Ohio's Child Protective Services Worker Manual

VOLUME 2

Intake and Assessment

Ohio's CAPMIS Manual
Intake & Investigation

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Intake and Screening

Requirements

The Public Children Services Agency (PCSA) is required to have an intake procedure to receive referrals of child abuse and neglect 24 hours a day, seven days a week.

The PCSA shall attempt to obtain, at a minimum, the following information from a referent/reporter upon receipt of referral information to determine an intake category and arrive at a screening decision:

1. The name(s) and address(es) of the child and his parent, guardian or custodian.
2. The child's age.
3. The child's and any family member's race and ethnicity.
4. The type, extent, frequency, and duration of the abuse, neglect or dependency, as applicable.
5. Alleged perpetrator's access to the child, if applicable.
6. The child's current condition.
7. The child's current location.
8. Circumstances regarding the abuse, neglect, or dependency or the circumstances indicating a need for PCSA services.
9. Information regarding any evidence of previous injuries, abuse, or neglect.
10. Any other information that might be helpful in establishing the cause of the known or suspected injury, abuse, or neglect or the known or suspected threat of injury, abuse, or neglect or the case circumstances that support the family is in need of PCSA services.

Receipt of all the above listed information is not required in order to screen in a report.

All referrals received by a PCSA shall be recorded in the Statewide Automated Child Welfare Information System (SACWIS). The PCSA shall record the date and time the referral information was received.

All referrals received by the PCSA must be categorized into one of the following categories within 24 hours from receipt of the referral information:

- Abuse
- Neglect
- Dependency
- Family in Need of Services
- Information and/or Referral

The PCSA shall complete a screening decision and determine the immediacy of need for an agency response to ensure child safety within 24 hours from receipt of the information.

Purpose

Intake and screening is the gateway into child protective services involvement for children and families. It is a system of intervention that alerts child protective services of conditions that make children unsafe or that put children at risk of abuse or neglect. The primary responsibility of the PCSA is to identify the children who are in need of protection or services and assure that unsafe children are protected. The first assessment of safety occurs during the intake and screening process. Staff must gather sufficient information from the referent in order to determine if PCSA intervention is necessary based on the safety status and the risk of maltreatment to the child.

Assigning an intake category to information received from the referent provides a typology to the information and assists the screener in requesting and documenting information specific to the category identified. The intake categories available through SACWIS reflect the types of alleged maltreatment defined in the Ohio Revised Code. The intake categories provide the essential data required to be submitted in federal and state reports regarding child maltreatment.

The screening decision is a formal decision that is completed by the PCSA and is documented in the case record. All information the referent believes to place a child at risk of abuse or neglect must be documented in SACWIS regardless of the agency's screening decision. The appropriateness of the screening decision is dependent upon gathering accurate information about the family and the alleged maltreatment that is critical to the assessment of safety and risk of the child.

Strategies for Accomplishing

Staff skills

Staff responsible for receiving and recording referral information must be able to utilize interviewing techniques that will elicit thorough and pertinent information from the referent professionally and effectively. It is recommended that PCSAs utilize skilled and experienced caseworkers at the screening level. A skilled screener will increase the efficiency and effectiveness of the PCSA's response in protecting children.

Engaging the Referent

The screener must be able to engage a referent to disclose essential information that may not be readily provided that is significant to informing the screening decision.

- Speak with a referent immediately; a referent should not have to wait to provide information regarding concerns of a child or family.
- Affirm the referent's decision to contact the PCSA with his/her concerns.
- Encourage the referent to tell you about the situation, and concerns for the child and family.
- Be patient and do not interrupt.
- Once the referent has provided the information, actively interview the referent

so that pertinent information is gathered to support the decision making process that is critical to the report categorization and screening decision.

- Use open ended questions in order to expound on the information the referent provided.
- Gather details specific to the child and family functioning that provide insight to possible underlying conditions, protective capacities, contributing factors, and child vulnerabilities.
- Determine the referent's relationship to the alleged child victim(s) and his/her family.
- Determine how the referent obtained knowledge about the alleged maltreatment (e.g., did the referent witness it or was told by another individual?).
- Determine what prompted the referent to report the information to the PCSA.
- Provide assurance to the referent that you understand his concerns and that it is very important that he called.
- Let the referent know that it is important for you to hear what he thinks about the family's situation and not "just the facts."
- Educate the referent about the PCSA's procedures regarding screening and assessment/investigation.
- Describe the types of cases accepted by CPS as well as the types of information needed from the referent.
- Be honest with the referent regarding the information that has been provided and how the PCSA may be responding.
- Be responsive to any referent that may have a cognitive delay, physical disability or limited speech that impacts his ability to communicate his concerns effectively.

Credibility of the Information

Credible information is defined as: "information worthy of belief." A caseworker should evaluate the credibility of the information provided by a referent and not accept or dismiss it based solely on the source. A caseworker should not assess the credibility of the referent. Often asking a referent to describe specific behaviors or describe the impact on the child will assist in determining the credibility of the information reported. This is the first step in the assessment of a child's safety, as the assessment of safety relies on credible information. Regardless of suspicions about the motives of the referent, if the allegations meet the statutory and PCSA guidelines the referral must be accepted as a report.

Categorization

All referrals received by the PCSA must be categorized into one of the following:

- Abuse
- Emotional Abuse,
- Neglect
- Dependency
- Family In Need of Services

- Information and/or Referral Categorizing information may be difficult if it does not contain allegations of child maltreatment, threatened harm, or child safety concerns. The screener may need to determine the category based on the referent's perception of the type of intake he is reporting. Referencing the Screening Guidelines in determining how to categorize information received will be beneficial.

The Ohio Department of Job and Family Services developed the Screening Guidelines to assist PCSAs in recognizing the link between the applicable statutes to the intake categories. The utilization of the Screening Guidelines provides examples for each report category to assist in the categorization of the referral information. Additionally, The Screening Guidelines define each category pursuant to the Ohio Revised Code (ORC) and provide examples to assist one in determining how to categorize the information received and complete screening decisions.

Obtaining the following information from a referent will assist in the categorization of the referral, completion of the screening decision, and assignment of a response priority.

General:

Demographic information of the individuals involved.

- Name of the alleged child victim (ACV) of the report.
- Address of the ACV.
- Address of the ACV's parent, guardian, or custodian.
- Phone number of ACV.
- Phone number of ACV's parent, guardian, or custodian.
- The type of maltreatment the referent is reporting.
- Referent's name, address, and contact information.
- The alleged perpetrator's (AP) name and identifying information.
- AP's address.

Safety and Risk:

A thorough description of the allegations; inclusive of current and past maltreatment allegations. The surrounding circumstances pertinent to the maltreatment as well as the services or intervention needed for the child will assist the agency in completing an informed decision.

- The extent, frequency, and duration of the maltreatment.
- When (date and time) the child maltreatment occurred.
- Where the child maltreatment occurred.
- How often does the maltreatment occur to the ACV?
- The identity of the alleged perpetrator and relationship to the child.
- The ACV's current location and degree of safety.
- The ACV's current physical condition and health.
- Witnesses' name, address, relationship.
- How the referent received or knows about the information he/she is reporting.

- Identify all children in the home of the ACV and their:
    - Name
    - Age
    - Relationship to the adults
    - Vulnerability
- Identify all adults in the home of the ACV and their:
    - Name
    - Age
    - Circumstances, underlying conditions, contributing factors
    - Protective capacities
- AP's access to the ACV AP's access to any other children

Screening Decision

The screening decision determines which children and families will receive further assessment and/or investigation by the PCSA. A screening decision is based on the information received from the referent and the history of the family with CPS. The screener should request any known information from the referent regarding the following:

- Active safety threats
- Child vulnerabilities
- Protective Capacities
- Risk Contributors

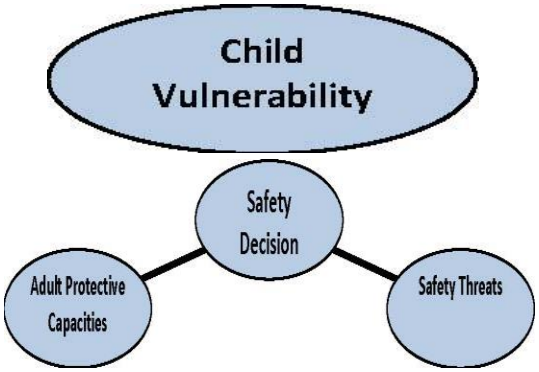
Gathering information during the intake process from the referent regarding the safety and risk of the child is crucial in completing an accurate screening decision. Optimally, the screening decision is based on thorough and credible information gathered by the screener. The information obtained is used to determine the screening decision and the immediacy of need for initiation (response time).

When completing the screening decision the PCSA may only use the information provided by the referent along with information contained in the family's PCSA case record. The case record may provide historical information regarding previous injuries resulting from abuse, or conditions of neglect that may significantly impact the screening decision. Collateral sources cannot be contacted prior to the PCSA screening in the referral as a report.

The responsibility of the final screening decision should not be assigned to one individual. A supervisor, or designee, should be involved in the final screening decision whether through a tiered system of reviewing completed screening decisions or through teaming. In order to provide consistent screening decisions Screeners and Screening Decision Makers should have access to supervision at any time.

Things to Consider

Obtaining Relevant Information



- **Assessment of Safety** Within the CAPMIS Safety Assessment there are 14 listed safety factors that must be assessed. The safety factors are comprised of signs of present danger, safety threats, and serious harm. Information obtained in relation to the safety factors during the intake process will assist in completing an accurate screening decision.

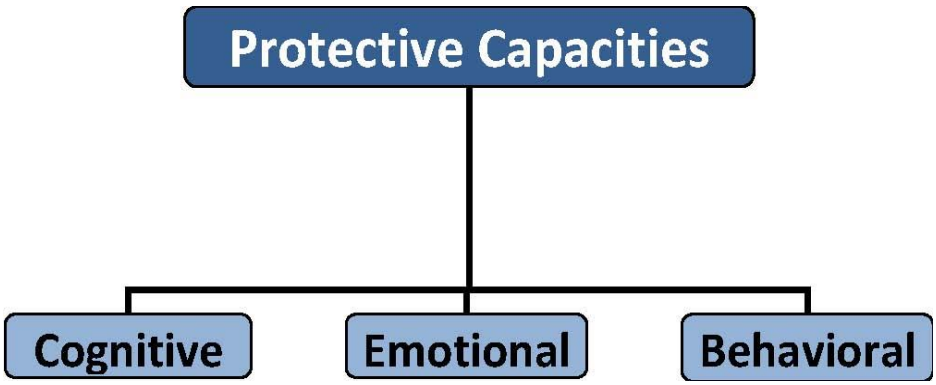
- **Assessment of Safety**
  1. A child has received serious, inflicted, physical harm.
  2. A caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.
  3. A caretaker or other person having access to the child has made a credible threat which would result in serious harm to the child.
  4. The behavior of any member of the family, or other person having access to the child, is violent and/or out of control.
  5. Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.
  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.
  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.
  8. A 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.
  9. Household environmental hazards suggest that the child is in immediate danger of serious harm.
  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

a. terms and/or has extremely unrealistic expectations of the child.

11. The family refuses access to the child or there is reason to believe the family will flee.
12. A caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.
13. A caretaker is unwilling or unable to meet the child's immediate and serious physical or mental health needs.
14. Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.

- **Vulnerability of the Child** The degree to which a child can avoid or modify the impact of safety threats or risk concerns. Any information regarding the following characteristics of the child will assist in completing a screening decision.
  - Ability to protect self
  - Age
  - Ability to communicate
  - Likelihood of serious harm
  - Provocativeness of the child/s behavior or temperament
  - Special needs: behavioral, emotional, or physical
  - Access to individuals who can protect the child
  - Family composition
  - Role in the family
  - Physical appearance, size, and robustness
  - Resilience and problem-solving skills
  - Prior victimization
  - Ability to recognize and report abuse/neglect

- **Protective Capacities of the Adult** Strengths or resources that reduce, control, or prevent threats of serious harm from arising or having an unsafe impact on a child. Identifying how the family utilizes protective capacities to ensure the child's safety is important in the screening decision.



Cognitive Emotional Behavioral

Each of the three categories (cognitive, behavioral, and emotional) must be present to identify a strength or resource as a protective capacity. Using these three categories will assist a worker in identifying if the strength or resource is available.

Cognitive: Intellect, knowledge, understanding, and perception used to assist in protecting a child

- Have the referent describe each parent's interactions with the child.
- Does the parent comfort the child when he is upset?
- Does the parent use age appropriate discipline?
- Does the parent understand the child's needs?
- Is the parent aware of the concerns identified by the referent?
- What is the parent's reaction to the child?
  Examples:
  - Mother asks step-father to leave the residence after child disclosed he sexually abused her.
  - Father takes his three-year-old son to grandmother's home for care and supervision while father drinks to point of intoxication.
  - Parent recognizes that he is frustrated by two-year-old child's refusal to eat dinner, takes a break before responding and does not physically discipline child as a result.
  - Having the cognitive ability to understand the limitations and needs of my newborn child and not physically disciplining child as a result. What is the child's role in the family? What is the expectation of the child on a "regular day" by the parent?

Behavioral: Specific action and activity to assist in protecting a child

- Is the parent physically capable to intervene and protect the child?
- Does the parent defer his own needs in favor of the child?
- How does the parent care for the child?
- Is the parent able to adapt to stressful situations?
- Does the parent control impulsive behaviors?
- Is the parent responsive to the child? How?
- Have the referent describe behaviors of the parent that assist in maintaining the child's safety.
- Ask the referent to describe actions of the parent. Does the parent provide discipline? How is it implemented?
- What can the referent describe about the parent's ability to care for the child?
  Examples:
  - Does the parent act differently when an incident occurs? (Substance abuse, supervision, and domestic violence)
  - Mother enforces the step-father leave the residence after child disclosed he sexually abused her.
  - Father takes his three year old son to grandmother's home for care and supervision while father drinks to point of intoxication.

- Parents utilize a neighbor to provide care of the toddler while they are at work as current babysitter has been accused of leaving the toddler child home alone.

Emotional: Specific feelings, attitudes, and motivations that are directly associated with child protection

- Is the parent willing to protect the child?
- Does the parent have a desire to protect the child?
- Is the parent emotionally stable?
- Is the parent able to show affection?
- Does the parent reciprocate affection with the child?
- What is the nature of the parent-child attachment?
- Can the parent effectively meet his/her own emotional needs?
- How does the parent express love for/with the child?
- Do the child and parent appear to be bonded? How?
  Examples:
  - The parent will hug or kiss the child.
  - The parent will talk positively of the child to others.
  - The parent is proud of the child and his achievements.
  - The parent will defer his own needs to purchase a gift for the child.

Commonalities of Risk Contributors per Type of Child Maltreatment:

Upon the categorization of referral information, the screener should attempt to obtain additional information from the referent to assist in completing a screening decision based on characteristics that are clustered per the type of abuse/neglect.

Risk Contributor

An assessment standard used to identify the conditions existing in the individual or family that create the likelihood of maltreatment to a child.

Psychological Characteristics	Intra-Family Problems	Social Relationships	Social Economic Status
Physical Abuse: Hx of rejection	Marital discord	Conflict with family	Unemployed
Unresolved anger	Negative child behavior	Conflict with community	Underemployed
Rigid Controlling		Isolation	
Substance abuse Assaultive behavior			

Psychological Characteristics	Intra-Family Problems	Social Relationships	Social Economic Status
Neglect:			
Emotional deprivation as child	Large number of children	Isolation	Very poor
Depressed	Inadequate parenting	Short term relationships	No Resources
Hopeless	Lack of knowledge		
Substance abuse			
Sex Abuse:			
Need to feel powerful	Marital discord	Conforms to social norms	Job dis-satisfication
Control	Lack of gratifying sex in marriage	Lack of social involvement	
Substance abuse	Role reversal	Not natural parent (i.e. adoptive, step, or paramour)	
Generational sex abuse			
Emotional Abuse/Neglect:			
Lack of empathy	Attachment issues	Absence of continued relationships	Employed
Rigid expectations	Child fears parental rejection	Participation in isolated social groups	Adequate income
Narcissistic			

Commonalities of Risk Contributors by Type of Child Maltreatment:

Staff should have expertise in the dynamics of abuse and neglect and be comfortable and skilled in obtaining family specific information from the referent. Knowledge of indicators, dynamics, and legal (ORC and Ohio Administrative Code) definitions of abuse and neglect will assist staff in gathering pertinent information from the referent to assist in the categorization and screening decision.

Domestic Violence

Information regarding the presence of domestic violence including the demonstration of power, control, and entitlement (belief that one is deserving of certain privileges) within the home environment should be strongly considered when completing a screening decision. Research indicates that up to 60% of cases where child maltreatment is occurring domestic violence is also presence. Because of the high correlation between the two forms of violence, it is important to begin identifying the presence of domestic violence in the home at the point of intake. This information provides insight to the safety threats and risk to the

child. It provides information relevant to relationship building with the caregiver/survivor in cases where domestic violence is present. Additionally, it assists the caseworker in determining how to proceed in obtaining information pertinent to assessing the protective capacities of the caregivers.

Resources

Applicable Ohio Administrative Code Rule:

5101:2-36-01 Intake and Screening Procedures for Child Abuse, Neglect, Dependency and Family in Need of Services Reports; and Information and/or Referral Intakes http://emanuals.odjfs.state.oh.us/emanuals

Ohio Revised Code: 2151.421 Duty to report child abuse or neglect; investigation and follow-up procedures

5153.16 Duties of public children services agency as to children in need of public care or protective services http://codes.ohio.gov/orc

Other Information and Resources:

Ohio Child Welfare Training Program @ www.ocwtp.net/CAPMIS/capmishome.html

CAPMIS Toolkit @ http://www.ocwtp.net/CAPMIS/capmistoolkit.html
Assessing Safety at the Screening Decision Developed by IHS for the Ohio Child Welfare Training Program, June 2011 @ http://www.ocwtp.net/CAPMIS/capmistoolkit.html

Standards for Effective Practice PCSAO© 1996, The Public Children Services Association of Ohio (PCSAO) Revised March 2010 @ http://www.pcsao.org/PCSAOTools/tools.htm Child Services Intake Screening Tool

ACTION for Child Protection http://www.actionchildprotection.org

Child Protective Services Access and Initial Assessment Standards Bureau of Programs and Policies Division of Children and Family Services Wisconsin Department of Health and Family Services. *Child Protective Services: A Guide for Caseworkers*

ODJFS Screening Guidelines @ http://emanuals.odjfs.state.oh.us/emanuals

Assignment of a Report Response Priority

Requirements

The Public Children Services Agency (PCSA) shall determine the immediacy of the need for an agency response to ensure child safety within 24 hours from receipt of the referral information for all screened in reports categorized as Abuse, Neglect, Dependency, or Family In Need of Services.

The response priority is based on the information received from the referent and the child protective services records regarding the principals of the report.

The PCSA must determine if the information requires an emergency response for initiation or a non-emergency response for initiation by the PCSA.

The assignment of an emergency priority response requires an attempt of face-toface contact with the alleged child victim (ACV) within one hour from the time the referral was screened in as a report in order to assess child safety and interview the ACV.

The assignment of a non-emergency priority response requires the PCSA to attempt a face-to-face contact or complete a telephone contact within 24 hours from the time the referral was screened in, with either a principal of the report, or a collateral source who has knowledge of the alleged child victim's current condition, and can provide current information about the child's safety.

The PCSA shall document in the case record the date, time, and with whom the assessment/investigation was initiated.

Purpose

The primary responsibility of child protective services during the screening process is to identify children who are in need of protection or services and assure that unsafe children are protected. Gathering information regarding the safety and risk of the child from the referent during the intake process is crucial in assigning a response priority to a report. The information obtained is used to determine the screening decision and the immediacy of the initiation of the report.

The response priority assigned to a report identifies the amount of time a worker has to gather information to confirm the child’s current safety status. This may be completed by having contact with the alleged child victim, a principal of the report, or with another person who has knowledge or and can provide information regarding the current safety of the child.

Reports assigned an emergency priority response contain information that indicates there are active safety threats that are not controlled or managed. The information

indicates that a child is not safe and immediate action needs to be taken by the agency in order to assess the safety of the child and determine the need for a safety plan.

Reports assigned with a non-emergency priority response contain information that safety threats, if present, are controlled or managed and immediate action to assess the safety of the child is not necessary. When a child is reported as being in a safe place the judgment about the timing of the response takes into account the location of the safe place, how long the child will be there, access that others have to the child at that location, and a plan to keep the child safe until CPS can respond.

Strategies for Accomplishing:

The child's current location and degree of safety.

Assessment of Safety

Assess the child's current safety through the information provided and available in order to determine the appropriate response priority.

Safety:

A thorough description of the allegations; inclusive of current and past maltreatment allegations. The surrounding circumstances pertinent to the maltreatment as well as the intervention needed for the child will assist the PCSA in assigning a response priority.

- The extent, frequency, and duration of the maltreatment.
  - When (date and time) the child maltreatment occurred.
  - Where the child maltreatment occurred.
  - How often does the maltreatment occur to the child?
  - The identity of the alleged perpetrator and relationship to the child.

- The child's current physical condition and health.
- Identification of all children in the home and their vulnerabilities.
- Identification of all adults in the home and their protective capacities.
- The Alleged Perpetrator's access to the child.
- Active safety threats.

Assessment of Safety and the Identification of Present Danger:

Within the CAPMIS Safety Assessment there are 14 listed safety factors that must be assessed. The safety factors are comprised of signs of present danger, safety threats, and serious harm. Information obtained in relation to the safety factors during the intake process will assist in assigning an accurate response priority.

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

- Where is the child's current location?
- Does the child need medical care?
- Is it known who inflicted the harm to the child?
- If yes, where is this individual and what is his/her access to the child?
- Child has serious inflicted injuries: broken bones, dislocations, burns, internal injuries, head injuries, extensive bruising, and multiple bruises.

2) A 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.

- Does the caretaker have the ability to physically protect the child?
- Does the child's caretaker understand the need to protect the child?
- Was the caretaker present when the child was harmed? Why or why not?
- Is the child in the care of an adult who is protecting him?
- Has any action by the child's parent/guardian/custodian occurred to protect the child?

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

- Has anyone in the home threatened to kill or seriously injure the child?
- Who made the credible threat?
- What makes the threat credible (i.e. past history with the family)?
- Is the individual making the threat emotionally stable?
- What access does the individual have to the child?

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

- Are weapons (guns or knives) used in the home to control or threaten another individual?
- Does anyone have criminal history residing in the home?
- Do physical altercations occur in the home? Are the children involved?
- Does anyone appear impaired emotionally, cognitively, or physically (i.e. threaten to kill others and self, cannot rationalize behaviors of others, cannot

refrain from physical aggression)?
- Behaviors: impulsive, physically aggressive, temper outbursts, harmful reactions, bizarre and cruel punishment.

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

- Do physical altercations occur in the home?
- Are there physical altercations in which choking occurs?
- Are physical altercations escalating in the home?
- Does the child interfere in any physical altercations occurring between the adults?
- Are weapons used in the home to control or threaten another individual?
- Does anyone appear impaired emotionally, cognitively, or physically (i.e. threaten to kill others and self, cannot rationalize behaviors of others, cannot refrain from physical aggression)?

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.

- What type of drugs/alcohol is being used? How often?
- Are the children with the individual when he is using drugs/alcohol?
- Is the individual providing care for the child when high/intoxicated?
- How is the individual's ability to care for the child impacted by the drug/alcohol use?
- What is the harm that could occur to the child resulting from the individual's drug/alcohol use?

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.

- Has an individual made a credible threat to harm the child?
- Are weapons used in the home to control or threaten another individual?
- Does anyone appear impaired emotionally, cognitively, or physically (i.e. threaten to kill others and self, cannot rationalize behaviors of others, cannot refrain from physical aggression)?
- Is the individual making the threat emotionally stable?
- Does the caretaker have the ability to physically protect the child?
- Does the child's caretaker understand the need to protect the child?
- Does the information provide a description of bizarre behaviors that impacts the child's safety (e.g., caretaker reporting the child is the devil, caretaker having auditory or visual hallucinations)?
- Has a mental health professional identified a need for the caretaker to receive treatment and identified concern for the child's safety if the caretaker is not treated?

8) A 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.

- Has the child experienced serious harm, or is in danger of being seriously harmed, as a result of lack of supervision?
- Child playing in the middle of the road.
- Infant, toddler, or child with special needs left home alone.
- Does not interfere with a child playing with dangerous objects.
- Infant/toddler has bleeding and or painful rash that is not being treated as a result of being left in soiled diapers for extended periods of time.
- Child suffers from a skin condition, loss of hair, or loss of teeth due to poor hygiene.
- Has the child experienced serious harm, or is in danger of being seriously harmed, as a result of lack of food?
- Does not provide food or water to the child for extended periods of time.
- Hospitalization of the child as a result of starvation.
- Child suffers from a skin condition, loss of hair, or loss of teeth due to lack of food.
- Has the child experienced serious harm as a result of lack of clothing (e.g., child has frost bite due to lack of adequate clothing in the winter)?
- Has the child experienced serious harm as a result of lack of shelter (e.g., child has frost bite due to lack of shelter)?
- Family resides outside where child is exposed to dangerous activity (e.g., family sleeps in alley where drug deals are regularly made).

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

- What is the serious harm that has, or will occur, to the child resulting from the environmental hazards reported?
- Is the child currently exposed to the environmental hazards?
- How long will the child be exposed to the environmental hazards?
- Excessive garbage or rotted food lying around the house impacting ability to move through the home.
- Room covered with feces and/or urine accessible to children.
- The physical structure of the house is decaying or falling down.
- Dangerous objects are accessible to the children in the home.

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.

- Has the child received serious harm by any member of the family?
- Is the child required to complete tasks that place the child in danger?
- Does the information provide a description of bizarre behaviors that impacts the child's safety? (caretaker reporting the child is the devil, caretaker having auditory or visual hallucinations)
- Does anyone appear unstable emotionally, cognitively, or physically? (i.e.

threaten to kill others and self, cannot rationalize behaviors of others, cannot refrain from physical aggression) Do physical altercations occur in the home?
- Caretaker uses extreme gestures to intimidate the child.
- Caretaker's interaction with the child is to threaten or intimidate.
- Child is given responsibilities beyond his capabilities that are dangerous to the child.
- Child is consistently excluded from family activities.
- Child is blamed for everything negative and physically punished for events beyond the child's control.

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

- The family fleeing or refusing access to the child will result in the child continuing to be seriously harmed, or at risk of being seriously harmed.

*** Note:** *The agency's lack of access would need to be linked to another safety factor identifying how/why the child has been harmed, or is at risk of being harmed.*

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

- A child has received a serious injury and:
  - The caretaker cannot identify who harmed the child.
  - The caretaker cannot describe how the child was harmed.
  - The caretaker may have seriously harmed or permitted the child to be seriously harmed by another individual.

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

- The child has received serious harm resulting from a lack of care for his mental health or physical needs.
- A mental health or medical professional has identified a need for the child to receive medical treatment.
- The mental health or medical professional has identified the serious injury that has, or could occur, if the child is not treated.
- The caretaker is unwilling or unable to seek treatment.
- The child is actively suicidal/homicidal and the caretaker is refusing treatment.

- Care is not provided for a medical condition that could cause permanent disability if not treated.
- Emergency medical treatment is not provided for a potentially life-threatening condition.
- There is an unreasonable delay in obtaining medical services.

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

- The child is in the direct care of the individual who has sexually abused/exploitation the child?
- The child requires immediate medical/psychological attention a result of sexual abuse/exploitation.
- The caretaker makes no effort to prevent child from being sexually abused.
- The caretaker forces the child to engage in sexual behaviors.

Things to Consider

Vulnerability of the Child

Assessing a child's vulnerability is an integral part of case decision-making. How does this vulnerability impact the child's ability to avoid or modify safety threats? What type of intervention or services will address this vulnerability? How can the child's strengths be used to mitigate potential harm? How does the child's vulnerability impact the parents' reactions or protective capacity?

- Ability to protect self
- Age
- Ability to communicate
- Likelihood of serious harm
- Provocativeness of the child/s behavior or temperament
- Special needs: behavioral, emotional, or physical
- Access to individuals who can protect the child
- Family composition
- Role in the family
- Physical appearance, size, and robustness
- Resilience and problem-solving skills
- Prior victimization
- Ability to recognize and report abuse/neglect

Protective Capacities of the Adult

The purpose is to identify family strengths or resources that reduce, control, or prevent threats of serious harm from arising or having an unsafe impact on a child. Simply put, **how can they keep the child safe**? It is critical when assessing protective capacity that we take the time necessary to fully review the family's capacity to protect the child.

Cognitive: Intellect, knowledge, understanding, and perception used to assist in protecting a child

Cognitive abilities include recognizing a child's needs (such as the basic needs of food, shelter, and clothing, social needs, psychological needs, and the need for protection from harm), personal responses to various stimuli, awareness of threatening family circumstances within their family system and understanding the parent's responsibility to protect. Other examples include: being reality oriented; having an accurate perception of the child and his vulnerabilities.

Behavioral: Specific action and activity to assist in protecting a child

This category refers to specific action and activity to assist in protecting a child. Behavioral abilities include an individual's physical capacity 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: Specific feelings, attitudes, and motivations that are directly associated with child protection

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 behaviors 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.

What happens if the assessment is wrong?

- A child may suffer more maltreatment due to lack of intervention.
- Intervening too quickly or too severely may cause the family and the child additional and unnecessary trauma.
- Failure to intervene at an appropriate level to meet the need may result in the child being maltreated again.

Resources

Applicable Ohio Administrative Code Rules and Guidelines:

5101:2-36-01 Intake and screening procedures for child abuse, neglect, dependency and family in need of services reports; and information and/or referral intakes.

5101:2-36-03 PCSA requirements for intra-familial child abuse and/or neglect assessment/investigations.

5101:2-36-04 PCSA requirements for conducting a specialized assessment/investigation.

5101:2-36-05 PCSA requirements for conducting stranger danger investigations.

5101:2-36-07 PCSA requirement for conducting an assessment/investigation of the alleged withholding of medically indicated treatment from a disabled infant with life-threatening conditions.

5101:2-36-09 Requirements for dependent child assessments.

http://emanuals.odjfs.state.oh.us/emanuals

Ohio Revised Code: 2151.421 Reporting child abuse or neglect. **2151.3516** Persons authorized to take possession of deserted child. **2151.3518** Duties of public children services agency upon receiving notice of deserted child. **5153.16** Duties of agency. http://codes.ohio.gov/orc

Other Information and Resources:

Ohio Child Welfare Training Program @ www.ocwtp.net/CAPMIS/capmishome.html

CAPMIS Toolkit @ http://www.ocwtp.net/CAPMIS/capmistoolkit.html
• *Assessing Safety at the Screening Decision* Developed by IHS for the Ohio Child Welfare Training Program, June 2011 @ http://www.ocwtp.net/CAPMIS/capmistoolkit.html

• Standards for Effective Practice PCSAO© 1996, The Public Children Services Association of Ohio (PCSAO) Revised March 2010 Child Services Intake Screening Tool

ACTION for Child Protection http://www.actionchildprotection.org

Child Protective Services Access and Initial Assessment Standards Bureau of Programs and Policies Division of Children and Family Services Wisconsin Department of Health and Family Services. *Child Protective Services: A Guide for Caseworkers*

ODJFS Screening Guidelines @ http://emanuals.odjfs.state.oh.us/emanuals

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 2151.421 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 2151.031 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.

[1] DePanfilis, Diane and Salus, Marsha K. Child Protective Services: A Guide for Caseworkers. U.S. Department of Health and Human Services. 2003. 25-26.

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.

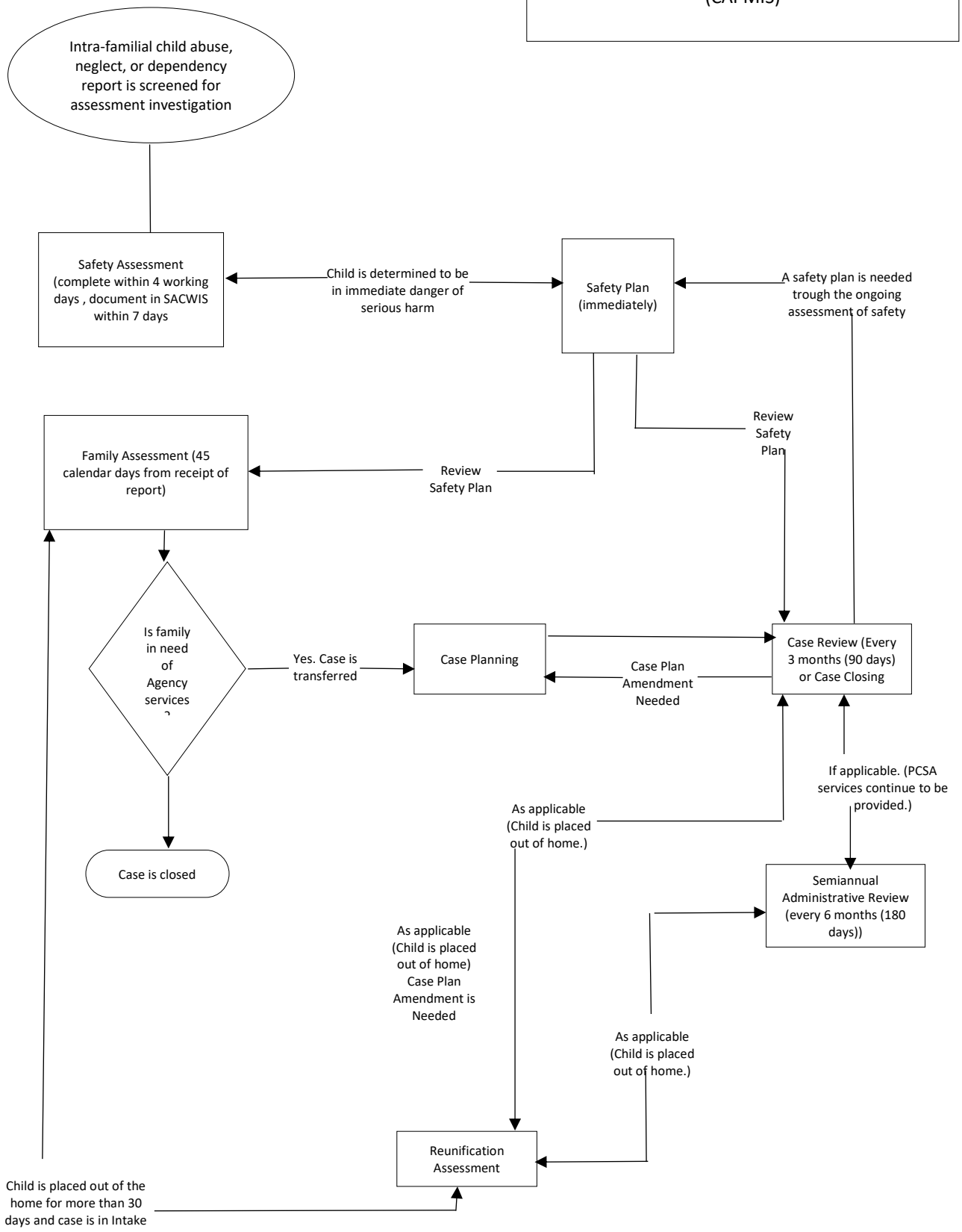
The Family Assessment assists caseworkers with the review of child safety; the identification of the family's risk contributors, non risk contributors, strengths; and the assessment of risk. The actuarial risk assessment classifies families according to how likely they are to maltreat or re-maltreat 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. (CAPMIS)

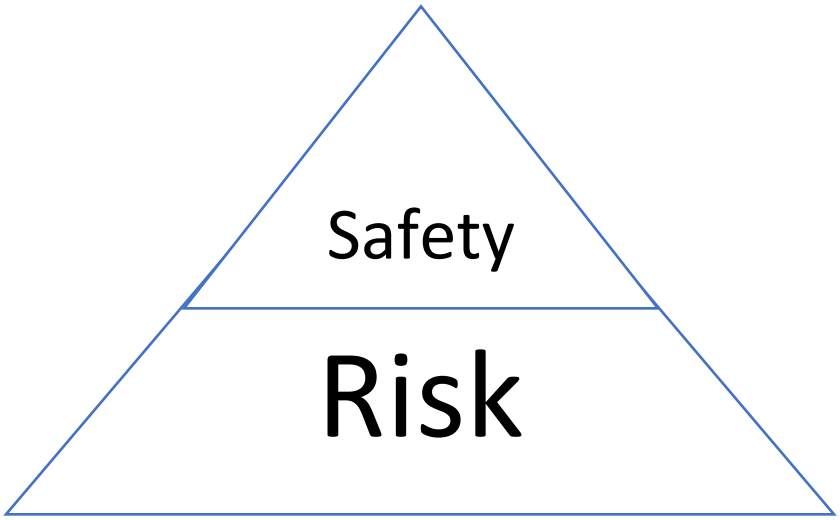


CONCEPTUAL OVERVIEW

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.

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 **serious** harm that is occurring **immediately**.	Risk identifies the likelihood of **any degree** of harm that may occur at some point in a **more protracted future**, usually measure in months or years.
Safety must be assessed quickly. It assesses present danger.	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.

2 Action for Child Protection. Differences between Risk and Safety. January 2003.

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.

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.

[3] National Resource Center on Child Maltreatment. Briefing Paper of the Ohio Safety and Risk Assessment Workgroups. 2002.

[4] Action for Child Protection. Threats to Child Safety. March 2003.

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.

Child Vulnerability

Requirements

Ohio defines child vulnerability in Ohio Administrative Code (OAC) rule 5101:2-1-01.1 as the degree to which a child can avoid or modify the impact of safety threats or risk concerns. The concept of Child Vulnerability refers to the degree a specific child is impacted by safety threats and risk concerns based on individual child characteristics.

Ohio requires that caseworkers assess child vulnerability at the onset of Public Children Services Agencies (PCSA) involvement with a family and reassess child vulnerability throughout the life of the child welfare case. At points along the case continuum certain case decisions require a formal assessment of and documentation of child vulnerability on the following CAPMIS tools: Safety Assessment; Family Assessment; Case Review; Ongoing Case Assessment Investigation Tool; Semiannual Administrative Review; and the Reunification Assessment.

The Formalized Documentation of the Assessment of Child Vulnerability (Safety):

PCSAs are required to assess the safety of children that come to the attention of the agency and are screened in for the provision of services. Assessing child safety begins at the onset of PCSA involvement with a family and continues throughout the course of agency involvement with a family. PCSAs have the responsibility to engage families in the assessment of safety. Safety is assessed with each contact with the child / family. The assessment of child vulnerability is a key component of the assessment of safety. The documentation requirement of the assessment of safety, which includes child vulnerability, is to be recorded on the following CAPMIS tools.

- **The Safety Assessment**
  The CAPMIS Safety Assessment is to be completed within four working days from the date the report was screened in for assessment/ investigation. This is the first time the formal documentation of the assessment of safety is recorded on the CAPMS Safety Assessment.

- **The Family Assessment**
  The PCSA shall complete the CAPMIS Family Assessment no later than thirty days from the date the PCSA screened in the report.

- **The Ongoing Case Assessment/Investigation**
  When the child abuse and/or neglect report involves a principal of the report who is currently receiving ongoing protective services from the PCSA, the PCSA shall complete the report disposition by completing the CAPMIS Ongoing Case Assessment/Investigation. The CAPMIS Ongoing Case Assessment/Investigation shall be completed no later than thirty days from the date the PCSA screened in the referral as a child abuse and/or neglect report.

• **The Case Review** One purpose of the Case Review is to ensure that continued efforts are being made to assess child safety. The PCSA is to complete the Case Review (of the case plan) no later than every three months from whichever of the following activities occurs first:

1. Original court complaint date;
2. Date of placement;
3. Date of court ordered protective supervision;
4. Date of parent, guardian, or custodian's signature on the case plan, for in-home supportive services only.

• **Semiannual Review** One purpose of the SAR is to ensure that continued efforts are being made to assess child safety. The PCSA shall complete the CAPMIS Semiannual Administrative Review (of the case plan) no later than every six months from whichever of the following activities occurs first:

1. Original court complaint date;
2. Date of placement;
3. Date of court ordered protective supervision;
4. Date of parent, guardian, or custodian's signature on the case plan, for in-home supportive services only. The PCSA shall complete the SAR no more than thirty days prior to the due date. The PCSA shall complete subsequent SARs no later than every six months from the date of the first SAR was completed. The PCSA shall complete the CAPMIS Case Review in conjunction with the SAR.

• **Reunification Assessment** The PCSA shall complete the CAPMIS Reunification Assessment when reunification with the removal family is being considered and the child has been placed out of the home (through either a voluntary out-of-home safety plan or a legally authorized out-of-home placement) for thirty days or more to assess, support and document the PCSA's assessment of the family's reunification readiness. The decision regarding the family's reunification readiness assessment includes a review of child safety.

Purpose

The concept of child vulnerability is critical in the assessment of child safety. Ohio defines vulnerability as the degree to which a child can avoid or modify the impact of safety threats or risk concerns. The assessment of safety relies on the assessment of child vulnerability, safety threats, and protective capacities. It is the integration of and synthesis of information regarding child vulnerability, caretakers' protective capacities and safety threats that leads to a determination as to whether or not a child is safe. An imperative assessment in the completion of an accurate assessment of child safety is the identification and assessment of a child's vulnerability. This is necessary in completing a comprehensive safety assessment for the child.

As every child is unique and possesses individual characteristics that may reduce or heighten their vulnerability, the assessment of child vulnerability is imperative. The child's vulnerabilities must be synthesized from a framework that considers a child's unique needs, behaviors, developmental level, and cognitive and social functioning and the caregivers' emotive, cognitive and behavioral ability to protect. As conditions in the lives of families change, it is necessary to reassess child vulnerability throughout the life of a case.

Strategies for Accomplishing

Caseworkers need to engage the family in a discussion of each child in the family system to identify child specific vulnerabilities. Assess each child individually and consider how the same circumstances or conditions in a family impact each child differently. The observation of the interactions between and among family members can provide additional information for assessment. Caseworkers should consider these strategies to thoroughly assess child vulnerability.

Engaging the family:

- Use a strength based approach when dialoguing with family members.
  - Use strength based language.
  - Do not assign blame to the parents; acknowledge their challenges and barriers that impact deficits.
  - Focus on solutions.
  - Avoid accusatory language.
  - Seek to understand the perspective of the family.

- Ask open ended questions regarding how the family views their strengths and problem areas.
  - Ask parents what they perceive are their parenting strengths.
  - Ask parents what they perceive to be challenging in regards to parenting.
  - Ask parents about their perception of how parenting is going for them.
  - Ask parents to talk about their children's strengths and positive attributes.
  - Ask parents what their hopes are for their children.
  - Ask parents how the children behave. Ask parents if they feel a sense of
  - purpose in their parenting.
  - Ask parents if they have concerns about their family's social and physical environment.
  - Dialogue with the members of the family about family well-being.
  - Ask family members to describe one another.
  - Ask family members to explain their relationship and interaction to one another.
- Discuss with parents their feelings regarding the involvement of the PCSA.
- Ask about family culture, traditions, customs and rituals.
  - Family celebrations
  - Bed time routines
  - Religious practices
  - Holiday celebrations

- Ask families about their support networks; do they feel a sense of belonging to extended family, friends or the community?
- Complete a genogram and ecomap with the child/family to illicit information regarding social connectedness and social support.
    - o Isolation is the child isolated from others?
    - o Isolation can increase child vulnerability. Children who do not attend day care, school, community or social activities may have increased vulnerability when compared to children with contacts outside of the family.

Assessment of the Child:

- Consider more than the age of child when assessing child vulnerability.
    - o Does the child have a history of maltreatment?
    - o Has there been chronic neglect in the child's life?
    - o Has the child experienced repeated victimization?
    - o Is the child non communicative regarding their history of child abuse and/or neglect?
    - o Is the child passive as a result of ongoing maltreatment?
    - o Does the child report feeling powerless?
    - o Does anyone in the family system instill fear in the child?
    - o Is power and control used to intimidate the child within the family system?
- Consider the child's age and stage of developmental.
    - o Age
    - o Child's ability to communicate - can the child verbalize that maltreatment is occurring?
    - o Assess the likelihood of serious harm given the developmental stage of the child
    - o The child's behaviors
    - o The child's emotional needs
    - o The child's physical needs
    - o The child's physical appearance
    - o The child's physical size
    - o Assess whether the child has a disability
    - o The child's robustness
    - o Passivity is the child passive?
    - o Adjustability can the child adapt to intrusions, transitions, and changes without distress?
    - o Sensitivity the amount of stimulation or change in stimulation levels needed to evoke a discernible response.
    - o Distractibility how easily external events or stimulation interfere with or divert the child from an ongoing activity.
    - o Gather and review historical information regarding any child in the family who had been abused and/or neglected in the past.
    - o The child's ability to problem solve
    - o Assess the child's frustration tolerance -- how easily the child can withstand the disorganizing effects of limits, obstacles, and rules
    - o Assess a child's energy level -- how much the child moves around, how

intensely he/she reacts to events
o The child's ability to recognize child abuse and/or neglect
o Ask children about their support networks; are they in contact with extended family, friends, organizations, social groups?

- YMCA, Boy Scouts, Organized Sports Teams, Religious Groups, etc.
  o Complete a genogram and ecomap with the child to illicit information regarding social connectedness and social support.
  - Isolation- is the child isolated from others? Isolation can increase child vulnerability. Children who do not attend day care, school, community or social activities may have increased vulnerability when compared to children with contacts outside of their family.
- Assess whether or not the child demonstrates provocative behaviors
  o Child is defiant
  o Child resists parental authority
  o Child seeks negative attention by agitating others
  o Child demonstrates sexually provocative behaviors including dressing scantily and flirting with males as a pattern of interaction.
  o Child is argumentative

The Interactions of Child Vulnerabilities in Relation to the Caretakers' Protective Capacities:

Consider child vulnerability in relation to protective capacities when assessing safety threats. For example, does a parent's depression impact a 14 year old child to the same degree it may impact a six month old baby? Similarly, the reaction of caretakers to the conditions, behaviors, needs, traits, requests, of children is often comingled with caretakers' emotive, cognitive and behavioral protective capacities. Caseworkers may want to consider the following when assessing child vulnerabilities:

- Observing parents, children and familial interactions
- Noting children's attachment to their parents
- Noting children's energy levels and response to stimuli
- Noting children's compliance with parents requests
- Noting parents' response to children's behaviors, requests, needs, etc.
- Noting parents' verbal instructions to their children and the child's response
- Noting non verbal cues between family members
- Contacting identified collateral contacts to support information reported by the family
- Consider the family's culture and its impact on child vulnerability
- Gather and review historical information concerning the caretakers in relation to their role in any prior maltreatment of children.

Things to Consider

Child vulnerability should be considered from several dimensions and include a multitude of criteria. These criteria may include, but are not limited to:

Child Development (Ages and Stages):

The caseworker's knowledge of the stages of child developmental and routine milestones in child development is crucial in the assessment of child vulnerability. Caseworkers should be cognizant of a child's developmental level resulting from any cognitive or emotional delay and the child should be assessed accordingly. The age of a child is but one of many criteria to be assessed. It can be helpful to consider the developmental milestones that most children achieve by a certain age. Consider the following when assessing a child's vulnerabilities:

What most babies do at 2 months of age:

Social and Emotional

- Begin to smile at people
- Can briefly calm himself (may bring hands to mouth and suck on hand)
- Tries to look at parent
- Language/Communication
- Coos, makes gurgling sounds
- Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change
- Movement/Physical Development
- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

It may be a concern if a child:

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- What most babies do at 4 months of age:
-

Social and Emotional

- Smiles spontaneously, especially at people
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions, like smiling or frowning
- Language/Communication
- Begins to babble
- Babbles with expression and copies sounds he hears
  cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad

- Responds to affection
- Reaches for toy with one hand
- Uses hands and eyes together, such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people and things at a distance
- Movement/Physical Development
- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and swing at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows

It may be a concern if a child:

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

What most babies do at 6 months of age:

Social and Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror
- Language/Communication
- Responds to sounds by making sounds
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other
- Movement/Physical Development
- Rolls over in both directions (front to back, back to front)
- Begins to sit without support

- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

It may be a concern if a child:
- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make sounds

What most babies do at 9 months of age:
Social and Emotional
- May be afraid of strangers
- May be clingy with familiar adults
- Has favorite toys
- Language/Communication
- Understands "no"
- Makes a lot of different sounds like "mamamama" and "babababaa"
- Copies sounds and gestures of others
- Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)
- Watches the path of something as it falls
- Looks for things he sees you hide
- Plays peek-a-boo
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger

Movement/Physical Development
- Stands, holding on
- Can get into sitting position
- Sits without support
- Pulls to stand
- Crawls

It may be a concern if a child:

- Doesn't bear weight on legs with support
- Doesn't sit with help
- Doesn't babble ("mama", "baba", "dada")
- Doesn't play any games involving back-and-forth play
- Doesn't respond to own name
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to

What most children do at 1 Year of Age:

Social and Emotional

- Is shy or nervous with strangers
- Cries when mom or dad leaves
- Has favorite things and people
- Shows fear in some situations
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- Responds to simple spoken requests
- Uses simple gestures, like shaking head "no" or waving "bye-bye"
- Makes sounds with changes in tone (sounds more like speech)
- Says "mama" and "dada" and exclamations like "uh-oh!"
- Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it's named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like "pick up the toy"

Movement/Physical Development

- Gets to a sitting position without help
- Pulls up to stand, walks holding on to furniture ("cruising")
- May take a few steps without holding on
- May stand alone

It may be a concern if a child:

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that she sees you hide
- Doesn't say single words like "mama" or "dada"
- Doesn't learn gestures like waving or shaking head
- Doesn't point to things
- Loses skills he once had

What most children do by 18 months of age:

Social and Emotional

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

Language/Communication

- Says several single words
- Says and shakes head "no"
- Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- Knows what ordinary things are for; for example, telephone, brush, spoon
- Points to get the attention of others
- Shows interest in a doll or stuffed animal by pretending to feed
- Points to one body part
- Scribbles on his own
- Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development

- Walks alone
- May walk up steps and run
- Pulls toys while walking
- Can help undress herself
- Drinks from a cup
- Eats with a spoon

It may be a concern if a child:

- Doesn't point to show things to others
- Can't walk
- Doesn't know what familiar things are for

- Doesn't copy others
- Doesn't gain new words
- Doesn't have at least 6 words
- Doesn't notice or mind when a caregiver leaves or returns
- Loses skills he once had

Toddler 1 to 3 Years

During the toddler years children are advancing from infancy toward and into the preschool years. During this time, a child's physical growth and motor development will slow, but you can expect to see some tremendous intellectual, social, and emotional changes. Toddlers have limited speech capacity and are totally or primarily dependent on others to meet their nutritional, physical and emotional needs. In addition, important social, cognitive and physical skills are developed in early childhood and failure to meet a child's needs may have a significant impact on later growth and development. Information on the developmental milestones for children age birth through five years can be found on the Centers for Disease Control's website: http://www.cdc.gov/ncbddd/actearly/milestones/index.html.

What most children do between 1 - 2 years of age:

Social and Emotional

- Copies others, especially adults and older children
- Gets excited when with other children
- Shows more and more independence
- Shows defiant behavior (doing what he has been told not to)
- Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication

- Points to things or pictures when they are named
- Knows names of familiar people and body parts
- Says sentences with 2 to 4 words
- Follows simple instructions
- Repeats words overheard in conversation
- Points to things in a book

Cognitive (learning, thinking, problem-solving)

- Finds things even when hidden under two or three covers
- Begins to sort shapes and colors
- Completes sentences and rhymes in familiar books
- Plays simple make-believe games
- Builds towers of 4 or more blocks
- Might use one hand more than the other
- Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development

- Stands on tiptoe
- Kicks a ball
- Begins to run
- Climbs onto and down from furniture without help
- Walks up and down stairs holding on
- Throws ball overhand
- Makes or copies straight lines and circles

It may be a concern if a child:

- Doesn't use 2-word phrases (for example, "drink milk")
- Doesn't know what to do with common things, like a brush, phone, fork, spoon
- Doesn't copy actions and words
- Doesn't follow simple instructions
- Doesn't walk steadily
- Loses skills she once had

What most Preschoolers do between 3 to 5 years of age:

The preschool years may bring challenging behavior and a child that was once calm has now become a dynamo of energy, drive, bossiness, belligerence, and generally out-of- bounds behavior. Obstinate behaviors can be difficult for some parents to deal with. Children from birth to six years of age are especially vulnerable. They have limited speech capacity and are totally or primarily dependent on others to meet their nutritional, physical and emotional needs. Toddlers experience immense physical, social, and cognitive changes during the toddler years. When completing a family assessment consider:

3 Years of age:

Social and Emotional

- Copies adults and friends
- Shows affection for friends without prompting
- Takes turns in games
- Shows concern for crying friend
- Understands the idea of "mine" and "his" or "hers"
- Shows a wide range of emotions
- Separates easily from mom and dad
- May get upset with major changes in routine
- Dresses and undresses self

Language/Communication

- Follows instructions with 2 or 3 steps
- Can name most familiar things
- Understands words like "in," "on," and "under"
- Says first name, age, and sex
- Names a friend
- Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)

- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences
-

Cognitive (learning, thinking, problem-solving)

- Can work toys with buttons, levers, and moving parts
- Plays make-believe with dolls, animals, and people
- Does puzzles with 3 or 4 pieces
- Understands what "two" means
- Copies a circle with pencil or crayon
- Turns book pages one at a time
- Builds towers of more than 6 blocks
- Screws and unscrews jar lids or turns door handle

Movement/Physical Development

- Climbs well
- Runs easily
- Pedals a tricycle (3-wheel bike)
- Walks up and down stairs, one foot on each step

It may be a concern if a child:

- Falls down a lot or has trouble with stairs
- Drools or has very unclear speech
- Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- Doesn't speak in sentences
- Doesn't understand simple instructions
- Doesn't play pretend or make-believe
- Doesn't want to play with other children or with toys
- Doesn't make eye contact
- Loses skills he once had

4 Years

Social and Emotional

- Enjoys doing new things
- Plays "Mom" and "Dad"
- Is more and more creative with make-believe play
- Would rather play with other children than by himself
- Cooperates with other children
- Often can't tell what's real and what's make-believe
- Talks about what she likes and what she is interested in

Language/Communication

- Knows some basic rules of grammar, such as correctly using "he" and "she"
- Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- Tells stories
- Can say first and last name

Cognitive (learning, thinking, problem-solving)

- Names some colors and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of “same” and “different”
- Draws a person with 2 to 4 body parts
- Uses scissors
- Starts to copy some capital letters
- Names four colors
- Plays board or card games
- Tells you what he thinks is going to happen next in a book

Movement/Physical Development

- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

It may be a concern if a child:

- Can’t jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn’t respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can’t retell a favorite story
- Doesn’t follow 3-part commands
- Doesn’t understand “same” and “different”
- Doesn’t use “me” and “you” correctly
- Speaks unclearly
- Loses skills he once had

Grade School 5 to 12 Years

Grade school children should feel confident in their ability to meet the challenges in life. This sense of personal power evolves from having successful life experiences in solving problems independently, being creative and achieving positive reinforcement for the efforts made.

5 Years

Social and Emotional

- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- Shows concern and sympathy for others
- Is aware of gender
- Can tell what’s real and what’s make-believe

- Shows more independence (for example, may visit a next-door neighbor by himself (adult supervision is still needed])
- Is sometimes demanding and sometimes very cooperative

Language/Communication

- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense; for example, “Grandma will be here.”
- Says name and address

Cognitive (learning, thinking, problem-solving)

- Counts 10 or more things
- Can draw a person with at least 6 body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used every day, like money and food

Movement/Physical Development

- Stands on one foot for 10 seconds or longer
- Hops; may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet on her own
- Swings and climbs

It may be a concern if a child:

- Doesn’t show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- Unusually withdrawn and not active
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- Doesn’t respond to people, or responds only superficially
- Can’t tell what’s real and what’s make-believe
- Doesn’t play a variety of games and activities
- Can’t give first and last name
- Doesn’t use plurals or past tense properly
- Doesn’t talk about daily activities or experiences
- Doesn’t draw pictures
- Can’t brush teeth, wash and dry hands, or get undressed without help
- Loses skills he once had

Teen 12 to 18

Adolescence can be a challenge for youth and their parents. Youth may at times be a source of frustration and exasperation, not to mention financial stress. Teens need to develop an outlet for their unique interests and skills. This is the stage of development where youth desire and assert their independence. Peer friendships are extremely important to them. Peer pressure can be a significant influence of adolescents.

Social Connectedness of Child:

The social connectedness of children is an important consideration when assessing child vulnerability. Families that are connected to a social support system that can offer assistance with care giving support may be less vulnerable. Children that no one sees are vulnerable. Children who do not attend day care, school, community or social activities may have increased vulnerability when compared to children with contacts outside of the family. This includes children who may be hidden from the public child welfare agency. If children are very isolated, abuse may go undetected or unreported, which may increase the likelihood of future abuse. Sources to Consider in assessing Child Vulnerability include:

- Parents
- School
- Pediatrician / doctor
- Neighbors
- Extended Family members
- Siblings
- Service Providers, e.g., daycare provider, HMG

Family Composition:

Is the family system comprised of biological parents and their children?

- Children raised by both their biological parents are at less risk.
- An unrelated adult male in the household increases risk to the children.
- Is there an unrelated adult male in the family system?
- Does the family allow friends relatives to reside in the house?
- Households where the composition changes frequently can pose additional risks to children in the family.

Resources

Ohio Administrative Code Rule:

5101:2-1-01.1 Definition of terms for the implementation of the "Comprehensive Assessment and Planning Model - Interim Solution" and statewide automated child welfare database

5101:2-37-01 PCSA Requirements for Completing the Safety Assessment

5101:2-37-03 PCSA Requirements for Completing the Family Assessment

5101:2-37-04 PCSA Requirements for Completing the Reunification Assessment

5101:2-38-09 PCSA Requirements for Completing the Case Review

5101:2-38-10 Requirements for Completing the Semiannual Administrative Review

5101:2-36-01 Intake and Screening Procedures for Child Abuse, Neglect, Dependency and Family in Need of Services Reports; and Information and/or Referral Intakes

http://emanualstest.odjfs.state.oh.us/emanuals/

Ohio Revised Code:

2151.421 Reporting child abuse or neglect.

5153.16 Duties of agency

http://codes.ohio.gov/orc

Other Information and Resources:

http://jfs.ohio.gov/cdc/InfantToddler.pdf

http://www.ocwtp.net/CAPMIS/capmishome.html

http://www.ocwtp.net/CAPMIS/aboutcapmis.html#Safety

American Academy of Pediatrics

http://www.healthychildren.org

Centers for Disease Control and Prevention

http://www.cdc.gov/ncbddd/actearly/milestones/index.html

http://www.cdc.gov/ncbddd/childdevelopment/facts.html

Help Me Grow

http://www.ohiohelpmegrow.org/parents/wellness/ages03/Guidelines.aspx

Action for Child Protection

Cognitive Protective Capacities

Assessing Parental (Caretaker) Protective Capacities Requirements

PCSAs are required to assess the safety of children involved in a report made to the agency. Assessing child safety begins at screening (i.e., gathering information about the child's current condition and exposure to threats) and occurs during each contact with a child and family throughout the course of agency involvement. PCSAs have a responsibility to engage families in the assessment of safety. The assessment of protective capacities is key to making a safety decision and must be recorded, along with all other components of the assessment of safety, on the following CAPMIS tools.

- **The Safety Assessment** (JFS 01401) The CAPMIS Safety Assessment is to be completed within four working days from the date of the report. This is the first formal documentation of the assessment of safety which includes the identification of safety threats, as well as an assessment of child vulnerability and parent or caregivers' protective capacities.

- **The Family Assessment** (JFS 01400) The PCSA shall complete the CAPMIS Family Assessment no later than thirty days from the date of the report. The Safety Reassessment portion of the Family Assessment tool is where the worker documents new or additional information about to the parent or caregivers' protective capacities learned after the JFS 01401 was completed.

- **Case Review** (JFS 01413) The PCSA is to completes a review of case plan services no later than every three months from whichever of the following activities occurs first:

  (1) Original court complaint date.
  (2) Date of placement.
  (3) Date of court ordered protective supervision.
  (4) Date of parent, guardian, or custodian's signature on the case plan (in-home supportive services only).

  One purpose of the Case Review is to ensure that child safety is being continually reassessed, including parental protective capacities. Like the Family Assessment, there is a Safety Reassessment section within the Case Review where workers are able to document new observations about the parent or caregivers' protective capacities. Every other Case Review is completed in conjunction with the Semiannual Administrative Review or SAR.

- **The Ongoing Case Assessment/Investigation** (JFS 01412) When the child abuse and/or neglect report involves a principal of the report who is currently receiving ongoing protective services from the PCSA, the PCSA shall complete the report disposition by completing the CAPMIS Ongoing Case Assessment/Investigation (OCAIT). The OCAIT contains a safety reassessment section and shall be completed no later than thirty days from the date of the report.

- **The Reunification Assessment** (JFS 01404) The PCSA shall complete the CAPMIS Reunification Assessment when reunification with the removal family is being considered and the child has been placed out of the home (through either a voluntary out-of-home safety plan or a legally authorized out-of-home placement) for thirty days or more to assess, support and document the PCSA's decision regarding the family's reunification readiness. The assessment of the family's reunification readiness includes a review of child safety.

Purpose

The concept of protective capacities refers to parental (caretaker) capacities and is concerned with whether or not parents can adequately care for and protect their children. An assessment of the parents' capacity to meet the safety needs of their children is a critical component in the assessment of child safety.

Ohio defines protective capacities as *family strengths or resources that reduce, control, or prevent threats of serious harm from arising or having an unsafe impact on a child*. It is the integration and analysis of information regarding child vulnerability, caretakers' protective capacities and safety threats that leads to a determination as to whether or not a child is safe.

Additionally, the identification of protective capacities informs the caseworker as to what protective capacities exist and possibly can be enhanced, or in the case where protective capacities are lacking, the identification can lead to building a family's protective capacities. The assessment of protective capacities should inform the case plan services. Three protective capacity domains are assessed: cognitive, emotional and behavioral.

1. Cognitive

The cognitive domain refers to parents/caretakers' specific intellect, knowledge, understanding, and perception used to assist in protecting a child. Cognitive abilities include recognizing a child's needs (such as the basic needs of food, shelter, and clothing, social needs, psychological needs, and the need for protection from harm), personal responses to various stimuli, awareness of threatening family circumstances within their family system and understanding the parent's responsibility to protect.

<u>Examples of information assessed under cognitive protective capacities include:</u>

- A father recognizes he is frustrated by his two year old child's refusal to eat dinner.
- Parents leave their three year old with another responsible adult for care and supervision while parents host a party and become intoxicated.
- The mother of a newborn understands that a newborn baby cries to communicate a need.
- The caretaker has cognitive delays or impairments that prevent him or her from caring for a child.
- Parents have realistic expectations and understand the developmental needs of their children.

- The parents plan and are able to articulate a plan to protect the child.
- Other examples include: absence of any mental illness; having an accurate perception of the child and his vulnerabilities.

2. Emotional The emotional domain refers to the parents/caretakers' 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 parents meet their own emotional needs.

Examples of emotional protective capacities include:

- Parents demonstrate a healthy attachment to their child.
- A mother responds affectionately to her newborn son's cries for a bottle.
- A father displays a desire to prevent future harm to his child.
- A parent displays empathy when his or her child expresses hurt feelings.
- The parent is able to meet his or her own emotional needs.
- The parent is resilient and tolerant as a caregiver.
- The caregiver expresses love, empathy and sensitivity toward the child; shows empathy for the child's perspective and feelings.

3. Behavioral The behavioral domain refers to parents/caretakers' specific actions and activities to assist in protecting a child. Behavioral abilities include the parents/caretakers' 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.

Examples of behavioral protective capacities include:

- Mother requires her husband to leave the home after he physically disciplined their son leaving bruises on the boy.
- Mother physically intervenes when her four year old child attempts to ride her bike in the street.
- Dad separates his two teenage sons who were fist fighting one another.
- Parents demonstrate the ability to defer their needs in order to meet the needs of their children
- The parents have a history of protecting.
- Other examples include being adaptive, assertive and responsive, taking action, and demonstrating self and impulse control.

Ohio requires that caseworkers assess and reassess protective capacities throughout the life of the child protective services case. At certain points along the case continuum, case decisions require a formal assessment of protective capacities which is documented on the following CAPMIS tools: Safety Assessment; Family Assessment; Case Review; Ongoing Case Assessment Investigation Tool; Semiannual Administrative Review; and the Reunification Assessment.

As every caretaker is unique and possesses individual characteristics that may enhance or reduce their protective capacities, the assessment of protective capacities is imperative. The caretakers' protective capacities must be synthesized from a framework that considers each caretaker's emotive, cognitive and behavioral ability to protect. As conditions in the lives of families change, it is necessary to reassess protective capacities throughout the life of a case.

Attention to the behavioral demonstration of caretakers' protective capacities is critical. Simply possessing cognitive and emotive protective capacities, absent acting on them behaviorally is insufficient. The behavioral component must be present for protective capacities to be sufficient to protect a child.

Strategies for Accomplishing

Caseworkers must assess the information parents reveal about themselves, specifically how they are thinking, feeling, and behaving as it relates to their parental role and protecting their child. When gathering information to assess protective capacities, the caseworker should collect information through a review of prior history, observations and interviews, including information obtained from collateral sources, and other household members, including all children. When information regarding a caretaker's protective capacities is inconsistent further assessment is needed.

Caseworkers should ask questions and observe the behaviors of the parents and children noting:

- Parents' ability to set and enforce limits
    - o Parent allows teenager to drink alcohol or use drugs in the home
    - o Parent and children are able to identify household rules, routines and behavioral consequences for not meeting or following rules

o Parent disciplines child and does not follow through with consequences

- Parents' response to children's needs and wants
  - Mom responds to her newborn baby's cries
  - Dad ignores son's request for assistance with tasks that are difficult for the child
- Parents' engagement in age appropriate activities with their children
  - Parent sits of the floor and plays with toddler, parent asks teenager about his or her day at school or with friends
  - Parent attends or participates in extracurricular activities with child
  - Parent sits on the couch and yells at child in another room
- Parents' identification of strengths and positive attributes their child possesses
  - Joey is kind to others
  - Courtney is a good student
  - Jamal is a great helper with chores around the house
- Parents' interaction with their children
  - Parents share a meal with their children
  - Parents speak to their children in a loving manner
  - Parents yell and call their children names
- Parents' attitudes and knowledge of the parental role
  - Parents understand their parental role of protector
  - Parents take action to protect their children
- Parents' knowledge of child development and age appropriate behaviors
  - Parents understand that a toddler requires constant supervision
  - Parents understand that rebellion is a normal phase of adolescent development
- Parents' perceptions of how parenting is going for them
  - Areas of confidence
  - Areas of struggle
- Familial interactions
  - Verbal exchanges suggest respect for one another
  - Parent child attachment is behaviorally demonstrated
  - Children's energy levels and response to stimuli
  - Children's compliance with parental requests
  - Family system is nurturing and supportive of the child

Engagement Strategies

Approach each family member with an open mind. It is important to review and be aware of the history an individual has with the agency; however, the history should not drive a caseworker's assessment of the family. Ask the parents open ended questions to garner the parents' input without asking leading questions; and engage the parents in discussion so that *they* may identify their family's strengths.

- Find out what is important to each member of the family.
- Use mirroring. Take note of words used by the parents and try to incorporate them into the conversations.
- Notice if parents use a nick name for a child.
- If discussing a sensitive topic such as sexual abuse or sexual behaviors determine what language is used by the family and incorporate their language into the conversation.
- Listen to the parents' explanations without correcting or arguing.
  - Allow each parent to fully respond and provide their input.
  - Dialogue should be conversational for the parents.
  - Do not bombard parents with question after question.
  - Use reframing of the parents experience in the discussion in order to assess the underlying conditions and concerns.
  - Use a solution focused approach to resolve barriers. For example, parents were not available for the last two home visits because they forgot. The caseworker should focus dialogue on how to ensure future visits are kept rather than criticizing the parents for missing the visit.
- Ask questions rather than issuing threats or commands.
- Discuss with parents their feelings regarding PCSA involvement.
- Discuss the impact of the parents' history of abuse or neglect on their parenting.

Things to Consider

- The assessment of protective capacities does not stop with identification of protective capacities that are present and/or absent.
- Analyze the degree to which certain behaviors or conditions increase threats to the immediate safety of a child compared with protective factors that may decrease concern for the immediate safety of a child.
- Safety is a *point in time* assessment and judgment about the child's safety status. Remain cognizant that the information is often incomplete and subject to change with changing family dynamics and circumstances, e.g., use of drugs or alcohol; incidents of intimate partner violence; new household members.
- Each parent has unique characteristics and strengths. The assessment of parental protective capacities should reflect their individuality.

Child Development (Ages and Stages)

The assessment of protective capacities may be enhanced by considering the caretakers' protective capacities (emotive, cognitive, and behavioral) in relation to the children's stages of development. Information on normal child development (physical,

intellectual, social, emotional and moral) for children age birth through 19 can be found at: http://www.dshs.wa.gov/ca/fosterparents/training/chidev/cd06.htm.

• **Infant: Birth to 1 Year**

Consider the social, emotional, and cognitive functioning of infants in relation to their caretakers' cognitive, emotive and behavioral protective capacities. The social, emotional, cognitive, communication and physical milestones for children age birth through five years can be found on the Centers for Disease Control's website: http://www.cdc.gov/ncbddd/actearly/milestones/index.html.

• **Toddler: 1 to 3 Years**

During the toddler years, children are advancing from infancy toward and into the preschool years. A child's physical growth and motor development will slow in this stage, but you can expect to see some tremendous intellectual, social, and emotional changes. Toddlers have limited speech capacity and are totally or primarily dependent on others to meet their nutritional, physical and emotional needs. In addition, important social, cognitive and physical skills are developed in early childhood and failure to meet a child's needs may have a significant impact on later growth and development.

• **Preschool: 3 to 5 Years**

The preschool years may bring challenging behavior and a child who was once calm has now become a dynamo of energy, drive, bossiness, belligerence, and generally out-of-bounds behavior. Dealing with obstinate behaviors can be difficult for some parents. Children from birth to six years of age are especially vulnerable. They have limited speech capacity and are totally or primarily dependent on others to meet their nutritional, physical and emotional needs.

• **Grade School: 5 to 12 Years**

Grade school children should feel confident in their ability to meet the challenges in life. This sense of personal power evolves from having successful life experiences in solving problems independently, being creative and achieving positive reinforcement for the efforts made.

• **Teen: 12 to 18 Years**

Adolescence can be a challenge for both the youth and their parents. Youth may at times be a source of frustration and exasperation, not to mention financial stress. Teens need to develop an outlet for their unique interests and skills. This is the stage of development where youth desire and assert their independence. Peer friendships are extremely important to them, and peer pressure can be a significant influence of adolescents.

Resources
Applicable Ohio Administrative Code Rules:
http://emanualstest.odjfs.state.oh.us/emanuals/

5101:2-1-01.1 Definition of terms for the implementation of the "Comprehensive Assessment and Planning Model - Interim Solution" and statewide automated child welfare database
5101:2-37-01 PCSA Requirements for Completing the Safety Assessment
5101:2-37-03 PCSA Requirements for Completing the Family Assessment
5101:2-37-04 PCSA Requirements for Completing the Reunification Assessment
5101:2-38-09 PCSA Requirements for Completing the Case Review
5101:2-38-10 Requirements for Completing the Semiannual Administrative Review

Ohio Revised Code: http://codes.ohio.gov/orc 2151.421 Reporting child abuse or neglect. 5153.16 Duties of agency

Other Information and Resources:
http://jfs.ohio.gov/cdc/InfantToddler.pdf
http://www.ocwtp.net/CAPMIS/capmishome.html
http://www.ocwtp.net/CAPMIS/aboutcapmis.html#Safety

American Academy of Pediatrics
http://www.healthychildren.org

Centers for Disease Control and Prevention
http://www.cdc.gov/ncbddd/actearly/milestones/index.html
http://www.cdc.gov/ncbddd/childdevelopment/facts.html

Help Me Grow
http://www.ohiohelpmegrow.org/parents/wellness/ages03/Guidelines.aspx

Action for Child Protection
Cognitive Protective Capacities
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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[37] 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.

[37] Cuyahoga County Department of Children and Family Services, SDM Policies and Procedures Manual, May 2004.

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.

[38] Cuyahoga County Department of Children and Family Services. SDM Policies and Procedures Manual. May 2004.

Discretionary Override

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 wellbeing.[39] 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 wellbeing for the family.

[39] DePanfilis, Diane and Salus, Marsha K. Child Protective Services: A Guide for Caseworkers. U.S. Department of Health and Human Services. 2003. 77.

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.[1] 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.[2]

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.[3] 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.

[1] "Preventing Delinquency Through Improved Child Protection Services." Juvenile Justice Bulletin. Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. July 2001.

[2] "Preventing Delinquency Through Improved Child Protection Services." Juvenile Justice Bulletin. Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. July 2001.

[3] Wasserman, Gail A., Keenan, Kate, Tremblay, Richard E.; Cole, John D.; Herrenkohl, Todd I.; Loeber, Rolf; Petechuk, David. "Risk and Protective Factors of Child Delinquency." Child Delinquency Bulletin Series. U.S. Department of Justice. April 2003.

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.

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 <u>each</u> child in the family.

<u>Current Harm</u> 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 of 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

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

Category 3: Family Functioning

1. Family Roles, Interactions and Relationships
2. Resource Management and Household Maintenance
3. Extended Family, Social and Community Supports

Category 4: Historical

1. Caretaker's Victimization of Other Children
2. Caretaker's Abuse/Neglect as a Child
3. 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.[1] 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.

[1] DePanfilis, Diane and Salus, Marsha K. Child Protective Services: A Guide for Caseworkers. U.S. Department of Health and Human Services. 2003. 26.

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.2 Furthermore, children under the age of three (3) are the most likely to suffer fatal child abuse.3

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] Fluke, J., Y.T. Yuan and M. Edwards. "Recurrence of Maltreatment: An application of the National Child Abuse and Neglect Data System." Child Abuse and Neglect 23(7) (1999): 633-650.

[3] Belsky, J. Etiology of Child Maltreatment: An Ecological-Contextual Analysis. Paper prepared for the panel on Research on Child Abuse and Neglect. Washington D.C.: National Research Council. 1992.

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.[4] 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.[5]

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.[6] 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.[7]

This element identifies those child behaviors which may increase the potential for

[4] National Clearinghouse on Child Abuse and Neglect. Risk and Protective Factors for Child Abuse and Neglect. 2003.

[5] Webster-Stratton, C. "Comparison of Abuse and Non-abusive Family with Conduct-disordered Children." American Journal of Orthopsychiatry 55(1) (1985): 59-69.

[6] National Clearinghouse on Child Abuse and Neglect Information. Risk and Protective Factors for Child Abuse and Neglect. 2004.

[7] Main, M. "Explorations, Play, Cognitive Functioning Related to Infant Mother Attachment." Infant Behavior and Development 6 (1983): 167-174.

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.[8] The caseworker is not diagnosing a mental health disorder. A diagnosis can only be determined through an assessment by a qualified mental health professional.

[8] National Clearinghouse on Child Abuse and Neglect Information. Risk and Protective Factors for Child Abuse and Neglect. 2004.

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.[9]

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.[10]

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.[11] 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.[12] 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.[13]

[9] National Center for Children Exposed to Violence. Domestic Violence. 2003.

[10] U.S. Advisory Board on Child Abuse and Neglect. A Nation's Shame: Fatal Child Abuse and Neglect in the United States: Fifth Report. Washington, DC: Department of Health and Human Services, Administration for Children and Families (1995). 253.

[11] Carter, Janet. Domestic Violence, Child Abuse, and Youth Violence: Strategies for Prevention and Early Intervention. Family Violence Prevention Fund. 2001.

[12] Carter, Janet. Domestic Violence, Child Abuse, and Youth Violence: Strategies for Prevention and Early Intervention. Family Violence Prevention Fund. 2001.

[13] Carter, Janet. Domestic Violence, Child Abuse, and Youth Violence: Strategies for Prevention and Early Intervention. Family Violence Prevention Fund. 2001.

Children may be injured -either intentionally or accidentally -during attacks on their mothers.[14] 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.[15]

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.[16] 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.[17] 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.

[14] Carter, Janet, Domestic Violence, Child Abuse, and Youth Violence: Strategies for Prevention and Early Intervention. Family Violence Prevention Fund. 2001.

[15] Carter, Janet. Domestic Violence, Child Abuse, and Youth Violence: Strategies for Prevention and Early Intervention. Family Violence Prevention Fund. 2001.

[16] National Center for Children Exposed to Violence. Domestic Violence. 2003.

[17] National Center for Children Exposed to Violence. Domestic Violence. 2003.

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.[18] 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.[19]

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.[20] 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.[21] Parents who abuse substances are less likely to be able to function effectively in a parental role.[22]

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.[23] 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

[18] The National Center on Addiction and Substance Abuse at Columbia University, No Safe Haven: Children of Substance-Abusing Parents. January 1999. 3.

[19] Office of Applied Studies. Children Living With Substance-Abusing or Substance-Dependent Parents. Rockville, MD: Substance Abuse and Mental Health Services Administration. 2003.

[20] Dube, S.R., Anda, R.F., Felitti, V.J., Croft, J.B., Edwards, V.J., and Giles, W.H. "Growing up with Parental Alcohol Abuse: Exposure to Childhood Abuse, Neglect, and Household Dysfunction." Child Abuse and Neglect 25 (2001): 1627-1640.

[21] Department of Health and Human Services. Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection. April 1999, 31.

[22] National Clearinghouse on Child Abuse and Neglect Information. Substance Abuse and Child Maltreatment. 2003.

[23] Department of Health and Human Services. Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection, April 1999.

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.[24]

This element assesses:

- The adult's view of the child and expectations based on child's age, physical and developmental stage.

[24] Maccoby, E.E., and J.A. Martin. "Socialization in the Context of Family: Parent-Child Interaction." Handbook of Child Psychology: Socialization, Personality, and Social Development. Ed. P.J. Mussen and E.M. Heatherington. New York: John Wiley and Sons, 1983. 1-102.

- 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.
- 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.

Category 3: Family Functioning 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.[25] 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

[25] Child Welfare Institute. Caretaker and Child Interaction in Child Maltreatment. Ideas in Action. September 2004.

empathy and attachment necessary to elicit nurturing behavior, especially combined with situational stress and/or a child with special needs.[26]

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.[27] 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.[28]

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.[29] Psychological tendencies toward child abuse and neglect may be exacerbated by social isolation.[30] 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.

[28] National Clearinghouse on Child Abuse and Neglect Information. Risk and Protective Factors for Child Abuse and Neglect. 2004.

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.[31]

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.

[29] National Clearinghouse on Child Abuse and Neglect Information. Risk and Protective Factors for Child Abuse and Neglect. 2004.

[30] Garbarino and Gilliam, Understanding Abusive Families; Pelton, The Social and Economic Context of Child Abuse and Neglect; Kempe, The Battered Child.

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.[32] One study found that childhood sexual abuse increased the risk of perpetrating physical abuse on children as adults.[33] 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 understanding the family's perception can inform how motivated the family is to change. Motivation is clearly linked to the likelihood of change.[35] 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.

[31] Kadushin, Alfred and Martin, Judith. Child Abuse: An Interactive Event. Columbia University Press. 1981. Finklehor, David. Sexual Abuse: New Theory and Research. The Free Press. 1984.

[32] Department of Health and Human Services. Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection. April 1999. 26.

[33] National Clearinghouse on Child Abuse and Neglect Information. Risk and Protective Factors for Child Abuse and Neglect. February 2004.[1]

Family Risk Assessment of Abuse/Neglect[36]

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.

[34] DePanfilis, Diane and Salus, Marsha K. Child Protective Services: A Guide for Caseworkers. U.S. Department of Health and Human Services. 2003. 22-23.

[35] DePanfilis, Diane and Salus, Marsha K. Child Protective Services: A Guide for Caseworkers. U.S. Department of Health and Human Services. 2003. 22-23.

[36] Portions of The Family Risk Assessment Section is taken from: Cuyahoga County Department of Children and Family Services. SDM Policy and Procedures Manual. May 2004.

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

Policy Overrides

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

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.