing agency services.

Minor Parents - Minor parents residing with his/her parent, guardian, or custodian should be rated as a child (Category 1). Categories 2, 3 and 4 may be completed for minor parents residing independently or with an adult other than his/her parent, guardian, or custodian. The rationale should clearly identify which person is being rated, the minor or adult.

Ongoing Case Assessment/Investigation - If intra-familial child abuse and/or neglect is alleged in a case which has been opened for ongoing agency services, a Safety Assessment and Ongoing Case Assessment/Investigation tool (JFS 01402) shall be completed.

The Ongoing Case Assessment/Investigation tool assists caseworkers in assessing or re-assessing risk, discussing child harm, and documenting the investigative activities when a report of child abuse and/or neglect is received on an open, ongoing case. See Case Review section for procedures and definitions regarding the actuarial risk reassessment.

If a case was opened for dependency or other non-abuse and/or neglect issues, a risk assessment would not have been completed during the initial assessment/investigative phase. In this instance, when an abuse and/or neglect report is received, the initial risk assessment will be completed. See the Family Assessment section for procedures and definitions regarding the actuarial risk assessment.

When a report of intra-familial child abuse or neglect is received on a family who is currently receiving ongoing PCSA services, regardless of who conducts the assessment/investigation, the ongoing caseworker must reflect on the services being provided to the family through the case plan. The caseworker must ensure

that all the needs of the family addressed in the Ongoing Case Assessment/Investigative tool is being addressed through services in the case plan. If needs are not being addressed in the case plan or are not being done so adequately, an amendment to the case plan should be considered.

Third Party Investigations - A Third Party Investigation is the requirement that a PCSA request the assistance of law enforcement or another PCSA or both when conducting an intra-familial assessment/investigation due to the potential conflict of interest a PCSA may have assessing/investigating an entity when one of the following entities and/or parties are involved as principals:

- PCSA's own licensed foster home (and the report of abuse or neglect involves the children of the licensed foster caregivers).
- PCSA's own employee.
- Ohio Department of Job and Family Services employee.

In instances where the Third Party Investigation includes both Specialized Assessment/Investigation child abuse and/or neglect and intra-familial child abuse and/or neglect reports (e.g., a CA/N report involving foster children and foster parent's biological children), a Specialized Assessment/Investigation tool is completed for the investigation involving the report on the out-of-home care entity (e.g., foster children) and the Safety Assessment and Family Assessment are completed on the intra-familial report (e.g., foster parent's biological/adoptive children). All tools may reference one another.

Specialized Assessment/Investigations

A Specialized Assessment/Investigation is the assessment/investigative activities conducted by a PCSA when the child abuse or neglect report involves an alleged perpetrator who meets one or more of the following criteria:

- Is responsible for the care of a child in an out-of-home care setting as defined in rule 5101:2-1-01 of the Administrative Code (e.g., a school teacher).
- Is a person responsible for a child's care in out-of-home care as defined in section 2151.011 of the Revised Code (e.g., a day camp counselor, a foster parent, a pre-finalized adoptive parent, an employee of a residential facility, or a licensed/approved child care provider or facility).
- Has access to the child by virtue of his/her employment or affiliation with an institution (e.g., a Boy/Girl Scout leader).

For these reports, the Safety Assessment and Family Assessment tools are not completed. The Specialized Assessment/Investigation tool (JFS 1403) is completed. The Specialized Assessment/Investigation tool assists workers in capturing the investigative requirements for investigations involving out-of-home care child abuse and/or neglect, involving out-of-home care settings, and involving an alleged perpetrator who has access to the child by virtue of his/her employment or affiliation with an institution. An assessment of safety has been included to help evaluate safety threats and safety responses in out-of-home care settings.

When a specialized assessment/investigation involves an abuse and/or neglect report involving alleged child victims from multiple cases, a separate assessment/investigation is required for each case. This involves the use of multiple Specialized Assessment/Investigation tools. However, each tool may reference one another.

Third Party Investigations - A Third Party Investigation is the requirement that a PCSA request the assistance of law enforcement or another PCSA or both when conducting an Specialized Assessment/Investigation due to the potential conflict of interest a PCSA may have assessing/investigating an entity when the following entities and/or parties are involved as principals:

- PCSA's own licensed foster home, group home and child residential center;
- PCSA's own approved pre-finalized adoptive home.

In instances where the Third Party Investigation includes both Specialized Assessment/Investigation child abuse and/or neglect and intra-familial child abuse and/or neglect reports (e.g., a CA/N report involving foster children and foster parent's biological children), a Specialized Assessment/Investigation tool is completed for the investigation involving the report on the out-of-home care entity (e.g., foster children) and the Safety Assessment and Family Assessment are completed on the intra-familial report (e.g., foster parent's biological/adoptive children). All tools may reference one another.

Case Planning

Case planning addresses the contributing factors that have led to the abuse and/or neglect of the child. Case plans should provide a clear and specific guide for the caseworker and the family in order to change individuals' behaviors and the conditions that negatively influence safety, risk, and family functioning.

Information obtained through the Family Assessment informs what changes need to occur via case planning in order to resolve safety threats, reduce risk, and/or to enhance child well-being. A Family Assessment must be completed prior to the development of a case plan, except for Deserted Child, Emancipated Youth, or Permanent Surrender cases.

Case plans must be developed when services are provided to the child and one of the following occurs:

- In-home supportive services have been agreed upon by the parent.
- The court requests the PCSA to prepare a case plan when the child and his/her parent, guardian, or custodian do not attend a detention or shelter care hearing and the complaint alleged that a child was an abused, neglected, or dependent child.
- The PCSA files a complaint pursuant to 2151.27 of the Revised Code alleging that the child is an abused, neglect, or dependent child.
- The PCSA has court ordered temporary custody or permanent custody of the child.
- The court orders the PCSA to provide protective supervision for a child living in his/her own home.
- The court orders the PCSA to place a child in a planned permanent living arrangement.

The PCSA shall develop and complete the case plan within thirty (30) days based upon whichever of the following occurs first:

- The agreement for in-home supportive services;
- The date the complaint was filed;
- The date the child was first placed away from his/her own home; or
- Prior to the adjudicatory hearing.

When sufficient information is not available to complete the case plan, the PCSA should specify in the case plan the additional information which needs to be obtained in order to complete the case plan and the steps that will be taken to obtain missing information. In this situation, the agency is provided an additional 30 days to complete the case plan.

Engaging the Family in Case Planning

Developing a helping relationship with abused and neglected children and their families is critical to changing the conditions or patterns of behavior that contributed to maltreatment or risk thereof. A family-centered approach to engaging the family may increase their readiness and ability to change. By involving families in the processes of family assessment, case planning, and service delivery, family are more likely to be receptive to service provision. When families are able to identify strengths and problems in their family functioning, they may contribute more to their own growth and can make more productive changes.

Techniques for Building Rapport (47)

- Approach each individual involved with an open mind.
- Find out what is important to the child and to the family.
- Use mirroring. Take note of words used by the child or family and try to incorporate them into the conversations.
- Listen to the child or parent's explanation of the situation without correcting or arguing.
- Ask questions rather than issue threats or commands.
- Clarify expectations and purposes. Clearly explain the helping process and the caseworker's role in working together toward solutions.
- Help the child and parent or caretaker retain a sense of control.

- Clarify commitment and obligations to the working relationship.
- Acknowledge difficult feelings and encourage open and honest discussion of feelings.
- Be consistent, persistent, and follow through.
- Promote participatory decision-making for meeting needs and solving problems.

Engaging the Resistant Client (48)

Due to the involuntary nature of the majority of PCSA cases, it is not unusual for families to resist offers of help. Resistance is a normal and predictable response when people feel forced to change. Caseworkers should not personalize resistance. To deal with resistance effectively, caseworkers should first change their perspective of resistance and try to see the behavior as a potential strength. How the caseworker responds to resistance is crucial in avoiding continued abuse or escalation of inappropriate behavior.

Engaging families while avoiding resistance:

- Be clear, honest, and direct. Keep an open mind. Caseworkers should maintain a non-defensive stance.
- Acknowledge the involuntary nature of the arrangement. Caseworkers should explain the structure and content of intervention to the children and family.
- Be matter of fact and non-defensive in explaining the legal authority that permits intervention. Caseworkers should not get into a debate about authority; instead caseworkers should state what their authority is and what legal recourse the children and family may have to challenge it .
- Contact children and families in a manner that is courteous and respectful, and assesses strengths as well as risks.
- Elicit the parent's concerns and wishes for assistance and convey understanding of the parent's viewpoint, including reservations about PCSA's involvement.
- Reduce the children's and family's opposition to interaction by clarifying available choices, even when choices are constrained, by emphasizing freedoms still available and by avoiding labeling.
- Earn the respect of the children and family (and gain psychological influence) by being a good listener who strives to understand their point of view.
- Respect the right of the children and family to express values and preferences different from those of the caseworker.
- Acknowledge difficult feelings and encourage open and honest discussion of feelings.
- Reframe the family's situation. This is particularly useful when the children and family are making arguments that deny a safety threat, risk contributor or other need or problem; it acknowledges their statements, but offers a new meaning or interpretation for them. The children's and family's information is recast into a new form and viewed in a new light that is more likely to be helpful and support change.

Developing the Case Plan

Case planning has five permanency planning goal options:

- Maintain child in his/her own home; prevent removal
- Return child to his/her own parent/guardian/or custodian
- Placement of a child in a planned permanent living arrangement, excluding adoption
- Independent living
- Adoption

Regardless of the method of involving the family, both the family and caseworker must decide which risk contributors identified in the family assessment should be addressed through the provision of services. Interventions intended to resolve safety threats should be prioritized first, with decreasing risk contributors next, followed by increasing well-being. Family strengths should also be identified and utilized to assist families in addressing needs within the family system. Strengths can help counterbalance the effects of the concerns and can provide a stronger foundation for the ongoing stabilization of the family system.

A well written Case Plan is one that is tailored to the family's needs. It should be family-friendly, meaning that the caseworker writing the Case Plan takes into account the family's unique qualities (e.g., reading ability, intellectual difficulties). It must clearly promote an understanding of the behavioral changes the family is expected to make, how they are expected to make these changes, and how the family and agency will know the expected changes have been made.

Each expected change/service should identify the following:

- Specific behaviors or conditions that need to change
- Service activities for facilitating change
- Agency/Caseworker role in assisting family make identified changes
- Methods, standards, and/or criteria for measuring progress regarding change
- Points in time when progress will be measured

The behavior changes identified in the case plan that need to occur to address safety and reduce risk, should be:

- Strength-based
- Concrete
- Specific
- Measurable
- Culturally sensitive

Once the case plan has been completed, the parent, guardian, or custodian and other parties, such as the guardian *ad litem* (GAL) or court-appointed special advocate (CASA) shall sign the case plan and copies shall be provided to all parties to the case plan.

The appendix of this manual contains a "Case Plan Task List." This task list is a tool which may be used with families during home visits or other contacts to assist in the completion of the case plan activities. It involves the identification of specific tasks and the responsible person(s) and expected completion dates of each assigned task.

Amending the Case Plan

The case plan must be amended if any of the following occur:

- The conditions of the child and his/her parent, guardian, or custodian, or pre-finalized adoptive parent change and the changes affect the provision of supportive services;
- There are changes in the goals for the child and/or changes family members need to address to alleviate concerns;
- The child needs to be placed in a substitute care setting, returned to his/her parent, guardian, or custodian or pre-finalized adoptive parent, or moved to another substitute care setting;
- The child has attained the age of sixteen (16) and programs and life skill services will be offered, if appropriate;
- A change in the visitation plan for a child in substitute care needs to be made;
- Relevant factors within the parent, guardian, or custodian, or pre-finalized adoptive parent's environment are identified by the PCSA; or
- A party must be added or deleted from the case plan.

The agency must seek agreement to implement the amended case plan by obtaining signatures of the parent, guardian, or custodian and/or other parties to the case plan. If agreement cannot be obtained, the PCSA shall follow procedures as outlined in Ohio Administrative Code rules 5101:2-38-01 and 5101:2-38-05.

Supplemental or Concurrent Planning

Concurrent planning or supplemental planning (the term Ohio uses) means that the agency is working toward family reunification, while at the same time establishing an alternative permanency plan to be implemented if

children cannot safely return to their biological parents. [\(49\)](#) The primary plan is to get children and parents back together. However, at the same time, there is an alternative plan for the child to live in another permanent home in case the child cannot return to his/her own family. [\(50\)](#)

Case Review

The impact of services and activities designed to address the causal and/or contributing factors identified in the Family Assessment, and agreed upon by the caseworker and the family, must be reviewed to determine if services are having the anticipated impact on identified concerns. The Case Review is a re-examination of safety, strengths, needs, risk and a discussion of the impact service provision has on the family system.

The Case Review tool (JFS 01413) allows PCSAs to establish internal policies regarding the parties with whom the Case Review shall be conducted. The Case Review tool, or sections within it, may be reviewed with the family based upon agency practice and/or case situations.

The Case Review is completed no later than every three (3) months based upon whichever of the following activities occur first:

- Original Court Complaint Date
- Date of Placement
- Date of Court Ordered Protective Supervision
- Date of Agency Worker Signature on Case Plan (for no court orders only)

At six (6) month intervals, a Case Review is completed in conjunction with the Semiannual Administrative Review (SAR). The dates that trigger the initial SAR and Case Review are the same. The Case Review must be done at the time of the SAR regardless of when the last Case Review was completed. If a Case Review is not completed within the three (3) months timeframe, the expectation is the Case Review would be completed prior to the SAR and another Case Review would be completed in conjunction with the SAR. The timeframe for completion of the next Case Review would be three (3) months (90 days) from the date of the SAR. The agency may review cases utilizing the Case Review tool more frequently if agency practice or case circumstances warrant it.

If the legal status of the case changes during the review period, the Case Review timeline does not change. For example, if a Protective Supervision case becomes a Substitute Care case, the timeline for completion of the Case Review would not change to three (3) months (90 days) from the date of placement.

The Case Review is completed at the time of case closure unless the case is closed within 30 days post completion of the Case Review (either at the three (3) month interval or SAR) and the intention to close the case is recorded.

Safety Re-Assessment

The Safety Re-Assessment is a structured review to support and document decisions to maintain, create, modify, or discontinue a safety response. The Safety Review section includes a review of safety threats, changes in protective capacities and child vulnerability, and progress toward resolving safety threats.

Based on the information contained in the Safety Review, the PCSA makes the decision as to whether a new safety response is needed and should be created, or whether the existing safety response should be maintained, modified, discontinued, or was previously discontinued.

The Safety Re-Assessment may also be completed in lieu of the safety assessment, if through the ongoing assessment of safety, the safety response from the previous assessment of safety must be changed. An example is if the child was previously considered safe and now, an in-home or out-of-home safety plan is necessary or the child needs to be placed in a legally authorized out-of-home placement. This section must be approved by an agency supervisor and contained in the case record. The completion of this section for the purpose of documenting a change in the safety response does not negate the requirement to complete this section at the time of the Case Review, regardless of when it was completed.

Based on the information contained in the Safety Re-Assessment, the caseworker should specify whether the safety response identified in the last assessment of safety (e.g., Safety Assessment or Safety Re-Assessment) should be maintained, created, modified, discontinued, or was previously discontinued.

If different safety responses were identified per child, the selection will be based upon the most restrictive safety response. For example, if one child has an in-home safety plan and the other child is in a legally authorized out-of-home placement (due to safety reasons) and the in-home safety plan is being discontinued but the other child is remaining in placement, select Maintain and discuss the reasons for the in-home safety plan being discontinued in the narrative.

"Maintain" is, based on this safety review, indicating the safety response(s) has/have not changed since the last assessment of safety.

"Create" is, based on this safety review, indicating there have been changes identified in protective capacities or child vulnerability that place the child(ren) in immediate danger of serious harm and a safety plan (including a legally authorized out-of-home placement) must be created.

"Modify" is, based on this safety review, indicating an existing safety response must be modified. Changes have been made in safety threats, protective capacities, and/or child vulnerability and an existing safety plan (including a legally authorized out-of-home placement) must be modified.

"Discontinue" is, based on this safety review, indicating all threats resulting in the safety response have been controlled and/or resolved or there has been adequate change in protective capacities or child vulnerability to protect the child(ren) from serious harm. The safety response is no longer needed.

"Previously Discontinued" is, based on this safety review, indicating a safety threat is not currently active but has been active at any time since the last assessment of safety and the safety response was discontinued.

Family Perception

The caseworker describes how the family views their ability and willingness to protect their children including a description of how the family views their strengths as well as their problem areas.

Other individuals' perceptions may also be included. Other individuals involved in the case may include relatives providing care to the child(ren) and/or support to the family. These individuals' perceptions provide a unique perspective of how they view the family's strengths and problems.

It is important to note that this section deals only with the family's perception and others involved in the case. It does not include the caseworker's perception. The worker should not include any opinions to information they may have regarding the legitimacy of the family's perception.

Case Progress Review

Services Review

This section discusses the impact services are having on addressing safety threats, risk, permanency, and child well-being. It also includes an evaluation of the progress the services are having on addressing case plan concerns as well as recommendations as to whether services should be continued, modified, or discontinued. Additionally, barriers to services are identified.

Family members listed on the case plan, including a child (if age appropriate) and substitute caregivers are encouraged to participate in the review of case plan services and provide input into how these services are impacting safety, risk, permanency, and child well-being issues.

Strengths and Needs Assessment Update

This section describes the most significant information obtained since the last assessment or case review. It includes new information regarding the strengths and needs elements, underlying conditions, protective capacities, and child vulnerability. Any new life events and key case activities are described. Also, if the child(ren) is placed out of the home, a description of the quality of visitation, including family interaction and the family's ability to meet the child's need for safety is completed.

Risk Reassessment Scale of Abuse/Neglect (51)

The risk reassessment is designed to primarily inform whether the risk of future maltreatment has been reduced, increased, or remained the same following the provision of services or changing circumstances within the family. Risk reassessment also assists in making decisions regarding child permanency planning and service provision.

A risk reassessment is completed on all cases in which an initial risk assessment has been completed. A risk reassessment will not be completed on non-child abuse and/or neglect cases (e.g., Dependency, Unruly/Delinquent).

While the initial risk assessment has separate scales for abuse and neglect, there is only one scale for risk reassessment. The focus at reassessment is the impact of services provided to the family during the period assessed and/or on whether certain events in the family have occurred since the last assessment. The first four (4) items are those strongly related to the probability of subsequent abuse and/or neglect and generally do not change from the initial assessment. The next four (4) items are also strongly related to the probability of subsequent abuse/neglect, but they relate to events that did or did not occur since the last assessment. The final two (2) assessment items specifically relate to the caregiver's progress in relation to the case plan, including participation in services and the extent to which those services have had an impact on problematic behaviors/conditions.

Risk Reassessment Scale of Abuse/Neglect

R1. Number of Prior Reports

Count all reports that were investigated whether substantiated or not. Include investigations for any type of abuse and/or neglect prior to the investigation that led to the current case opening. Do not include the current abuse and/or neglect report if the risk reassessment is being completed due to a subsequent report.

R2. Number of Children in the Home

The number of individuals under 18 years of age residing in the home at the time of the most recent investigation. If a child had been removed as a result of the investigation or was on runaway status, count the child as residing in the home.

R3. Number of Adults in the Home

Number of individuals 18 years of age or over residing in the home at time of the most recent referral. (Exclude here any person 18-21 who is developmentally delayed and was counted as a "child" in the prior question.)

R4. Current Age of Primary Caregiver

The current age of the primary caregiver (as of the reassessment date).

R5. Either Caregiver Currently has Major Parenting Skills Problems

- (a) No- none of the following conditions exist.
- (b) Yes- score this item as a "yes" if any of the following circumstances exist:
 - 1.) Either caregiver currently uses **excessive and/or inappropriate disciplinary practices** to punish children in the home. Examples include discipline that routinely involves use of an instrument (belt, board, etc.) that results in marks, bruises, contusions, etc.; restraining child with rope, duct tape, or other mechanical means; denial of food or other necessities as punishment; or use of disciplinary practices that are inappropriate given the child's age or development.
 - 2.) Either caregiver **over-controls** child(ren) evidenced by unreasonable and/or excessive rules, being overly demanding or overbearing; overreaction and/or berating/demeaning responses to relatively minor infractions. Over-controlling parents may be referred to as tyrannical; they use cruel and unjust power and authority. Parents who are simply strict and firm in their disciplinary practices should not be considered over-controlling.
 - 3.) Either caregiver is unable or unwilling to care for/supervise children, or has minimal knowledge of child development and age-appropriate expectations for children, or repeatedly uses disciplinary methods not appropriate to child's age; or fails to keep guns/weapons locked and inaccessible.

If major parenting skills problems previously identified as a risk factor, and the child(ren) have been out of the home since the last assessment, and all visitation has been supervised, and treatment providers report no change in behavior associated with the poor parenting skills, consider the problem to be currently present.

R6. Either Caregiver is Currently Involved in Harmful Relationships

- (a) No, none of the following circumstances currently exist.
- (b) Yes, some or major problems, and/or domestic violence- score this item as a "yes" if:
 - 1.) Adult relationships outside the home (e.g., friends involved in drug lifestyle or criminal activities) are harmful to domestic functioning or child care
 - 2.) Harmful adult relationships inside the home are characterized by a currently moderate level of marital or domestic discord that interferes with family functioning. This may include lack of cooperation or communication between partners, open disagreements on how to handle child problems/discipline; or frequent and/or multiple live-in partners.

Also score this item as "yes" if there are major problems with adult relationships in the home or any domestic violence. This includes a relationship currently characterized by domestic conflicts, which may involve physical violence, that require intervention by police, family or others. Either caregiver is currently involved in domestic violence defined as adult mistreatment of one another, evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, physical fighting (with or without injury; with or without weapon), continuing threats, intimidation, ultimatum, frequent separation/reconciliation, involvement of law enforcement and/or domestic violence programs, restraining orders or criminal complaints. Chronic or serious arguments and disagreements between caregivers and/or other adults in the household are occurring. Little communication, support or attachment between caregivers exists. There are few positive interactions.

R7. Either Caregiver has a Current Substance Abuse Problem

Caregiver(s) has a current problem of alcohol/drug abuse, evidenced by substance use causing:

- a new child abuse and/or neglect report;
 - conflict at home;
 - problems providing appropriate care for children;
 - extreme behaviors/attitudes;
 - financial difficulties;
 - frequent illness;
 - job absenteeism, job changes, or unemployment;
 - driving under the influence, traffic violations, or criminal arrests;
 - disappearance of usual household items (especially those easily sold); or
 - life organized around substance use.
- a.) No- No problems with substances or has successfully completed treatment (may currently be in aftercare) and shows no evidence of current problem.
 - b.) Yes- either or both caregivers abuse alcohol and/or other drugs, as defined above. This includes persons currently in substance abuse treatment programs and those in aftercare who show evidence of relapse.
 - c.) Yes, and refuses treatment- Caregiver(s) has a current alcohol/drug abuse problem; treatment has been offered or recommended for the caregiver(s) and has been refused by the caregiver(s).

R8. New Reports of Abuse/Neglect Since Last Assessment

Rate this item based on whether reports, alleging abuse or neglect, have been received since the last risk assessment.

- a.) No, referral was screened out or report was unsubstantiated.

No reports have been received since the last risk assessment, or a referral was screened out or a report was unsubstantiated.

- b.) Yes, a new report was received since the last risk assessment and it was substantiated or indicated.

R9. Primary Caregiver's Progress Toward Case Plan Goals

Rate this item based on the primary caregiver's participation in the case plan and whether he/she is mastering skills learned from participation in program(s).

- a.) Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in case plan; observations/reports show caregiver's application of learned skills in interactions between child(ren) and caregiver, caregiver to caregiver, and caregiver to significant adult(s) or self-care, home maintenance, financial management, or mastery of skills toward reaching the behavioral objectives agreed upon in the case plan.
- b.) Moderate participation in pursuing objectives in case plan- The caregiver is participating in services, has made progress, but is not fully complying with the objectives in the case plan. Or, caregiver willing to participate in services, but the services are not available.
- c.) Minimal participation or refuses involvement or failed to comply/participate as required- The caregiver refuses services, sporadically follows the case plan or is not demonstrating the necessary skills due to a failure or inability to participate.

R10. Secondary Caregiver's Progress Toward Case Plan Goals

Rate this item based on the secondary caregiver's participation in the case plan and whether he/she is mastering the skills learned from participation in program(s).

- a.) Not applicable, only one caregiver in the home. There is no secondary caregiver in the home. **Check line next to a.).**
- b.) Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in case plans; observation/reports show caregiver's application of learned skills in interaction(s) between child(ren)/caregiver, caregiver to caregiver, and caregiver to other significant adult(s); or self-care, home maintenance, financial maintenance, or mastery of skills toward reaching the behavioral objectives agreed upon in the case plan. **Check line next to b.).**
- c.) Moderate participation in pursuing objectives in the case plan- The caregiver is participating in services, has made progress but is not fully complying with the objectives in the case plan. Or, the caregiver is willing to participate in services, but the services are not available.
- d.) Minimal participation or refuses involvement in programs or failed to comply/participate as required. The caregiver refuses services, sporadically follows the case plan or is not demonstrating the necessary skills due to a failure or inability to participate.

Actual Risk Level

The actual risk level is determined by scoring each item and totaling the score. Using the following matrix, the caseworker will determine the family's scored risk level.

Score	Risk Level
0 - 3	Low
4 - 7	Moderate
8 - 12	High
13 - 22	Intensive

Policy Overrides

After completing the risk scale, the caseworker then determines whether or not any of the policy override reasons exist. Policy overrides have been determined to be case situations that warrant the highest level of service from a PCSA agency regardless of the risk scale score at the initial assessment or any reassessments. If any policy override reasons exist, the risk level is increased to intensive. Note that the conditions associated with the policy overrides must have occurred during the reassessment period. That is, just because a policy override was applied at the initial assessment, which does not automatically mean that it will be applied now. A policy override is only used at reassessment if the event occurred since the last assessment.

Definitions of the policy overrides can be found in the Family Assessment section of this manual.

Discretionary/Optional Overrides

The caseworker determines whether or not any discretionary/optional override reasons exist. At risk reassessment, a discretionary/optional override may be applied to **increase or decrease the risk level by one level** in any case where the caseworker believes information obtained supports the risk level set by the scales as being too low or too high. All overrides must be approved in writing by the supervisor. If the override is to increase the risk level, approval from additional managers may be required per agency policy.

Final Risk Level

The final risk level is the risk level with any policy or discretionary/optional overrides applied. If no policy or discretionary/optional overrides were implemented, the scored risk level will be the same as the final risk level.

Case Status

The case status is the determination of whether the agency should continue to provide services to the family. It is based upon the information obtained through the review of safety and case plan, the update of strengths and needs assessment, and the reassessment of risk.

If the family continues to be in need of agency services, the caseworker will indicate the type of agency services: in-home supportive services, protective supervision, or out-of-home placement.

If the agency plans to terminate services, the caseworker will indicate the reason why agency services will be terminated. These reasons include: family is no longer in need of agency services; services are terminated against agency recommendations; and family refused agency services and/or court petition denied.

The caseworker will also provide a description to support the case status selected above. The description will include a discussion as to how the risk reassessment, safety review, family perception, case progress review (including strengths and needs summary), and services review informs change readiness in the family, permanency planning, and service provision.

If the case is being closed, the caseworker will provide a summary justifying case closure.

Semiannual Administrative Review

Rule 5101:2-38-10 of the Administrative Code requires a Semiannual Administrative Review (SAR) to:

- Assess and update, as needed, the permanency plan for the child which can include, but is not limited to, reunification, independent living, a planned permanent living arrangement, or adoption.
- Evaluate whether the overall level of risk to the child has been reduced.
- Assess the appropriateness of supportive services offered and provided to the child, his parent, guardian, custodian, or pre-finalized adoptive parent, and substitute caregiver, as applicable.
- Evaluate whether services provided to the child and his parent, guardian, or custodian will help the child return to a safe environment, when applicable.
- Assess continued safety and appropriateness of the placement setting of the child.
- Determine if a plan to locate a permanent family placement for the child shall be made concurrently with reasonable efforts to safely return the child to his own home, according to procedures set forth in paragraph (Y) of rule 5101:2-38-05 of the Administrative Code.

The SAR meeting shall be conducted by a review panel consisting of at least the caseworker with day-to-day responsibility for, or familiarity with the management of the child's case plan, supervisor or designee, and, for court involved cases (protective supervision or substitute care), a person who is not responsible for the management of the child's case plan, or for the delivery of services to the child or his parent, guardian, or custodian.

The SAR meeting will include the review panel; the child's parent, guardian, or custodian or pre-adoptive parent; the guardian *ad litem* and/or court appointed special advocate, if one has been appointed; the child's substitute caregiver, including the relative providing care for the child; and the child's attorney, if applicable.

It is completed every six (6) months based upon whichever occurs first:

- Original Court Complaint Date
- Date of the Placement
- Date of the Court Ordered Protective Supervision
- Date of Agency Worker Signature on Case Plan (for no court orders only)

The PCSA must prepare a written summary for each SAR. This written summary is the JFS 01412. This tool contains a case progress review, child well-being assessment, review of independent living services, review of substitute care, protective supervision, in-home supportive services issues, review of permanency planning, and a review of permanency goal status.

Case Progress Review

Services Review

The Case Review is completed in conjunction with the SAR at six (6) month intervals. Section 3A of the Case Review completed at the three (3) month and the six (6) month intervals will be attached to the SAR and will be discussed with the family and other participants at the time of the meeting.

Safety and Appropriateness of Current Placement

Assessing the safety and appropriateness of a child's current placement, even if this placement is within his/her own home, is imperative. This section describes whether there is any safety issues associated with each child's current placement, whether in own home or out-of-home placement (including relative placement, regardless of custody status) and how these safety issues are being addressed. Also included in this description is how the placement is meeting the child's basic and special needs. Out-of-home placement is when a child is placed out of the home regardless of custody status. It includes out-of-home safety plan, relative/kin custody, and substitute care.

This section also indicates whether an annual visit was conducted by the agency for any child who is in out-of-state placement, if applicable.

Placement Moves/Legal Status Changes

Placement Moves/Legal Status Changes

A placement move is the number of times a child has experienced a change in caretaker(s) regardless of custody status (excluding short term changes such as respite, detention, AWOL, extended visitation with parent, hospitalization for medical/psychiatric treatment, or camp). Per OAC rule 5101:2-1-01, the definition of caretaker is a person with whom the child resides or the person responsible for the child's daily care. This includes, but is not limited to, the parent, guardian, custodian, or out-of-home care setting employee.

A child's legal status includes: temporary custody, permanent custody, no custody, court ordered protective supervision, agreement for temporary custody, planned permanent living arrangement, and permanent surrender. A legal status change is the number of times the legal status of the child has changed.

Permanency Goal Status

This section describes the agency's recommendation regarding the child's custody arrangement for the next six months. It also indicates whether each child's current permanency goal needs to be amended; the estimated date each child may be returned home, protective supervision may be terminated, permanent placement may be made, or case may be closed; and whether the case plan will be amended as a result of the SAR. Any permanency goal change will require an amendment to the case plan.

Case Review Update

The Case Review has been completed. The case progress is summarized below.

This section indicates that a Case Review (JFS 01413) was completed. The caseworker will summarize the contents of the Case Review, including the safety re-assessment, case progress review, including services review, strengths and needs update and risk reassessment sections which were completed at the three (3) month and six (6) month intervals.

Need for Substitute Care, Protective Supervision or In-Home Supportive Services

This section justifies whether substitute care, protective supervision or in-home supportive services needs to be continued or terminated. This section also includes information regarding the need to continue out-of-home placements.

Child Well-Being Assessment

Per OAC rule 5101:2-38-05, the JFS 01443, "Child's Education and Health Information" form is completed for all children who are in substitute care. This form contains information regarding a child's medical history and educational background.

The JFS 01443 is to be completed and reviewed at the time of the SAR. A copy of this form shall be provided to the parent, guardian or custodian and the substitute caregiver.

This section of the SAR is not completed for children who are in in-home supportive services or protective supervision. The caseworker will mark this section N/A.

Independent Living Services

OAC rule 5101:2-42-19 requires that children ages 16 years or older who are in substitute care participate in independent living services as part of their case plan. This section of the SAR reviews these services and the child's independent living readiness status.

This section of the SAR is not completed for children whose legal status is in-home supportive services or protective supervision or if they are under the age of 16 years. The caseworker will mark this section N/A.

Permanency Planning

Permanency planning is the process to ensure that children are in safe and nurturing family relationships to last a lifetime. (52) This section discusses recommendations regarding a child's custody arrangement for the next six month review period. These recommendations include whether to reunify the family, to implement a supplemental plan, or to petition the court for termination of parental rights. Also, agency progress in meeting the needs of and recommendations for the child who is in a planned permanent living arrangement are discussed.

For those children in protective supervision or in-home supportive services, the caseworker will only complete questions A and C. All other questions will be marked N/A.

Participant Signatures

All participants must sign the SAR form. This includes the required panel members as specified previously. Copies of the SAR form must be provided to all parties and the guardian *ad litem* and/or court appointed special advocate.

Reunification Assessment

A Reunification Assessment is a structured review to support and document the reunification decision. It includes a review of child safety, compliance with court orders, family conditions and dynamics, resources, strengths, protective capacities, child vulnerability and interventions needed. The Reunification Assessment entails a review of past and present safety, an assessment of reunification readiness, and the reunification decision.

One question at reunification is: Are there safety threats active within the family system that require external control and, if so, what controls are necessary? At reunification, it is not necessary that the threats have been resolved, but rather that they have been altered or reduced to a level whereby control within the family system is probable. A child may be able to return to a home where threats of serious harm exist if these threats can be controlled within the family.

A Reunification Assessment is completed when reunification with the removal family is being considered and the child has been placed out of the home for 30 days or more. It is completed whether the child has been in a legally authorized out-of-home placement (including custody with relative/kin) or was placed out of the home as a result of an out-of-home safety plan regardless of the custody status. The Reunification Assessment is completed regardless of the reason the child was placed out of the home and/or the custody status. If the child has been placed out of the home for less than 30 days, the information regarding the child's reunification shall be captured in the Safety Re-Assessment section of the Family Assessment or Case Review. However, nothing prohibits the completion of a Reunification Assessment when a child has been placed out of the home for less than 30 days.

Although a Reunification Assessment may be completed any time the PCSA deems appropriate or the case warrants it, regardless of the number of days the child is placed out of the home, there are times at which the Reunification Assessment shall be completed:

- At the Safety Re-Assessment, if the safety response is modify or discontinue and the child has been placed out of the home for 30 days or more.
- Within 30 days prior to any court hearing where the agency is anticipating the child will be returned home.

Completion of the Reunification Assessment is not required when placement is being considered with an individual that was not the removal home. The home evaluation (relative/kin approval process) for the individual being considered as a placement option would be completed to ensure the appropriateness of the placement.

Assessing Past and Present Safety

This section addresses the original safety issues which resulted in the child(ren)'s placement and whether these issues have been altered or reduced to a sufficient level whereby control within the family is probable. Also included is a consideration if any additional safety threats were identified which necessitated or continued the placement and if these additional safety threats have now been resolved or reduced. There is also a discussion regarding whether the parent/guardian/custodian is compliant with court orders.

If the child was placed out of the home due to unruly/delinquent behaviors, these behaviors and the effects these behaviors had on the child's vulnerability should be discussed. An explanation should also be provided that describes why the protective capacities of the parent(s) could not mitigate the need for the child to be placed out of the home.

Assessing Reunification Readiness

This section assesses whether the child(ren) and/or the parent have demonstrated an acceptance of the reunification plans and whether the parent has the capacity to provide for the child. Also assessed is whether the parent is willing and able to use his/her protective capacities, resources or strengths to provide support to the child(ren) and whether the parent is able to meet the child(ren)'s need for safety as evidenced during visitation.

The caseworker is also asked to describe how the family dynamics will change when the child(ren) return home and if there are any issues or concerns related to other children or adults in the family that may impact reunification.

Reunification Decision

Considering the past and present safety issues, family's reunification readiness, each child's vulnerability, family and community protective capacities, family cooperation and motivation, agency monitoring capacity, past history, accessibility and availability of resources, the caseworker reaches a recommendation whether or not the child(ren) should be reunified.

The Reunification Assessment assists caseworkers in determining services necessary for the child(ren) to return home safely. These services should be aimed at maintaining the child(ren) home safely without the need for the child(ren) to return to an out-of-home placement. The caseworker should indicate any services necessary to support the reunification plan.

A case plan amendment may be completed to reflect the child(ren)'s reunification if the child(ren) was in substitute care. If the interventions stated above are not already identified in the case plan, the amendment must also reflect these additional services.

Appendix

Cluster Elements Chart

[Click here to view the Cluster Elements Chart.](#)

Correlates / Red Flags

[Click here to view the Correlates/Red Flags.](#)

Correlates /Red Flags with Behaviors and Traits Connected with Child Abuse and Neglect

[Click here to view the Correlates /Red Flags with Behaviors and Traits Connected with Child Abuse and Neglect.](#)

Bibliography

[Click here to view the Bibliography.](#)

Task List

[Click here to view the Task List.](#)

Screening Guidelines for Child Physical Abuse

[Click here to view the Screening Guidelines for Child Physical Abuse.](#)

Screening Guidelines for Child Sexual Abuse

[Click here to view the Screening Guidelines for Child Sexual Abuse.](#)

Screening Guidelines for Child Neglect

[Click here to view the Screening Guidelines for Child Neglect.](#)

Screening Guidelines for Child Dependency

[Click here to view the Screening Guidelines for Child Dependency.](#)

Screening Guidelines for Family in Need of Services

[Click here to view the Screening Guidelines for Family in Need of Services.](#)

Safety Assessment Field Guide

[Click here to view the Safety Assessment Field Guide.](#)

Family Assessment Field Guide

[Click here to view the Family Assessment Field Guide.](#)

Footnotes

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51 The Risk Reassessment section is taken from: Cuyahoga County Department of Children and Families. SDM Policies and Procedures Manual. May 2004.

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Child Protective Services Manual Procedure Letters

Coming Soon

CPSMTL 1

Child Protective Services Manual Transmittal Letter No. 1

March 17, 2007

TO: CPS Manual Holders
FROM: Helen E. Jones-Kelley, Director
SUBJECT: CHILD PROTECTIVE SERVICES WORKER MANUAL AND COMPREHENSIVE ASSESSMENT AND PLANNING MODEL - INTERIM SOLUTION FIELD GUIDES

This letter transmits the Child Protective Services (CPS) Worker Manual and Comprehensive Assessment and Planning Model - Interim Solution (CAPMIS) Field Guides which have been developed for implementation of CAPMIS.

The worker manual is designed to help supervisors and caseworkers understand the process of assessing the family. This manual is divided into four sections: the Screening Decision Manual; the CAPMIS Policy Manual; the Safety Assessment Field Guide; and the Family Assessment Field Guide. The Screening Decision Manual is designed to assist in establishing screening criteria and guidelines for gathering and documenting referral information and making screening decisions. The Policy Manual assists the supervisor and caseworker in understanding the conceptual framework of CAPMIS. This manual is sectioned by assessment tool and includes policies, procedures, associated definitions, and instructions on the assessment and documentation process for each CAPMIS tool. The Field Guide sections of the manual include suggested questions to elicit information during the interview process and case examples to assist in the assessment of safety and risk.

The worker manual and field guides will not be available in hardcopy from the ODJFS warehouse. They can be obtained on line at: <http://www.emanuals.odjfs.state.oh.us>. To receive notice of updates to this manual, as well as other ODJFS manuals, manual holders may subscribe to an e-mail notification list. By subscribing to this e-mail notification list, manual holders will be sent an e-mail notice containing a list of what was issued during that week. All manual holders may subscribe to the e-mail notification list by sending an e-mail with the word: subscribe in lower case letters in the subject line to: handbook_update_subscriptions@odjfs.state.oh.us.

If you have questions regarding this change, please contact the Office for Children and Families Help Desk at (866) 886-3537 (Option 4) or via e-mail at help-desk-ocf@odjfs.state.oh.us.

INSTRUCTIONS:

The following chart depicts what materials are to be removed from the manual and what materials are to be inserted.

LOCATION	REMOVE AND FILE AS OBSOLETE	INSERT/REPLACEMENT
MANUAL		New Manual CPSMTL No. 1