

**COMPREHENSIVE ASSESSMENT PLANNING MODEL - I.S.
FAMILY ASSESSMENT**

CASE NAME:		DATE OF REPORT(S):
CASE NUMBER:	AGENCY:	CASEWORKER NAME:

Section 1: Identifying Information

List each child in the family from oldest to youngest, his/her date of birth and age. List parent(s) or caretaker(s) and other adults in the family and their relationship to the child(ren). Identify the Primary (P) and Secondary (S) Caregiver.

Children in the Family

NAME	ROLE	DATE OF BIRTH	AGE

Adults in the Family

PRIMARY OR SECONDARY CAREGIVER	NAME	ROLE	RELATIONSHIP TO CHILD(REN)

Section 2: Safety Re-Assessment

A. Safety Review

Check and complete whichever case circumstance applies:

1. A safety threat is not currently active:

- a. Describe new information obtained regarding protective capacities. Include information concerning any adult not interviewed for the safety assessment.

- b. Describe new information obtained regarding child vulnerability. Include information concerning any child not interviewed for the safety assessment.

2. If a safety threat **is not currently active, but had been active at any time since the last assessment of safety was completed:**

- a. Describe the safety threat and then summarize the information that demonstrates safety threat resolution, sufficient safety threat reduction and/or adequate protective capacities necessary to protect the child(ren) from serious harm.

3. If a safety threat **is active now:**

- a. Describe the active safety threat(s), identify which children are affected, and which caregivers or other adults are involved. Describe the progress toward alleviating the safety threat(s).

- b. Describe the present protective capacities of each caregiver and highlight significant changes that may have occurred since the last assessment of safety was completed.

- c. Describe the present vulnerability of each child and highlight significant changes that may have occurred since the last assessment of safety was completed.

B. Safety Response Review

<input type="checkbox"/> Maintain	<input type="checkbox"/> Create	<input type="checkbox"/> Modify	<input type="checkbox"/> Discontinue	Date:	<input type="checkbox"/> Previously Discontinued
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- **“Maintain,”** if the safety response has not changed since the last assessment of safety.
- **“Create,”** if a safety response is needed.
- **“Modify,”** if a revised safety response is needed.
- **“Discontinue,”** if a safety response is no longer needed
- **“Previously Discontinued,”** if a safety threat is not currently active but had been active since the last assessment of safety and the safety response was discontinued.
- **If the child is placed out of the home through either an out-of-home safety plan or a legally authorized out-of-home placement and the specified safety response is “Modify” or “Discontinue,” complete the Reunification Assessment.**

Section 3: Child Harm Description

A. Current Harm

For each child, identify and describe the type, degree and frequency of actual harm 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. Include the information obtained regarding the allegations of child abuse, neglect and/or dependency.

B. Historical Harm

For each child, identify and describe all historical reports of abuse and/or neglect. Include the date(s) of report, type(s) of maltreatment, identification of the ACV(s) and AP(s), case disposition(s) and case outcome(s) (e.g., closed, transferred to ongoing services, child placed in out-of-home care, etc.).

Section 4: Strengths and Needs

Category 1: Child Functioning

Rate each element: **RC** = Risk Contributor; **NRC** = No Risk Contributor

ASSESSMENT ELEMENTS	NAMES OF CHILDREN IN THE FAMILY					
1. Self Protection						
2. Physical /Cognitive /Social Development						
3. Emotional/Behavioral Functioning						

Write a rationale for each child that supports the ratings above. Describe the impact other household members not included in this assessment have on each child. Discuss how the individual elements impact one another. Describe any strengths each child may have in relation to the assessment elements.

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Category 2: Adult Functioning

Rate each element: **RC** = Risk Contributor; **NRC** = No Risk Contributor

ASSESSMENT ELEMENTS	NAMES OF ADULTS IN THE FAMILY			
4. Cognitive Abilities				
5. Physical Health				
6. Emotional / Mental Health Functioning				
7. Domestic Relations (Domestic Violence)				
8. Substance Use				
9. Response to Stressors				
10. Parenting Practices				

Write a rationale for each adult that supports the ratings above. Describe the impact other household members not included in this assessment have on each adult. Discuss how the individual elements impact one another. Describe any strengths each adult may have in relation to the assessment elements.

Category 3: Family Functioning

Rate each element: **RC** = Risk Contributor; **NRC** = No Risk Contributor

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

Write a rationale that supports the family ratings above. Describe the impact other household members not included in this assessment have on the family. In that rationale, discuss how the individual elements impact one another. Describe any strengths the family may have in relation to the assessment elements.

Category 4: Historical

Rate each element: **RC** = Risk Contributor; **NRC** = No Risk Contributor

ASSESSMENT ELEMENTS	NAMES OF ADULTS IN THE FAMILY			
14. Caretaker's Victimization of Other Children				
15. Caretaker's Abuse/Neglect as a Child				
16. Impact of Past Services				

Write a rationale for each adult that supports the ratings above. Describe the impact other household members not included in this assessment have on each adult. Discuss how the individual elements impact one another. Describe any strengths each adult may have in relation to the assessment elements.

Section 5: Family's Perception

Describe how the family views their own strengths and problems.

Section 6: Family Risk Assessment of Abuse/Neglect

N/A- Non-Abuse/Neglect Case

Neglect	Score	Abuse	Score
N1. Current Report is for Neglect		A1. Current Report is for Physical or Emotional Abuse	
a. No.....	0	a. No.....	0
b. Yes.....	1	b. Yes.....	1
N2. Number of Prior Reports		A2. Prior Abuse Reports	
a. None.....	0	a. None.....	0
b. One or two.....	1	b. Physical or sexual abuse report(s).....	1
c. Three or more.....	2	c. Emotional abuse report(s).....	2
		d. Both b and c.....	3
N3. Number of Children in the Home		A3. Prior CPS Service History	
a. Two or fewer.....	0	a. No.....	0
b. Three or more.....	1	b. Yes.....	2
N4. Number of Adults in Home at Time of Report		A4. Number of Children in the Home	
a. Two or more.....	0	a. One.....	0
b. One/none.....	1	b. Two or more.....	1
N5. Age of Primary Caregiver		A5. <u>Either</u> Caregiver Abused as Child	
a. 28 or older.....	0	a. No.....	0
b. 27 or younger.....	1	b. Yes.....	1
N6. Characteristics of <u>Either</u> Caregiver (check & add for score)		A6. Secondary Caregiver has a Current Substance Abuse Problem	
a. Not applicable.....	0	a. No, or no secondary caregiver.....	0
b. <input type="checkbox"/> Parenting skills are major problem.....	1	b. Yes (check all that apply)	
c. <input type="checkbox"/> Mental health issue (Self-esteem, withdrawn, hopeless, MH eval treatment referral).....	1	<input type="checkbox"/> Alcohol abuse problem.....	1
		<input type="checkbox"/> Drug abuse problem.....	1
N7. <u>Either</u> Caregiver Involved in Harmful Relationships		A7. <u>Either</u> Caregiver has History of Domestic Violence	
a. No.....	0	a. No.....	0
b. Yes, some problems but no history of domestic violence.....	1	b. Yes.....	1
c. Yes, major domestic conflict and/or domestic violence.....	2		
N8. <u>Either</u> Caregiver Has a Current Substance Abuse Problem		A8. <u>Either</u> Caregiver has Major Parenting Skills Problem (Uses excessive discipline, over-controlling, parenting skills)	
a. No.....	0	a. No.....	0
b. Yes, alcohol or drug, either caregiver.....	1	b. Yes.....	1
N9. Household is Experiencing Severe Financial Difficulty		A9. Child in the Home has Special Needs or History of Delinquency	
a. No.....	0	a. No 0	
b. Yes.....	1	b. Yes (check all that apply).....	1
		<input type="checkbox"/> Special Needs	
		<input type="checkbox"/> History of delinquency	
N10. Primary Caregiver's Motivation to Improve Parenting Skills		TOTAL ABUSE RISK SCORE	_____
a. Motivated and realistic.....	0		
b. Unmotivated.....	1		
c. Motivated but unrealistic.....	2		
N11. Caregiver(s) Response to Investigation and Seriousness of Complaint			
a. Attitude consistent with seriousness of allegation and complied satisfactorily.....	0		
b. Attitude not consistent with seriousness of allegation (minimizes).....	1		
c. Failed to comply satisfactorily.....	2		
d. Both b and c.....	3		

TOTAL NEGLECT RISK SCORE _____

ACTUAL RISK LEVEL

Assign the family's risk level based on the highest score on either scale, using the following chart:

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

OVERRIDES

Policy: Override to Intensive. Check appropriate reason.

- _____ 1. An in-home or out-of-home safety plan is still active.
- _____ 2. Non-accidental physical injury to any age child requiring 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.
- _____ 4. Sexual abuse cases where the alleged perpetrator is likely to have immediate access to the child victim.
- _____ 5. Cases with non-accidental physical injury to an infant.
- _____ 6. Positive toxicology screen of child at birth.

Policy Overrides: Describe reasons for any mandatory policy override.

Description:

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OVERRIDE/FINAL RISK LEVEL: _____ Low _____ Moderate _____ High _____ Intensive

Section 7: Case Analysis

A. Case Decision (For Non-Abuse/Neglect Cases, complete Part 3 (a) and (c) only):

1. Case Disposition

Record the allegation type(s):

- Physical Abuse
 Sexual Abuse
 Emotional Maltreatment
 Neglect

Record the case disposition and indicate the rationale for this disposition:

PHYSICAL ABUSE ORC 2151.03.1(C) and (D)	<input type="checkbox"/> Substantiated	<input type="checkbox"/> Indicated	<input type="checkbox"/> Unsubstantiated
<input type="checkbox"/> Exhibits evidence of any physical injury or death inflicted other than by accidental means or an injury or death which is at variance with the history given <input type="checkbox"/> Because of acts of his parents, guardian or custodian suffers physical injury which harms or threatens to harm the child's health or welfare			

SEXUAL ABUSE ORC 2151.031 (A)	<input type="checkbox"/> Substantiated	<input type="checkbox"/> Indicated	<input type="checkbox"/> Unsubstantiated
<input type="checkbox"/> Is the victim of "sexual activity" as defined under Chapter 2907 of the ORC			

EMOTIONAL MALTREATMENT ORC 2151.03.1(C) and (D)	<input type="checkbox"/> Substantiated	<input type="checkbox"/> Indicated	<input type="checkbox"/> Unsubstantiated
<input type="checkbox"/> Exhibits evidence of any mental injury inflicted other than by accidental means or because of acts of his parents, guardian or custodian suffers mental injury which harms or threatens to harm the child's health or welfare.			

NEGLECT (ORC 2151.03 (A)(1- 6))	<input type="checkbox"/> Substantiated	<input type="checkbox"/> Indicated	<input type="checkbox"/> Unsubstantiated
<input type="checkbox"/> Lacks Parental Care <input type="checkbox"/> Is Abandoned <input type="checkbox"/> Refuses to provide the special care made necessary by the child's mental condition <input type="checkbox"/> 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 <input type="checkbox"/> Because of 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			

2. Preliminary Matrix-Indicated Case Decision

Check appropriate cell based on disposition/risk level.

Final Risk Level	Disposition		
	Substantiated	Indicated	Unsubstantiated
Intensive	<input type="checkbox"/> Transfer to Ongoing Services	<input type="checkbox"/> Transfer to Ongoing Services	<input type="checkbox"/> Transfer to Ongoing Services
High	<input type="checkbox"/> Transfer to Ongoing Services	<input type="checkbox"/> Transfer to Ongoing Services	<input type="checkbox"/> Transfer, or Close and Refer Community Services
Moderate	<input type="checkbox"/> Transfer, or Close and Refer Community Services	<input type="checkbox"/> Close	<input type="checkbox"/> Close
Low	<input type="checkbox"/> Close	<input type="checkbox"/> Close	<input type="checkbox"/> Close

3. Final Case Decision

- a. To support the basis for the case decision, evaluate the following assessment variables and their relevance and importance to the case decision: active safety threats; protective capacities; child vulnerability; child harm; risk contributors and the final level of risk; child and family strengths and needs; family history; and family perceptions.

Evaluation:

- b. Based upon the evaluation above, should the Preliminary Matrix-Indicated Case Decision be overridden? (Skip if Non-Abuse/Neglect Case)

No Yes

If yes, reason:

_____ Discretionary override based on unique case circumstances as described above

_____ Other: _____

- c.) The final case decision is:

Transfer for Ongoing PCSA Services **Close, Refer Community Services** **Close**

B. Service Planning

- Family Not in Need of PCSA Services** - Likelihood of future maltreatment does not warrant continued agency involvement.

Family Referred for Community Services

Family Referred to Services Out of County due to services not being available within own county

Describe the services and/or interventions that were provided, were already in existence during the assessment process or were referred at case closing, if applicable.

Description:

- Family in Need of PCSA Services - Likelihood of future maltreatment warrants continued agency involvement.**
 - Voluntary In-Home Supportive Services
 - Protective Supervision
 - Out-of-Home Placement

Describe any underlying conditions (i.e., needs of family members, perceptions, beliefs, values, feelings, cultural practices, and/or previous life experiences) that influence the maltreatment dynamic within the family system and/or may cause or contribute to safety threats or risk contributors.

Description:

Describe the services and/or interventions suggested to resolve immediate safety threats, strengthen protective capacities, and/or reduce risk as identified in this assessment.

Description:

- Family in Need of PCSA Services-** Services are not provided for one or more of the following reasons:
 - Family Moved/Unable to Locate
 - Protective Services Alert Issued Date: _____
 - Family Refused Services Date: _____
 - Court Petition Denied Date: _____
 - Case Referred to Other PCSA Date: _____ County: _____

Section 8: Signatures

Completion Date : _____

CASEWORKER:	DATE:	SUPERVISOR:	DATE:
OTHER AGENCY ADMINISTRATOR:			DATE:
OTHER:			DATE:

Supervisor Comments: