OVERVIEW

Case managers evaluate child safety, risk, strengths, and needs through use of assessment tools. These assessments assist case managers with decision making and provision of services with goals for promoting safety and well-being of children and their families.

Assessments included in this item are:

- Safety Assessment.
- Risk Assessment.
- Risk Re-assessment.
- Threatened harm assessment.
- Family Assessment of Strengths and Needs (FANS).
- Child Assessment of Strengths and Needs (CANS).

SAFETY ASSESSMENT

The Safety Assessment is a structured decision-making tool designed to identify:

- Imminent safety concerns for a child.
- Protective interventions initiated.
- An overall safety decision.

When to Complete the Safety Assessment

The Safety Assessment is completed in the electronic case record and must be completed at or near the end of the investigation when sufficient evidence and information has been collected to accurately complete the tool.

Exception: A Safety Assessment is not required in abbreviated investigations, except those in which the Family Division of Circuit Court is asked to order family cooperation in the investigation but declines, and the family still will not cooperate with Children's Protective Services (CPS).

Immediate Harm Factors

For each immediate harm factor, identify the presence or absence of each factor by checking either yes or no. If the response is yes,

an explanation is required within the narrative to provide facts from the investigation relating to the factor.

When assessing the immediate harm factors below, the word serious denotes an elevated level of concern regarding child safety.

Number 1

Caretaker(s) caused serious harm to the child and/or made a plausible threat to cause serious physical harm in the current investigation, indicated by:

- Severe injury or abuse to child other than accidental.
    - Caretaker(s) caused severe injury (defined as an injury to the child that requires medical treatment or hospitalization and that seriously impairs the child's health or physical well-being).
- Threat to cause harm or retaliate against child.
    - A threat of action which would result in serious harm (such as kill, starve, lock out of home, etc.), or plans to retaliate against child for CPS investigation.
- Excessive discipline or physical force.
    - Caretaker(s) has used torture, physical force or acted in a way which bears no resemblance to reasonable discipline, or punished child beyond the duration of the child's endurance.
- Potential harm to child as a result of domestic violence.
    - The child was previously injured in domestic violence incident.
    - The child exhibits severe anxiety (such as nightmares, insomnia) related to situations associated with domestic violence.
    - The child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the home.
    - The child is at potential risk of physical injury and/or the child's behavior increases risk of injury (such as

attempting to intervene during violent dispute, participating in the violent dispute).

- Caretaker(s) use guns, knives, or other instruments in a violent, threatening and/or intimidating manner.
- There is evidence of property damage resulting from domestic violence.

- One or more caretaker(s) fear they will maltreat child.
- Alcohol/drug exposed infant.
  - Alcohol or substances found in the child's system.

Number 2

Caretaker(s) has previously maltreated a child in their care, and the severity of the maltreatment or the caretaker(s) response to the previous incident AND current circumstances suggest that child safety may be an immediate concern. There must be both current immediate threats to child safety and related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment.

- Prior death of a child.
  - As a result of maltreatment.
- Previous maltreatment that caused severe harm to any child.
  - Previous maltreatment by the caretaker(s) that was serious enough to cause severe injury (defined as an injury to the child that requires medical treatment or hospitalization and that seriously impairs the child's health or physical well-being).
- Prior termination of parental rights.
  - One or more caretaker(s) had parental rights terminated as a result of a prior CPS investigation; see PSM 715-3, Family Court: Petitions, Hearings and Court Orders, the Mandatory Petition-Request for Termination of Parental Rights section.
- Prior removal of any child.

- One or more caretaker(s) had a prior removal of any child, either formal placement by CPS staff or informal placement with friends or relatives.

- Prior confirmed CPS case.

- Prior threat of serious harm to child.

  - Previous maltreatment that could have caused severe physical injury, retaliation or threatened retaliation against a child for previous incidents, prior domestic violence which resulted in serious harm or threatened harm to a child or escalating pattern of maltreatment.

Number 3

Caretaker(s) fails to protect child(ren) from serious harm or threatened harm.

- Live-in partner found to be a perpetrator.

  - Caretaker(s) fails to protect child from serious physical harm or threatened harm as a result of physical abuse, neglect or sexual abuse by other family members, other household members or others having regular access to the child.

Number 4

Caretaker(s) explanation of any injury is unconvincing, and the nature of the injury suggests that the child's safety may be of immediate concern.

- Medical exam shows injury is result of abuse or neglect; caretaker(s) offers no explanation, denies, or attributes to accident.

- Caretaker(s) explanation for the observed injury is inconsistent with the type of injury.

- Caretaker(s) description of the causes of the injury minimizes the extent of harm to the child.

- Caretaker(s) and/or collateral contacts' explanation for injury has significant discrepancies or contradictions.

Number 5

The family refuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.

- Family currently refuses access to the child and cannot or will not provide child's location.
- Family has removed child from a hospital against medical advice.
- Family has previously fled in response to a CPS investigation.
- Family has history of keeping child at home, away from peers, school, other outsiders for extended periods.
- Family refuses to cooperate or is evasive.

Number 6

Child is fearful of caretaker(s), other family members, or other people living in or having access to the home.

- Child cries, cowers, cringes, trembles, or exhibits or verbalizes fear in front of certain individuals.
- Child exhibits anxiety, nightmares, insomnia related to a situation associated with a person in the home.
- Child fears unreasonable retribution/retaliation from caretaker(s), others in home or others having access to the child.

Number 7

Caretaker(s) does not provide supervision necessary to protect child from potentially serious harm.

- Caretaker(s) present but child wanders outdoors alone, plays with dangerous objects or on window ledges, etc.
- Caretaker(s) leave(s) child alone (period of time varies with age and developmental stage).
- Caretaker(s) makes inadequate/inappropriate childcare arrangements or plans very poorly for child's care.

- Parent(s) whereabouts are unknown.

Number 8

Caretaker(s) does not meet the child's immediate need for food, clothing, shelter, and/or medical or mental health care.

- No housing/emergency shelter; child must sleep in the street, car, etc.; housing is unsafe, without heat, etc.
- No food provided or available to child, or child starved/deprived of food/drink for long periods.
- Child without minimally warm clothing in cold months.
- Caretaker(s) does not seek treatment for child's immediate medical condition(s) or follow prescribed treatments.
- Child is malnourished.
- Child has exceptional needs which parent(s) will not meet.
- Child is suicidal, and parent(s) will not take protective action.
- Child exhibits effects of maltreatment, such as emotional symptoms, lack of behavior control or physical symptoms.

Number 9

Child's physical living conditions are hazardous and immediately threatening based on the child's age and developmental stage.

- Leaking gas from stove or heating unit.
- Dangerous substances or objects left accessible.
- Lack of water, heat, plumbing, electricity, or provisions are inappropriate, such as stove/space heaters.
- Open windows; broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food, which threatens health.

- Serious illness/significant injury due to current living conditions and these conditions still exist, such as lead poisoning, rat bites, etc.
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not stored in a locked or inaccessible area.

Number 10

Caretaker(s)' current substance use seriously affects their ability to supervise, protect, or care for the child.

- Caregiver(s) has abused legal or illegal substances or alcoholic beverages to the extent that control of their actions is significantly impaired. As a result, the caregiver is unable, or will likely be unable, to care for the child; has harmed the child; or is likely to harm the child.

Number 11

Caretaker(s)' behavior toward child is violent or out-of-control.

- Behavior that indicates a serious lack of self-control, such as reckless, unstable, raving, explosive, etc.
- Behavior, such as scalding, burning with cigarettes, forced feeding, killing or torturing pets, as punishment.
- Extreme action/reaction, such as physical attacks, violently shaking or choking, a verbal hostile outburst, etc.
- Use of guns, knives, or other instruments in a violent and/or out -of-control manner.

Number 12

Caretaker(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.

- Caretaker(s) describes child in a demeaning or degrading manner, such as evil, possessed, stupid, ugly, etc.
- Caretaker(s) curses and/or repeatedly puts child down.

- Actions by the caretaker(s) may occur periodically, but overall form a negative image of the child.
- Caretaker(s) scapegoats a particular child in the family.
- Caretaker(s) blames child for a particular incident or distorts child's behavior as a reason to abuse.
- The caregiver expects the child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (for example, babies and young children expected not to cry, expected to be still for extended periods, be toilet-trained, eat neatly, expected to care for younger siblings or expected to stay alone, etc.).
- Caretaker(s) overwhelmed by a child's dysfunctional emotional, physical, or mental characteristics.
- Caretaker(s) view child as responsible for the caretaker(s) or family's problems.

Number 13

Child sexual abuse is suspected, and circumstances suggest that child safety may be an immediate concern.

- Suspicion of sexual abuse may be based on indicators such as:
    - The child discloses sexual abuse either verbally or behaviorally (for example, age-inappropriate or sexualized behavior toward self or others, etc.).
    - Medical findings consistent with sexual abuse.
    - Caregiver(s) or others in the household have been convicted, investigated, or accused of rape or sodomy, or have had other sexual contact with the child.
    - Caregiver(s) or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing child to observe sexual performances or activities).

- Access to a child by possible or confirmed/known sexual abuse perpetrator exists.

Number 14

Caretaker(s)' emotional stability seriously affects current ability to supervise, protect, or care for child.

- Caregiver(s)' inability to control emotions impedes ability to parent the child.
- Caregiver(s)' refusal to follow prescribed medications impedes ability to parent the child.
- Caregiver(s)' inability to control emotions impedes ability to parent the child.
- Caregiver(s) acts out or exhibits a distorted perception that impedes their ability to parent the child.
- Caregiver(s)' depression impedes their ability to parent the child.
- Due to cognitive delay, the caregiver(s) lacks the basic knowledge related to parenting skills such as:
  - Not knowing that infants need regular feedings.
  - Proper diet.
  - Adequate supervision.
  - Failure to access and obtain basic/emergency medical care.

Number 15

Other (specify).

- Specify other factors that are present that impact the child's safety.

Safety Interventions

A protecting intervention is a safety response taken by staff or others to address the unsafe situation identified in the assessment. These interventions help protect the child from present or imminent

danger. A protecting intervention must be in place if any safety factor is indicated.

If one or more safety factors are present, it does not necessarily indicate that a child must be placed outside the home. In many cases, a temporary plan will mitigate the safety factor(s) sufficiently so that the child may remain in the home while the investigation continues. Consider the relative severity of the safety factor(s), the caregiver(s)' protective capacities and response to the investigation/situation, and the vulnerability of the child when identifying protecting interventions.

For each safety factor identified, consider the resources available in the family and the community that might help to keep the child safe. Check each protecting intervention taken to protect the child and explain in the narrative. Describe all protecting safety interventions taken and explain how each intervention protects (or protected) each child.

Number 1

Monitoring or direct services by MDHHS worker.

Number 2

Use of family resources, neighbors, or other individuals in the community as safety resources.

Number 3

Use of community agencies or services as immediate safety resources (check one).

- Intensive home-based.
- Other community services.

Number 4

Recommend that the alleged perpetrator leave the home, either voluntarily or in response to legal action.

Number 5

Recommend that the non-maltreating caretaker move to a safe environment with the child.

Number 6

Recommend that the caretaker(s) voluntarily allow the child to stay outside the home.

Number 7

Other.

Number 8

Legal action must be taken which may include a recommendation to place child outside the home.

Protecting Interventions Narrative

Case managers must explain all protecting interventions regardless of association with a safety factor. If there are safety factors present, there must be protecting interventions described within the narrative box.

Initiating Legal Action Narrative

If a case manager is initiating legal action, the case manager must explain why responses 1-7 could not be used to keep the child(ren) safe and describe the discussion with the caretaker(s) regarding placement.

Service Refusal Narrative

If services were recommended but caretakers refused to participate, describe the services that were offered.

Safety Decision

The electronic case record will compute a safety decision based on responses to the immediate harm factors.

A. **Safe** - Children are safe; no safety factors exist.

B. **Safe with Services** - At least one safety factor is indicated, and at least one protecting intervention has been put into place that has resolved the unsafe situation for the present time.

C. **Unsafe** - At least one safety factor is indicated, and placement is the only protecting intervention possible for the child. Without placement, the child will likely be in danger of imminent harm.

Injury to the Child

Within this section, responses to the following items are required:

Was any child injured in this case?

- If yes, indicate the age of youngest child with most serious injury.
- If yes, indicate what was the most serious injury to a child:
    - Death.
    - Hospitalization.
    - Medical treatment, but no hospitalization.
    - Exam only of alleged injuries. No medical treatment required.
    - Bruises, cuts, abrasions, or other minor injuries; no medical exam or treatment.

RISK ASSESSMENT

The Risk Assessment determines the level of risk of future harm to the children in the family. Interviews with the family should be structured to allow the case manager to discuss all risk and safety factors with the caretakers and complete the risk assessment following the conclusion of contacts with the family. Risk levels are intensive, high, moderate, or low, based on the scoring of the scale.

In each case in which a preponderance of evidence of child abuse and/or neglect (CA/N) has been found, the risk level determines which category (Category II or III) the case must be classified. If a petition is filed, the case must be classified as a Category I, and the risk level must be either high or intensive.

When to Complete a Risk Assessment

The Risk Assessment must be completed for all required investigations when investigation activities (gathering of evidence, interviews, etc.) are completed and prior to disposition of the case.

A Risk Assessment is required on all assigned investigations with the following exceptions:

- Supervisory approval is obtained to complete an abbreviated investigation on the referral.
- There is a preponderance of evidence of CA/N and the perpetrator is one of the following:
  - A nonparent adult who resides outside the child's home. (If there is also a perpetrator who resides in the child's home, a risk assessment must be done (for example, mom is the primary caretaker and found to be a perpetrator of failure to protect and mom's boyfriend, who is a nonparent adult who resides outside the child's home, is a perpetrator of sexual abuse).
  - A licensed foster parent. (If a licensed foster parent is also a perpetrator of CA/N on their biological or adoptive children, a risk assessment must be completed and services provided, as required.)

A Risk Assessment must be completed on the household where the alleged or confirmed perpetrator resides or for which services will be provided. If there is an alleged or confirmed perpetrator in both households **or** services will be provided to both households, a **separate** Risk Assessment must be completed on each household. Two households must **not** be combined on one Risk Assessment.

If the department is requesting removal of the child from one parent and the child will be released to the other parent, either through a voluntary placement made by the custodial parent or a court order, a Risk Assessment must be completed on the other parent's household **within 24 hours or the next business day**; see PSM 715-2, Removal and Placement of Children.

Note: If the perpetrator cannot be located, a risk assessment should instead be completed on the household receiving services or where the child resides. If a perpetrator cannot be found to ascertain the information needed to complete a risk assessment, historical information should not be used to complete the risk assessment. Social work contact documentation must support those efforts to demonstrate why a risk assessment was not completed for the perpetrator's household. If all the caregiver(s) and perpetrator(s) are uncooperative, complete the risk

assessment based on factual information ascertained from the current investigation (case contacts, collateral contacts, CPS history and trends, criminal history clearances, etc.).

Primary and Secondary Caretaker

A primary caretaker is the adult, usually the parent living in the household, who assumes the most responsibility caring for the child. When two adult caretakers are present and it is unknown which one assumes the most childcare responsibility, the adult legally responsible for the children should be selected. If this does not resolve the question, the legally responsible adult identified as a perpetrator should be selected.

The secondary caretaker is defined as an adult living in the household who has routine responsibility caring for the child but less responsibility than the primary caregiver. A living-together-partner (LTP) may be a secondary caretaker even though they have minimal responsibility for care of the child. The non-custodial parent is not a secondary caretaker unless that person is considered a member of the household.

Risk Assessment Score

The Risk Assessment calculates risk based on answers to the abuse and the neglect scales. The risk level is based on the higher score of either the abuse or neglect scales. After completion of the Risk Assessment, the case manager may determine if conditions exist for a mandatory or discretionary override; see override section in this policy item.

Select one score for each question and provide an explanation for the selection if the question is scored as a risk factor.

Neglect Scale

N1. Current complaint and/or finding includes neglect.

a. **No.**
b. **Yes, the current complaint includes allegations of neglect or a preponderance of evidence of neglect is**

found to exist, even if not alleged in the current complaint.

N2. Number of prior assigned neglect complaints and/or findings.

Count the number of prior assigned complaints for neglect (confirmed or denied) in which any adult household member identified in the current investigation was an alleged perpetrator.

a. **One or less.**
b. **Two or more.**

N3. Number of children in the household.

The number of individuals under 18 years of age **residing** in the household at the time of the current complaint. If a child was removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the household as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

a. Three or less.
b. Four or more.

N4. Primary caretaker's social support.

Relatives, friends, or neighbors are able to help when a caretaker(s) or other adult is not functioning well and/or is in need of assistance to provide for the child's safety and well-being. Relatives, friends, or neighbors have come forward to help when the family and child needed support, and/or the child needed placement. Relatives, friends, or neighbors have followed through on commitments in the past and provide ongoing support and assistance to the caretaker.

a. The primary caretaker accesses or can access relatives, friends, or neighbors for positive social support.

b. Limited or negative social support (check all that apply):

__ **No or limited supportive relationships with relatives, friends, or neighbors.** Caretaker does not, cannot, or will not access others for assistance in care for child when needed.

__ **Relatives, friends, or neighbors have a negative impact on caretaker.** People that the caretaker uses for social support have a negative influence on the caretaker's ability to provide for, protect, or supervise the child. Examples include, but are not limited to:

- Encourages caretaker to physically discipline children when abuse has occurred, or abuse is a concern.
- Encourages caretaker not to seek services.
- Discourages the department's attempts to assist the parent in a positive manner.
- Encourages inappropriate parenting practices.

N5. Primary caretaker is unable/unwilling to control impulses.

a. No, the primary caretaker is able and willing to control impulses.

b. Yes, the primary caretaker is unable and/or unwilling to control impulses. Examples include, but are not limited to:

- **Regularly** acting without weighing alternatives or considering consequences.
- Spur-of-the-moment actions, and/or heedless, self-centered actions that **regularly** result in threatened or actual harm to the child.
- A **regular** inability to delay gratification of personal needs to assume childcare responsibility.
- Lashing out verbally (yells/screams, berates, uses hostile language, etc.) and/or physically (hits, shoves,

threatens violence, etc.) in response to (undesired or negative) actions of the child and/or others**.**

N6. Primary caretaker provides inadequate physical care and/or inadequate supervision of child.

a. **No, the primary caretaker provides adequate physical care and supervision of child.**

b. One or both of the following is true (check all that apply):

__ **Provides inadequate physical care:** The provision of physical care (the appropriate feeding, clothing, shelter, hygiene, and medical care) is inconsistent with and/or not appropriate for the child's needs. There has been harm or threatened harm to the child's health and/or well-being due to the inadequate physical care. Examples include, but are not limited to:

- Failure to obtain medical care for severe or chronic illness.
- Repeated failure to provide child with clothing appropriate for the weather.
- Poisonous substances or dangerous objects lying within reach of child.
- Child's clothing or hygiene causes negative social consequences for the child.

__ **Provides inadequate supervision:** Supervision is inconsistent with and/or not appropriate for the child's safety, resulting in threatened or actual harm to the child.

N7. Primary caretaker currently has a mental health problem.

a. No.

b. Yes, in the past year, the primary caretaker has been assessed as needing, been referred for, or participated in mental health treatment. This includes, but is not limited to:

- DSM-IV-TR diagnosis by a mental health practitioner.
- Repeated referrals for mental health/psychological evaluations.
- Recommended or actual hospitalization for mental health problems.
- Current or recommended use of psychotropic medication prescribed by mental health clinician (for example, physician, psychiatrist, etc.).

N8. Primary caretaker involved in harmful relationships.

The primary caretaker is, or has been, involved in relationships that are harmful to domestic functioning or childcare within the past year. Include only domestic violence between caretakers or between a caretaker and another adult. Do not include parent-child or child-child violence.

a. No.

b. Harmful relationship(s) or one domestic violence incident – Relationships with adults inside or outside the home that are harmful to domestic functioning. Examples include, but are not limited to:

- Criminal activities.
- Domestic discord.
- One incident of physical violence and/or intimidation/threats/harassment.

c. Multiple domestic violence incidents – Primary caretaker is currently involved in a relationship (either as a victim or as a perpetrator) in which two or more incidents of physical violence or fighting and/or intimidation/threats/harassment have occurred.

N9. Primary caretaker currently has a substance abuse problem.

a. No.

b. Yes, within the past year, the primary caretaker has, or had, a problem with alcohol and/or other drugs that interferes, or interfered, with the caretaker's or the

household's functioning. Examples include, but are not limited to:

- Substance use has negatively affected caretaker's employment, and/or marital or family relationships.
- Substance use has negatively affected caretaker's ability to provide protection, supervision, care, and nurturing of the child.
- Substance use has led to criminal involvement.

N10. Family is homeless, or children are unsafe due to housing conditions.

a. No.

b. Yes, one or more of the following is true (check all that apply):

__ **The family is homeless or about to be evicted (current eviction notice).**

__ **Current housing is physically unsafe; not meeting the health and/or safety needs of the child.** Examples include, but are not limited to:

- Structural defects or is unsound.
- Exposed wiring, inoperable heat, or plumbing.
- Human/animal waste on floors that is due to failure to consistently clean or maintain the environment.
- Rotten or rotting food due to failure to consistently clean or maintain the environment.
- Disconnection of major utilities (gas, electric or water).

N11. Primary caretaker able to put child's needs ahead of own.

a. Yes, the primary caretaker demonstrates ability to put child's needs ahead of their own.

b. No, the primary caretaker makes choices or behaves out of self-interest rather than the best interest of the child and this has a negative effect on child safety and well-being. Examples include, but are not limited to:

- Regularly does not make or keep appointments for the child that will interfere with caretaker's social activities.
- Ignores child when other adults are present.
- Leaves the child with others for extended periods of time to pursue social activities.

Abuse Scale

A1. Current complaint and/or finding includes mental injury.

a. No.
b. Yes, the current complaint includes allegations of mental injury or a preponderance of evidence of mental injury is found to exist, even if not alleged in the current complaint.

A2. Number of prior assigned abuse complaints and/or findings.

Count the number of prior assigned complaints for abuse (confirmed or denied) in which any adult household member identified in the current investigation was an alleged perpetrator.

a. None.
b. One or two.
c. Three or more.

A3. Age of youngest child.

Indicate whether one or more children **residing** in the household at the time of the current complaint is age six years or younger. If a child was removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the household as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental

rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

a. Seven years or older.
b. Six years or younger.

A4. Number of children in the household.

The number of individuals under 18 years of age **residing** in the household at the time of the current complaint. If a child is removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the home as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

a. Two or less.
b. Three or more.

A5. Either caretaker was abused and/or neglected as a child.

a. No, neither caretaker was abused or neglected as a child.

b. Yes, past records (CPS, foster care, etc.), self-reporting by the caretaker, credible statements by others, or other credible information indicates that either caretaker was abused and/or neglected as a child.

A6. Secondary caretaker has low self-esteem.

a. No, secondary caretaker does not demonstrate low self-esteem or no secondary caretaker present in the household.

b. Yes, secondary caretaker's behavior and/or expressions indicate feelings of inferiority/inadequacy and/or low self-esteem. Examples may include, but are not limited to:

- Self-conscious behavior, self-doubting, or self-abasing.

- Behavior/expressions demonstrating that caretaker feels that he/she is inadequate, inferior, unlovable, or unworthy.
- Describes self as not being good enough for others, a loser, misfit, or failure.

A7. Either caretaker is domineering and/or employs excessive and/or inappropriate discipline.

Consider the circumstances of the current complaint and past practices by either caretaker.

a. No.
b. Yes (check all that apply)**:**

__ **Domineering**: Either caretaker is domineering, indicated by controlling, abusive, overly restrictive, or unfair behavior or over-reactive rules.

__ **Inappropriate discipline**: Disciplinary practices caused harm or threatened harm to child because they were excessively harsh physically, emotionally, and/or were inappropriate for child's age or development. Examples include, but are not limited to:

- Persistent berating.
- Belittling and/or demeaning the child.
- Consistent deprivation of affection or emotional support to the child**.**

A8. Either caretaker has current or a history of domestic violence.

Include only domestic violence between caretakers or between caretaker and another adult. Do not include parent-child or child-child violence.

a. No, neither caretaker has current or past domestic violence.

b. Yes, either caretaker is currently involved or has ever had involvement in relationships characterized by domestic violence (either as a victim or as a perpetrator), evidenced by two or more incidents of physical

violence or fighting and/or intimidation/threats/harassment.

A9. A child in the household has one or more of the following characteristics.

a. No child in the household has any of the below listed characteristics.

b. Yes (check all that apply to any child in the household).

__ **Diagnosed developmental disability:**

- Intellectual Developmental Disorder.
- Attention deficit disorder or ADHD.
- Learning disability or any other significant developmental problem. The child may be in a special education class(es).

__ **History of Delinquency**: Any child in the household has been referred to juvenile court for delinquent or status offenses or is an adjudicated delinquent. Include status offenses not brought to court attention, such as run-away children, habitual truants from school, and drug or alcohol problems.

__ **Mental health issue:** Any child with any diagnosed mental health problem not related to a physical or developmental disability.

__ **Behavioral issue**: Behavioral problems not related to a physical or developmental disability. Examples include, but are not limited to:

- Problems at school as reported by school or caretakers.
- Attendance in a special classroom for behavioral needs.

A10. All caretakers are motivated to improve parenting skills.

a. All caretaker(s) are motivated or parenting skills are appropriate and no improvement needed.

b. Yes, caretakers are willing to participate in parenting skills program or other services to improve parenting or initiate appropriate services for parenting without referral by the department.

c. No, one or both caretakers need to improve parenting skills but either:

- Refuse services.
- Agree to participate but indicate that parenting style will not change.
- Agree to participate but history shows a pattern of uncompleted services when working with CPS or foster care.

A11. Primary caretaker views incident less seriously than the department.

a. No, the primary caretaker views the allegations/findings of abuse or neglect **as serious or more serious** than the department and/or accepts responsibility for investigated behaviors.

b. Yes, there is evidence that the primary caretaker views the current allegations/findings **less seriously** than the department. Examples include, but are not limited to:

- Justifying abuse and/or neglect of child.
- Minimizing harm or threatened harm to child.
- Blaming the child.
- Displacing responsibility for the incident.
- Downplaying the severity of the incident.

Overrides

Overrides to risk levels have been established to ensure the level of risk for a case accurately reflects the risk level for the children. The two types of overrides to the risk level are mandatory and discretionary overrides.

Mandatory Overrides

Mandatory overrides automatically override the risk level of the case to intensive, regardless of the initial risk level. Mandatory overrides are required for the following cases:

- Sexual abuse cases in which the perpetrator is likely to have immediate access to the child victim.
- Cases with non-accidental physical injury to an infant except in situations of substance exposure to an infant.
- Severe, non-accidental, physical injury requiring medical treatment or hospitalization and that seriously impairs the child's health or physical well-being.
- Death (previous or current) of a child/sibling as a result of abuse or neglect.

Discretionary Overrides

A discretionary override may be applied by the case manager to increase the risk level in any case in which it is determined the risk level set by the risk assessment is too low. This may occur when the case manager is aware of conditions affecting risk that are not captured within the items on the Risk Assessment and/or there are unique circumstances in the family that increases risk. Discretionary overrides must have supervisory approval and may only be used to increase the risk level by one risk level.

RISK REASSESSMENT

The Risk Reassessment must be completed on ongoing protective services cases; see PSM 714-4, CPS Updated Services Plan and Case Closure.

Risk Reassessment Definitions

R1. Number of prior assigned neglect complaints and/or findings.

Count the number of prior assigned complaints for neglect (confirmed, denied, or found), in which the adult household member was an alleged perpetrator, **prior** to the complaint resulting in the current open case.

a. One or less.
b. Two or more.

R2. Number of prior assigned abuse complaints and/or findings. Count the number of prior assigned complaints for abuse of any type (sexual, physical, child maltreatment, or mental injury), confirmed, denied or found, in which the adult household member was an alleged perpetrator, **prior** to the complaint resulting in the current open case.

a. None.
b. One or two prior complaints.
c. Three or more prior complaints.

R3. Number of children in the household.

The number of individuals under 18 years of age **residing** in the household at the time the current complaint (which resulted in the current open case). If a child was removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the household as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

a. Three or less.
b. Four or more.

R4. New confirmed complaints in the past ninety (90) days.

a. No complaints have been received, or a complaint was received and rejected or assigned for investigation but was denied.

b. Yes, a complaint was received, assigned for investigation, and was confirmed.

R5. Either caretaker has a current substance abuse problem.

a. No. No problems with substances or has successfully completed treatment and shows no evidence of a current problem.

b. Yes. Either or both caretaker(s) is (are) abusing drugs and/or alcohol. This includes caretaker(s) who is (are) currently in a drug or alcohol abuse treatment program.

c. **Yes, and refuses treatment.** Either or both caretaker(s) has(have) a current alcohol and/or drug problem; treatment has been offered or recommended and has been refused.

R6. Family is, or children are, unsafe due to housing conditions.

a. No.

b. Yes, one or more of the following is true (check all that apply)**:**

__ **The family is homeless or about to be evicted (current eviction notice).**

__ **Current housing is physically unsafe; not meeting the health and/or safety needs of the child.** Examples include, but are not limited to:

- Structural defects or is unsound.
- Exposed wiring, inoperable heat, or plumbing.
- Human/animal waste on floors that is due to failure to consistently clean or control other adults in the household, children, pets, etc.
- Rotten or rotting food due to failure to consistently clean or control other adults in the household, children, pets, etc.
- Disconnection of major utilities (gas, electric or water).

R7. Primary caretaker is unable/unwilling to control impulses.

a. No, the primary caretaker is able and willing to control impulses.

b. Yes, the primary caretaker is unable and/or unwilling to control impulses. Examples include, but are not limited to:

- **Regularly** acting without weighing alternatives or considering consequences.
- Spur-of-the-moment actions, and/or heedless, self-centered actions that **regularly** result in threatened or actual harm to the child.
- A **regular** inability to delay gratification of personal needs to assume childcare responsibility.
- Lashing out verbally (yells/screams, berates, uses hostile language, etc.) and/or physically (hits, shoves, threatens violence, etc.) in response to (undesired or negative) actions of the child and/or others.

R8. Primary caretaker provides inadequate physical care and/or inadequate supervision of child.

a. No, the primary caretaker provides adequate physical care and supervision of child.

b. One or both of the following is true (check all that apply)**:**

__ **Provides inadequate physical care:** The provision of physical care (the appropriate feeding, clothing, shelter, hygiene, and medical care) is inconsistent with and/or not appropriate for the child's needs. There has been harm or threatened harm to the child's health and/or well-being due to the inadequate physical care. Examples include, but are not limited to:

- Failure to obtain medical care for severe or chronic illness.
- Repeated failure to provide child with clothing appropriate for the weather.
- Poisonous substances or dangerous objects lying within reach of child.

•• Child's clothing or hygiene causes negative social consequences for the child.

__ **Provides inadequate supervision:** Supervision is inconsistent with and/or not appropriate for the child's safety resulting in threatened or actual harm to the child.

R9. Either caretaker is in a violent domestic relationship.

Either caretaker is involved in relationships that are harmful to domestic functioning or childcare. Include only domestic violence between caretakers or between a caretaker and another adult. Do not include parent-child or child-child domestic violence.

a. No.
b. Yes. Either caretaker is currently involved in a relationship (either as a victim or as a perpetrator), in which incidents of physical violence or fighting and/or intimidation/threats/harassment have occurred.

R10. Primary caretaker's progress in service plan and reduction of prioritized needs.

Evaluate the primary caretaker's overall effort to reduce or resolve needs identified and scored on the family assessment of needs and strengths. The evaluation is based on worker assessment of the caretaker's engagement in the plan; and the caretaker's behavior in priority needs areas, determined by observing appropriate caretaker behaviors in caring for children in the home and/or interacting with children, service providers, and others, as well as reports from collateral sources.

a. Demonstrates substantial progress in reducing all prioritized needs identified in the service plan.

The caretaker is actively engaged in services identified in the plan, and/or routinely (three-fourths or more of the time) demonstrates appropriate behaviors during interactions with children, service providers, and others in all prioritized needs areas.

b. Demonstrates at least partial progress in all prioritized needs and substantial progress in one or more prioritized needs.

The caretaker routinely (three-fourths or more of the time) demonstrates appropriate behaviors in at least one area identified as a priority need and is engaged in services identified to meet that need.

In all other priority need areas, demonstrates appropriate behavior and engagement in services or service plan objectives often (half to three-fourths of the time).

c. Demonstrates at least partial progress in two or more prioritized needs but has not shown substantial progress in any prioritized needs.

The caretaker often (half to three-fourths of the time) demonstrates appropriate behaviors in two or more areas identified as a priority need.

In addition, caretaker is, at least half the time, engaged in services or meeting service plan objectives identified to meet those needs. Caretaker's efforts may be inconsistent but occur at least half of the time.

d. Demonstrates poor progress in reducing two or more of the prioritized needs.

The caretaker rarely (less than half of the time) demonstrates or fails to demonstrate appropriate behaviors in two or more areas identified as a priority need, although partial or substantial progress may have been made in reducing one or more identified priority needs.

Caretaker is not meeting service plan objectives identified to meet prioritized needs or is not engaged in services or demonstrates service plan engagement less than half the time.

e. Refuses involvement or fails to participate in the service plan.

The caretaker refuses or does not participate in services or service plan objectives necessary to address the priority needs identified in the case plan.

R11. Secondary caretaker's progress in service plan and reduction of prioritized needs.

Evaluate the secondary caretaker's overall effort to reduce or resolve the priority needs identified and scored on the family assessment of needs and strengths. The evaluation is based on worker assessment of the caretaker's engagement in the plan; and the caretaker's behavior in priority needs areas, determined by observing appropriate caretaker behaviors in caring for children in the home and/or interacting with children, service providers, and others, as well as reports from collateral sources.

a. Not applicable; only one caretaker in the household.

b. Demonstrates substantial progress in reducing all prioritized needs identified in the service plan.

The caretaker is actively engaged in services identified in the plan, and/or routinely (three-fourths or more of the time) demonstrates appropriate behaviors during interactions with children, service providers and others in all prioritized needs areas.

c. Demonstrates at least partial progress in all prioritized needs and substantial progress in one or more prioritized needs.

The caretaker routinely (three-fourths or more of the time) demonstrates appropriate behaviors in at least one area identified as a priority need and is engaged in services identified to meet that need.

In all other priority need areas, demonstrates appropriate behavior and engagement in services or service plan objectives often (half to three-fourths of the time).

d. Demonstrates at least partial progress in two or more prioritized needs but has not shown substantial progress in any prioritized needs.

The caretaker often (half to three-fourths of the time) demonstrates appropriate behaviors in two or more areas identified as a priority need.

In addition, caretaker is, at least half the time, engaged in services or meeting service plan objectives identified to meet those needs. Caretaker's efforts may be inconsistent but occur at least half of the time.

e. Demonstrates poor progress in reducing two or more of the prioritized needs.

The caretaker rarely (less than half of the time) demonstrates or fails to demonstrate appropriate behaviors in two or more areas identified as a priority need, although partial or substantial progress may have been made in reducing one or more identified priority needs.

Caretaker is not engaged in services or is not meeting service plan objectives identified to meet those needs or demonstrates service plan engagement less than half the time. Evidence of poor progress includes a caretaker's failure or refusal to attend services or work toward service plan objectives identified to address a priority need.

f. Refuses involvement or fails to participate in the service plan.

The caretaker refuses or does not participate in services or service plan objectives necessary to address the priority needs identified in the case plan.

Overrides

For more information overrides on a risk reassessment, see PSM 714-4, CPS Updated Services Plan and Case Closure.

THREATENED HARM ASSESSMENT

In cases in which historical threatened harm is alleged, discovered, or confirmed, a threatened harm assessment must occur to demonstrate the historical information was assessed and considered in the current investigation.

The case manager must assess all five areas including:

- Severity of past behavior.
- Length of time since past incident.
- Evaluation and benefit from services (including if conditions have been rectified).
- Comparison between the past and current referrals.
- Vulnerability of child(ren).

Case managers must consider all information obtained from the assessment to comprehensively determine if threatened harm remains a factor for maltreatment, and/or to determine if legal action is needed; see PSM 715-3, Family Court: Petitions, Hearings and Court Orders for more information on potential mandatory legal action.

Severity of Past Behavior

A review of past behavior must be evaluated to assess severity. Individuals with prior criminal convictions or a prior confirmed case for the following would be concerning and considered more severe:

- Abuse and/or neglect was the cause of a child's death.
- Sexual abuse or sexual exploitation.
- Severe physical injury to a child that required medical treatment or hospitalization and that seriously impaired the health and physical well-being of the child.
- Child exposure to methamphetamine production.

Any past behavior related to a criminal conviction and/or confirmed abuse and/or neglect must be documented.

Length of Time Since Past Incident

The length of time since the historical incident(s) must be documented.

Evaluation of and Benefit from Services

Attempts must be made to obtain information on participation and benefit from past services.

Documentation must evaluate participation and benefit based on a review of historical service reports, contact with service providers, and input from the parent/caregiver.

Progress since the prior incident(s) must be documented, including whether the parent/caregiver has reoffended.

Comparison Between the Past and Current Referrals

Documentation must evaluate any historical incidences in relation to current circumstances, to determine if there is a relationship between historical concerns and current safety, or if there are trends in behavior.

Vulnerability of Child

Documentation must assess the vulnerability of the child. A child may be more vulnerable due to age, mental capacity, physical ability, etc.

STRENGTHS AND NEEDS ASSESSMENTS

In most cases where a preponderance of evidence of CA/N is found to exist, and ongoing services are provided to a family, a Family Assessment of Needs and Strengths (FANS) and a Child Assessment of Needs and Strengths (CANS) must be completed.

These assessments should be family led and are used to identify areas of focus for services to mitigate safety concerns and reduce risk to the child. These assessments are used to:

- Develop a service agreement with the family that prioritizes the needs that contributed most to the maltreatment as identified by the FANS and CANS.
    - Careful consideration should be given to any childhood trauma for the parent/caregiver that may be contributing to current circumstances. Any childhood trauma the parent/caregiver may have experienced should be assessed to assist the parent/caregiver with navigating services and support, if needed.

- Identify service provision for open cases or cases closed with a referral to a community service or another agency for services.
- Help identify gaps in service array within the community to inform opportunities for the department to explore further.
- Identify strengths to build parental and protective capacities, strengthen families, and ensure child safety.

See PSM 714-1, Post-Investigative Services, for information on service provision and service agreements.

Family Assessment of Needs and Strengths

When ongoing services are provided to a family, a FANS must be completed. When two separate households are participating on the same case, a FANS must be completed for the household in which a perpetrator resides or for which services will be provided; for example, when the non-custodial parent is found to be a perpetrator of abuse and the custodial parent is not found to be a perpetrator, a FANS is needed only on the non-custodial parent's household, unless services will also be provided to the custodial parent. A separate FANS must be completed if needed for more than one household. Two households must not be combined on one FANS.

For definitions and more detailed information and definitions on the FANS, see FOM 722-09A, Family Assessment of Needs and Strengths (FANS).

Child Assessment of Needs and Strengths

If a preponderance of evidence of CA/N is found to exist, and ongoing services are being provided to the family, the CANS must be completed for the following:

- Child identified as victims.

- Every child residing in a household in which a person identified as a perpetrator of CA/N resides.
- Every child residing in a household where services are provided for that household.

A separate CANS must be completed for each child. Children must not be combined on one CANS.

Assessment Domains, Scoring, Definitions and Milestones

For information on assessment domains, scoring, definitions and milestones see FOM 722-09, Child Assessment of Needs and Strengths (CANS).