

**ADMINISTRATIVE PROCEDURE #17**  
**Family Assessment Factor Worksheet Reference Guide**  
**January 1, 1994 - P.T. 94.2**

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**Section 17.1 Introduction**

The Department's risk assessment process provides the framework for evaluating information available to the investigative or child welfare worker through interviews, case material, and observation. The following are components of the Family Assessment Factor Worksheet:

- o **CFS 1440, Family Assessment Factor Worksheet;**
- o **CFS 1440-1, Family Assessment Factor Worksheet Summary; and,**
- o **CFS 1440a, Worker Activity Summary;**
- o **CFS 1440b, Client Contact Summary.**

**Section 17.2 The Family Assessment Factor Worksheet**

**a) Overview**

The **CFS 1440, Family Assessment Factor Worksheet (FAFW)**, is the form used by the Department to guide and document the evaluation of a combination of child, caregiver, and family factors that identify the level of risk of harm in a family.

The Family Assessment Factor Worksheet structures information obtained during the assessment process to determine the appropriate service intervention strategy and/or monitor the effectiveness of the services being provided. It serves as the "working" document that directs and analyzes assessment information against preselected, standardized factors that correlate with perceived risk and service need. The Family Assessment Factor Worksheet provides an objective foundation for completion of a detailed assessment of child, caregiver, family, and environmental factors.

The Family Assessment Factor Worksheet was developed on the premise that there is no single cause for abuse and neglect in families nor for the need for child welfare services. The worksheet recognizes that a family's problems are usually multi-faceted and, consequently, require comprehensive assessments and service plans.

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By making important discriminations among 22 factors, the Family Assessment Factor Worksheet distinguishes the areas of a family's greatest needs, which in turn, focuses and drives the service delivery. In addition, the worksheet lends a structured approach to decision-making for framing your initial responses to situations.

### **b) Goals of the Family Assessment Factor Worksheet**

Upon thorough evaluation, the 22 family assessment factors that appear on the worksheet lead to the development of effective, focused client service plans. The worksheet ensures that the immediacy, method of contact, and extent of service intervention are consistent with the assessed level of risk. For each factor, variables are evaluated in order to arrive at an assignment of a risk rating for that factor. Consequently, in case planning, the factors receiving the highest risk ratings would then be readily identified. The Family Assessment Factor Worksheet has been designed to:

#### **1) Guide a comprehensive assessment of family factors:**

The FAFW has been designed to accommodate such comprehensive family assessment. The worksheet does not make obtaining the assessment information any easier, nor does it replace the worker's professional judgment. Instead, it guides the worker to the most critical risk factors that should be evaluated, providing an organized manner to record the worker's findings. Consequently, the worker's professional judgment is enhanced by a structured process that is designed to assist with assessments, interpretations, and service recommendations.

#### **2) Provide a basis of information that will provide a strong foundation for client service plans:**

The client service plan should be a negotiated agreement between the Department and the family regarding what tasks will be attempted to resolve an identified problem. The purpose of the assessment is to identify the problems, strengths, and needs of the family in order to identify the services necessary to provide a safe, stable family life. The Family Assessment Factor Worksheet enhances the capacity of service staff to make more valid assessments of service needs.

#### **3) Standardize the documentation of assessment information:**

Child Welfare staff spend a large percentage of their time assessing family risk, service needs, and progress. The worksheet provides an organized way to periodically record the findings that result from these efforts. The standardized format provides supervisory staff and other professional staff with access to

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the most current assessment information, as well as the ability to compare the current assessment ratings with those recorded from prior assessments. The use of the worksheet allows the availability of the cumulative assessment knowledge described earlier to remain consistent from case to case. The worksheet also provides a common frame of reference and terminology in which risk related assessment information can be shared between staff, offices, and agencies statewide.

### c) **Practice Implications**

The assessment process is based on the premise that the Family Assessment Factor Worksheet is:

- o a defined list of assessment factors and variables that characterizes children and families involved in child abuse and neglect situations, as well as child welfare situations;
- o a reference checklist of the most critical elements that must be assessed so that assessments are comprehensive and thorough;
- o part of a process that will enable assessment staff to focus on family strengths, as well as problems;
- o a practice tool that increases the objectivity, consistency, and comprehensiveness of risk and service assessments;
- o a document that provides an overview of the total treatment picture for an individual family;
- o a process that balances the interests of the child and parent and maintains a family perspective in the treatment plan;
- o a checklist that identifies the most critical risk factors that need to be addressed in the service treatment plan;
- o a practice tool that enables staff to periodically assess the progress of the family and evaluate the client service plan's effectiveness; and,
- o a document on which service staff document their decisions and support service intervention strategies that match identified levels of service need.

Conversely, the Family Assessment Factor Worksheet is not:

- o a tool that will enable staff to assess the quality of services provided;

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- o a practice tool that will replace the case record narrative requirements;
- o a replacement for worker professional judgment, intuition, or "gut level" feelings;
- o a requirement to conduct family assessments beyond what "good practice" and Departmental rules and procedures already require; and,
- o a substitute for thorough and accurate documentation of all assessment activities and discoveries.

Assessment factors and corresponding variables are only suggestive guidelines/parameters, not absolutes.

### **Section 17.3 The Family Assessment Factor Worksheet Summary**

The Family Assessment Factor Worksheet Summary forms the basis for negotiating the Social History and initial client service plan. The worker should engage the family's cooperation in completing the Family Assessment Factor Worksheet Summary.

The Family Assessment Factor Worksheet Summary shall be completed prior to the regular administrative case review as necessary and appropriate, indicating the risk designations.

File the Family Assessment Factor Worksheet Summary and Social History; document any lack of cooperation on the **CFS 492**, (for intact families, and families with children in placement).

### **Section 17.4 The Worker Activity Summary**

The Worker Activity Summary is a checklist that records completion of appropriate file documents. Attached as the first two pages of the Family Assessment Factor Worksheet, it should be completed as the risk assessment progresses.

### **Section 17.5 The Client Contact Summary**

The Client Contact Summary reflects all contacts made with the family, as well as with collaterals. For investigators, this summary replaces page 2 of the CANTS 17 (IV Individuals Interviews). Child Welfare Specialists should complete this sheet during the initial and expanded phases of the assessment (first 30 days).

### **Section 17.6 Instructions for Completing the Family Assessment Factor Worksheet**

The Family Assessment Factor Worksheet consists of a nine-page document (including the Worker Activity Summary, the Family Assessment Factor Worksheet Summary, and the client Contact Summary) that provides the documentation fields for the recording of risk-related

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assessments for the 22 risk factors. In addition, the Family Assessment Factor Worksheet has space to accommodate the extensive narratives that are necessary to recount the family's current risk profile and service recommendations.

The worker must complete the following general documentation requirements before submitting the worksheet for supervisory review and approval:

- o The Family Assessment Factor Worksheet should be filled out as completely as possible at each assessment point and should reflect the most accurate information currently known.
- o Narrative space has been provided to permit you to identify those variables or factors that must be resolved in order to terminate the child protection/service intervention.
- o Service recommendations must recount your service recommendations as they relate to the family's **current** risk of harm profile and service need.

The Family Assessment Factor Worksheet is separated into several sections. Corresponding space has been provided so that staff can record brief statements that will identify the most relevant risk variables assessed.

- o The **Worksheet Identification** section contains the SCR No., CYCIS Case Name, CYCIS ID No., Date of Assessment, and Open Service Case Identifier.

Use the reference number from CANTS I and II, if it is a CANTS report. If it's a CWS intake, use the CYCIS Family I.D. number and sequence.

- o The **Overall Risk Rating** requires the worker to make a determination as to the overall level of risk to the child(ren). To determine the Overall Risk Rating, the worker takes into consideration the assessment for the 22 risk factors, family strengths, and Department resources.

Check the appropriate box after completed this document.

- o On the **Reason for Case Involvement-Allegations** section list all allegations by number, names, and circumstances, and specify the involved perpetrator(s) and victim(s).

Child Welfare Specialists should use this space to detail the issues or behaviors that brought the family to the Department's attention.

- o The **Family Assessment Factors** (#1 - #4) section contains four family factors that will reflect the highest level of risk for each family factor.

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Record the risk assessment codes for these factors using the factor definitions as a guide.

The narrative should reflect the assessment codes and the related factor definitions.

Be sure to record how the family perceives the problems that brought them to the attention of DCFS.

- o The **Caretaker Assessment Factors** (#5 - #12) section contains eight risk factors and provides space to enter a risk rating for each of the factors for as many as four caretakers.

Record the caretaker name(s) and reference number(s) from page 1 and record the risk assessment codes and narrative as per preceding instructions.

- o The **Service Provider Assessment Factors** (#13 - #14) section contains two assessment factors that will document the cooperation or progress of the child/family in completing service or treatment objectives.

For the family, record the risk assessment codes and narrative as per preceding instructions.

- o The **Child Assessment Factors** (#15 - #18) section contains four factors to be evaluated for each child in the family.

Record the child(ren) name(s), reference number(s) from page 1 and record the risk assessment codes and narrative as per preceding instructions.

- o The **Final Finding Factors** (#19 - #22) contains four factors that are to be evaluated by child protection investigators for each alleged child victim. Spell out the rationale for each allegation and where appropriate, spell out factors that were used to determine your finding.

- o **Child Abuse and Neglect Factors (#19-#22) on the 1440-1** are used by child welfare specialists to record incidents of abuse and neglect that occurred during the current assessment period.

Child Protective Investigatorss should record the child(ren) name(s) and reference number(s) from the previous page and record the risk assessment codes under each referenced child using the factor definitions as a guide.

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The narrative should reflect the assessment codes and the related factor definitions.

Child Welfare Intake Workers should complete this section to screen for possible abuse and/or neglect. If a protective service issue is found, call the hotline.

The remaining sections ask the worker to identify parental strengths and/or deficiencies in meeting minimum parenting standards; to specify efforts to preserve the family that relate to the reason for case involvement/allegation; to identify efforts that would allow the family to be reunited; to indicate which problems would require immediate efforts and/or services; to describe specific actions/services provided; and to detail your rationale for the case disposition.

The worker must be very specific and complete in his or her documentation in order to fulfill the Federal and State requirements for Reasonable Efforts Documentation.

Minimum Parenting Standards include seeing that a child is adequately fed, clothed appropriately for the weather conditions, provided with adequate shelter, protected from severe physical, mental, and emotional harm, and provided with necessary medical care and education as required by law. Minimum Parenting Standards also deals with abandonment, failure to demonstrate an interest in a newborn child, and failure of an addicted parent to cooperate in a rehabilitation program unless the child's safety and well-being has been assured. Refer to **89 IL Adm. Code 302, Services Delivered by the Department, Section 302.20, Definitions**, for the definition of "Minimum Parenting Standards".

- o The **Case Disposition** section is self explanatory.
- o **Signature and dates** should be completed by all staff.

### **Risk Assessment Codes**

Assessment of risk for all 22 Family Assessment Factors is to be completed based on the following scale and assessment code scoring definitions:

- |              |   |
|--------------|---|
| 1 = No Risk  | The assessment of this factor resulted in a rating of no risk to the child and/or may have revealed positives in terms of the individual, family, and/or interacting systems. |
| 2 = Low Risk | Sufficient information exists to suggest the presence of one or more low risk variable(s) listed  |

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for the factor.

3 = Intermediate Risk	Sufficient information exists to indicate the presence of one or more intermediate risk variable(s) listed for the factor.
4 = High Risk	Sufficient information exists to indicate the presence or one or more high risk variable(s) listed for the factor.
7 = Insufficient information to Assess	The worker was unable to assess the factor, as sufficient information does not exist or is unknown at the time of assessment.
9 = Not Applicable	The assessment of this factor is not relevant to the overall assessment of risk and/or service need.

The worker should make an effort to assess all applicable Family Assessment Factors. Factors with the assessment code of "Insufficient Information to Assess" are not equivalent to factors evaluated as "Not Applicable." This code should only be used when the worker was unable to assess a factor because there was not enough information. Judicious use of this code is recommended in "High Risk/High Service Need" investigations, as the code would indicate that the overall assessment of risk and service need includes an incomplete evaluation of at least one of the Family Assessment Factors. Consequently, assignment of the code "Insufficient Information to Assess" indicates an area of family functioning in which the worker required additional information to complete the assessment.

### **Highest Level of Risk**

The highest level of risk is determined by evaluating all children and identifying the risk assessment code that reflects the highest level of risk for the family. If there is more than one risk variable identified for a particular factor, the most serious risk variable should be assigned the corresponding risk assessment code.

### **Overall Risk Rating**

The overall risk rating refers to the evaluation of the documented assessments for the 22 risk factors and the subsequent determination of the overall level of risk for the child(ren) in the family. When determining the overall risk rating, first identify the most critical areas of risk for the family. By reviewing the most critical areas of risk (high or intermediate risk factors), examining family

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strengths and weighing their interaction with critical risk factors, as well as considering available service resources, you can arrive at an assessment of the level of risk to the child(ren). The overall risk rating is to be completed based on the following scale and rating definitions:

**No Risk** Refers to an assessment in which the child(ren) is not at risk.

**Low Risk** Refers to an assessment in which the level of risk to the child(ren) is low.

**Intermediate**

**Risk** Refers to an assessment in which the level of risk to the child(ren) is intermediate and services are necessary to ensure the child's safety. This implies that the risk can be resolved by monitoring the family, by services directly provided by the worker, or by referring the family to other public/private service providers.

**High Risk** Refers to an assessment in which the perceived level of risk to the child(ren) is high and the child is at risk of imminent harm.

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### The Risk Assessment Factors

The list for each risk assessment factor contains those circumstances, behaviors, and conditions that are present for each factor to help the worker differentiate between High, Intermediate, Low, No, or Not Applicable ratings. The described variables are neither conclusive nor exhaustive. The assessment variables are designed to identify strengths, as well as problems, in a family's functioning. The resulting assessment requires staff to identify critical risk indicators, determining the presence or absence of information that will support a more comprehensive service needs assessment. **Staff completing the worksheet must view the variables as only suggestive guidelines or parameters, as staff will be expected to assess risk and service needs appropriate to the unique circumstances of each case.** Staff are to select the variable that **most accurately** describes the situation at the time of assessment. Your professional judgment should always prevail as each factor is assessed.

#### Factor 1 - Family Interactions/relationships with Household

**No:**

Positive family interactions observed; family appears close, supportive, and caring; family unit is currently stable; family conflicts are resolved without further incident; age appropriate sharing of responsibilities among the family members; family appears to cope well with all forms of stress; caretaker has stable marriage or stable relationship with paramour.

**Low:**

Family is close most of the time but there are occasional relationship problems; some disorganization is present regarding sharing of responsibilities but family is functional; family copes adequately with minor forms of stress but has occasional problems handling major forms of stress; recent alteration or breakdown in family structure, members are adapting; there is an isolated incident of sexual victimization, perpetrator accepts responsibility, and non-offending caretaker takes protective action.

**Intermediate:**

Family is disorganized; conflict is causing family problems or dysfunction; some family members have isolated themselves, which has resulted in unsupportive and indifferent interactions among family members; due to authoritarian household member there is very little sharing of responsibilities among family members and family members are distanced from each other; family seems unable to cope with minor forms of stress without becoming overwhelmed; marriage or primary caretaker/paramour relationship is unstable, with little or no positive interaction occurring among family members; family is adapting poorly to breakdown in family structure or significant changes; lack of boundaries

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results in sexual victimization of children by family member, but a non-offending caretaker is willing to take some protective action.

**High:**

Family members display hostility and aggression to each other in most interactions; family interactions demonstrate no affection of attachment between family members; constant disorganization is present regarding sharing of responsibilities, creating an atmosphere of chaos, confusion, and mistrust; family structure appears unable to cope with crisis or major and minor forms of stress; marriage or primary caretaker/paramour relationship consists of primarily negative interactions, characterized by serious disruption in family functioning; family interaction is highly dysfunctional; relationships appear to provide no mutual support; lack of boundaries results in sexual victimization of children by primary caretakers.

**Factor 2 - Strength of Family Support Systems**

**No:**

Extended family, neighbors, friends, and/or cultural/ethnic support systems are available, and offer suitable support and assistance.

The family experiences no barriers to available resources because of geographic locations, economic limitations, or cultural language/ethnic/difference; the family routinely uses external support systems in crisis as well as when dealing with everyday problems.

Family and/or existing support systems have sufficient income or resources to meet minimal food, shelter, clothing, educational, or health care needs.

**Low:**

Extended family, neighbors, friends, and/or cultural ethnic support systems are available and generally will respond to most requests for assistance.

The family experiences some difficulty accessing existing support systems because of geographic location, economic limitations, or cultural/ethnic/language differences.

The family is able to access support systems although often waiting until serious crisis develops before seeking assistance.

Family and/or existing support systems (although at times experiences

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difficulty) usually have sufficient income or resources to meet minimal food, shelter, clothing, educational, or health care needs.

### **Intermediate:**

Extended family, neighbors, friends, and/or cultural/ethnic support systems are inconsistent, and are not routinely available to the family.

The family experiences frequent difficulty in accessing existing support systems because of geographic location, economic limitation, or cultural/ethnic/language differences; family is partially isolated.

The family often has difficulty linking itself with available existing support systems when in crisis.

Frequently the family and/or existing support system have difficulty meeting minimal food, shelter, clothing, educational, or health care needs.

### **High:**

Family has no positive interactions with extended family, neighbors, friends, or cultural/ethnic support systems, or there is no support system that can provide substantial help or assistance; or existing support systems are unable to provide the assistance or resources necessary to help the family cope with current stress/conflict.

Family is isolated from ethnic group and language/cultural differences have negatively affected the ability of external support systems to provide assistance; family is experiencing serious financial difficulties and support systems cannot provide the family with financial assistance.

Family is completely isolated from external support systems or the family has intentionally avoided existing support systems.

Family currently is unable to meet minimal food, shelter, clothing, educational, or health care needs.

### **Factor 3 - History of Abuse or Neglect in Family**

#### **No:**

No anecdotal history of abuse or neglect.

#### **Low:**

Household members report childhood history of minor abuse or neglect.

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**Intermediate:**

Household members report a personal history of moderate maltreatment; personal history of maltreatment includes a lack of ability to properly care for children, or the likelihood of targeting other children, or of the seriousness of incidents is increasing.

**High:**

Household members report a personal history of abuse and neglect to themselves resulting in physical or emotional scars due to severe maltreatment; a previous history of multigenerational abuse and neglect that is pervasive and/or severe; a personal history that reveals chronic inability or unwillingness of a caretaker to intervene and protect child(ren).

**Factor 4 - Environmental Condition of Home**

**No:**

Home is adequately maintained and structurally sound; utilities are available, structurally sound, and functional; no serious health issues or safety defects observed in the home; no overcrowding and home has appropriate space and privacy.

**Low:**

Home is adequately maintained for the most part, however, one or two minor safety or health hazards exist, representing only minor risk to the child; water, heat, electricity, and other major utilities are available and in working order most of the time; home is slightly overcrowded, family lacks privacy; several children/adults share average bedroom space.

**Intermediate:**

Physical/structural problems, inoperable utilities, safety hazards, or sanitation problems exist in the home that require immediate remediation to prevent child accidents or illness; some utilities are shut off but are currently unnecessary due to weather conditions or other substitutes are in place; sanitary facilities and/or other essential utilities are inoperable but repairs are being accomplished; housekeeping issues exist with obvious safety hazards that are poorly guarded; family is crowded and home lacks privacy; children and/or caretakers of opposite sex may have to occupy the same beds or bedroom.

**High:**

Home environment is hazardous, dilapidated or poorly maintained, posing an immediate and continuing threat to child; home is dangerously unsafe, beyond repair or condemned; living conditions are barely suitable for providing shelter; family has no residence or will imminently lose current residence; sanitary facilities are absent or inoperable and have not been repaired for considerable

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time; no utilities are available or functioning; and no plan exists to reinstate them; severe overcrowding in the home; unrelated adults and children of varying ages and opposite sex occupy the same bedroom space; dangerous social environment, e.g., crack house where violence prevails.

**Factor 5 - Caretaker's Physical, Developmental, and Intellectual Abilities**

**No:**

Caretaker has no observable illness or disability that limits caretaker's ability to provide adequate child care; caretaker has illness or disability that is not life threatening and has no impact on the caretaker's ability to provide adequate child care.

**Low:**

Caretaker's illness or disability may affect the caretaker's ability to care for the child; minor illness or disability causes some erratic child care; minor physical or developmental limitation impairs caretaker's ability to provide child care; with services, caretaker has been able to maintain child care responsibilities.

**Intermediate:**

Caretaker appears to have a physical, or developmental disability that significantly interferes with or limits caretaker's ability to provide adequate child care; caretaker has a reported illness or disability that is untreated or deteriorating to the point that the caretaker requires supplementary services to maintain child care role; caretaker has a reported intellectual limitation that adversely affects the caretaker's ability to provide minimal child care and protection; caretaker has serious communicable disease that poses health threat to the child, although it does not impair child caring capacity.

**High:**

Caretaker has diagnosed acute or chronic illness/disability that poses a serious risk to the child, due to severely impaired child caring capacity of the caretaker; caretaker has severe intellectual limitations that negatively affect the caretaker's ability to provide minimal child care; caretaker demonstrates poor conception of reality; caretaker has demonstrated extremely poor reasoning abilities and no immediate improvement is expected even with specialized/intense treatment.

**Factor 6 - Caretaker's Emotional and Mental Health**

**No:**

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Caretaker has no symptoms of mental illness or psychological disturbance.

**Low:**

Caretaker has past history of mental disorder or is experiencing mild or transient symptoms of psychological distress due to stressful life events (e.g., death of close relatives, change in finances); current psychological disorder or mental illness does not impair caretaker's ability to provide minimal child care; psychological disorder or mental illness exists but caretaker is receiving treatment that can bring about control, does not pose current risk to child.

**Intermediate:**

Due to mental disturbance, caretaker functioning is impaired in a number of life areas including some impairment of his or her ability to perform minimal child caring duties or some tasks, or activities could be substantially affected while others remain unaffected; symptoms may include pathological self-doubt, excessive aggression, avoidance of others, depression, suicidal preoccupation or gestures, severe obsessional rituals, or frequent anxiety attacks; condition is not attributable to some specific event that will pass (not transient or temporary);\* caretaker is currently exhibiting behavioral indicators that may be a sign of deteriorating mental health and psychiatric treatment is not being sought, is reluctant to seek treatment, or is inconsistent in follow through in treatment.

**High:**

Caretaker may be unable to function independently and is a danger to self and others; delusions, hallucinations, an inability to communicate, severe depression, or a history of recent suicide attempts may be present or, though capable of some independent functioning and self care, is unable to carry out tasks and activities essential to family functioning including child care and protection; symptoms may include disturbances in judgement, thinking, mood, and reality testing; may be unwilling to seek treatment; caretaker is currently making verbal threats to harm the child during episodes of distress.

**Factor 7 - Caretaker's Substance Misuse: Alcohol, Illegal Drugs, and Medication**

**No:**

No evidence of any history of substance/alcohol misuse or dependency; former substance or alcohol abuser has successfully completed a recognized treatment program; past or current substance/alcohol consumption poses no risk to child.

**Low:**

Alcohol is consumed only in moderation and caretaker is not incompetent or out of control when drinking; caretaker has admitted to substance/abuse misuse but is actively participating in recognized treatment program; substance or

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alcohol misuse is present but does not constitute any risk to the child.

**Intermediate:**

Current substance alcohol dependency has been verified but does not constitute an immediate danger to the child; caretaker is currently experimenting or using several substances/drugs, use tends to be episodic and has not had serious consequences or significantly reduced ability to parent; substance or alcohol abuse is not physically/psychologically addictive at this time but pattern of misuse or dependency is escalating; caretaker admits to current substance/alcohol misuse and is reluctant to seek treatment; caretaker is periodically incapable of caring for child due to substance/alcohol misuse, ability to make or assure adequate child care arrangements is deteriorating.

**High:**

Caretaker admits to and/or displays signs of substance dependency or addiction and this poses an immediate threat to the child; caretaker's life revolves around the use of or obtaining drugs or alcohol; caretaker is unable or unwilling to control substance misuse; caretaker maintains frequent contact and/or strong identification with suspected substance abusers; caretaker refuses treatment or is a chronic treatment dropout; substance misuse poses risk to family's financial resources, negatively affecting the caretaker's ability to meet basic needs of the child.

**Factor 8 - Caretaker's Criminal Behavior**

**No:**

No evidence of any past or current caretaker criminal activities; previous history of criminal activity by the caretaker poses no current risk to the child.

**Low:**

Previous record of arrests for nonviolent crimes that did not involve the child; caretaker is on probation and is meeting all requirements of probation.

**Intermediate:**

Caretaker is charged with or admitted to current participation in criminal activity; previous record of violent crimes perpetrated against nonrelated adult victims; habitual criminal activity that currently interferes with caretaker's ability to provide minimal child care; habitual criminal activity and/or gang related activity presents a clear danger but child has never been actually harmed.

**High:**

Caretaker has a confirmed arrest record including use of force or violence

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against children; previous history of violent crimes perpetrated against an immediate family member; habitual criminal activity that severely impairs the caretaker's current ability to provide minimal child care or supervision; habitual criminal activity that severely impairs the caretaker's current ability to provide minimal child care or supervision; habitual criminal activity and/or gang related activity repeatedly exposes child to immediate danger from high risk environment.

**Factor 9 - Caretaker's Parenting Skills/Knowledge**

**No:**

Caretaker's level of care or supervision is adequate for child's age/special needs or child has the ability to care for self; method of physical discipline consistent and appropriate to child's age or misconduct; verbal discipline is controlled and appropriate to the child's age or misconduct; caretaker has demonstrated the ability to understand/meet the minimal medical, emotional, food, clothing, and shelter needs of the child; caretaker has demonstrated adequate money management skills.

**Low:**

Caretaker's level of care or supervision may not be adequate on occasion and child has only a limited ability to care for self; method of discipline is generally consistent and age appropriate but sometimes caretaker is careless, too rigid, or permissive with discipline; verbal discipline is generally controlled and appropriate to child's age or misconduct; caretaker is generally consistent in meeting the minimum medical, emotional, food, clothing, and shelter needs of the child.

**Intermediate:**

Caretaker's level of care or supervision plan places the child at some risk but child has never been actually harmed; method of physical discipline administered to child is inconsistent, some physical discipline is not appropriate to child's age or misconduct; verbal discipline seems inappropriate to the child's age or misconduct; caretaker demonstrates poor knowledge of age appropriate behaviors that can be expected of the child and makes demands that frustrate both child and caretaker; caretaker has expressed or demonstrated difficulty in meeting the minimum medical, emotional, food, clothing, and shelter needs of the child; caretaker has demonstrated poor judgement regarding money management and this judgement has occasionally deprived child of medical treatment, food, clothing, or shelter.

**High:**

Caretaker's level of care or supervision plan for child has repeatedly exposed

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the child to danger and caretaker refuses to develop/implement corrective care or supervision plan; caretaker consistently administers physical discipline that is inappropriate or excessive compared to child's age or misconduct; physical discipline is the caretaker's only response to child's misconduct and pattern of physical discipline is escalating in severity; verbal discipline is consistently inappropriate and excessive in response to every child misconduct; caretaker demonstrates poor understanding of age appropriate child behaviors, resulting in unrealistic demands of the child most of the time; caretaker sets excessive number of rules, demands complete obedience, or consistently sets expectations for child too high; caretaker has few rules, rarely disciplines child, expectation for child set too low, allowing child's behavior to become unmanageable; caretaker is consistently rigid, inflexible, violent, or sadistic in child care practices; caretaker is unwilling or unable to meet minimum medical, emotional, food, clothing, or shelter needs of child.

### **Factor 10 - Caretaker-Caretaker Interaction**

#### **No:**

There is only one caretaker; caretakers demonstrate positive affection and emotional support in their interaction; caretakers communicate in a positive manner with each other; caretakers verbalize and exhibit appropriate sharing of authority/power in child care responsibilities; no indication of ongoing custody conflicts or disputes between caretakers; caretakers support each other in all important decisions and rarely engage in verbal conflicts/arguments.

#### **Low:**

Caretakers demonstrate occasional problems in their expression of affection and emotional support; communication is disrupted by occasional episodes of verbal conflict; caretakers experience minor breakdowns in the authority/power related to child care responsibilities; caretakers admit to rare instances of minor physical discord in marital disputes.

#### **Intermediate:**

Caretakers rarely display affection or have diminishing emotional ties; caretaker's communication is limited to periods of shouting, yelling, or frequent arguments; one caretaker dominates the interaction, the other caretaker has assumed a submissive caretaker role; one caretaker has assumed all authority/power in child rearing practices; caretakers are in direct competition for child's affection or are engaged in hostile custody/court proceedings; caretakers rarely demonstrate support for each other in important matters or decisions; caretakers are reported to engage in frequent episodes of physical

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contact/fighting but no documented reports of serious injuries or objects used; though currently separated, reconciliation is anticipated by both caretakers.

**High:**

Caretakers have never demonstrated positive affection or emotional ties in their interaction; violent arguments or threats of harm represent the only reported form of communication between caretakers; dominant caretaker uses authority/power to intimidate or verbally abuse the other caretaker; other caretaker is viewed as property, servant or unequal; hostile custody/court proceedings have negatively affected the interaction of the caretakers; physical violence resulting in injuries frequently occurs in disputes or there are threats of continuing violence being made by one or more caretakers; primary caretaker displays an ongoing pattern of entering into multiple, short-lived or unstable paramour relationships; current separation, no reconciliation is anticipated.

**Factor 11 - Caretaker/Child Interaction**

**No:**

Interaction demonstrates appropriate attachment, affection, and acceptance; caretaker exhibits appropriate bonding in interaction with child; caretaker speaks positively of the child; caretaker expresses approval of child often and spontaneously.

**Low:**

Caretaker expresses and/or demonstrates attachment, affection, and acceptance, though usually not openly or spontaneously; caretaker exhibits some degree of bonding; caretaker speaks positively of the child most of the time; caretaker sees child as occasionally disruptive, different, or bad; non-offending caretaker severs relationship with sexual abuse perpetrator, accepts appropriate responsibility, and follows through in necessary treatment.

**Intermediate:**

Caretaker rarely demonstrates attachment, affection, or acceptance in interaction with child; caretaker is uncomfortable with physical contact; limited bonding or affection shown to child; caretaker blames child for family problems, views child as disruptive, and/or labels child in a derogatory manner; caretaker disapproves or criticizes child more often than necessary; caretaker consistently speaks to and/or about child in a resentful, vindictive, or angry manner; caretaker offers minimum or inconsistent support to sexual abuse victims.

**High:**

Caretaker views child as an outsider, something evil, bad, or actually hated; caretaker displays no behavior indicators of attachment, affection for or

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acceptance of child; caretaker constantly overemphasizes presence of faults and deficiencies of child; caretaker perceives child as personal threat; caretaker views child as an object for sexual gratification or as responsible for sexual victimization; caretaker exhibits excessive predatory, forceful, or intimidating physical or sexual behaviors toward the child.

**Factor 12 - Perpetrator's Access to Child (Abuse Only)**

**No:**

No allegation of abuse; out of home, no access to child.

**Low:**

Out of home perpetrator has limited access to child.

**Intermediate:**

In home, access to child is difficult; child is under constant supervision of other nonperpetrating adult in the house.

**High:**

In home, complete access to child; uncertainty if other adult will deny access to child; multiple perpetrators; perpetrator has unrestricted visitation rights and/or unsupervised visits.

**Factor 13 - Progress of Child/Family in Service Plan**

**No:**

Factor is not applicable and/or service provisions are not necessary; caretaker is motivated to act in the best interests of the child, overcome problems, and successfully complete the service objectives; child and/or family has demonstrated the ability to address significant problems in a responsible manner when service needs have been identified; progress of child and/or family in the service plan poses no risk to child or family stability.

**Low:**

Caretaker in the service plan has been open to intervention services and has cooperated with service plan task statements; child and/or family appears committed to completing all service objectives but has occasional problems meeting one or more of the service plan task statements; progress of the child and/or family in the service plan has stabilized the situation and reduced the risk of further harm of the child.

**Intermediate:**

Caretaker has shown a pattern of passive resistance to the client service plan

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objectives but does not actively resist or sabotage the service tasks; caretaker is minimally committed to the client service plan objectives; caretaker, child, and/or family intentionally sabotages or fails to meet one or more of the client service objectives; caretaker, child, and/or family understands the purpose/focus of the client service plan but generally disagrees with the specific provision of services and the assigned tasks that will complete the service plan objectives; progress of the caretaker, child, and/or family in the client service plan has not stabilized the situation nor reduced the risk of further harm to the child.

**High:**

Caretaker, child, and/or family has rejected client service plan objectives or takes an openly hostile attitude toward tasks assigned to complete; caretaker, child, and/or family has refused to perform tasks assigned or threatens purchase of service providers to discourage them, actively sabotaging client service plan objectives; caretaker, child and/or family repeatedly drops out of counseling, parent training, etc; progress of the caretaker, child and/or family in the client service plan has not stabilized the situation and current tasks assigned will not protect the child from further harm, resulting in additional objectives needing to be negotiated.

**Factor 14 - Caretaker's Cooperation with Agency Staff and/or Service Plan**

**No:**

Client is fully and actively involved in case planning, services, and/or treatment; accepts and actively uses suitable services, including following through on tasks or on referrals to other service providers; keeps appointments, makes self available as needed, and follows directions to best of his/her ability; shows concern about impact of directions to best of his/her ability; shows concern about impact of services or treatment; complains about inadequate service when warranted; may not agree with everything suggested, but tries to be constructive in proposing alternatives; when problem in cooperation develops, there tend to be extenuating circumstances.

**Low:**

Involved in planning and services, but lacks initiative and tends to hold back; client is not as fully or actively involved in case planning and/or services as (s)he could be; client is rather disorganized and/or somewhat ambivalent about services; accepts and uses suitable services, but doesn't always make best use of them or drops them too early; follows through on referrals, but sometimes not in a timely manner; makes appointments, but often postpones them and sometimes doesn't keep them at all; may cooperate satisfactorily with services for other family members, but may cooperate less well with personal services

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focused on self; tends to wait for caseworker to suggest and act; may complain without proposing alternative, but does accept advice.

### **Intermediate:**

Only minimally involved in planning and services; passively resists cooperating or is argumentative at every stage; may accept services verbally, but doesn't use them or follow through on referrals or tasks without constant prodding and direct assistance (e.g., has to be taken there every time, even though own transportation can be arranged); often has to be cajoled, coerced, and/or "chased after"; makes appointments, but rarely keeps them; doesn't reschedule in advance, even if there are extenuating circumstances; when services used, participates without much enthusiasm or at the minimum acceptance level, but generally doesn't refuse to accept services; doesn't act consistently hostile and doesn't actively sabotage services; agency able to remain in contact with client.

### **High:**

Rejects any involvement with agency; actively or passively rejects any agency contact or involvement; may refuse to accept any service, or actively sabotages services when persuaded or coerced into using any; may threaten service providers or otherwise discourage them from engaging client in service; may not accept even being "led through" tasks; may have no reaction to admonitions or criticism at all; may display psychosomatic symptoms when confronted with need to act; client may be very difficult to contact or remain in contact with.

## **Factor 15 - Child's Age/Physical/Mental Abilities**

### **No:**

Ten years and over with no obvious (physical, mental, or emotional) handicaps; meets developmental norms for age; child is mature enough to care of self with little or no assistance, or can care for others with minimal assistance.

### **Low:**

Ten years or over but with mild or minor physical, emotional, mental disability; which decreases child's ability to care for self or which requires additional assistance from others to provide an acceptable level of care.

### **Intermediate:**

Five to nine years of age; child is not mature enough to care for/protect self without periodic/regular/frequent adult assistance/supervision. Ten years and older with moderate physical, emotional, mental handicap/disability; chronic, but not life-threatening illness, requiring on-going medical care/supervision; delays/lags in one or more of major developmental stages, requiring some

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special treatment.

**High:**

Less than five years, especially premature/low birth weight, drug affected infants; five years and over with severe/chronic physical, mental, emotional handicap/disability that restricts child's activities significantly; severe/chronic illness, requiring special medical and/or continual treatment/care; significant delays in one or more areas of major developmental stages; child unable to care for/protect self without constant adult assistance/supervision.

**Factor 16 - Child's Behavior**

**No:**

Child's behavior seems age appropriate; no known history of hyperactivity; no history of mental illness or psychiatric treatment; no known history of drug/alcohol misuse; normal school attendance; no history of running away; child is never denied access to the home; no history of criminal and/or delinquent behavior; infant has regular eating and sleeping habits.

**Low:**

Child's behavior is generally age appropriate; mild episodes of hyperactivity; minor psychiatric distress or depression; one time incident of experimental use of mood-altering drug or alcohol; minor truancy/tardiness problems at school; verbal threats of running away that are not followed up; previous record of minor criminal/delinquent behavior; known behavioral problem is being addressed by the caretaker adequately and/or treated by a qualified professional.

**Intermediate:**

Child's behavior is disruptive or uncontrollable; child displays frequent patterns of hyperactivity, infantile behavior that negatively affects the interaction with others; child has mental health condition that is currently affecting the child's ability to function within normal limits; currently displaying a pattern of withdrawn behavior at school, with friends, or at home; occasional use of mood-altering drugs and/or alcohol, which impairs the child's decision-making ability; child is periodically truant or tardy to school; has run away frequently for short periods of time but returns voluntarily; child was locked out and is still denied access to the home but other appropriate care arrangements have been made; previous record of or current involvement in nonviolent criminal/delinquent behavior; infant is fussy, has irregular eating/sleeping habits that place added stress on the caretaker(s).

**High:**

Child's behavior is extremely violent, disruptive, or dangerous; severe/chronic

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patterns of hyperactivity that negatively influences child's ability to function; diagnosed chronic mental health illness/condition; history of suicide attempts or is currently speaking openly of suicide; child is currently exhibiting self-destructive tendencies and behaviors and no treatment has been sought or received; child's sexual behaviors are excessive or not appropriate; admitted or diagnosed chemical/alcohol dependency or abuse; child strongly identifies with, or associates with, chemical or alcohol abusing peer group; no school attendance and is of mandatory attendance age; chronic runaway, is absent for long periods, never returns voluntarily; denied access to the home and refuses to cooperate with alternate care arrangements; previous record of or current involvement in serious or dangerous criminal/delinquent behavior; infant that has severe colic, prolonged crying spells, and irregular sleeping/eating habits.

### **Factor 17 - Child/Caretaker Interaction**

#### **No:**

Child responds/relates to caretaker in age-appropriate manner; child is able to engage in positive interaction with caretaker; child/caretaker roles are age appropriate; child is able to develop trusting relationship with caretakers.

#### **Low:**

Minor conflicts with caretaker that are seldom long term and are easily resolved; child may resent caretaker but does not ignore/reject caretaker entirely; child shows infrequent expressions of fear or mistrust towards caretaker.

#### **Intermediate:**

Interaction is disruptive or conflictive frequently; child does not respect caretaker and is not motivated to change; child shows ambivalence, apprehensiveness, or suspicion towards caretaker; child is overly compliant with caretaker; significant role reversal is occurring, child assuming an inappropriate number of caretaker responsibilities or functions; child appears inappropriately fearful of mistrustful of caretaker in most interactions.

#### **High:**

Interaction is extremely disruptive, violent, or unpredictable; child is unable/unwilling to form a more positive relationship with the caretaker; child is unable/unwilling to accept or respond to caretaker as an authority figure; child is extremely passive, fearful, defiant, or hostile toward caretaker; complete role reversal has occurred with the child assuming the majority of caretaker responsibilities or functions; child rarely displays any affection to or acceptance of caretaker; child is withdrawn, aloof, or guarded to caretaker.

**Factor 18 - Child's Interactions with Siblings, Peers, and Others**

**No:**

Child interacts with siblings, peers or others in age appropriate manner; no sibling conflict or rivalry; child is too young to interact with others outside the family; child is able to maintain or develop friendships.

**Low:**

Infrequent episodes of minor conflict or rivalry with siblings, peers, and/or others; sibling/peer interactions have been negative in the past but no current indication of problems.

**Intermediate:**

Child is victimized by or victimizes siblings, peers, or others to the point of experiencing stress and mild abuse; interaction is limited to siblings/peers/others who are younger than self; peer interactions are generally problematic or stressful with a negative impact on the family; sibling/peer conflicts are frequent, often escalating out of caretaker control; child ignores or withdraws from interactions with siblings, peers, or others; child displays frequent hostility or oppositional behavior towards authority figures.

**High:**

Child is severely abused or frequently exploited by siblings, peers, or others; child is ostracized or scapegoated by siblings, peers, or others; child engages in sibling rivalry that is expressed aggressively or violently; child's interaction is described as unpredictable or extremely violent, requiring separation or constant caretaker supervision; child has no peer interaction, interaction is confined to adults or children substantially younger than self; child's interaction with siblings, peers, or others is largely negative due to current criminal activity, delinquency, drug abuse, truancy, or other socially unacceptable behavior, including sexual aggressiveness/forcefulness.

**Factor 19 - Severity and/or Frequency of Abuse**

**No:**

No allegation of abuse; no injury; discipline appropriate for child's age and physical and mental abilities.

**Low:**

Minor injury, no treatment required; no discernible effect on child; isolated incident; no injury, but child at risk of some harm.

**Intermediate:**

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Has injury due to excessive force or instrument being used, minor injuries at different stages of healing, escalating pattern of abusive behaviors, injury may require some form of treatment.

**High:**

Child requires immediate medical treatment and/or hospitalization; severe injuries at different stages of healing; history of CA/N of sibling that resulted in death or permanent damage; any sexual abuse, mental injury, torture, or risk of serious injury.

**Factor 20 - Location of Injury**

**No:**

No allegations of abuse; no injury.

**Low:**

Buttocks, thighs, upper arms, bony body part, shins.

**Intermediate:**

Torso, knees, elbows, feet.

**High:**

Head; face; neck; internal injuries; anus or genitals.

**Factor 21 - Severity and/or Frequency of Neglect**

**No:**

No allegation of neglect; no discernible effect on child; absence of observable evidence of neglect.

**Low:**

Isolated incident of neglect; child is not at risk of serious harm; no treatment required.

**Intermediate:**

Caretaker is inconsistent in meeting minimum medical, food, shelter, supervision, protection, and/or emotional needs of child, and if uncorrected could harm the child.

**High:**

Caretaker does not meet minimal medical, food, shelter, and/or emotional needs of child; chronic history of leaving child unsupervised or unprotected; child is

mentally injured or at risk of serious harm.

**Factor 22 - History of Pending and/or Confirmed CA/N Reports**

**No:**

No previous history of CANTS reports; previous history of indicated reports that pose no current risk to the child.

**Low:**

Previous history of indicated reports consisting of minor incidents of abuse or neglect that have left no physical or emotional scars on child and represent only minor risk to the child; indicated reports but no services were offered.

**Intermediate:**

Previous indicated CA/N reports with services offered; several previous indicated reports that are increasing in frequency or severity; more than one previous indicated report involving same caretaker and child; previous indicated report that involves multiple victim and/or multiple perpetrators; pending CANTS report.

**High:**

Previously indicated CA/N reports of a serious nature including death, permanent dysfunction of organs or limbs, sex abuse; history of indicated reports and have posed, or currently pose, serious harm to child; same child is repeatedly target for abuse and neglect; caretaker is unable or unwilling to stop the pattern of CA/N; caretaker repeatedly justifies or tolerates the recurring pattern of abuse.

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