Family Assessment and Service Plan (FASP) Guide

A reference guide for FASP writers & approvers

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Introduction to the FASP Reference Guide

The Role of the FASP in Supporting Child Welfare Outcomes

The mission of the New York State (NYS) Office of Children and Family Services (OCFS) is to promote and sustain the safety, permanency, and well-being of New York's most vulnerable children and families.

As service providers within the NYS child welfare system, caseworkers are focused on achieving the following child welfare outcomes:

- Children are safe
- Families are preserved
- Children are adopted when their birth family cannot be preserved
- Children and youth develop normally
- Children leaving care at the age of majority have skills for self-sufficiency and are connected to a supportive adult resource

Caseworkers are guided by their supervisor and are the primary agents of change within the child welfare system to achieve these child welfare outcomes. To support effective assessment, decision making, and intervention, caseworkers are required to develop written case plans with families that support achievement of these outcomes.

CONNECTIONS, New York's statewide automated child welfare information system, is the primary platform used throughout NYS to guide, document, and manage efforts to achieve these child welfare outcomes. The Family Assessment and Service Plan (FASP) is a primary tool within CONNECTIONS designed to assist child welfare providers in developing case plans that effectively support achievement of these outcomes.

Purpose of the FASP Reference Guide

The *FASP Reference Guide* is designed to assist those who are responsible for completing, contributing to, and/or approving FASPs to do so in an effective and efficient manner. Use of this guide will help support case assessment, planning, decision making, legal actions, supervision, and documentation that are consistent with applicable casework standards. This guide is intended to make case plans more thorough, focused, consistent, and targeted to address the most significant needs of families and children that impact safety, permanency, and child well-being.

The *FASP Reference Guide* is primarily intended to provide clarity and focus on the content of the responses within the FASP; it is not intended as a guide for navigation within the FASP. For assistance in navigating within the FASP, please refer to the online HELP embedded within the FASP.

This guide can be useful, following appropriate training, as a job aid for completing FASPs once you are familiar with the underlying principles, protocols, and regulations that guide child welfare practice. However, this guide is not intended as a substitute for hands-on training on how to write FASPs. Nor is

this guide meant to substitute for ongoing supervision, which provides caseworkers with guidance and feedback in making thorough, balanced assessments and sound decisions, and in implementing effective case-specific plans.

Who Should Use This Guide

The *FASP Reference Guide* may be helpful to any child welfare provider who has a role in completing, contributing to, reviewing, and/or approving FASPs. Regardless of one's assigned CONNECTIONS role in a given case, (e.g., Case Manager, Case Planner, Case Worker), this guide may be useful in:

- Understanding one's role/responsibilities in the FASP
- Determining which sections of the FASP are required for a given case and why
- Understanding the purpose and intent of specific questions within the FASP
- Knowing what information is expected in response to specific questions
- Understanding how certain questions or sections of the FASP relate to other questions/sections
- Recognizing what information you may have to contribute to the overall assessment and plan based upon the worker's functional role in a given case
- Understanding how specific questions relate to or support the worker's role in achieving the child welfare outcomes of safety, permanency, and well-being

This guide will assist FASP reviewers/approvers in determining whether specific questions have been answered accurately, thoroughly, and in a manner consistent with casework standards. When necessary, it can provide caseworkers with specific guidance for requesting additional information/clarification on a case or for providing feedback to the FASP author regarding the need to reframe or rewrite specific responses. This guide may also help supervisors provide constructive developmental feedback to workers about the focus, intensity, and direction of their casework activities, and the clarity and/or thoroughness of their documentation.

How to Use This Guide

This guide is organized into a series of modules that mirror the sections of the FASP tree. Each module begins with a brief introduction to the module, and rationale for that section of the FASP. FASP screen shots are paired with Quick Tips for completing each window, followed by more detailed information about what should be addressed within each window. Where applicable, this includes background information for understanding the questions, critical reminders about casework principles, child welfare regulations applicable to the specific window, helpful reminders, frequently asked questions (FAQs), redundancy prevention tips, consistency tips, and navigation pointers. It is advised that you read the entire module before completing a section of the FASP for the first time. You may then use the Quick Tips as a guide for completing future FASPs once you are comfortable with the intent and requirements of each section.

It is recommended that caseworkers complete the sections of the FASP in the order in which this guide is designed. The modules are arranged to better assist caseworkers with the critical thinking skills involved in developing a complete and effective FASP.

General Tips for Managing Case Documentation

Seize Control: The caseworker should use the information to serve him/her. For example, how does each question/task help the caseworker do their job better, make better assessments and plans, and support/defend decisions?

Provide Quality Assurance to the Case: The writing process will help the caseworker better understand the case and what to do next. This guide can be used to self-check case documentation and casework.

Engage the Client/Family in Self-Assessment and Decision Making: Family members know their own strengths, needs, and issues; ask them for their input, self-assessment, ideas, and solutions. Family members are often the caseworker's best source of information. Not only is engaging the client/family respectful and honors self-determination, but it is a critical part of the assessment, giving the client an opportunity for self-reflection. It also gives the worker an opportunity to understand the family's view of the situation. Some caseworkers are surprised by the honest appraisals and good ideas the family has.

Make it a Group Effort: Involve the family and other team members. Key decisions are often made at team meetings or family conferences. Utilize relevant sections of the FASP to frame the discussions and decisions at these meetings. Make sure all involved parties leave the meetings with a clear understanding of what decisions were made and where they should be reflected in the family's FASP.

Embrace Your Abilities: Document clearly and write nonjudgmentally and in terms that anyone can understand. This is a key casework skill.

Module 1: CONNECTIONS Fundamentals

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Introduction and Rationale

CONNECTIONS is the primary system used to record information, assessments, and case plans for families and children receiving child welfare services in New York State.

This module provides a review of the basic CONNECTIONS infrastructure and features (stages, shared case record, case roles, and collaboration in child welfare) that are essential for understanding a worker's roles and responsibilities in CONNECTIONS.

This guide focuses primarily on content within CONNECTIONS. It is assumed that workers have had (or will have) a more comprehensive introduction to CONNECTIONS, including how it is organized and how to navigate through the system.

CONNECTIONS Stages

The CONNECTIONS database is organized into a series of stages; each stage represents a key casework function. Some stages can remain open simultaneously, while others operate in a linear fashion (one after another). The specific path of any given case through CONNECTIONS will depend upon the way in which a family enters the child welfare system.

The following are the CONNECTIONS stages. (See *Appendix 1A: CONNECTIONS Stages* for a flowchart illustrating how these stages interrelate.)

- CPS (Child Protective Services) Intake (INT)
- CPS Investigation (INV)
- Family Services Intake (FSI)
- Family Services Stage (FSS)
- Child Case Record (CCR)
- Foster/Adoptive Development (FAD)

Once a family's case has progressed through INT and INV and/or through FSI, the family's case is stage progressed to FSS for documentation of ongoing services to the family. When a child is freed for adoption, a separate CCR is created; case plans and services to that child continue to be documented in the CCR separate from the FSS.

This guide will focus primarily on effective use of the FASP within the FSS and CCR stages.

Types of Family Services Stages (FSS)

An FSS can be one of the following types:

- *Child Welfare Services (CWS)*
  This is the most common type of FSS. It provides a place to document assessments, decisions, plans, and services provided as part of an ongoing services case. Child welfare case documentation is linked via CONNECTIONS. This allows for enhanced sharing and connectivity among workers/agencies serving the family, and easier access to records over time and across locales. Progress notes and FASPs, both current and past, can be viewed electronically by supervisors, administrators, and others with a role in the case. If a family moves from district to district or has a case reopened within the same district, prior records can be accessed via CONNECTIONS.

- *Out-of-Town Inquiry (OTI)*
  There are two types of OTIs—out-of-state and county-to-county. An out-of-state OTI is a written request for assistance on a specific matter that usually involves a family now residing in NYS. A county-to-county OTI is a request made by one local district to another local district for assistance or follow-up on a specific matter that involves a family residing outside the requesting district. The request usually requires an action that cannot be completed by the requesting district. Certain documentation within the FASP is required for these cases; CONNECTIONS will customize the FASP for OTI based upon identification of this FSS type when the stage is opened.

- *Court Ordered Investigation (COI)*
  This type of FSS is used for documentation of a services case that was initiated by a court ordered investigation, rather than by a CPS investigation. Certain documentation within the FASP is required for these cases; CONNECTIONS will customize the FASP for COI based upon identification of this FSS type when the stage is opened.

- *Interstate Compact for the Placement of Children (ICPC)*
  This type of FSS is used for cases where the local district or voluntary agency is receiving a child from another state. The FASP generated by CONNECTIONS will be customized based on the needs of the specific child. (All children who were in foster care in NYS and are being placed in another state via ICPC will already have an open FSS/CWS in CONNECTIONS and will continue to be tracked in that stage. The FASP generated by CONNECTIONS for these cases will remain the same based on key case parameters.)

- *Advocates Preventive Only (ADVPO)*
  The ADVPO type of FSS is used exclusively for cases in New York City receiving *only* preventive services; these families do not have current CPS involvement or a child in foster care. A contract agency is directly providing services, and Administration for Children's Services (ACS) is the Case Manager. While progress notes and FASPs are still required for these cases, they are recorded in template format on the voluntary agency's local network, not in CONNECTIONS. This provides families a degree of privacy in accordance with the conditions of the Advocates Preventive lawsuit settlement. Documentation of such cases can be viewed onsite at the provider agency by ACS or OCFS, but is neither stored nor viewable within CONNECTIONS. The questions within the FASP templates are identical to preventive services FASPs in CONNECTIONS, but information does not carry forward from FASP to FASP and must be reentered at each FASP cycle.

Child Case Record (CCR)

Once a child is legally freed (i.e., the parents are deceased, they have surrendered their parental rights, or their rights have been terminated), a separate CCR is created for the child. The Child Assessment and Service Plans (CASPs) within the CCR are similar to FASPs within the FSS; CONNECTIONS will customize the CASPs with only the sections relevant to the child's Permanency Planning Goal (PPG) and planning needs. Siblings freed in the same family will have their own CCR stage and distinct CASPs. Caseworkers involved in cases with multiple freed siblings must take care to coordinate among the children's plans for consistency and continuity.

Shared Case Record

Effective child welfare practice requires coordinated efforts among professionals and other providers in local districts and voluntary/contract agencies; timely access to information and shared decision making are key elements of effective coordination. CONNECTIONS is a shared case record into which all workers involved in a case can access information as needed and can contribute to the record as defined by their role in the case. Multiple providers in both local district and voluntary agencies, serving a family at the same time, can access and document their work in the same electronic case record while maintaining their distinct roles and responsibilities.

With all child welfare professionals working from the same electronic case record, an ongoing, comprehensive, and coordinated view of key observations is possible. This leads to a unified assessment and finally, a comprehensive plan for the family.

Case Roles in CONNECTIONS

The caseworker's planning and documentation responsibilities and access to information within CONNECTIONS is defined by the CONNECTIONS role*. One's CONNECTIONS role may vary from case to case or within the same case over time. Each caseworker with a role in a case is responsible for documenting his/her assessment observations and his/her work with or on behalf of a family accurately and completely in his/her progress notes and the FASP.

This guide provides information for documentation responsibilities associated with each of the assigned roles in CONNECTIONS.

** CONNECTIONS Role vs. Job Title vs. Functional Role*

Note that a worker's assigned CONNECTIONS role may be called something different from their job title, which in turn may be something different from their functional role in a case. The duties associated with a caseworker's job title or functional role may vary from the responsibilities defined by their CONNECTIONS role in a case.

A job title is specific to a worker's agency; it delineates specific types of services rendered, or a set of duties or responsibilities within the agency, and may or may not reflect a level of authority or oversight within the agency (e.g., caseworker, supervisor, quality assurance specialist, foster parent, clinician, child care worker).

A functional role is what each individual does with or on behalf of a family/child (e.g., case management, counseling, advocacy, referral, life skills training, parenting a child, respite, supervising visitation).

A caseworker's CONNECTIONS role may be Case Planner, but his/her job title within the agency may be caseworker, social worker, or some other title assigned by the agency. Whatever the job title, the functional role with a family may be to provide counseling, to supervise visits, or to teach budgeting skills. All these efforts on behalf of a family, no matter what CONNECTIONS role or job title, will need to be recorded in the family's case record.

Definitions of Connections Roles

CONNECTIONS is designed to support the corresponding and interrelated responsibilities for coordinating, developing, and documenting a family's case plan. The following descriptions apply to planning and documentation roles within CONNECTIONS:

- *Case Manager*
  There is only one Case Manager per case and this person must be local district staff. The Case Manager is the FASP approver and is ultimately responsible for the timely, accurate, and thorough completion of the FASP. He/she is expected to review the content of a submitted FASP and request changes or clarification from the Case Planner or Case Workers, as needed, before approving a FASP. The Case Manager is also responsible for maintaining up-to-date progress notes reflecting his/her own contact with or on behalf of a family. Because the Case Manager cannot enter information directly into a FASP, he/she should make sure that any key actions taken by or delegated to him/her are accurately reflected in the FASP. The Case Manager may also act as the Case Planner if he/she is the only caseworker assigned to the case (i.e., there is no outside contract agency with the Case Planner role). If the Case Manager is also acting as the Case Planner, the Case Manager's supervisor must approve the FASP.

- *Case Planner*
  The Case Planner is the primary author of the FASP and is responsible for completing and submitting the FASP in a timely fashion. Only the Case Planner or the Case Manager (if a Case Planner has not been assigned a role) can submit a FASP for approval.

  The Case Planner provides services directly to the family. When there are multiple service providers, he/she coordinates work with the family among the other providers. The Case Planner is responsible for maintaining up-to-date progress notes of his/her own work with a family. As the primary author of the FASP, the Case Planner is responsible for ensuring that the FASP reflects a clear, coherent, coordinated, and complete account of the work of all service providers associated with the case. This may include reviewing and editing the drafts entered

into the FASP by other contributors; ensuring their accuracy, clarity, and consistency; requesting additional information or clarification as needed; and, ultimately, integrating the drafts into one unified FASP narrative. The Case Planner's role may also involve soliciting input from other team members who do not have the ability to input information directly into a FASP (e.g., Case Manager, foster parents, life skills specialists, clinicians, visit supervisors) and ensuring that the key observations, services provided, and actions taken by them are reflected in the family's FASP.

There can only be one Case Planner per case, and this person may be a local district employee or employed by one of the district's contract agency providers. If no Case Planner is assigned, the Case Manager assumes the duties of the Case Planner and is responsible for the completion and submission of the FASP.

- *Case Worker*
  One or more additional caseworkers (who can be either local district or contract agency staff) may be assigned to a case and have a role in the FASP. The Case Worker is a FASP contributor and provides a record of his/her work with a family, including contacts, observations, plans, and decisions via CONNECTIONS. Case Workers are also responsible for maintaining up-to-date progress notes and for completing certain sections of the FASP depending on their functional role in the case.

  A Case Worker can also be "associated" to a specific child or multiple children in a case. A Case Worker who has been associated to a specific child should complete the Child Scales on the Child Strengths, Risks and Needs window, as well as complete the Foster Care Issues section for that child; no one else can complete these sections for that specific child. An associated Case Worker may also be expected to contribute and record relevant information for the Analysis and Service Plan related to the child's progress and needs. Specific expectations of the Case Worker will be determined in conjunction with the Case Manager and Case Planner on a case-by-case basis. Associating a Case Worker to a specific child does not prevent other workers from working with that child or completing other parts of the FASP that may relate to that child in the Service Plan.

- *CPS Worker/Monitor*
  A role of CPS Worker/Monitor may be assigned when a case was opened from an Indicated CPS Investigation; the CPS Worker is no longer the primary service provider for the case; and there are ongoing, or new, safety concerns. Depending on local protocols, there may or may not be a separately designated CPS Worker/Monitor, as this functional role may be delegated to another person already assigned to the case. The CPS Worker/Monitor must always be local district staff.

  The CPS Worker/Monitor acts as part of the team to ensure the accuracy, timeliness, and thoroughness of the Safety Assessment, and that any Safety Plans in place are sufficient to protect the children based upon current circumstances of the case. The CPS Worker/Monitor helps to determine when safety controls must be continued, strengthened, or when they are no longer needed. The CPS Worker Monitor must document his/her findings on the Progress Notes tab and approve any safety-related documentation in the FASP. The CPS Worker/Monitor may be assigned specific work within the FASP, such as the Safety Assessment or the Risk Assessment Profile (RAP).

- *FASP Approver*
  While not a separately assigned CONNECTIONS role, approval of FASPs is delegated to Case Managers, supervisors, and sometimes to senior workers. The role of FASP Approver is essentially one of quality control. FASP Approvers are responsible for reviewing the content of a submitted FASP, evaluating the recorded information in accordance with best case practice standards, and either approving the FASP or rejecting it. Included in this role is providing feedback to the Case Planner on additions or modifications necessary for the FASP to meet acceptable standards. Approvers cannot make or change entries directly, but must work through the Case Planner to see that appropriate changes are made in order for the FASP to meet expected standards and be approved. Depending upon agency protocol and the assignment of the Case Planner, there may be more than one FASP Approver. A FASP is not considered complete until all required Approvers have approved the FASP. (Specific protocols and navigational steps for submitting a FASP, adding an approver, and approving/rejecting a FASP can be found in the *CONNECTIONS Step-by-Step Guide*.)

Team Collaboration and Communication

Ongoing communication and coordination among service providers has long been standard casework practice. CONNECTIONS continues to support this practice by providing ongoing and timely access to information for caseworkers working with a family.

A key feature of the shared case record in CONNECTIONS is the enhanced access to information and the increased ability for written communication and collaboration among team members. However, documenting casework activities in CONNECTIONS does *not* replace the need for the workers assigned to a case to communicate with each other on a regular and ongoing basis.

Since the approved FASP, along with the progress notes, must reflect a clear, coherent, coordinated, and complete account of the effort of all service providers working with a family, it is imperative that there be regular and ongoing communication and coordination of casework efforts among all service providers. The documentation of the work being done by each service provider must reflect consistency and coordination of effort.

May I or Can I View or Enter Information? What's the Difference?

When asking a question about one's role, responsibilities, or access within CONNECTIONS, it is important to differentiate between:

- What the Case Worker *can* do (i.e., what the CONNECTIONS system will allow the Case Worker to do)
- What the Case Worker *may* do (i.e., what the Case Worker is expected or permitted to do based upon the agency's or district's expectations, procedures, or protocols)

For example, CONNECTIONS will allow anyone with a role in a case to make entries or changes on the Person List window. However, in some locales, only the Case Manager is permitted to make such entries or changes (i.e., the Case Worker *can* make certain entries, but the Case Worker *may not* be allowed to do so based upon agency/district protocol).

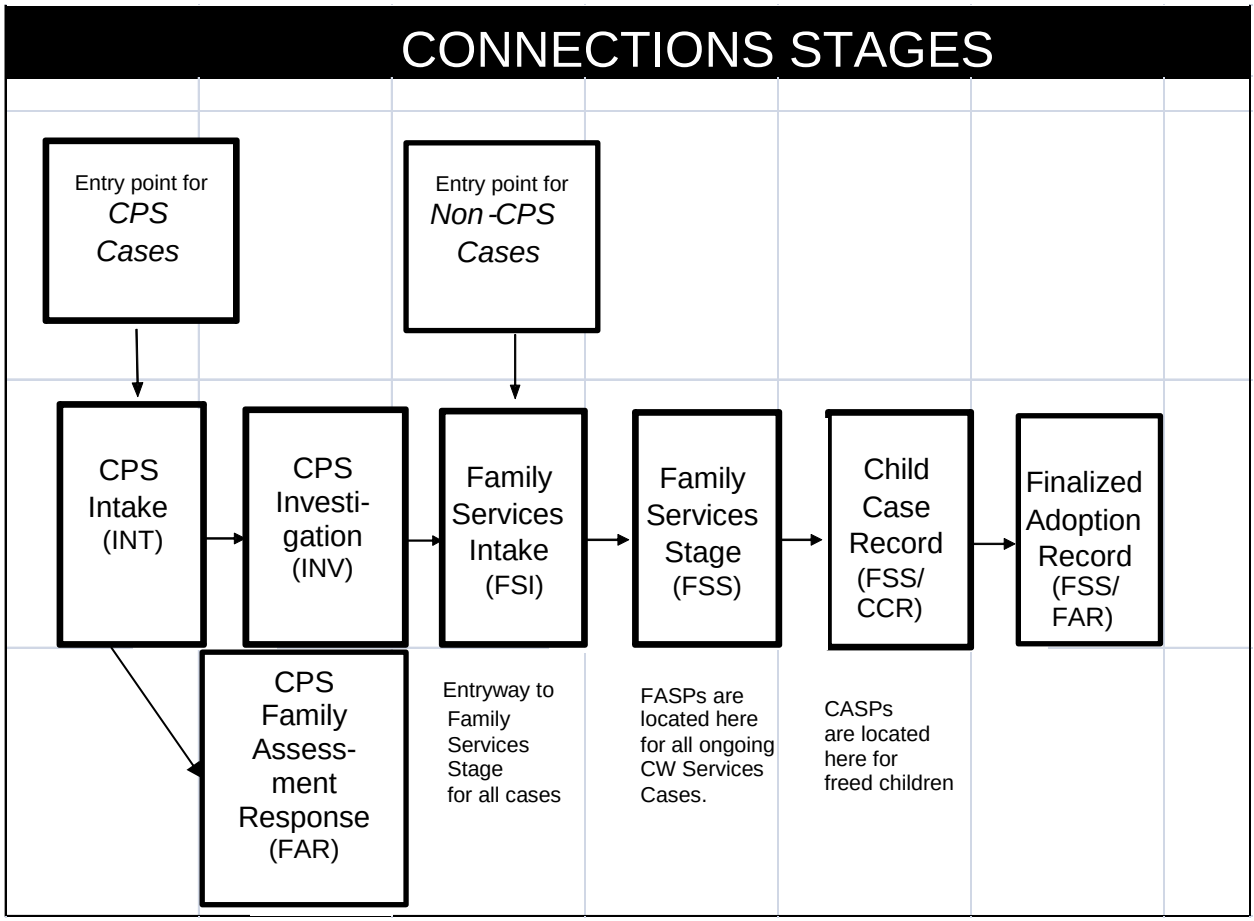
It is also important to differentiate:

- What the Case Worker can view or read
- Which sections the Case Worker can add information to

Any person with a role in a case can view all entries in the electronic record of that case. Some individuals without a direct role in a case have view access by virtue of their role in the unit or through the chain of supervision (e.g., supervisor, quality assurance, agency administrator, or OCFS staff).

All persons with a CONNECTIONS role in a case can enter progress notes, but only those with a role of Case Planner or Case Worker can enter information into a FASP. For a list of questions within the FASP that one can enter information into based upon the case role, see *Appendix 1-B: CONNECTIONS Roles and Responsibilities*. The Case Worker will need to speak to a supervisor or read the agency's/district's written policy governing what one may do or is expected to do. Those employed by voluntary agencies will need to be familiar with both their agency procedures as well as that of the local district responsible for a particular case.

1A: CONNECTIONS Stages



1B: CONNECTIONS Roles and Responsibilities

Stage/Associated Tabs	*Case Manager*	*Case Planner*	*Case Worker*	*CPS Worker/Monitor*
INT (CPS Intake)	Intake is not modifiable by any local staff.			
INV (CPS Investigation)	Investigation is not modifiable by anyone with a role in the FSS, unless that worker also has a specified role, either as primary or secondary worker in the INV stage.			
FSI (Family Services Intake)			Only one worker can be assigned at a time. Each narrative entry is frozen upon saving the data. Once the Intake is closed, it cannot be modified.	
FSS (Family Services Stage)				
Demographics	X	X	X	X
Relationship Matrix	X	X	X	X
Caretaker	X	X	X	X
Finalize Adoption	X			
Progress Notes	Anyone with access to the Progress Notes tab may enter a note. Only the "entered by" (a person with the business function "enter progress notes" ENT PROG NO) or author of the note may update the note. Notes freeze at day 21.			
Tracked Children Detail	X	X	X	X
Launch a FASP (Family Assessment and Service Plan)		X	X	
CPS Safety Assessment within the FASP		X		X
Non-CPS Safety Assessment		X	X	
Family Update		X	X	

Stage/Associated Tabs	*Case Manager*	*Case Planner*	*Case Worker*	*CPS Worker/Monitor*
Family Scales		X	X	
Parent Scales		X	X	
Child Scales		X	X*	
RAP within the FASP		X		X
Non-CPS Risk Assessment		X	X	
Assessment Analysis		X	X	
Service Plan		X	X	
FCI (Foster Care Issues)		X	X**	
SPR (Service Plan Review)	Anyone with a role in the stage, or any worker with the business function of "access service plan review," may access and update this module.			

Note: If there is no Case Planner assigned, the Case Manager functions as both the Case Manager and Case Planner.
* Individual narrative entries made by persons with a role of Case Worker are identified with the worker's name, until consolidated by the Case Planner, in areas where Case Planner Summary functionality exists. The Case Planner reviews and consolidates information and submits to the Case Manager for approval. Once approved, the FASP is frozen, and is not modifiable.
** If a worker is associated to a child, *only* that worker and the Case Planner can update the Child Scales on the Child Strengths, Risks and Needs window, as well as update the Foster Care Issues section.
A Case Planner may initiate the stage closing action. Only a local district Case Manager or their supervisor may close a stage.

Case Manager

- Must always be LDSS staff (one per stage, required)
- Functions as an approver (If no other person is assigned as a Case Planner, the Case Manager takes on all the responsibilities of the Case Planner.)
- Submits work to his/her unit approver
- Updates demographics
- Writes progress notes

Case Planner

- LDSS or Voluntary Agency staff (one per stage, optional)
- Responsible for consolidating the FASP
- Responsible for submitting the FASP/Plan Amendment to the Case Manager
- Updates demographics
- Writes progress notes
- Documents the SPR

Case Worker

- LDSS or Voluntary Agency staff (multiples per stage allowed)
- Responsible for portions of the FASP
- Updates demographics
- Writes progress notes
- Documents the SPR

CPS Worker/Monitor

- Always LDSS staff (multiples per stage allowed)
- Contributes to certain portions of the FASP
- Updates demographics
- Writes progress notes

Specialty Functions

- "ENTER PROG NOTE" (Enter progress notes): allows the user with this business function to enter notes by accessing the Progress Notes tab only, via case or person search
- "ACC SEALED ADOP" (Access sealed adoption): allows the user to access a CCR within their district or agency when it has been finalized for adoption
- "ACC SERPLAN REV" (Access SPR): allows the user to access any SPR within their district or agency

Module 2: The FASP

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Introduction and Rationale

This module provides an overview of the Family Assessment and Service Plan (FASP) and its purposes, types, time frames, statuses, and component parts.

The FASP is the primary tool for documentation of all information and casework activity related to an ongoing child welfare services case in NYS. It reflects and supports the Office of Children and Family Services (OCFS) Framework of Practice by serving as both a guide and a tool for conducting and recording casework with families. It provides a uniform framework for gathering and documenting assessment information, supporting and recording decisions, and developing and approving plans to address a family's most significant child welfare issues, needs, and concerns.

The FASP is specifically designed to support a family-focused approach to casework practice; the client is the child's family, and the focus of the work is to support the family in providing a safe, permanent home where children can grow and thrive. When placement is necessary, the focus continues to be on the family and on enhancing their ability to provide a safe, permanent home that can meet the children's needs. When reunification with family is not possible or deemed contrary to the children's best interests, then it is child welfare staff's mission to secure a permanent family for the children through adoption. Where permanency through adoption is not possible or preferable, the goal is to secure other permanent living arrangements for the children, and develop connections to supportive adults.

Work toward these shared outcomes involves a complex array of actions, decisions, and interventions involving many individuals and multiple service systems. This requires coordination since there may be conflicting priorities, unanticipated dilemmas, and unintended outcomes.

Purposes of the FASP

The FASP serves many purposes, including:

- A tool for focusing casework activity on the key outcomes of safety, permanency, and well-being
- A tool for gathering and recording information with the family about their current functioning
- A tool for assisting, supporting, and documenting case decision making
- A record of plans and steps taken with the family to meet their needs and to achieve the outcomes of safety, permanency, and well-being
- A means of communicating with families about the plans developed with them
- A means of communication among various service providers and entities working with the family
- A means of assessing change or progress with the family
- A basis for supporting legal action when necessary and appropriate to case circumstances
- A historical record of family functioning, child's history, and previous agency intervention
- A guide for supervisors in assessing the effectiveness of casework activity, and providing constructive feedback/guidance to workers

A guide for casework practice consistent with accepted standards
- A reminder of key casework principles and regulations that govern child welfare intervention
- A means of accountability to local, state, and federal funding and oversight bodies

When Is the FASP Completed?

Case Initiation Date (CID)

FASP due dates are established in relation to the Case Initiation Date (CID). The CID is based on whichever of the following came first: indication of a CPS report, removal of a child, court order, or application for services.

Due dates for FASPs are as follows:

- If the CID is based on indication of a CPS report, then the Initial FASP is due within seven days from the indication.
- If the CID is based on any other of the three remaining circumstances, then the Initial FASP is due 30 days from the CID.
- The Comprehensive FASP is due 90 days from the CID.
- The Initial Reassessment FASP is due 210 days (approximately seven months) from the CID, and a Reassessment FASP is due every six months thereafter until the case is closed.

FASP Types and Time Frames

The following chart represents the date by which a submitted FASP must be approved in CONNECTIONS in order for it to be deemed "on time."

Type of FASP	Can Be Launched	Due Date* (Date by which FASP must be approved)
Initial	Immediately upon opening the stage	For an Indicated CPS case where the CID is the Date of Indication, the Initial FASP is due seven days from the date of the approval of the Investigation Conclusion. For all other cases (i.e., Non-CPS), the Initial FASP is due 30 days from the CID. If a State Central Register (SCR) report is indicated within this 30day period, the above seven-day window applies for completion of the Initial FASP.
Comprehensive	Within 30 days prior to its due date	90 days from the CID
Reassessment	Within 60 days prior to its due date	210 days (approximately seven months) from the CID and every six months thereafter
Plan Amendment	Plan Amendments are completed throughout the life of a case whenever a status change occurs *between* FASP cycles. If a status change occurs when the next coming due FASP can be launched, the status change information should be recorded within that coming due FASP rather than in a Plan Amendment. A Plan Amendment can only be launched once an Initial FASP has been approved. Changes prior to the Initial FASP should be included in the Initial FASP. A Plan Amendment is the first FASP to appear in the Child Case Record (CCR), noting that the child has been freed; it should be completed before the next FASP is launched.	

	Plan Amendments should be completed within 30 days of the triggering event or change.

*In order to support the process of review, approval, and the possible need for revision/resubmission, agency/local district procedures will likely require FASPs to be submitted for approval in advance of the actual due date. Plan FASP documentation/submission accordingly and be respectful of other individuals' time constraints in the documentation process.

FASP Statuses

The CONNECTIONS My To-Dos tab informs assigned workers that a FASP is ready to be launched, or is overdue. A FASP can be in one of six statuses:

- *Not Launched:* The FASP has yet to be launched.

- *In-Process:* The FASP has been launched and is in the process of being completed. There can only be one "In-Process" FASP per case, at one time. If a FASP was submitted for approval and it was rejected, the FASP's status will revert from "Pending" to "In-Process."

- *Pending:* The FASP has been submitted for approval and is awaiting that approval.

- *Approved:* The submitted FASP has been approved. If there is more than one required approver, all approvers in the chain must approve the FASP in order for that FASP to be considered "Approved."

- *Missed:* FASPs marked as "Missed" were never launched, are now significantly overdue, and the currently due FASP has been launched. Once a FASP is marked as "Missed," it can never be launched.

- *Template Format:* If a FASP is "In-Process" (not submitted and/or approved) for a very long period of time, it may cross into the launch period for the next FASP coming due. When this occurs, and the next available FASP is launched, the overdue FASP is dropped to "Template Format."

Once this occurs, it is available only as a Report Viewer/Word document. The information displays in a different format and the interactive windows are not available. The template may be updated for 60 days, enabling the worker to finish documenting information and case activity related to that plan period. After 60 days, it becomes frozen. The FASP in Template Format status cannot be submitted for online approval; it must be done manually, and it is suggested that a note be entered on the Progress Notes tab stating when it was approved and by whom.

One benefit of the electronic record is that each FASP automatically populates with previously entered information (e.g., demographics, background, PPGs). When a worker allows a FASP to drop to Template Format status, system efficiency is lost due to the inability of the system to carry information forward to future FASPs. Thus, a worker will be required to reenter much previously entered information, including the original reason for case opening, family background, and demographic information.

If multiple FASPs exist that have not been completed, workers should complete any overdue FASPs in chronological order.

Who Completes the FASP?

All workers with a CONNECTIONS role in a case will contribute to the FASP in accordance with their role in that case. (See *Module One* for information on CONNECTIONS roles.) Ultimately, it is the Case Planner who is responsible for creating a clear, coherent, and complete picture of the case in the FASP.

Components of the FASP

All FASP components are listed in a “Tree” seen on the left side of the FASP window. These components are organized in a manner that can be compressed or expanded based upon the needs of the specific case. The FASP Tree will display those components necessary to be completed for that specific case based on the FASP type, as well as the Program Choice(s), PPG(s), and age of the tracked children.

FSS or CCR Stage Components

Person List

Progress Notes

FASP (Initial/Comprehensive/Reassessment)

- Tracked Children Detail (PPG and Program Choice)
- Safety (CPS)
- Safety (Non-Protective)
- Family Update
- CPS Risk Assessment Profile (CPS)
- Risk Assessment Profile (Non-Protective)
- Strengths, Needs and Risks (Family, Parent/Caretaker, and Child)
- Foster Care Issues
    - Appropriateness of Placement
    - Adjustment and Functioning
    - Permanency Progress/Concurrent Planning
    - Family/Child Visitation
    - Life Skills Assessment
    - Discharges
- Non-LDSS Custody
- Family Assessment Analysis
- Service Plan
- Programmatic Eligibility

Service Plan Review

Sex Trafficking Screening

The information prefilled in the FASP comes forward from:

- The Person List window (names and dates of birth of family members in the Person List grid)
- The Family Relationship Matrix
- The Tracked Children Detail window (Program Choice and PPG)
- Previous FASPs that have been completed and approved

It is important that the information recorded in these areas is complete and accurate, since CONNECTIONS brings that information forward into subsequent FASPs.

Customization of the FASP

No two families follow exactly the same path; therefore, any system of documentation must be flexible enough to account for differing family events and needs.

A key feature of the FASP is the ability to customize it based upon the time frame, type, and needs of the family at a given time. While some portions of the FASP are universal, forming the core of the Assessment and Service Plan (i.e., Strengths, Needs and Risks (SNR); Family Assessment Analysis; and Service Plan), some sections are designed specifically to support key assessment, decisions, and planning at specific times and in specific case situations. Customization enables workers to complete only those portions of the FASP that are applicable to a given family, and skip over those that do not apply to the specific needs of that family.

For example:

- The FASP displays the correct version of the Safety Assessment and Risk Assessments based on the children's Program Choice(s).
- The FASP displays the appropriate Strengths, Needs and Risks (SNR) and those individuals who need to be assessed in a given case.
- For a child in foster care, CONNECTIONS will generate applicable windows.
- For a child with a PPG of Discharge to Adoption, the FASP will generate relevant windows.

Customization of the FASP will depend upon key parameters in a case:

- The type of stage
- The type of FASP (Initial, Comprehensive, Reassessment, or Plan Amendment)
- The adults listed on the Person List window
- Identification of Primary/Secondary Caretakers
- The ages of the children in the family
- The Program Choice(s) selected for each tracked child
- The PPG selected for each tracked child

CONNECTIONS will know which questions to present to the worker, and which not to present, based upon the above parameters in the case. As key information within a case is updated, the FASP will change as key parameters within CONNECTIONS are updated. Workers assigned to a case should communicate with each other regarding any recent changes in the family prior to launching a new FASP. It is absolutely essential that a worker accurately identify and update each of the above defining parameters as needed, as these will define the customization of the FASP. *Module 3: Person List and Tracked Children Detail* provides guidance in accurately identifying these parameters.

Module 3: Person List Window and Tracked Children Detail Window

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NEW YORK STATE | Office of Children and Family Services

PROFESSIONAL DEVELOPMENT PROGRAM
ROCKEFELLER COLLEGE
UNIVERSITY AT ALBANY
State University of New York

Introduction and Rationale

This module provides guidance for completing the Person List window and Tracked Children Detail window accurately and completely.

The Person List window is a place to record key demographic information about all persons in the family/household/case. The Tracked Children Detail window further identifies the Program Choices and Permanency Planning Goals for each child receiving services.

CONNECTIONS will automatically customize the sections of the FASP that must be completed for a given family based upon the time frame of the FASP and information contained on the Person List window and Tracked Children Detail window. These windows have a significant impact on customization of the FASP, and together they determine:

- Who is available in the drop-down lists on the Progress Notes window and the Family/Child Visiting Plan
- Which Safety Assessment is generated for a given case
- Who is listed (and whether or not their assessment is optional) in the SNR Scales
- Which Foster Care Issues sections are generated and required for a child

The accuracy of the Person List and Tracked Children Detail information is critical to the correct customization of the FASP. Failure to update or to verify the accuracy of this information may result in the caseworker completing the wrong portions of the FASP or omitting portions that are necessary to provide an accurate assessment and plan for the family. The caseworker must be sure the Person List and Tracked Children Detail information is accurate before launching a FASP.

The FASP is based on a family-focused, child-centered model of assessment and planning. The persons listed on the Person List window along with the Program Choice(s) and Permanency Planning Goal assigned to each child, should reflect the family's plan and the work of all child welfare agencies involved with the family, not just the primary worker's part in it.

The accuracy of the data on the Person List window reflects how family-focused the caseworker really is in his/her work with the family, and whether the caseworker has an accurate picture of who in the child's world impacts the safety, permanency, and well-being of the child.

Person List Window

Person List - Collins,Kristy - S:27200095/C:37200038

Print Screen

Options
New Search
Add Person
Primary/Secondary Caretaker
Family Relationship Matrix (C)
Compare WMS Data
End Date Stage Involvement
Bridges To Health (B2H)
Address & Phone Options
Paste Address Info
Paste Phone Info
Outputs
Person Data
Help

Case Name: Collins,Kristy Case Initiation Date: 04/24/2009 WMS Case # : S720039
Stage: FSS Stage Type: CWS

Name	M/S	Sch	DOB	Approx	Sex	Type	Role	Rel/Int	Person ID	Date Added
Collins,Kristy		V	02/19/1984		F	PRN	RS	Mother	17200146	04/24/2009
Collins,Kimberly		V	08/16/2007		F	PRN	RS	Child	17200149	04/24/2009
Collins,Patrick		V	04/22/2003		M	PRN	RS	Child	17200148	04/24/2009
Collins,Thomas		V	11/24/1975		M	PRN	RS	Parent	17200147	04/24/2009
Collins,Tyler		V	03/30/2014		M	PRN	RS	Child	17200150	04/24/2009

Count = 5

WMS Sync

Person Info | Person Merge/Split | Case List

Detail | Address | Phone | AKA Names | Identifiers | Characteristics | Person Events | Addit. Detail

First: Kristy M: Last: Collins Sfx: Status: Active
Current Stage
Type: PRN Role: Services Recipient Rel/Int: Mother PID: 17200146
Demographics
Sex: Female Language: English Ethnicity: Not Reported
Marital: Married Confirm PL
Religion:
DOB: 02/19/1984 Approx DOB Age: 32
DOD: __/__/____ Approx DOD Reason:
Hispanic or Latino Origin: Central American, Caribbean, Cuban, Dominican, Mexican, North American, Puerto Rican
Race: Black or African An, Caribbean, Haitian, Native African, Other - Black or A, Alaskan Native, American Indian, Asian, Chinese
Address
Type: RS Comments:
Street: 109 FAYETTE BLVD
PO Box/Apt:
Attn:

! = Sensitive * = Required $ = AFCARS ✓ = Data Exists (C) = Complete = Read-Only Mode = Unsaved Changes

Quick Tips for Completing the Person List Window

- Check the accuracy of this window and update as needed before launching a new FASP.
- Include all adults in both the Primary and Secondary Caretaker's household(s).
- Include both legal parents of each child in foster care (and their current partners if known), even if they were not living with the child prior to placement.
- Include all children living in the household or who are anticipated to return to the household, even if the caseworker is not providing services directly to them.
- End date any person no longer associated with a case (e.g., a child whose custody has been permanently transferred to a relative). Do not end date a child in placement or other temporary living arrangement, as he/she is still part of the case.
- Where applicable, include adults and children in multiple households.
- Check the accuracy of the Primary and Secondary Caretaker. (See the Primary/Secondary Caretaker criteria in *Appendix 3A: Definitions and Identifying Criteria*.)
- Use a family map or genogram to help identify legal parents/household members.
- Update any new or revised information (e.g., address, phone, DOB, ethnicity).
- Complete the Family Relationship Matrix.

Tracked Children Detail Window

Tracked Children Detail - Collins,Kristy - S:27200095/C:37200038

Print Screen

Options
View All
View All Prog Choice/PPG
Help

Program Choice/PPG | Placement Information | Associate Worker | Removal Information | Essential Documents

Name	Sex	DOB	Age	PPG	Program Choice 1	Program Choice 2	Program Choice 3	Associated Worker	Person ID	CIN
Collins,Patrick	M	04/22/2003	13	Return to Parent	Placement	Protective			17200148	K721968C
Collins,Kimberly	F	08/16/2007	8	Return to Parent	Placement	Protective			17200149	K721223C
Collins,Tyler	M	03/30/2014	2	Return to Parent	Placement	Protective			17200150	

Count = 3

Program Choice Information

Program Choice	Eff Date	End Date
D Protective	06/25/2009	
C Placement	04/24/2009	

Count = 2

Program Choice: *
Effective: __/__/____ End: __/__/____
Add Modify Delete Clear

Permanency Planning Goal(PPG) Information

PPG	Eff Date	End Date	Antic Comp Date
1(1a) Return to Parent [Parent]	04/24/2009		

Count = 1

PPG: $ Sub-Category: $
Effective: __/__/____ End: __/__/____
Anticipated Completion: __/__/____
Add Modify Delete Clear

Complete/Verify AFCARS FC information on Placement Information tab.

Save & Close Save Reset

! = Sensitive * = Required $ = AFCARS ✓ = Data Exists (C) = Complete = Read-Only Mode = Unsaved Changes

Quick Tips for Completing the Tracked Children Detail Window

- Check the accuracy of this window and update as needed before launching a new FASP.
- Include all children known to be living in the home* of either the Primary Caretaker or Secondary Caretaker. If anyone has not been included, add them to the Person List window.
- Track appropriate children (i.e., assign an appropriate Program Choice(s) and PPG). See definitions of Program Choices and PPGs in *Appendix 3B: Program Choices* and *Appendix 3C: Permanency Planning Goals*.
- Verify that each child has the correct Program Choice(s).
- All children in a home with an open or Indicated CPS/Protective case should have a Program Choice of Protective.
- Verify that for each tracked child, the PPG is appropriate to case circumstances and needs of the child, and is consistent with decisions made at the most recent planning conference with the family, and with any court appearance.
- A child listed on the Person List window who is no longer associated with the case (i.e., a freed child, or a child whose custody has been transferred to a relative) should be end dated. A child in placement or other temporary living arrangement is still part of the case, and should not be end dated.

Tracked Children Detail

To get an accurate picture of which children to list on a case, it is necessary to know the legal status of children who currently live elsewhere, but who are anticipated or likely to return to the home to be under the care of the Primary Caretaker/Secondary Caretaker.

*For children in foster care, the "home" refers to the home of the Primary Caretaker/Secondary Caretaker; there may be more than one "household" if parents or other permanency resources live separately.

Frequently Asked Questions

Which adults should be listed on the Person List window?

The specific circumstances and needs of the family will ultimately determine who should be added to the Person List window The general rule is to include all adults known to be living in or frequenting the home. This can include:

- Legal parents/caretakers living in the child's home*.
- Parent's spouse/partner/other adults who live in the home. To get an accurate picture of which adults to list on a case, it is necessary to know the legal status of parents/adults who live elsewhere, yet may be considered part of this family/household, and who are anticipated or likely to return to this household.
- Legal parents who live elsewhere, even if they do not have custody of the children.
- Legal parents who are currently in prison, rehab, a hospital, or who are temporarily barred from the home. (End date deceased parents, or those whose rights have been surrendered or terminated.)
- Legal parents of each child in foster care (and their current partners if known), even if they were not living with the child prior to the placement.
- All adults listed in the CPS case, including but not limited to all people residing in the children's home.
- Other adults who are considered a part of this family/household, but are temporarily living elsewhere, are in prison, rehab, or hospitalized, or temporarily barred from the home, but who are anticipated to return to this home. (Examples include a parent's partner who is in prison but is anticipated to return to the home in the near future; an adult sibling of the child who regularly resides in the home but is currently in rehab; and other relatives who usually live in the home but who are temporarily hospitalized.)
- Siblings over the age of eighteen who reside in the home.
- Relatives/friends for whom this is their primary residence and/or who serve as parenting partners.
- Other adults who have child care responsibility within the home or frequent contact with the children and assume a caretaker role.

*The adults and children listed on the Person List window are those living in or associated with this "family of origin." For a non-freed child, this is the home/family that is the focus of the work, not the foster home. A freed child no longer has a Primary Caretaker/Secondary Caretaker; the focus of the work is on permanency through other means (i.e., adoption, or other alternative permanent resource).

What if the parents live separately?

If the children's parents live separately, there may be more than one household to assess and to work with. Along with the Parent/Caretaker or Child SNR Scales for each individual, two sets of Family SNR Scales will need to be completed, one for each household. CONNECTIONS will recognize multiple households by the addresses listed for each adult on the Person List window.

For a foster care case, where parents are living separately, adults and children in both households should be listed on the Person List window, and thus included in the family's assessment. Both parents have a legal right and responsibility to plan for the children, and both parents should be assessed as part of the overall plan for a child.

For a non-foster care case, the specific circumstances and needs of the family will help determine who should be the focus of the casework assessment and services, and thus who should be listed on the Person List window.

Why should caseworkers assess noncustodial parents and other adults in the household?

Generally, any noncustodial parent or other adult who regularly lives with the child, acts in a parenting capacity, or has access to the child within the home should be listed on the Person List window. The noncustodial parent or other adults living in the family home will likely affect the parent's ability to plan for and provide a safe, permanent home for the child. Assessment of these individuals is critical to a complete understanding of family functioning.

Any parent who continues to have or seeks contact with the child, and who has a significant role in raising the child, should be listed on the Person List window and assessed as to his/her impact on the child and functioning of the child's household.

A parent's spouse/partner or other adults living in/or frequenting the child's home will likely impact the parent's ability to plan and provide a safe, permanent home for the child. Assessment of these individuals' roles within the family is critical to a complete understanding of family functioning. They should be listed on the Person List window, assessed in the SNR Scales, and included on the Family Assessment Analysis window as:

- They may present safety threats or offset safety issues.
- They may affect the level of risk in the household.
- They may share parenting responsibilities.
- They can provide additional information or alternative viewpoints regarding circumstances within the home.
- Their beliefs and actions may affect parental behavior and decisions.
- They may serve as potential alternative resources should the parent be unable to raise the child.
- Their relationship with the parent and/or with the child may be a key factor in the success of any change effort.

What if there is a concurrent permanency plan?

The PPG determines the primary focus of the FASP. The focus of the Assessment and Service Plan should be on the Primary Caretaker and Secondary Caretaker household(s).

In circumstances where the caseworker is actively working on an alternative permanency plan, it may be decided (in concert with the caseworker's supervisor and the Case Manager) to assess additional adults beyond those living in the Primary Caretaker/Secondary Caretaker household(s) who are likely to serve as alternative permanency resources. In order for these individuals to display and be assessed in the SNR Scales, the caseworker will first need to add them to the Person List window. This needs to be completed before launching the FASP.

What is the significance of the Primary Caretaker and Secondary Caretaker to the FASP?

It is important to identify the correct individuals as Primary Caretaker and Secondary Caretaker, as this will determine how points are assigned in the RAP. The individual with more contact and greater child care responsibility (assumed to be the Primary Caretaker) will likely be the individual having the greatest impact on the level of risk in the household. Thus, he/she carries more weight when assessing risk in the household.

The FASP SNR Scales must be completed for adults identified as a Primary Caretaker or Secondary Caretaker. The SNR Scales may also be completed for other adults listed on the Person List window. Completion of the SNR Scales for these other adults will not be required in order to submit a FASP for approval. However, it is highly recommended (and required in some districts) that all adults be assessed in order to have an accurate picture of the strengths, needs, issues, and concerns within the household.

Decisions about who to assess in the SNR Scales should be made on a case-by-case basis in consultation with one's supervisor and the Case Manager, based upon the needs of each case. For further discussion of this decision making, see *Module 7: Strengths, Needs, and Risks (SNR)*.

Which children should be listed on the Person List window?

All children living in the home or who have a plan to return to this household should be listed on the Person List window, even if the caseworker is not providing services directly to them.

This may include siblings, half siblings, stepsiblings, cousins, or other children for whom the parent is responsible. Include children:

- Who are currently living in the Primary Caretaker/Secondary Caretaker household(s)
- Whose plan is to return to the home of the Primary Caretaker/Secondary Caretaker
- Who are considered part of this family/household, but who are currently in foster care, a hospital, detention, rehab, with relatives, or other temporary living arrangements
- Who are in the joint custody of the Primary Caretaker or Secondary Caretaker, and who spend a significant amount of time in this home
- Who are currently missing or AWOL (away without leave) from this home

The caseworker may wish to use a family map or genogram to help identify all children living in the home or who are anticipated to return to this home.

What address is listed on the Person List window for a child in foster care or living in another temporary alternative arrangement?

For a non-freed child in a foster home/facility, or temporarily living with a relative/other resource, the child's primary address should be recorded as that of the case address, which is usually the address of the Primary Caretaker. This enables CONNECTIONS to recognize the child as a member of the parent's/legal guardian's household for the purpose of completing the SNR Scales. A child with a primary address different from the Primary Caretaker will be viewed as head of household at the other location, and will result in Family Scales being generated for the child. Such scales apply only to an adult head of household, or in the case of a minor who is a parent/Primary Caretaker.

A freed child has no legal parents, so a freed child's address is the address of the district that has custody of the child.

Which children are "tracked?"

All children receiving Protective, Preventive, or Placement services must be tracked. This is the only way to get an agency-wide, district-wide, and statewide accounting of how many children are being served by the child welfare system, and what their goals are for permanency. Program Choice and PPG will also determine which sections of the FASP must be completed. Be sure these are accurate before launching a FASP.

For a family receiving CPS/Protective services, all children living in the household or with a plan to return to that household must be given a Program Choice of Protective, not just the child who was/is the target of abuse or neglect.

For families with children in foster care, the "home" refers to the home that is the identified permanency resource; there may be more than one permanency resource if parents or other permanency resources live separately.

To get an accurate picture of which children to list on a case, it is necessary to know the legal status of children who currently live elsewhere, but who are anticipated or likely to return to this home under the care of this Primary Caretaker/Secondary Caretaker.

What is the significance of the Family Relationship Matrix?

The Family Relationship Matrix provides a means of understanding the legal and biological relationships of adults and children listed on the Person List window. While the persons listed on the Person List window tell the caseworker who is in this family/household, it is also critical that the caseworker accurately identify each member's biological/legal relationship. While engagement of all family/household members is important to a successful change effort, the legal/biological relationship of adults and children will determine key rights and responsibilities of family members, and will also significantly impact the case planning and case legal activities.

The Family Relationship Matrix must be completed or updated in order to launch a FASP, and must be updated each time a person is added to a case. To accurately and thoroughly complete the Family Relationship Matrix, it may be helpful to construct a genogram/family map to help the caseworker identify all relevant adults and children associated with a given case.

When can "Protective" be removed as a Program Choice?

Addition or deletion of the Protective Program Choice has a significant impact on customization of the FASP (i.e., it determines which Safety Assessment is presented and whether or not a scored RAP is presented and calculated). Protective can be removed as a Program Choice when there is no longer a need for a CPS-focused assessment in a case. The following three circumstances must all be present for the Protective Program Choice to be removed:

- There are no children likely to be in immediate danger of serious harm *and* there is no longer a need for controlling safety interventions to remain in place at this time.
- The Final RAP or Risk Rating has reached an acceptable level. (See *Module 6* for RAP information.)
- The Service Plan shows an acceptable level of outcome achievement for the most significant identified problems.

Other circumstances when Protective can be removed include:

- All children in a case are freed for adoption.
- All children in foster care have a PPG of APPLA (Another Planned Permanent Living Arrangement), either with a permanency resource or to adult residential care.

All of the above situations need to be considered on a case-by-case basis with the input of a supervisor and others involved in the case. It will be important to include a current thorough assessment of the family circumstances in making this decision.

Who can enter information or make changes to the Person List window and Tracked Children Detail window?

Anyone with a role of Case Manager, Case Planner, Case Worker, or CPS Worker/Monitor in a given case can make changes to the Person List window and Tracked Children Detail window within that case (i.e., the business function profile within the CONNECTIONS system enables persons with these roles to make such changes). However, local policy in some districts may only allow the Case Manager to make these changes. Voluntary agency workers should check with their Case Manager for clarification of local policy about who can make such changes.

Appendix

3A: Definitions and Identifying Criteria

The definitions below will help identify who to include on the Person List window, and the correct Primary Caretaker and Secondary Caretaker.

Who to Include on the Person List window:

- All people listed in the CPS case, including but not limited to all people residing in the children's home
- Any person who has child care responsibility or frequent contact with the children and assumes a caretaker role
- Any child who is in foster care or alternative placement with a permanency planning goal of Return Home or APPLA
- Any children who have run away or are temporarily in another living situation, but who are expected to return home

Identifying the Primary Caretaker:

- The Primary Caretaker is an adult who is legally responsible for the children and resides with the children.
- When more than one person who is legally responsible for the children resides in the household, the birth mother is presumed to be the Primary Caretaker. For an adopted child, this would be the adoptive mother.
- If the mother does not physically reside with the children, the Primary Caretaker is the adult who does reside in the children's home and assumes primary responsibility for the care of the children.
- There can only be one Primary Caretaker.

Identifying the Secondary Caretaker:

- Not every family has a Secondary Caretaker.
- The Secondary Caretaker is an adult who lives in the children's home and assumes some responsibility for the care of the children.
- An adult who does not reside in the children's home, but cares for the children on a regular basis.
- If there are two or more potential Secondary Caretakers with child care responsibilities, it is presumed that the caretaker listed as a subject in the CPS case should be identified as the Secondary Caretaker.
- If there are two or more potential Secondary Caretakers, select the adult who assumes the most responsibility for the care of the children (other than the Primary Caretaker), either within or outside of the home.

Focus Check

For a child in foster care, home/household refers to the home the child came from, and/or the home/family to which he/she is likely to return, not the foster home.

3B: Program Choices

The following will help guide the selection of an appropriate Program Choice:

- *Non-Mandated Preventive Services:* Services are being provided by a local district or voluntary agency and are designed to prevent *possible* future placements in foster care or which may enable a child to return home sooner than anticipated.

- *Mandated Preventive Services:* Services are being provided by a local district or voluntary agency, which is designed to prevent *imminent* foster care placement or replacement in foster care, or which may enable a child to return home sooner than anticipated, or to facilitate a timely discharge from foster care. For each family with a Program Choice of Mandated Preventive Services, the caseworker must show that the child/family meets at least one of the eligibility criteria for Mandated Preventive Services. (See also *Module 12: Programmatic Eligibility*.)

  Mandated Preventive Services may include home visiting, counseling, day care, homemaker, parent aide, or other services aimed at assisting the family in maintaining a child in the home or preparing for the child's return home.

  (See "Mandated vs. Non-Mandated Preventive Services: What's the Difference?" below for more information.)

- *Placement:* The child is currently in a foster care placement (i.e., custody of the child has been transferred to the local district or to OCFS), or the child is in foster care and legally freed. The child may be in a foster home, group home, or institutional placement. For each child with a Program Choice of Placement, the caseworker must show that the child/family meets at least one of the eligibility criteria for placement. (See also *Module 12: Programmatic Eligibility*.)

- *Protective:* The child is named in an open, Indicated CPS case, and the case continues to be monitored by a local CPS worker. For a family receiving CPS/Protective services, all children living in the household or with a plan to return to that household must be given a Program Choice of Protective, not just the child who was/is the target of abuse/neglect.

- *Non-LDSS Custody-Relative/Resource Placement:* The Relative/Resource Placement is a service designed for children in the care of a relative or other resource person, but not in the custody of the local Commissioner of Social Services. Custody in these cases either remains with the parent, or is given by the court to the relative or resource via an Article 10 proceeding. There are two primary subgroups to these cases—cases in which the court orders direct placement with a relative or resource under LDSS supervision, and cases where the children are formally or informally placed with a relative or resource without LDSS initiated court action. The Program Choice of Non-LDSS Custody-Relative/Resource Placement must be used in conjunction with either Protective and/or Preventive. Unique PPG's will be generated by CONNECTIONS for this Program Choice.

Mandated vs. Non-Mandated Preventive Services: What's the Difference?

The distinction between Mandated and Non-Mandated Preventive Services is based on the federal and state mandates that govern when such services must be provided and who is eligible for them. It is not based upon whether the client is court ordered to participate in services. It is the local district/service provider who is mandated to provide such services.

Based upon federal requirements to prevent the unnecessary placement of children, NYS mandates that districts provide preventive services to support at-risk families in their district and to avert unnecessary placement of children. Mandated Preventive Services must be provided for children at imminent risk of placement. The state assists districts in funding such services commensurate with needs in each county.

The following are the types of services districts must make available: case management, case planning, casework counseling, day care, homemaker, housekeeper, family planning, home management, clinical services, parent aide, day treatment, parenting education, transportation, emergency cash/goods, and emergency shelter.

The Programmatic Eligibility Standards for Mandated Preventive Services define the types of circumstances that render a family eligible for these services. The documentation of Programmatic Eligibility required in the FASP is intended to ensure that services are provided to families who fit these standards. The specific services provided to a family will be based upon the identified needs of that family. (See NYS Codes Rules and Regulations Part 423 for regulations governing provision of Preventive Services.)

Districts may also choose to provide and fund preventive services above and beyond what is required by state mandate to families whose children are at possible risk of placement. These are referred to as Non-Mandated Preventive Services. These services draw upon different funding sources. Examples include Title XX housing assistance or TASA (Teen Age Services Act). Eligibility for these Non-Mandated services is established by the district and/or their source of funding.

3C: Permanency Planning Goals

Return to Parent: The child is in foster care, and the plan is to return the child to his/her parent(s) or legal guardian(s). This is the PPG for most children entering care, and should remain the goal until such time as it is decided that, based on a current assessment of the family situation, a different permanency plan is in the child's best interest.

Discharge to Adoption: The child is in foster care, and/or will be legally freed for adoption, and the plan is to provide permanency through adoption. This includes children who are legally free but not yet in an adoptive placement, as well as children who are in an adoptive placement awaiting finalization. When a goal of adoption is set for a child who is not yet legally free, action toward freeing the child must begin within 30 days after setting the goal.

Referral to Legal Guardianship/Custody: The child is in foster care, and the plan is to discharge the child to someone other than the child's parent(s) or legal guardians. Family court (Article 6) action will be taken to formalize the living arrangement. If a child is in a Kinship foster home, and the plan is to discharge the child to his or her relative through a guardianship with KinGAP, this is the appropriate PPG.

Discharge to a Fit and Willing Relative: The child is in foster care, and the plan is to discharge the child to a relative.

Discharge to Another Permanent Planned Living Arrangement (APPLA):

- With a Permanency Resource (formerly Independent Living): The child is in foster care and over age 16, or the child is in foster care in an approved relative home regardless of age, and it has been determined that it is in the child's best interest to remain in foster care rather than to return to the parent(s) or to be adopted. This PPG may also be set for a child for whom the court has refused, after a hearing, to free the child for adoption, requiring the child to remain in foster care until the age of majority.

- Unaccompanied Refugee: The child is an unaccompanied refugee under the age of 18, has been lawfully admitted to the United States, and has no known immediate adult relatives in the United States. The child is in foster care and the discharge plan is APPLA.

- Adult Residential Care: The child is in foster care and the child's need for placement is based in whole or in part on a child service need, and this need arises out of a factor other than the child's behavior (i.e., neurological or physical basis). Prior to having established this as the PPG, the local district must have considered other permanency plans, including Discharge to Parent, Discharge to Relative, Primary Resource Person, and/or Discharge to Adoption. The local district's Director of Services must approve establishment of this goal.

Prevent Placement: The child is residing with one or both parents or with a caretaker, legal guardian, or in an alternative living arrangement other than foster care. Services are being offered to prevent the child's placement in foster care.

Prevent Return to Placement: The same as Prevent Placement, but the child has previously been in foster care. Services are aimed at preventing a return to foster care.

Protect Child: The child is named in an indicated report of Child Abuse or Maltreatment, and the only services being provided are CPS.

Non-LDSS Custody-Relative/Resource Placement: Permanency/Discharge Options:

- Reunite with Parent: The child is in a non-LDSS custody/living arrangement (see definition under Program Choice), and the plan is to return the child to his/her parent(s) or legal guardian.

- Legalize Living Arrangement with Relative/Resource: The child is in a non-LDSS custody/living arrangement, and the plan is to formalize the current arrangement through a family court (Article 6) proceeding.

- Permanent Living Arrangement (Non-Guardianship/Non-Custody): The child is in a non-LDSS custody/living arrangement, and this will become an informal permanent arrangement with the child staying with this resource.

Module 4: Family Update Window

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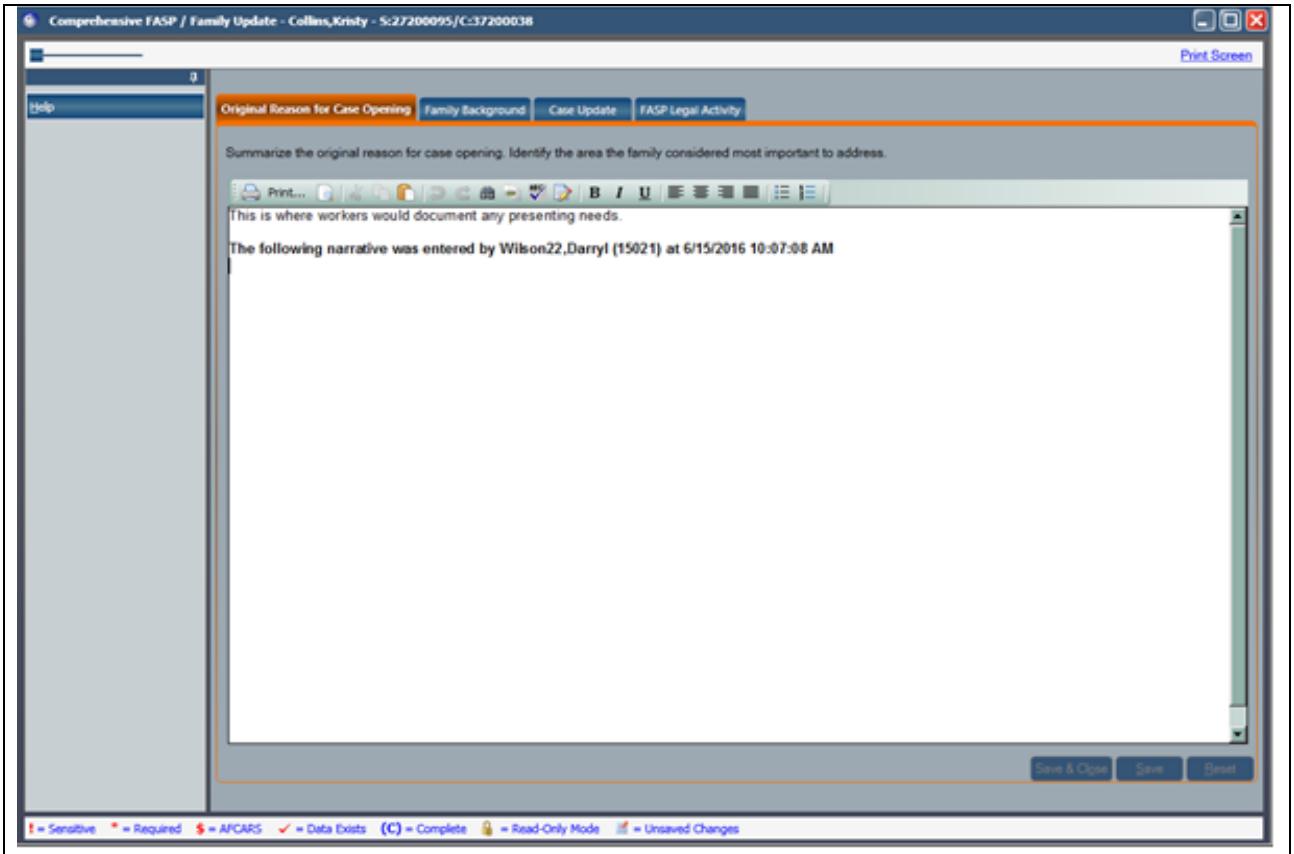
Introduction and Rationale

The purpose of this module is to help caseworkers complete the Family Update window of the FASP accurately and completely. It will also assist FASP Approvers in reviewing, approving, and providing effective feedback to FASP authors.

The Family Update window of the FASP contains four tabs:

- Original Reason for Case Opening
- Family Background
- Case Update
- FASP Legal Activity

Family Update Window: Original Reason for Case Opening Tab



Quick Tips for Completing the Original Reason for Case Opening Tab

Describe the event or circumstance that initially led to the opening of this case.

Include:

- When the case first opened
- The source of the referral (For CPS cases, the SCR is the referral source; do not name the source of the report.)
- Why the case was opened (What are the key reasons for the referral?)
- The family's view of why the case was opened
- The family's view of the situation and what they want help with

Original Reason for Case Opening Tab

The Original Reason for Case Opening question is first answered on the Initial FASP, and the response will automatically carry forward to each subsequent FASP for the life of the case. This serves to inform current and future caseworkers of the reason for the opening of the case. After the initial information is approved, addendums can be added on subsequent FASPs by the Case Manager or Case Planner.

To answer this question, describe the event or circumstance that initially led to the opening of the case. The CID can be triggered by CPS indication, application for services, placement, or court order.

Include:

- *When the case was first opened.* For example, "On September 4, 2010..." or, "In April of 2006..."

- *The referral source.* For example, "As the result of an indicated SCR report..." or, "Kennedy Middle School..."

- *Why the case was opened (key reasons for referral).* For example, "Parents failed to get appropriate medical attention for their eight-year-old daughter Sarah when she stepped on a nail, resulting in a serious infection."

  Or, "Upon the school's request, Mr. Jones filed a PINS petition due to Jack's excessive absences (17 days) and his disruptive behavior at school (fighting with peers)."

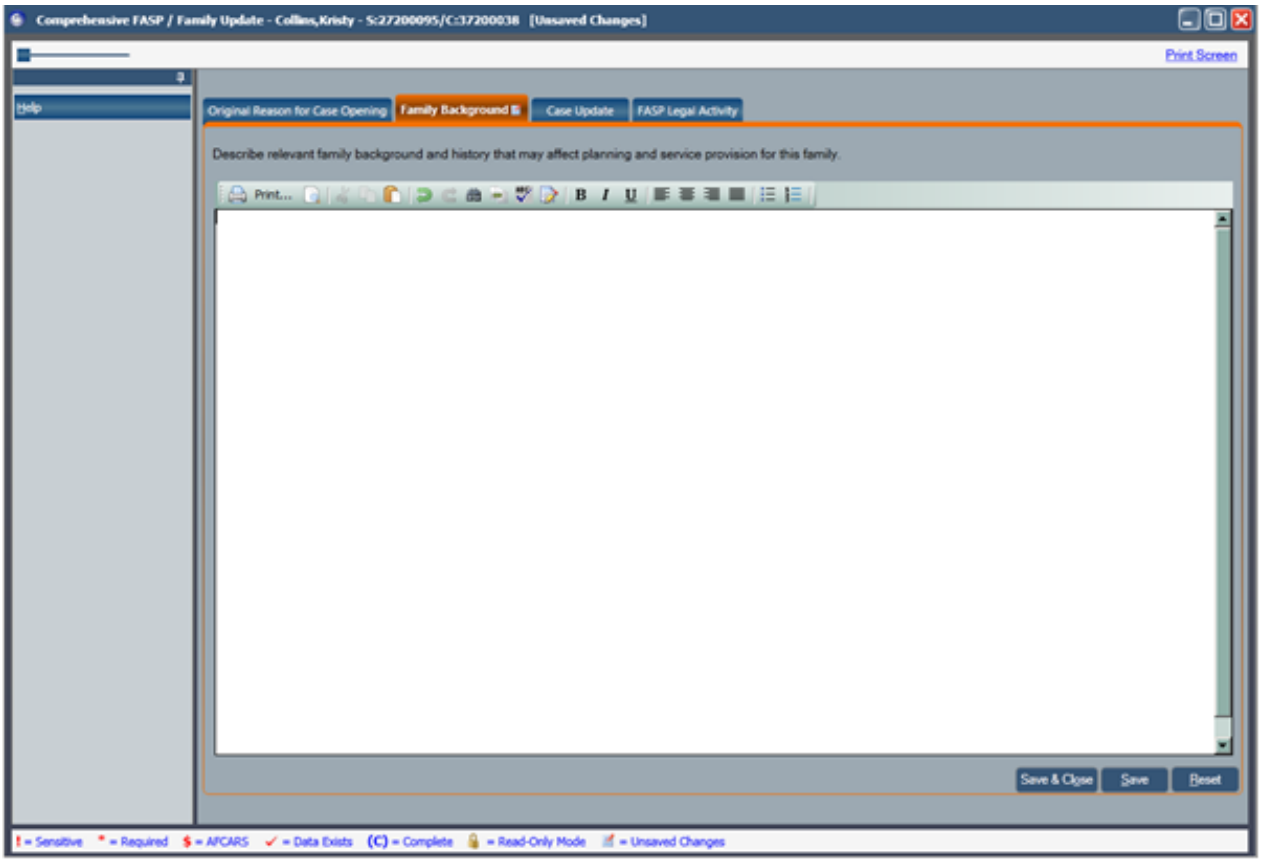
- *The family's view of the situation and what they want help with.* For example, "Mrs. Smith says she feels she acted appropriately in not seeking medical care for Sarah. She stated that she believed that Sarah's injury did not require professional medical attention, and that she could treat her daughter's injury herself at home. Mr. Smith says his wife's actions were appropriate and that the agency was making a 'big deal out of nothing.' Sarah said her foot hurt so badly she could not walk on it. Mrs. Smith says she'd like help with after-school care for Sarah, who she feels needs an opportunity to play outdoors without getting hurt."

  Or, "Mr. Jones states that his son has only missed four days of school this year. He feels that Jack's misbehavior is due to other kids picking on him, and that Jack has had to defend himself against bullies. Jack says he avoids school because other kids pick on him, and the teacher doesn't care. Mr. Jones says he wants the school to talk to the parents of the boys who he believes are picking on his son."

Redundancy Prevention Tip

On the Original Reason for Case Opening Tab, do not give a long narrative of the family's history, background, or the underlying conditions or factors contributing to the specific issues. This will be documented on the Family Background Tab.

Family Update Window: Family Background Tab



Quick Tips for Completing the Family Background Tab

Summarize what is known about the family prior to the case opening, and update as new historical information becomes available:

- Family composition at time of case opening
- Key family events and developmental milestones
- Key child events and developmental milestones
- The family's past services

Family Background Tab

The purpose of the Family Background tab is to provide current and future caseworkers with important information and context regarding the family's composition, history, and background. Since the response describes key information about the family *prior to day one* of the case, it is primarily written in the past tense.

The response to this section begins in the Initial FASP and can be added to or modified on each subsequent FASP as new or updated information becomes available. Documented information carries forward from FASP to FASP.

To answer this question, include the following:

- *Family Composition:* Who is in this family/household? Name parents and their children, making clear who is the legal parent or custodian of each child. Identify parents' partners, past and present, and any other significant individuals who have lived with the family. Include parents who do not currently or have never lived with the children. Identify extended family members who play a key role in this family. The purpose of this information is to be sure that the caseworker and any future caseworkers are clear about the identity and legal relationship of anyone who lives with or has access to the children, who is legally responsible for each of the children, and who the key people are who have an impact on the family. The caseworker is essentially describing the family's genogram and resources.

Redundancy Prevention Tip

The quality of these relationships does not need to be described on the Family Background Tab. Information regarding the quality of these relationships will be documented in the comments of the Strengths, Needs and Risks section, as well as on the Family Assessment Analysis window.

- *Key Family Events and Developmental Milestones:* Describe key family background, events, and milestones that may affect current planning and service provision for this family (e.g., ethnicity, education, employment history, primary language, citizenship, religion, marriages, separations, divorces, length of time as a family unit, significant relocations, illnesses, hospitalizations, deaths of key people, surrenders, Termination of Parental Rights [TPRs]).

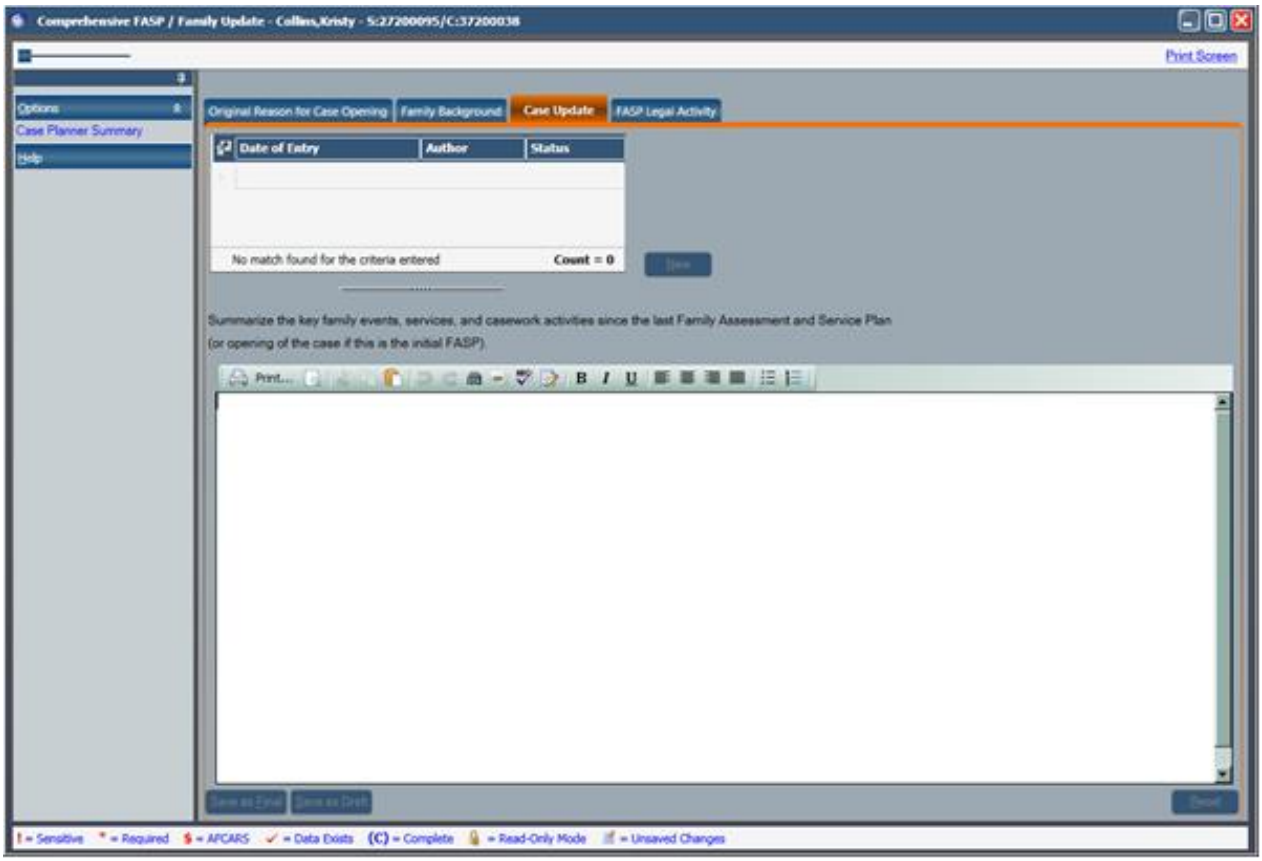
- *Key Child Events and Developmental Milestones:* Describe key child-related events and milestones that may affect current planning and service provision for this family (e.g., birth complications; developmental delays; medical, mental health, and educational diagnoses; serious accidents; illnesses; hospitalizations; any separations from parents [both formal and informal placements]; any other significant childhood milestones, accomplishments, and crises).

- *Services History:* Identify services utilized by this family prior to the CID to address the current or other child welfare-related concerns, including services provided by DSS (Department of Social Services) and other individuals. Describe the family's response to and outcome of such services.

Special Note for Freed Children

In the Child Case Record (CCR), the Family Background tab is labeled "Child Background." Background information contained within the child's former Family Services Stage (FSS)will not automatically carry forward into the CCR. The caseworker should document on the Child Background tab any key events in the child's history that affect current planning and service provision, as well as key information that may be important to the child in later understanding his/her history, such as the child's ethnicity, when and why the child came into care, and any moves within placement. Names and locations of siblings and other important people in the child's life should be documented, as well as key historical events in the child's development (e.g., birth developmental complications; medical, mental health, and educational diagnoses; serious illnesses; hospitalizations; other significant childhood milestones, accomplishments, interests, and crises).

Family Update Window: Case Update Tab



Quick Tips for Completing the Case Update Tab

The focus is since the last FASP (or since case opening for the Initial FASP).

Summarize:

- Changes in family/household composition
- Key family events and developmental milestones
- Key child events and developmental milestones
- Services provided since the last FASP, by all service providers

Case Update Tab

The intent of the Case Update tab is to provide an update of both the key events and developments in the family and children's lives, as well as services and activities provided to the family by all providers. In essence, what has the family done and what have service providers done?

Information on this tab does not carry forward from FASP to FASP, as it reflects only what has happened since the last FASP; for the Initial FASP, it reflects only what has happened since the opening of the case. The Case Update tab is the most recent "chapter" in the family's history.

Thoroughness Check

Remember that the FASP is a family-focused document. It should reflect the services and activities provided to all family members and by all providers on the team. This may include the Case Manager, Case Planner, Case Workers, and other members of the service team (e.g., foster parents, Life Skill Coordinators, therapists), as well as informal resources (e.g., friends, clergy, extended family).

Redundancy Prevention Tip

The Case Update tab is not intended to be a qualitative assessment of family functioning. Descriptions of progress or change in family functioning should be documented in comments in the SNR Scales, in the Service Plan and on the Family Assessment Analysis window.

Case Planner Summary Function

It is the responsibility of the Case Planner to ensure that the documentation on the Case Update tab reflects the work of all providers serving the family. This includes a summary of the services provided by the Case Planner, Case Manager, Case Workers, and other members of the services team who may not have CONNECTIONS access (e.g., Life Skill Coordinators, therapists, foster parents), as well as informal resources and supports such as friends, clergy, and extended family.

The Case Planner Summary function facilitates the online gathering and integration of written summaries of work done by other caseworkers assigned to the case. Caseworkers assigned to the case can enter a summary of their work with the family via the Case Update tab. Each entry will be logged with a date of entry, the name of the author, and the status of the entry. Once this information is entered by the Case Workers, the Case Planner can pull together the various Case Workers' entries by selecting the Case Planner Summary button.

The Case Planner is expected to edit the various entries to form an integrated and consistent picture of the events, services, and casework activities in the case. The Case Planner should not change the intent of the Case Workers' entries and should discuss with the Case Workers any substantive changes before submitting the FASP for approval.

Case Managers (who are not also acting as Case Planners) cannot enter information directly into the FASP. Therefore, the Case Planner, in his/her own summary, should include work done and services provided by the Case Manager, as this activity may be critical to a full understanding of the work being done on behalf of the family.

There may be other individuals performing key services that should also be incorporated into the overall response in this section, including:

- Life Skill Coordinators who provide weekly group Life Skills instruction and individual follow-up, as needed.
- A clinical provider at an agency or mental health clinic who has completed an assessment of the parent(s) and child and is now providing weekly therapy sessions to the parent(s) and child.
- Agency X which provides transportation, supervises visits, and coaches parents in appropriate child behavior management on a weekly basis.
- Foster parents who have met twice with the child's therapist or special education teacher to learn techniques for managing the child's behavior, and have begun to incorporate these strategies into their daily routine. Foster parents may have coached the birth parent on these techniques in preparation for weekend visits with the child.

Case Update Tab

Protective/Initial, Comprehensive, and Reassessment FASPs

The following outline can be helpful in organizing the information and response to this section.

- *Changes in Family Composition:* Has anyone moved into or out of the children's family of origin (e.g., new members, marriage/separation/divorce, member has left household, new placements)? Caseworkers need to account for the whereabouts of all adults and children in the case and note if the whereabouts of key people are still unknown. Has the family relocated? Were there other key changes in the family's/children's social network (e.g., changes in foster family composition or reconnection with estranged extended family member)? If applicable, an appropriate response may be: "No changes in family/household composition since last FASP."

> ***Accuracy Check***
>
> If there have been changes, be sure to update the Person List window and Tracked Children Detail Window. It is the Case Manager's responsibility to cross-check this for accuracy.

- *Key Family Events and Milestones:*
  - New SCR indications (not unfounded reports)
  - Change of parent's school, job, or job hours
  - Evaluations (medical, mental health, or substance abuse)
  - New diagnoses (medical, mental health, or substance abuse)
  - Program participation/completion by parents or adults in the household (e.g., school, GED, parenting education, substance abuse education)
  - Significant milestones and accomplishments (completed GED or job training)
  - Crises resolution (serious illnesses, injuries, hospitalization, legal or criminal activity)

- *Key Child Events and Milestones:*
  - Change of placement or living arrangement
  - Change of school program or IEP (Individualized Education Plan)
  - Most recent medical and dental checkups
  - Evaluations (medical, mental health, or educational)
  - New diagnoses (medical or mental health)
  - Program participation and completion by children
  - New or continuing extracurricular activity (clubs, sports, jobs, tutor, or mentor)
  - Significant milestones or accomplishments (hobbies or awards)
  - Crises (serious illnesses, injuries, hospitalization, legal or criminal activity)

- *Services Provided:* Include a summary of activity by all service providers who have a role in provision of services to this family. This includes not only the FASP author, but also the Case Manager, Case Workers, and other members of the service team who may not have CONNECTIONS access (e.g., foster parents, child care workers, Life Skill Coordinators, case aides, mental health providers, day care providers).

The above summary should demonstrate that service providers did what they were supposed to do as documented on the Service Plan window on the previous FASP. This summary does not need to be on the same level of detail as progress notes; a list of services and activities provided by each person is sufficient.

Tip

Name each person, do not simply state "this caseworker." When there are multiple providers, it can be difficult to determine who performed which task.

Do not underestimate the importance of things that are done routinely or seem obvious (e.g., in-home casework contacts, transportation to visits, evaluations, referrals, advocacy, taking a child to the doctor, weekly group sessions, assisting with the completion of benefits application). Where applicable, include the frequency of services provided.

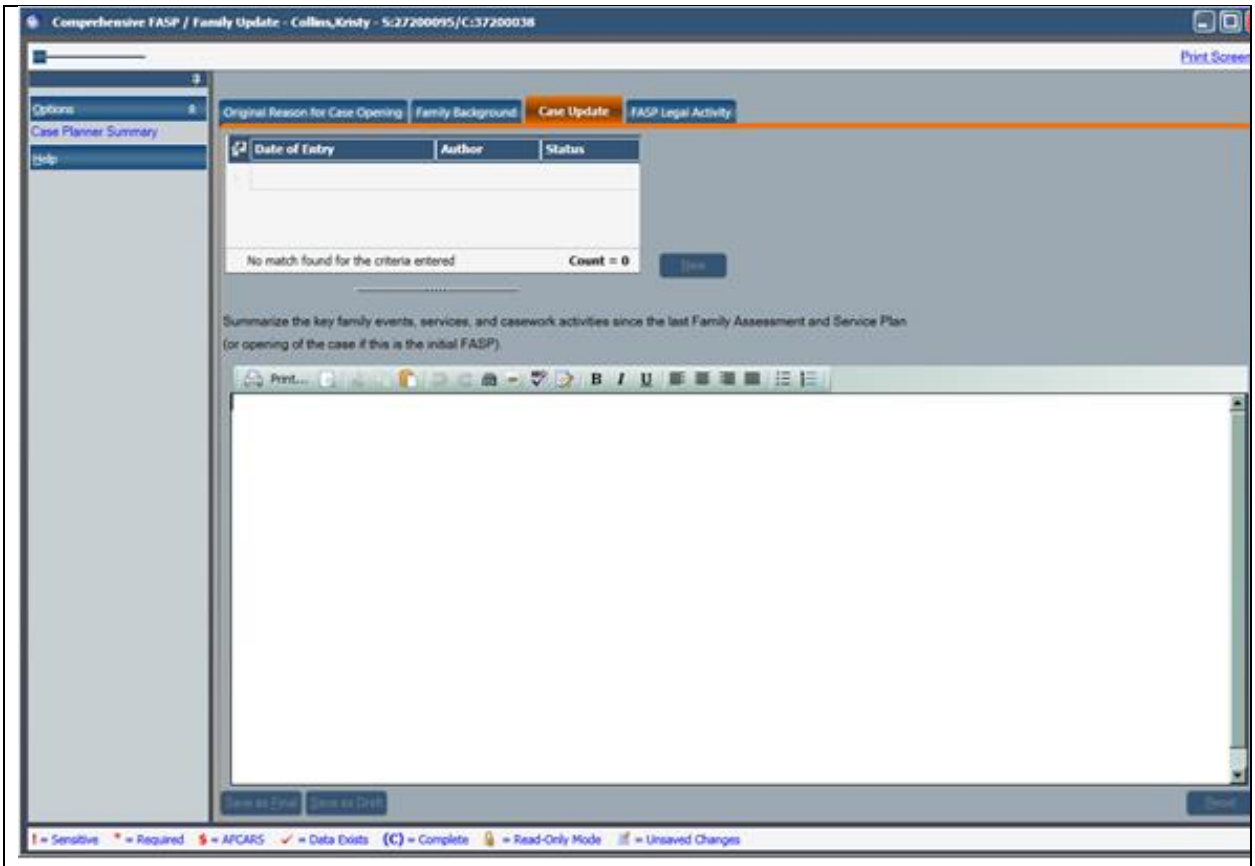
Non-Protective Initial, Comprehensive, or Reassessment Concerns/Emergency Issues Identified at Intake

In addition to the information described on the Case Update tab, the caseworker should provide an update and response to any of the Emergency Concerns noted on the Behavioral Concerns and Family Issues window (accessed via the Family Services Intake window). The BCFI (Behavioral Concerns and Family Issues) button at the bottom of the window enables the caseworker to view the completed BCFI.

Redundancy Prevention Tips

On this tab, the caseworker does not need to describe the impact or outcome of the above services, as there is a place for this later in the FASP. Qualitative statements are documented in SNR comments, Service Plan and on the Family Assessment Analysis Window. It is also not necessary to describe family, surrogate, or supreme court legal activity, since there is a place for this on the FASP Legal Activity tab. However, the caseworker may include in this section criminal court activity that has an impact on the planning and service provision of the case.

Family Update Window: FASP Legal Activity Tab



Quick Tips for Completing the FASP Legal Activity Tab

In the grid at the top of the tab include any legal activity initiated by the caseworker or others involved in the case that may shape the direction or needs in this case during the next six months, including:

- Case Manager filed a petition
- Putative father filed for paternity
- Grandparent is seeking custody of child

As a result of the above legal activity, document any change to:

- PPG
- Program Choice
- Primary/Secondary Caretaker
- Safety Plan
- Services offered
- Focus of the plan

FASP Legal Activity Tab

The intent of the FASP Legal Activity tab is to clearly identify any legal activity since the last FASP, or since case opening for an Initial FASP, and what impact the legal activity has had on the direction, focus, or expectations in the case.

Consistency Check

Note that legal activity may result in changes to a child's Program Choice or PPG. Be sure these are accurately reflected on the Tracked Children Detail window.

The following are examples of changes that may affect the direction or focus of the casework services and activities in the family's plan.

As a result of the above legal activity:

- The Dunham children's PPG has changed from Discharge to Parent to Discharge to Relative.
- Mark's PPG has been changed from Another Planned Permanent Living Arrangement (APPLA/Independent Living) to Adoption.
- Mabel and Samuel Wilson have been adjudicated neglectful of their three children on account of their failure to provide food, clothing, and shelter. The children will remain in foster care.
- The parents have been ordered to find a suitable home, to participate in parenting classes, and to participate in services offered by a particular agency.
- Hank has been adjudicated a JD, as a result of his sexual assault of a younger child. He has been placed in a facility for juvenile sex offenders and is prohibited from having unsupervised contact with anyone under age 12.

Module 5: Safety Assessment

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NEW YORK STATE | Office of Children and Family Services

PROFESSIONAL DEVELOPMENT PROGRAM
ROCKEFELLER COLLEGE
UNIVERSITY AT ALBANY
State University of New York

Introduction and Rationale

Promoting and supporting safety is a fundamental child welfare function performed throughout the life of a case. This module assists caseworkers in accurately documenting their assessment of safety within the FASP. It will also help FASP approvers to appropriately approve FASPs and provide effective feedback to FASP authors.

Which Safety Assessment Is Completed?

There are two distinct formats for Safety Assessments in the FASP:

- CPS-Protective Safety Assessment
- Non-CPS Safety Assessment

The primary focus of the CPS-Protective Safety Assessment is on the parent's/caretaker's actions or inactions and the dangers their behaviors may pose to one or more children within the family. In a Non-CPS Safety Assessment, the focus is on behaviors and circumstances within the family, other than the parent's/caretaker's actions or inactions, which may affect the safety of the child, family, or community. This often involves a child's behavior that endangers him/her or others.

For examples of both CPS-Protective and Non-CPS Safety Issues, see *Appendix 5A: Safety Factor Checklist* and *Appendix 5D: Non-CPS Safety Issues and Concerns*.

CONNECTIONS will automatically generate the appropriate Safety Assessment for the caseworker to complete, based upon the Program Choices selected for the children in a given case. A CPS-Protective Safety Assessment will be generated when children in the FSS have a Program Choice of Protective. The CPS-Protective Safety Assessment will continue to be generated within each FASP as long as the Program Choice of Protective remains effective. For CPS-Protective cases in which one or more non-CPS safety concerns also exist, these concerns can and should be documented within the CPS-Protective Safety Assessment.

When the Program Choice of Protective is not selected, a Non-CPS Safety Assessment will be generated for the caseworker to complete. It is critical that the correct Program Choices be selected in every case, and that the accuracy of the Program Choices is affirmed each time a FASP is launched. Inaccurate Program Choices will result in the wrong Safety Assessment being generated and completed.

Consistency Check

Before launching a FASP, be sure that the Program Choices for each child are accurate. This will ensure that CONNECTIONS customizes the FASP with the correct content and format for the Safety Assessment.

For more information about selecting Program Choices, see *Module 3: Stage Composition and Tracked Children Detail*.

CPS-Protective Safety Assessment

Promoting and supporting safety is the paramount focus of Child Welfare services. A child is safe (i.e., does not need protection at this time) when there is no immediate or impending danger of serious harm to the child's life or health as a result of acts of commission or omission (actions or inactions) by the child's parents and/or caretakers.

The purpose of the CPS-Protective Safety Assessment is to guide caseworkers' assessment of factors in the children's family/home that may place a child in immediate or impending danger of serious harm, and to determine what actions/interventions, if any, need to be put in place or maintained to protect the children.

The CPS-Protective Safety Assessment is designed to guide caseworkers through a thorough, balanced, and structured process to:

- *Identify* any Safety Factors that are present
- *Determine* whether alone or in combination, any of the identified factors place children in immediate or impending danger of serious harm
- *Decide* what action, if any, is necessary to protect children from the identified danger
- *Develop, implement, and monitor* a Safety Plan, when needed, to protect the children from the danger

Accuracy Check

To generate a CPS-Protective Safety Assessment, children in a case must have a Program Choice of Protective. Before launching a FASP, be sure that the Program Choice for each child is accurate. This will ensure that CONNECTIONS customizes the FASP with the correct Safety Assessment.

Completing a CPS-Protective Safety Assessment

The Safety Assessment process begins with the family's first contact with the Child Welfare system and continues throughout the life of a case. Caseworkers continually need to be alert to changes in the level of safety within a family, as new and emerging threats can occur. Safety Assessments are conducted through direct observations of the family and interviews with caretakers and children, collaterals, and other service providers who know the family. Caseworkers are expected to document key observations regarding safety in their ongoing progress notes, and to document a more structured assessment of safety at key junctures throughout the case.

In CPS cases, a Safety Assessment must be documented:

- Within seven days of the receipt of an SCR report
- At the conclusion of the CPS investigation
- On each FASP
- When a child's safety status or plan changes
- Upon a child's discharge from foster care

- At case closure

Determining the Focus of the CPS-Protective Safety Assessment

The focus of the Safety Assessment in a Child Welfare Services case is always the children's family/home of origin. The purpose of the Safety Assessment is to determine if it is necessary to take actions (or to continue or change actions already taken) to support the safety of the children within their own home. When children are in foster care (or in another temporary alternative living arrangement), the focus of subsequent Safety Assessments continues to be on the children's family/home of origin; the caseworker's task is to reexamine circumstances in the children's home of origin to determine if the Safety Plan is still necessary, appropriate, and effective given current circumstances in the home of origin, or if adjustments to the plan are needed to effectively support safety based on changes within the home of origin (i.e., Given current circumstances at home, do the children still need to be in foster care? Are there other alternative interventions that could adequately address safety? Has the family's capacity to protect changed? Does the Safety Plan need to be changed due to changes within the home of origin?).

Helpful Tip

Before completing the Safety Assessment, it is essential that the caseworker accurately determine the appropriate household or households to assess, including an accurate accounting of all adults and children within that household. In addition to parents and their children, households may include a parent's partner living in or frequenting the home, extended family, or others who impact safety within the home. All persons living in or frequenting the home need to be accounted for when assessing safety. In complex households, it can be helpful to construct a simple genogram, or family map, to help the caseworker accurately determine household composition and the focus of the assessment.

Redundancy Prevention Tip

There is an opportunity within the Foster Care (FC) Issues section of the FASP to also look at safety within the foster care setting or alternative living arrangement. Safety within the foster care setting or an alternative living arrangement should be addressed in the FC Issues section, not in the CPS-Protective Safety Assessment.

Documenting the Safety Assessment

All caseworkers are expected to assess safety in their ongoing contacts with families and children, and to take whatever actions are necessary in response to emerging safety threats. They should also document relevant observations, changes, and actions on the Progress Notes tab. The Safety Plan, or a need for one, is continually reassessed during each contact with the family. Changes to the Safety Plan must be put in place immediately to support safety, and not be deferred until the next FASP.

It is the Case Planner who is ultimately responsible for documenting the Safety Assessment within the FASP, although in some districts this responsibility is assigned to the CPS Worker/Monitor. The documented Safety Assessment, including the Safety Plan, should represent the shared findings and decisions of the team working with the family. While safety is reassessed on an ongoing basis, some good opportunities for determining or reaffirming the team's observations and consensus regarding safety include, but are not limited to, the safety conference following a child's placement, the Service Plan Review Conference, court proceedings, and any team/family conferences regarding next steps in the case.

Continuing to Reassess and Document Safety

Changing family circumstances affect safety over time. Children could quickly become endangered due to change in family circumstances. In order to determine the need for a Safety Plan, the caseworker must review the children's family/home of origin during every contact to get an accurate, current understanding of family circumstances. Throughout the case, caseworkers need to identify any changes affecting safety that may have occurred, and to adjust the Safety Decision and Safety Plan accordingly. Actions taken to protect children must be sufficient to offset the Safety Factors that place children in immediate or impending danger of serious harm; Safety Plans also need to be adjusted given positive or negative changes in the family situation. Safety Plans should effectively and appropriately utilize the family's resources whenever possible, as they become known or change over time.

Examples of changes in children/family circumstances that may prompt changes to a Safety Plan:

- Children's needs change (e.g., the child's medical/mental health status worsens to a point where the child's life/health is jeopardized and the parent(s) are unable to effectively respond to the child's needs; the child's medical condition subsides)

- A dangerous condition in the home is corrected (e.g., heat is re-established in the apartment)

- A parent stops, or becomes inconsistent in maintaining the behaviors or actions they agreed to as part of their contribution to the Safety Plan (e.g., the parent stops taking the child to a clinic when the child is sick; the parent no longer allows a relative to come into the home to help care for the child and child's needs are unmet)

- A parent demonstrates the ability to meet the children's needs without agency support/intervention (e.g., the parent learns how to and consistently demonstrates an ability to appropriately respond to the children's medical/mental health/nutritional/supervision needs)

- A parent demonstrates the ability to identify dangerous people or behaviors and to protect the children without outside support or intervention (e.g., the non-offending parent permanently separates from a perpetrator and demonstrates a lasting ability to protect the children by keeping known abusers away from them)

- Family support or resources increase (e.g., a cousin offers to provide transportation so the mother can take the child for necessary medical care; the parent begins receiving consistent financial resources enabling him/her to meet the children's basic needs)

- A dangerous person moves into or out of the home (e.g., a recently incarcerated adult relative moves into the parent's home and the child is frightened by his presence; a dangerous adult leaves the home at the parent's request).

- An alternate caretaker resource comes forward (e.g., an aunt is willing and able to take the children into her home while the parent enters drug rehabilitation; the father obtains custody of his child)

- A parental behavior significantly changes to the point where the children's needs are now being met consistently without agency supports (e.g., the parent's use of alcohol no longer results in inadequate supervision, as the parent has arranged for the children to be supervised by their grandmother)

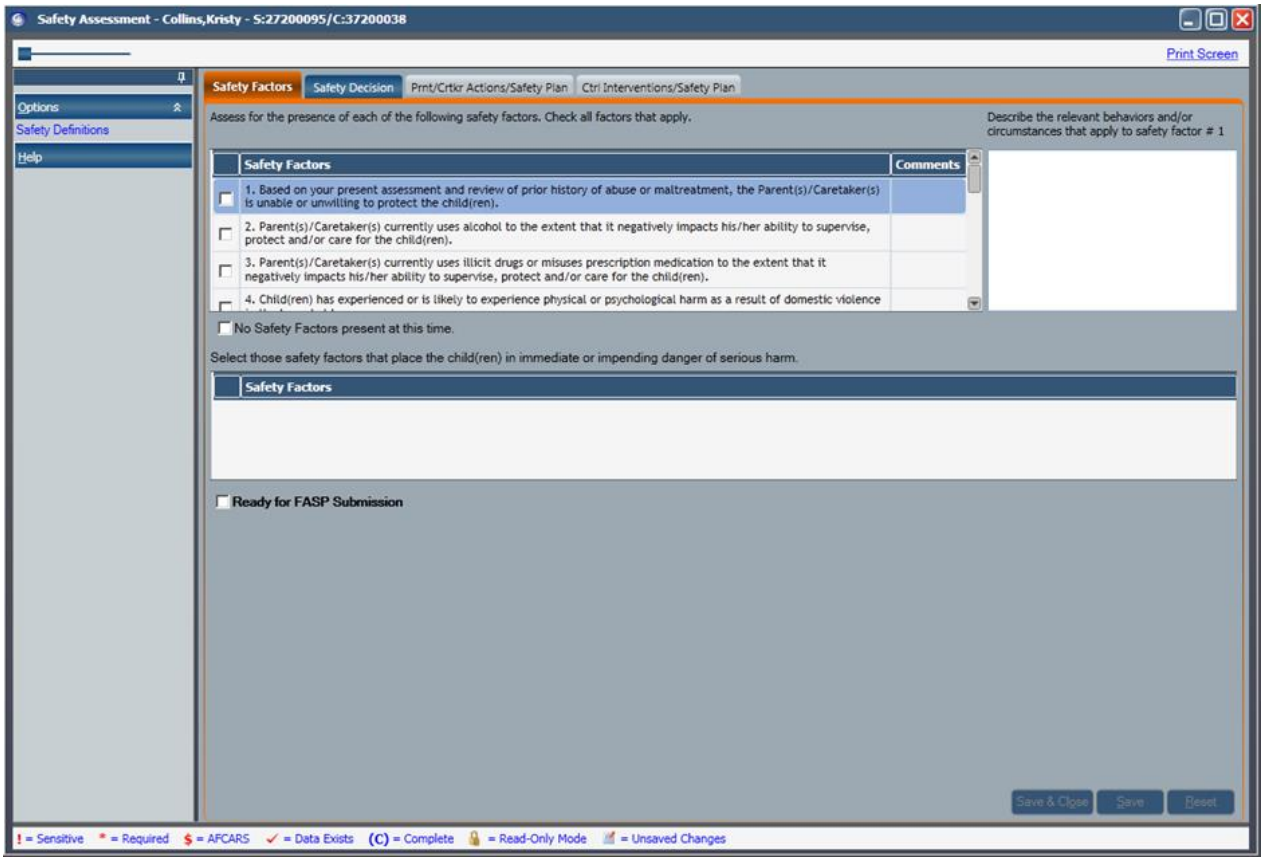
Completing the Safety Assessment Window

There are four tabs on the Safety Assessment window:

- Safety Factors (and assessment of immediate/impending danger of serious harm)
- Safety Decision
- Prnt (Parent)/Crtkr (Caretaker) Actions/Safety Plan
- Ctrl (Controlling) Interventions/Safety Plan

The following pages provide assistance in completing each of the above tabs.

Safety Assessment Window: Safety Factors Tab



Quick Tips for Completing the Safety Factors Tab

Check all Safety Factors that apply to this family at this time. A Safety Factor is a behavior, condition, or circumstance that has the potential to place a child in immediate or impending danger of serious harm. Removed – Expanded Safety Factors are no longer listed here. Provide a brief narrative in the field at the right to describe the specific parent/caretaker behavior or family circumstance that corresponds to the selected safety factor. Provide evidence of what was seen, heard, or told to the caseworker and by whom.

The selected Safety Factors will appear in the box at the bottom of the tab. Evaluate each factor, and mark with a check those that place a child in immediate or impending danger of serious harm. Use the criteria below to determine if any of the factors place a child in immediate or impending danger of serious harm:

- Seriousness of the behaviors/circumstances
- Number of Safety Factors present
- Child's degree of vulnerability
- Child's age

Completing the Safety Factors Checklist

Select from the checklist of Safety Factors any and all factors that are currently present in the children's family or home of origin; if appropriate to this case's circumstances, select the No Safety Factors present at this time checkbox located under the checklist.

Safety Factors are parental behaviors, conditions, or circumstances in the home that have the potential to place a child in immediate or impending danger of serious harm. Include behaviors, conditions, and circumstances that would be present or that would emerge if a Safety Plan was not in place.

This inventory of Safety Factors should reflect what is currently reoccurring in the children's family, not simply what concerns brought the case to the attention of CPS. This requires that caseworkers have an accurate and current understanding of what is going on in the children's home of origin. It should be based upon the caseworker's direct observation, as well as input from the family, other service providers, and collaterals.

Remember, for a child in foster care or other temporary alternative living arrangement, the focus of this assessment is the child's home of origin, not the foster home. There will be an opportunity later in the Foster Care Issues section of the FASP to look at safety within the foster care setting or alternative living arrangement. Assessing safety as if safety interventions or controls were no longer in place provides a true picture of the dangers that may be present.

For a list of Safety Factor examples, see *Appendix 5B: Expanded Safety Factors*.

Consistency Check

The Safety Factors, which remain checked at the bottom of the tab, are those that the Safety Plan must address. Be sure the descriptions recorded in the narrative field sufficiently explain and support the assessment. Select the Ready for FASP Submission checkbox in the lower left corner of the tab when the documentation has been completed.

Recording Safety Factor Descriptions

For each Safety Factor selected from the checklist, a description must be recorded in the field on the right side of the window. These statements should describe specific individuals, behaviors, and circumstances within the children's household, and specifically how each threatens the safety of one or more children. Statements should be clear, behavioral, factual, and nonjudgmental. Endeavor to "paint a picture" of specific circumstances in the family.

If the caseworker has selected the No Safety Factors present at this time checkbox, the system will not require a narrative description; however, some districts will require a narrative to be provided to support the caseworker's selection of the No Safety Factors present at this time checkbox.

Helpful Tip

If you need help with how to write a description, review *Appendix 5B: Expanded Safety Factors* for guidance.

Navigation Pointer

Safety Factor comments are a required field (shaded yellow on the window), and must be completed prior to selecting a Safety Decision.

Role Clarification

While CONNECTIONS can check if a description has been entered, it is the role of the FASP Approver to determine the thoroughness of the descriptions.

When the caseworker is not the direct observer of the cited behavior or condition, identify the individual who provided the information (e.g., "Mrs. Jones stated that…"; "…as told to this caseworker by the twelve-year-old child.") However, do not identify a person as the "source" of an SCR report anywhere in the FASP**.**

The descriptions recorded in the narrative field are intended to support the caseworker's decision to select a given Safety Factor; be certain they sufficiently explain and support the assessment of safety.

The descriptions will also be useful to supervisors or Case Managers in evaluating the appropriateness of the documented observations, decision, and actions. Writing clear, detailed, behavioral, nonjudgmental descriptions will also help to prepare the caseworker for writing other documents.

CONNECTIONS will allow the caseworker to save the tab without Safety Factor descriptions, but the Safety Assessment is not complete and cannot be submitted for approval without these descriptions.

Determining If a Child Is in Immediate or Impending Danger and Needs Protection

The next step in the Safety Assessment process is to determine which Safety Factors, if any, place a child in immediate or impending danger of serious harm, and thus in need of immediate protection. Need for protection means there is a need for action by the child's family and/or by the caseworker, agency, or court to protect the child, without which the danger will continue to be present or will immediately return.

Safety Factors selected from the Safety Factors Checklist will appear in the box at the bottom of the tab. From this list, identify those Safety Factors that currently place one or more children in immediate or

impending danger of serious harm, by placing a checkmark in the respective checkbox. The Safety Plan must address those factors that remain checked at the bottom of the tab.

The age and vulnerability of the children should be carefully considered when deciding if Safety Factors rise to the point of which they present immediate or impending danger. Vulnerability can be age-related, condition-related (such as a disability), or related to other circumstances such as the children's isolation from others. It is important to consider the seriousness and number of Safety Factors present within the children's environment, as Safety Factors can interact with each other. This can result in a combination of potentially threatening conditions and behaviors that cumulatively rise to the level of posing immediate or impending danger.

Refer to the following definitions for additional help:

Immediate: A child is in immediate danger when presently exposed to serious harm (e.g., a young child is crawling around in a vermin-infested apartment; there is no food or heat in the home; the parent is extremely angry with a teenager and has locked the teen out of the home on a night with temperatures falling below zero).

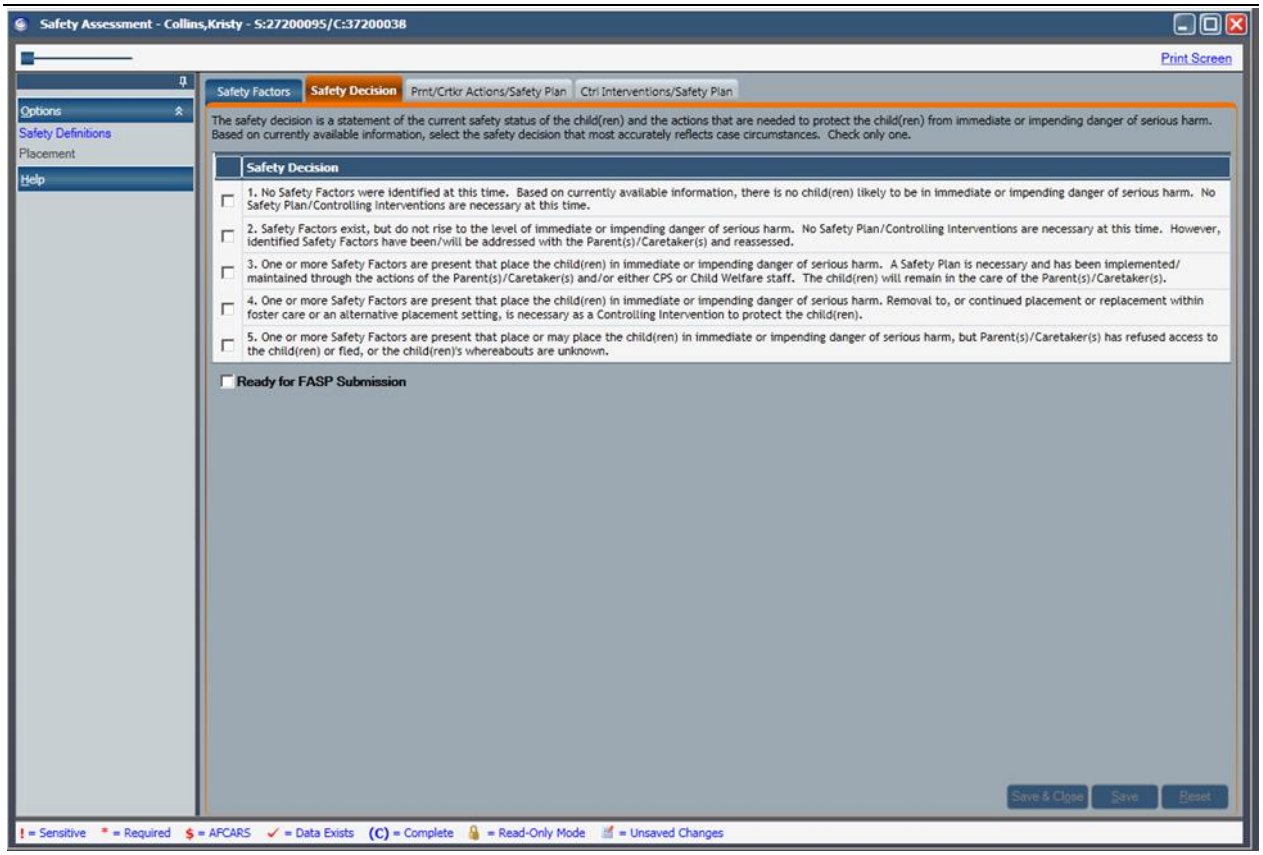
Impending: A child is in impending danger when exposure to serious harm is emerging, about to happen, or is a reasonably foreseeable consequence of current circumstances (e.g., the condition of the home is such that it presents a likely fire hazard; the parent's active drug use means that supervision is not provided on a consistent basis nor in a manner consistent with the child's age/developmental level; a violent father is about to be released from jail, likely to return to the home, and the mother is unsure if she can keep him from harming the children).

Serious: The situation is so dangerous that it must be addressed immediately to avoid harm to a child's life or health. A serious situation may be created by one factor alone (e.g., a parent's whereabouts is unknown and there are no other adults available to care for the child; a parent's behavior is extremely violent), or by a combination of factors that create a dangerous situation (e.g., the child is medically fragile and the parent is unable to meet the child's needs due to the parent's own developmental limitations; the child has expressed fear of living in the home because his older brother has been playing with his father's loaded gun, and the parents have not secured the gun).

Children's Age and Vulnerability: The level of danger presented by any given Safety Factor may be affected by the children's ages; physical, cognitive, or emotional vulnerability; or isolation from or limited exposure to other adults (e.g., a three-year-old is generally in greater danger than a thirteen-year-old while home alone with an intoxicated parent; a child who cannot communicate his/her needs or has no access to adults outside the home is in greater danger than a child who can communicate verbally and attends school or day care each day).

For any Safety Factors identified as placing a child in immediate or impending danger of serious harm, the Safety Factor descriptions recorded in the narrative field should sufficiently explain and support this decision.

Safety Assessment Window: Safety Decision Tab



Quick Tips for Completing the Safety Decision Tab

Select the most appropriate Safety Decision for this family at this time based upon the caseworker's inventory and assessment of the Safety Factors on the previous tab. If different decisions apply to different children within the same family, choose the most serious. Remember, the Safety Decision reflects the status of the children's home of origin at the present time.

Based on the chosen Safety Decision, CONNECTIONS will enable or disable sections of the Safety Plan.

Safety Decision 1: If the No Safety Factors present at this time checkbox was selected on the Safety Factors tab, CONNECTIONS will automatically select Decision 1. The caseworker cannot select Decision 1 if any other factors were selected in the Safety Factors Checklist.

Safety Decision 2: Safety factors exist but do not rise to the level of immediate or impending danger of serious harm. No safety plan/controlling interventions are necessary at this time. However, identified safety factors will be addressed with the parent(s)/caretakers(s) and reassessed.

Safety Decision 3: Requires a Safety Plan. This decision is for a situation in which one or more safety factors are present, placing the children in immediate or impending danger of serious harm, and either the family has taken action to protect the children with caseworker monitoring that, or the

caseworker put a safety plan in place to control for safety that is effective in protecting the children while they remain in the custody of their parent(s) or caretaker(s).

Safety Decision 4: Requires a Safety Plan, and must include Controlling Interventions or other actions by the caseworker/agency to protect the child(ren) at this time; may also include parent/caretaker actions.

Safety Decision 5: Requires a Safety Plan, and must include Controlling Intervention(s) or other actions by the caseworker/agency to locate and determine safety of the child(ren) at this time.

For enhanced descriptions of each decision, refer to the *Selecting the Safety Decision* section.

Safety Decision

The Safety Decision is a statement of the current safety status of the children and the actions that are needed to protect the children from immediate or impending danger of serious harm. A Safety Decision is dynamic and is always based on the information the caseworker has available to him/her at the time of the decision.

The Safety Decision documents the caseworker's/team's conclusion regarding the current safety status of the children's home and whether there is a need for protection. In making this decision, the caseworker/team must weigh:

- The seriousness of the actual or potential harm
- The number of Safety Factors/dangers
- The children's degree of vulnerability and need for protection
- The age of the child.

The selected Safety Decision will determine which parts of the Safety Plan are required to be completed and which are optional.

Navigation Pointer

The caseworker must complete the Safety Factors tab before completing the Safety Decision tab.

Selecting the Safety Decision

There are five possible Safety Decisions. If different decisions apply to different children within the same family, select the most serious.

Consistency Check

The Safety Decision selected by the caseworker determines if a Safety Plan is necessary. If Decision 3, 4, or 5 applies to a given case, a Safety Intervention is required.

1. No Safety Factors were identified at this time. Based on currently available information, there is no child(ren) likely to be in immediate or impending danger of serious harm. No Safety Plan/ Controlling Interventions are necessary at this time.

CONNECTIONS will automatically select Decision 1 when the No Safety Factors present at this time checkbox was selected on the Safety Factors tab. Given the absence of any current safety concerns, there is not a need for protection.

2. Safety Factors exist, but do not rise to the level of immediate or impending danger of serious harm. No Safety Plan/Controlling Interventions are necessary at this time. However, identified Safety Factors have been/will be addressed with the parent(s)/caretaker(s) and reassessed.

Select Decision 2 when Safety Factors have been identified in the Safety Factors Checklist, but do not rise to the level of immediate or impending danger of serious harm. The caseworker needs to document what was discussed with the parent/caretaker; this can be documented in Progress Notes. The Prnt/Crtkr Actions/Safety Plan tab is enabled and is an option for documenting the decision. It can be used to describe what was discussed between the caseworker and the parent/caretaker regarding the identified Safety Factors, and what the family has done or will do to address these concerns so that they do not place a child in immediate danger of serious harm in the future. What steps the caseworker or others will take to reassess the situation and ensure that the Safety Factors do not become a concern in the future may also be documented here. No Safety Plan is needed at this time. Risk reduction services may still be necessary and can be recorded on the Service Plan window of the FASP.

The key difference between Decision 1 and 2 is the absence (1) or presence (2) of Safety Factors in the children's family/home of origin at this time.

3. One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. A Safety Plan is necessary and has been implemented/maintained through the actions of the parent(s)/caretaker(s) and/or either CPS or Child Welfare staff. The child(ren) will remain in the care of the parent(s)/caretaker(s).

Select Decision 3 when Safety Factors have been identified in the Safety Factors Checklist and at least one Safety Factor rises to the level where a child is in danger and protection is needed. Action by the caseworker/agency is necessary; actions by parents/caretakers may be added, to effectively protect the

children, though the children remain living with one or both parents. The Ctrl Interventions/Safety Plan tab must be completed. The Prnt/Crtkr Actions/Safety Plan tab may also be completed when appropriate. Risk reduction services may also be necessary and can appropriately be recorded on the Service Plan window of the FASP, not on the Safety Assessment window.

The key difference between Decisions 2 and 3 is that in Decision 3, a Safety Plan is required to be implemented by the caseworker/agency.

4. One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. Removal to, or continued placement in, foster care or an alternative placement setting is necessary as a Controlling Intervention to protect the child(ren).

Select Decision 4 when removal action by the agency is necessary to effectively protect a child, or custody of a child has been transferred to the district or to a relative/family friend. The Ctrl Interventions/Safety Plan tab must be completed. The Prnt/Crtkr Actions/Safety Plan tab may also be completed when appropriate. Risk reduction services may also be necessary and can appropriately be recorded on the Service Plan window of the FASP, not in the Safety Assessment.

The key difference between Decisions 3 and 4 is that in Decision 3, the children remain in the care and custody of at least one of the original Parents/Caretakers. In Decision 4, legal custody of at least one child in the family was/is being transferred to the local district or to a relative/family friend.

Navigation Pointer

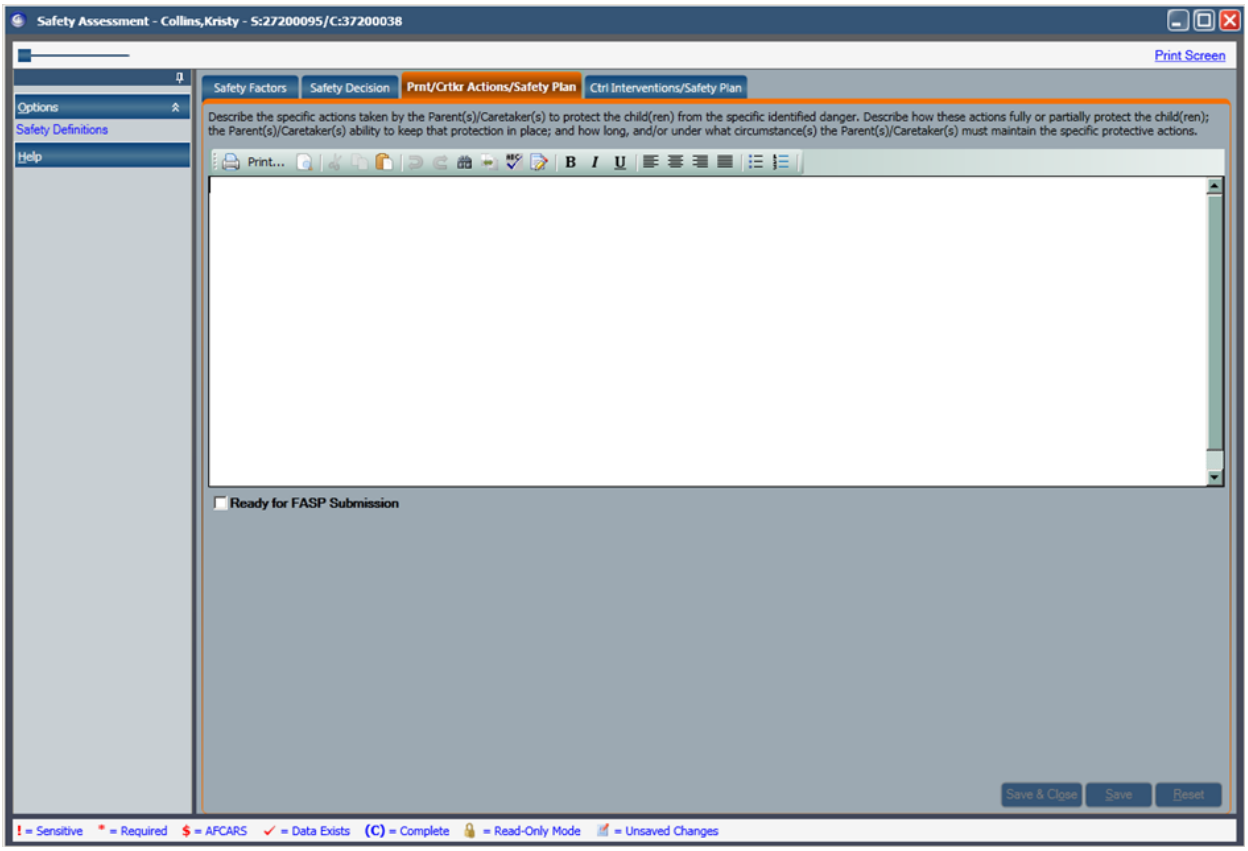
Selecting Decision 4 automatically opens the Placement window; select those children who have been placed (or who remain in placement) at this time.

If one or more children remain at home, the caseworker must record comments explaining why the children can remain safe in their home (e.g., the child in foster care is a stepchild who is the target of the parent's abuse, while the child at home is a birth child whom a parent perceives more benignly; the child at home is much older and does not need the same level of supervision as a younger child who is in placement; the child in foster care has medical or behavioral needs much greater than those of siblings who remain at home, and a parent is able to meet their needs for care and supervision).

5. One or more Safety Factors are present that place or may place the child(ren) in immediate or impending danger of serious harm, but the parent(s)/caretaker(s) has refused access to the child(ren) or fled, or the child(ren)'s whereabouts are unknown.

Select Decision 5 when a child's whereabouts are unknown and/or the safety of a child cannot be ascertained. Action by the agency is necessary to determine the child's whereabouts or condition to effectively protect the child. The Ctrl Interventions/Safety Plan tab must be completed. Describe the actions taken or to be taken to locate the child and determine his/her safety status.

Safety Assessment Window: Prnt/Crtkr Actions/Safety Plan Tab



Quick Tips for Completing the Prnt/Crtkr Actions/Safety Plan Tab

Describe actions taken or to be taken over time by parents, caretakers, or other family members to protect the children from the specific dangers previously identified on the Safety Factors tab. Be sure to clearly describe who will do what, how often, and for how long.

Do not include strengths, resources, or actions taken whose primary purpose is to promote change or to strengthen parent/child functioning. These strengths and resources will be documented in the SNR Scales and Analysis. Actions taken to reduce risk are documented in the Service Plan.

It is important that these strengths and resources of the family, and actions to be taken or continued to protect the child, are stable enough, consistent enough, and are able to be in place for as long as danger is present or likely to reoccur.

If safety decision two is checked you may use this tab or Progress Notes to describe what was discussed between the caseworker and the parent/caretaker regarding the identified Safety Factors, and what the parent/caretaker has done or will continue to do to address these concerns. Be sure that any agreements or expectations between the caseworker and parent/caretaker have been clearly articulated and discussed.

Defining a Safety Plan

A Safety Plan is a set of actions and interventions intended to protect a child or to control a dangerous situation. The Safety Plan must address those factors identified in the Safety Factors Checklist as placing a child in immediate or impending danger of serious harm.

A Safety Plan:

- Clearly identifies a set of actions, including Controlling Interventions that have been, or will be taken without delay, to protect the children from immediate or impending danger of serious harm.
- Addresses all of the behaviors, conditions, or circumstances that create the immediate or impending danger of serious harm to the children.
- Specifies the tasks and responsibilities of all persons (parent/caretaker, household/family members, caseworker, or other service providers) who have a role in protecting the children.
- Delineates the time frames associated with each action or task in the plan that must be implemented, and identifies how the necessary actions and tasks in the plan will be managed and by whom.
- Must be modified in response to changes in the family's circumstances, as necessary, to continually protect the children throughout the life of the case. A Safety Plan is necessary until the protective capacity of the parent/caretaker is sufficient to eliminate immediate or impending danger of serious harm to the children in the absence of any controlling interventions.

A Safety Plan is *not* a set of educational, rehabilitative, or supportive activities or services intended to reduce risk, address underlying conditions and contributing factors, or to bring about long-term and lasting change within a family.

Risk reduction services and activities, detailed on the Service Plan window of the FASP, are those which are intended to bring about long-term and lasting change by addressing underlying conditions and other factors that contribute to abuse/maltreatment or to the conditions that created the danger to the safety of the children. Risk reduction services should not be listed in the Safety Plan.

A Safety Plan always consists of Controlling Interventions implemented by the caseworker/agency, and may include parent/caretaker actions. Ideally, a Safety Plan involves a partnership between the family and agency to effectively protect children by controlling a dangerous situation over time. In developing a Safety Plan, caseworkers need to identify strengths, resources, and actions that have been taken or that can be immediately taken within the family to effectively and consistently protect the child from the identified Safety Factors. These are documented on the Prnt/Crtkr Actions/Safety Plan tab. In some cases parent/caretakers may be unwilling or unable to participate in developing and implementing the safety plan.

The actions taken by the caseworker to monitor the parent/caretaker actions for effectiveness must be documented as a Controlling Intervention by the caseworker. Based upon the specific case circumstances, caseworkers may also need to take additional actions to implement or continue Controlling Interventions to protect the children to control the dangerous situation. All of the

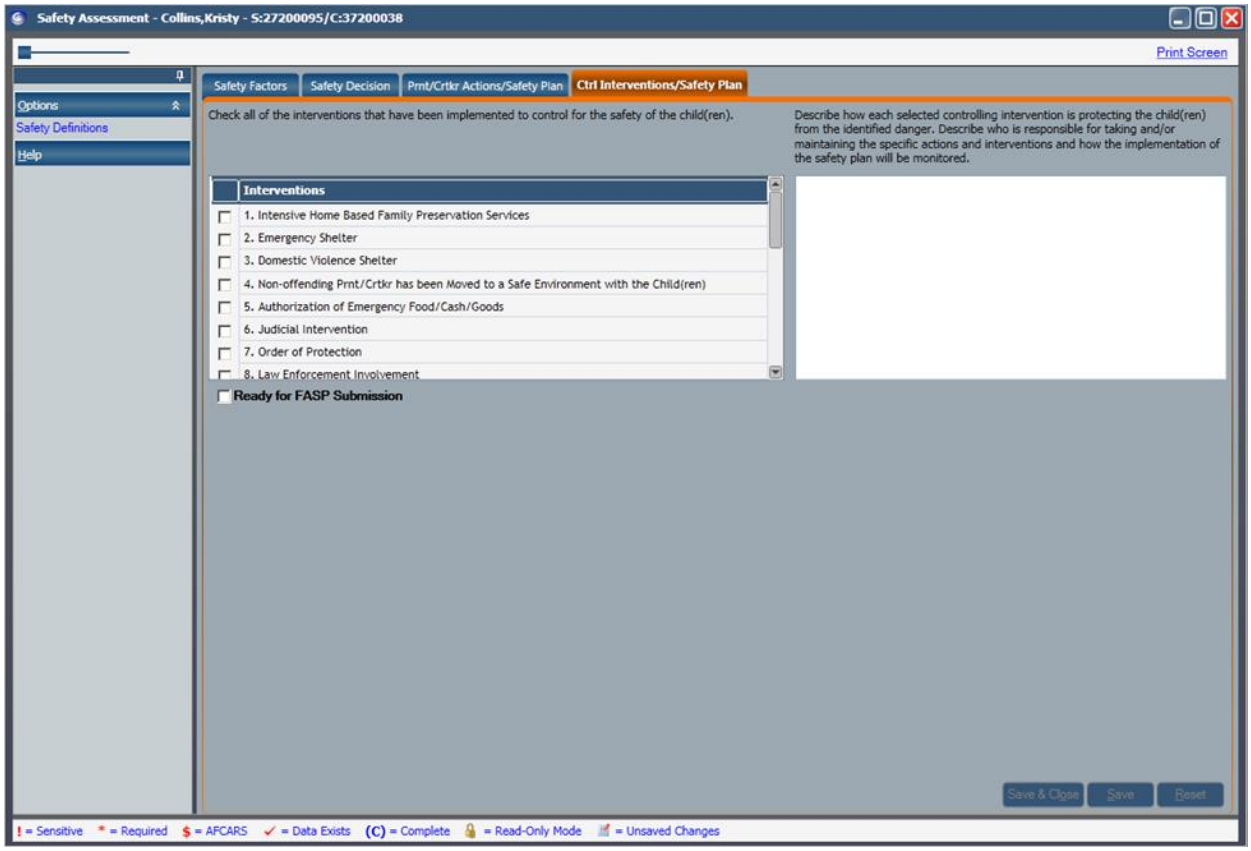
caseworker's actions to monitor or supplement the parent efforts, and all caseworker actions that are taken independent of parent/caretaker actions, will be documented on the Ctrl Interventions/Safety Plan tab. To be effective, caseworkers must clearly articulate and document exactly who will do what, how often, and for how long, and how the effectiveness and need for continuation of the Safety Plan will be evaluated over time.

A thorough assessment of safety requires that the caseworker identify and evaluate both Safety Factors and concerns present in the home, including the safety criteria (i.e., seriousness of the behavior/circumstances, number of Safety Factors present, child's degree of vulnerability, and child's age) and the strengths and resources within the family that can provide for the safety of the children. When possible and appropriate, caseworkers should strive to use strengths and resources of the family to protect the children from the identified danger. It is important that any actions to be taken or continued by the family to protect the children are sufficient, stable, and consistent enough to provide adequate protection, and are able to be in place for as long as danger is present, or likely to recur.

If the family is not able to effectively protect the children utilizing their own strengths and resources and monitoring by the caseworker, then additional Controlling Interventions by the agency are necessary to protect the children.

Controlling Interventions are activities or arrangements (implemented by the caseworker or agency) that protect children from situations, behaviors, or conditions which are associated with immediate or impending danger of serious harm, and without which the dangerous situations, behaviors, or conditions would still be present, would emerge, or would, in all likelihood, immediately return. These interventions are specifically employed to control or contain the situation until more permanent change can take place.

Safety Assessment Window: Ctrl Interventions/Safety Plan Tab



Quick Tips for Completing the Ctrl Interventions/Safety Plan Tab

Select one or more interventions from the Controlling Interventions checklist that best reflect the services and actions which have been taken or will remain in place by the caseworker, agency, and/or the court to protect the children at this time. The selected interventions should be those intended to effectively address Safety Factors identified and described on the Prnt/Crtkr Actions/Safety Plan tab. The selected items should reflect the collective services or actions of all members of the service team to protect the children, not just services or actions taken by the caseworker.

Controlling Interventions are services, activities, or arrangements which protect children from situations, behaviors, or conditions associated with immediate or impending danger of serious harm, and without which the dangerous situations, behaviors, or conditions would still be present; would emerge; or would, in all likelihood, immediately return. Remember that a Safety Plan is intended to protect or control a dangerous situation; it is not a set of educational, rehabilitative, or supportive activities or services intended to reduce risk, address underlying conditions and contributing factors, or bring about long-term and lasting change within a family.

Completing the Ctrl Interventions/Safety Plan Tab

The Ctrl Interventions/Safety Plan tab is divided into two sections:

- The left side contains a checklist of interventions designed to control for the immediate health and safety of the children. A caseworker must select one or more interventions as applicable to a specific case. (See *Appendix 5C: Controlling Interventions Checklist* for examples of each item within the list.)
- The right side contains a field for recording a brief narrative that describes details of the Safety Plan, and how it protects and controls for the immediate health and safety of the children.

When a caseworker selects one or more interventions, he/she must record a narrative. CONNECTIONS will allow the caseworker to save the tab without a narrative, but the Safety Assessment is not complete without one. It is the responsibility of the Case Manager and supervisor to determine the quality of the Safety Intervention narrative upon submission of the FASP for approval.

Controlling Interventions Checklist

When a Safety Plan is needed, select one or more interventions from the Controlling Interventions checklist which best reflect the services and actions taken or put in place (or will remain in place) by the caseworker, agency, and/or the court to protect the children at this time. The selected interventions should be those intended to effectively address Safety Factors identified and described on the Prnt/Crtkr Actions/Safety Plan tab. The selected items should reflect the collective services or actions of all members of the service team to protect the children, not just services or actions taken by the caseworker.

Controlling Intervention Narrative

In the narrative field, describe the specific actions taken or interventions put in place or to be continued by the caseworker, agency, and/or court which provide for the children's safety. Also, describe the specific steps for interventions which have been taken (not what is contemplated for the future) to protect the children, including any legal activity, and how each is intended to control for safety. Clearly identify who is responsible for implementing and maintaining each task within the Safety Plan, specifically what each person must do to ensure its effectiveness, and how these steps protect the children from serious harm. Do not assume that people know what is expected of them. The narrative is a good way to affirm the caseworker's understanding of the plan, and should clearly communicate to others exactly what is expected of them. Include any specific discussions between the caseworker and others who have agreed to take specific actions to protect the children.

Redundancy Prevention Tip

Do not include risk reduction services or other activities that do not address safety. Risk reduction services and activities appropriately belong on the Case Update tab (what the caseworker has done) or on the Service Plan window (what the caseworker will do) of the FASP.

Quality Check

The caseworker must select the Ready for FASP Submission checkbox in the lower left corner of the tab to submit the FASP for approval.

To evaluate the appropriateness and completeness of the response in this section, consider the following:

- Is the Safety Plan adequate to protect the children at this time?
- Has the Safety Plan appropriately and effectively utilized the family's own strengths and resources?
- Is the Safety Plan sufficient to protect the children from danger until more extensive assessment and service planning can be completed or the danger can be eliminated?
- Does the narrative clearly describe the specific tasks each individual is supposed to perform?
- Is it clear that the Case Planner or CPS Monitor is monitoring the plan for effectiveness?

The Non-CPS Safety Assessment

The focus of the Non-CPS Safety Assessment extends beyond the children, to include any non-CPS related dangers or threats to the safety of the children, other family members, and/or the community posed by persons or circumstances within the family/home (e.g., child behavior or a serious family crisis resulting in loss/incapacity of a caretaker). For a list of examples, see *Appendix 5D: Non-CPS Safety Issues and Concerns*.

The threat or danger is not associated with a parent's or caretaker's abusive or neglectful behavior or conditions within the home; a child may be the source of the danger. In cases where there are concerns that a child's behavior poses a danger to self or others, the focus is not only on the safety of the child, but also on the safety of siblings, other family members, and/or others in the community as a consequence of the child's own behavior.

A Non-CPS Safety Assessment looks beyond immediate danger of serious harm to life or health. It also includes serious threats to emotional, physical, and developmental well-being.

The Non-CPS Safety Assessment is less structured than the CPS-Protective Safety Assessment; there are no checklists, and there is only one narrative window. The following provides guidance for completing this narrative.

Completing a Non-CPS Safety Assessment

The Non-CPS Safety Assessment is automatically generated in the FASP when children in the FSS have a Program Choice of Preventive or Placement but not Protective. It can only be accessed on the FASP tree when there are no children in the case who have a Program Choice of Protective. For CPS-Protective cases where one or more Non-CPS safety concerns also exist, these concerns can and should be documented within the CPS-Protective Safety Assessment.

Safety is first assessed in a Non-CPS case via the inventory of "emergency concerns." Subsequent to opening a case for services, complete the Non-CPS Safety Assessment on each FASP, when a family's/children's safety circumstances/plan changes, and at case closure or discharge.

Determining the Focus of the Safety Assessment

The focus of the Safety Assessment is always the children's home of origin.

The purpose of the Safety Assessment is to determine whether or not it is necessary to take actions (or to continue or change actions already taken) to support the safety of the children, family, or community. When children are in foster care (or in another temporary alternative living arrangement), the focus of subsequent Safety Assessments is still the children's family/home of origin. The caseworker's task is to reexamine circumstances in the children's home of origin to determine if the Safety Plan is still necessary, appropriate, and effective, given current circumstances in the family/home of origin, or if adjustments to the plan are needed to effectively support safety based on changes within the family/home of origin (i.e., Does the child still need to be in foster care given current circumstances at home? Are there other alternative interventions that could adequately address safety? Has the family's

capacity to protect changed? Does the Safety Plan need to be changed due to changes within the family/home of origin?).

Helpful Tip

Before completing the Safety Assessment, it is essential that the caseworker accurately determine the appropriate household to assess, including an accounting of all adults and children within that household. In addition to parents and their children, households may include parents' partners living in or frequenting the home, extended family, or others who impact safety within the home. All persons living in or frequenting the home need to be accounted for when assessing safety. In complex households, it can be helpful to construct a simple genogram or family map, to help the caseworker accurately determine household composition and the focus of their assessment.

Redundancy Prevention Tip

There will be an opportunity within the Foster Care Issues section of the FASP to also look at safety within the foster care setting or alternative living arrangement.

Documenting the Safety Assessment

All caseworkers on a case are expected to assess safety in their ongoing contacts with families and children, and to document relevant observations and changes on the Progress Notes tab. The Safety Plan (or a need for one) is reassessed during each contact with the children/family.

It is the Case Planner who is ultimately responsible for documenting the Safety Assessment within the FASP. The documented Safety Assessment and Safety Plan should represent the shared findings and decisions of the team working with the family. While safety is reassessed on an ongoing basis, some good opportunities for determining or confirming the team's observations and consensus about safety include, but are not limited to, the safety conference following a child's placement, the Service Plan Review Conference, court proceedings, and any team/family conference regarding next steps in the case.

Continuing to Reassess and Document Safety

Family and children's circumstances affecting safety change continuously. To determine the effectiveness and appropriateness of the existing Safety Plan and to support its continuation, when necessary, the caseworker/team must review the children's home of origin during every contact to get an accurate, current understanding of current family circumstances. Throughout the case, caseworkers need to identify any changes affecting safety that may have occurred, and to adjust the Safety Decision and Safety Plan accordingly. Actions taken to protect a child or others must be sufficient to control the Safety Factors that place a child, or others, in immediate danger of serious harm. Safety Plans also need to be appropriate given positive changes in the family situation. They should effectively and appropriately utilize the family's resources, whenever possible, as they become known or change over time.

Examples of changes in children/family circumstances that may prompt changes to a Non-CPS Safety Plan:

- *Child's needs change:* The child's behavior improves to the point where he/she can safely live at home; the child's medications effectively control dangerous behavior so that the child can be managed at home

- *Parent's skills increase:* The parent learns how to and consistently demonstrates the ability to manage the child's behavior at home with or without community supports

- *Parent's support system increases:* A family member/partner adequately and effectively supports the parent in managing the child's behavior; the parent is now working in partnership with the therapist to manage the child's behavior

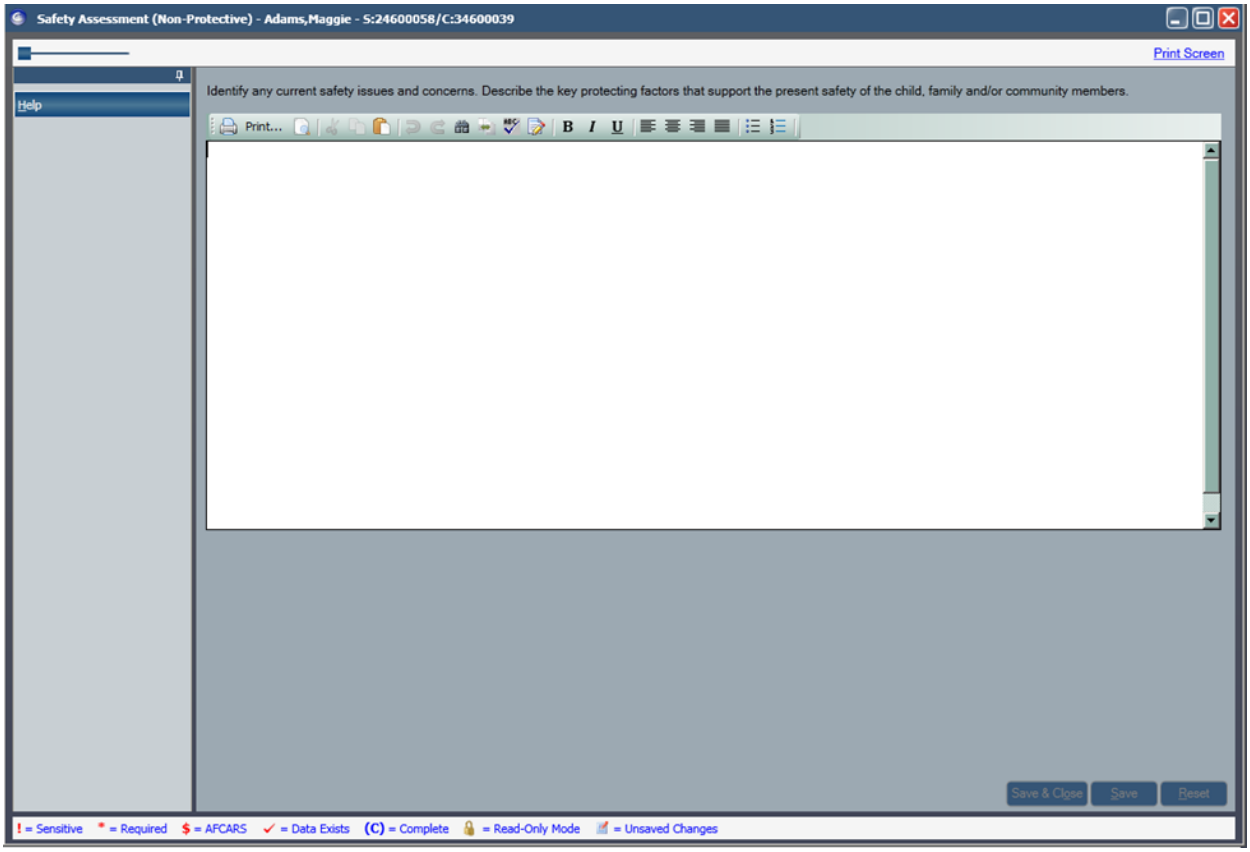
- *Family moves to a new neighborhood, thereby distancing itself from criminal behavior*

- *Family resources increase:* A parent's sibling moves from another state to provide child care so the parent can return to work following the death of a spouse; a parent obtains employment enabling the family to obtain suitable housing

- *Health of parent improves:* The mother completes chemotherapy and is able to resume caring for children

- *Community resources become available:* The school district is now able to provide appropriate educational program/supports for the child within the community school

Safety Assessment (Non-Protective) Window



Completing the Safety Assessment (Non-Protective) Window

Write a concise, focused narrative that includes a description of:

- Non-CPS safety issues and concerns currently present within the family's home environment, or which would be present if the current safety controls were no longer in place (e.g., if the child were not in foster care or living with relatives or if the seriously ill parent were not receiving home aid services). For a list of examples, see *Appendix 5D: Non-CPS Safety Issues and Concerns*.

Remember, for children in foster care or in another temporary alternative living arrangement, the focus of this assessment is on the emergencies or dangers presented by a child or other family or community conditions, and not the foster home. By assessing safety, as if safety controls were no longer in place, a true picture is provided of the issues that are present (e.g., if a dangerous child were still at home, he/she is likely to harm himself/herself or others at home; the Primary Caretaker is too ill to meet child's need). There will be an opportunity later in the Foster Care Issues section of the FASP to look at safety within the foster care setting or alternative living arrangement.

This inventory of safety issues and concerns should be based upon the caseworker's direct observations, as well as input from the family, other service providers, and collaterals.

- Protecting Factors that support the present safety of the child, family, and/or community members. Protecting Factors are the strengths, attributes, circumstances, and resources that serve to promote and support safety in children's current living arrangement. Protecting Factors must be assessed in relation to the specific issues in the family at this time.

Depending on the specific issues and where the children are living at the time of the current assessment, this may include qualities, actions, abilities, resources, and supports of the children, the family, or other adults who care for or have access to the children, the foster home, facility, or the community at large. The following are some questions to consider:

- If a child is violent, how does the current living arrangement (his/her parent's home, a relative's home, or a placement setting) contain the violence and protect the children, others, or the community from the child's violence?
- If a parent is gravely ill and cannot care for his/her children, what resources and supports are currently in place to meet the children's basic needs?
- If a child is using alcohol or other drugs to the extent he/she is a danger to himself/herself or others, what steps are being taken by the parents or other current caretakers to effectively contain/control his/her access to the substance and/or to control his/her behavior?

These factors need to be more than merely present or accessible. Documentation should show how they, individually or collectively, function to provide a sufficient level of safety in the children's current living arrangement. This includes not only the safety of the physical environment, but also the safety of the relationships and interactions between and among adults and children in the home or with regular access to the children.

When the children are living at home, protecting factors may exist that enable the children to remain at home (e.g., the parent is strong, is capable of establishing and enforcing boundaries, and has limited the children's access to dangerous or triggering people/places; despite his/her illness, the parent has strong supports within the community who help to meet the child's day-to-day needs). Actions may have been taken by the parents or others to meet the safety needs of the children or others (e.g., -the parents enlist the help of a relative to move the child away from dangerous or triggering people/places, or to control the child's access to guns, weapons, alcohol, or drugs).

When children are living in an alternative setting such as a relative's home or foster care setting, the caseworker is asked to identify how that living arrangement and the individuals responsible for the children effectively meet the children's needs (e.g., the grandmother receives public assistance in order to feed, clothe, and house the five grandchildren now living with her, and uses day care or the community center as respite; the foster parent has nursing skills which enable him/her to meet the child's special needs) or how the individual, home, or facility controls or contains a child who is dangerous to himself/herself or others (e.g., placement has removed the child from his home community where he was engaging in gang-related criminal activity; therapeutic foster parents use approved crisis management strategies to de-escalate a violent child).

Redundancy Prevention Tip

Do not include risk reduction services and activities in the Safety Assessment (Non-Protective). These can appropriately be documented on the Case Update tab (what the caseworker has done) and on the Service Plan window (what the caseworker will do) of the FASP.

Frequently Asked Questions

My supervisor requires me to have a Safety Plan for every case. Is that appropriate?

No. Safety Plans are required when the Safety Decision is 3, 4, or 5. In each of these circumstances, where Safety Factors and danger exist and children are in need of immediate protection from serious harm, then the agency has a responsibility to take (or continue)steps to protect the children. With Decision 1, where no safety factors are known to exist, it is not logical to have a Safety Plan. Decision 2 reflects the caseworker's/team's assessment that while one or more Safety Factors may be present, they do not place the children in danger. Thus, safety intervention by the agency is not necessary at this time, although the district/agency needs to have a frank discussion with the parent/caretaker about the safety issues that have been identified so that they are aware of the potential for danger if they were to become more serious, or if children that are more vulnerable were in the home. The district/agency would continue to assess for safety in ongoing contacts with the family.

In each of the above circumstances, it may be necessary and prudent to provide Risk Reduction Services/Activities, but that is appropriately documented in a different section of the FASP.

Why can't I record my ongoing work with the family/children on the Ctrl Interventions/Safety Plan tab?

Controlling Interventions are designed to protect or control the immediate or impending danger of serious harm. Services and activities which are intended to decrease the likelihood that children may be harmed in the future and to promote and sustain long-term and lasting change do not belong in the Controlling Interventions component of the Safety Plan; they appropriately belong on the Case Update tab and/or Service Plan window of the FASP.

Appendix

5A: Safety Factor Checklist

- ☐ 1. Based on your present assessment and review of prior history of abuse or maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child(ren).
- ☐ 2. Parent(s)/Caretaker(s) currently uses alcohol, to the extent that it negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).
- ☐ 3. Parent(s)/Caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).
- ☐ 4. Child(ren) has experienced or is likely to experience physical or psychological harm as a result of domestic violence in the household.
- ☐ 5. Parent's/Caretaker's apparent or diagnosed medical or mental health status or developmental disability negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).
- ☐ 6. Parent(s)/Caretaker(s) has a recent history of violence and/or is currently violent and out of control.
- ☐ 7. Parent(s)/Caretaker(s) is unable and/or unwilling to meet the child(ren)'s needs for food, clothing, shelter, and/or medical or mental health care and/or to control the child(ren)'s behavior.
- ☐ 8. Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate supervision of the child(ren).
- ☐ 9. Child(ren) has experienced serious and/or repeated physical harm or injury and/or the Parent(s)/Caretaker(s) has made a plausible threat of serious harm or injury to the child(ren).
- ☐ 10. Parent(s)/Caretaker(s) views, describes, or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).
- ☐ 11. Child(ren)'s current whereabouts cannot be ascertained and/or there is reason to believe the family is about to flee or refuses access to the child(ren).
- ☐ 12. Child(ren) has been or is suspected of being sexually abused or exploited and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate protection of the child(ren).
- ☐ 13. The physical condition of the home is hazardous to the safety of the child(ren).
- ☐ 14. Child(ren) expresses or exhibits fear of being in the home due to current behaviors of Parent(s)/Caretaker(s) or other persons living in, or frequenting the household.
- ☐ 15. Child(ren) has a positive toxicology for drugs and/or alcohol.

☐ 16. Child(ren) has significant vulnerability, is developmentally delayed, or is medically fragile (e.g., on Apnea Monitor) and the Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate care and/or protection of the child(ren).

☐ 17. Weapon noted in CPS report or found in the home and Parent(s)/Caretaker(s) is unable and/or unwilling to protect the child(ren) from potential harm.

☐ 18. Criminal activity in the home negatively impacts Parent's/Caretaker's ability to supervise, protect, and/or care for the child(ren).

☐ 19. No Safety Factors present at this time.

5B: Expanded Safety Factors

1. Based on your present assessment and review of prior history of abuse and maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child(ren).

    - Prior abuse or maltreatment (may include non-reported accounts of abuse or maltreatment) was serious enough to have caused or could have caused serious injury or harm to the child(ren).
    - Parent's/Caretaker's current behavior demonstrates an inability to protect the child(ren) because they lack the capacity to understand the need for protection and/or they lack the ability to follow through with protective actions.
    - Parent's/Caretaker's current behavior demonstrates an unwillingness to protect children because they minimize the child(ren)'s need for protection and/or are hostile to, passive about, or opposed to keeping the child(ren) safe.
    - Parent(s)/Caretaker(s) has retaliated or threatened retribution against child(ren) for involving the family in a CPS investigation or child welfare services, either in regard to past incident(s) of abuse or maltreatment or a current situation.
    - Escalating pattern of harmful behavior or abuse or maltreatment.
    - Parent(s)/Caretaker(s) does not acknowledge or take responsibility for prior inflicted harm to the child(ren), or explains incident(s) as not deliberate, or minimizes the seriousness of the actual or potential harm to the child(ren).

2. Parent(s)/Caretaker(s) currently uses alcohol to the extent that it negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).

    - Parent(s)/Caretaker(s) has a recent incident of or a current pattern of alcohol use that negatively impacts their decisions and behaviors and their ability to supervise, protect, and care for the child(ren). As a result, the Parent/Caretaker:
        - Is unable to care for the child(ren)
        - Is likely to become unable to care for the child(ren)
        - Has harmed the child(ren)
        - Has allowed harm to come to the child(ren)
        - Is likely to harm the child(ren)
    - Newborn child with positive toxicology for alcohol in its bloodstream or urine and/or was born with fetal alcohol effect or fetal alcohol syndrome.

3. Parent(s)/Caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).

    - Parent(s)/Caretaker(s) has recently used, or has a pattern of using illegal and/or prescription drugs that negatively impact their decisions and behaviors and their ability to supervise, protect, and care for the child(ren). As a result, the Parent/Caretaker:
        - Is unable to care for the child(ren)
        - Is likely to become unable to care for the child(ren)
        - Has harmed the child(ren)
        - Has allowed harm to come to the child(ren)

    - Is likely to harm the child(ren)
- Newborn child with positive toxicology for illegal drugs in its bloodstream or urine and/or was born dependent on drugs or with drug withdrawal symptoms.

4. Child(ren) has experienced or is likely to experience physical or psychological harm as a result of domestic violence in the household.

    - Observed or alleged batterer is confronting and/or stalking the caretaker/victim and child(ren) and has threatened to kill, injure, or abduct either or both.
    - Observed or alleged batterer has had recent violent outbursts that have resulted in injury or threat of injury to the child(ren) or the other caretaker/victim.
    - Parent/Caretaker/Victim is forced, under threat of serious harm, to participate in or witness serious abuse or maltreatment of the child(ren).
    - Child(ren) is forced under threat of serious harm to participate in or witness abuse of the caretaker/victim.
    - Other examples of Domestic Violence: caretaker/victim appears unable to provide basic care and/or supervision for the child(ren) because of fear, intimidation, injury, incapacitation, forced isolation, or other controlling behavior of the observed or alleged batterer.

5. Parent's/Caretaker's apparent or diagnosed medical or mental health status or developmental disability negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).

    - Parent(s)/Caretaker(s) exhibits behavior that seems out of touch with reality, fanatical, bizarre, and/or extremely irrational.
    - Parent's/Caretaker's diagnosed mental illness does not appear to be controlled by prescribed medication or they have discontinued prescribed medication without medical oversight and the Parent's/Caretaker's reasoning and ability to supervise and protect the child(ren) appear to be seriously impaired.
    - The Parent(s)/Caretaker(s) lacks or fails to utilize the necessary supports related to his/her developmental disability, which has resulted in serious harm to the child(ren) or is likely to seriously harm the child(ren) in the very near future.

6. Parent(s)/Caretaker(s) has a recent history of violence and/or is currently violent and out of control.

    - Extreme physical and/or verbal abuse and/or angry or hostile outbursts aimed at the child(ren) that are recent and/or show a pattern of violent behavior.
    - A recent history of excessive, brutal, or bizarre punishment of child(ren), e.g., scalding with hot water, burning with cigarettes, forced feeding.
    - Threatens, brandishes, or uses guns, knives, or other weapons against or in the presence of other household members.
    - Violently shakes or chokes baby or young child(ren) to stop a particular behavior.
    - Currently exhibiting, or has a recent history or pattern of behavior that is reckless, unstable, raving, or explosive.

7. Parent(s)/Caretaker(s) is unable and/or unwilling to meet the child(ren)'s needs for food, clothing, shelter, and/or medical or mental health care and/or to control child(ren)'s behavior.

    - No food provided or available to child(ren), or child(ren) starved or deprived of food or drink for prolonged periods.
    - Child(ren) appears malnourished.
    - Child(ren) without minimally warm clothing in cold months; clothing extremely dirty.
    - No housing or emergency shelter; child(ren) must or is forced to sleep in street, car, etc.
    - Housing is unsafe, without heat, sanitation, and/or windows; or presence of vermin, uncontrolled/excessive number of animals, and animal waste.
    - Parent(s)/Caretaker(s) does not seek treatment for child(ren)'s immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).
    - Child(ren)'s behavior is dangerous and may put them in immediate or impending danger of serious harm, and the Parent(s)/Caretaker(s) is not taking sufficient steps to control that behavior and/or protect the child(ren) from the dangerous consequences of that behavior.

8. Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate supervision of the child(ren).

    - Parent/Caretaker does not attend to child(ren) to the extent that need for adequate care goes unnoticed or unmet (e.g., although caretaker is present, child(ren) can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards).
    - Parent/Caretaker leaves child(ren) alone (time period varies with age and developmental stage).
    - Parent/Caretaker makes inadequate and/or inappropriate child care arrangements or demonstrates very poor planning for child(ren)'s care.
    - Parent/Caretaker routinely fails to attempt to provide guidance and set limits, thereby permitting child(ren) to engage in dangerous behaviors.

9. Child(ren) has experienced serious and/or repeated physical harm or injury and/or the Parent(s)/Caretaker(s) has made a plausible threat of serious harm or injury to the child(ren).

    - Child(ren) has a history of injuries, excluding common childhood cuts and scrapes.
    - Other than accidental, Parent(s)/Caretaker(s) likely caused serious abuse or physical injury (e.g., fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks)
    - Parent(s)/Caretaker(s), directly or indirectly, makes a believable threat to cause serious harm, (e.g., kill, starve, lock out of home)
    - Parent(s)/Caretaker(s) plans to retaliate against child(ren) for CPS investigation or disclosure of abuse or maltreatment.
    - Parent(s)/Caretaker(s) has used torture or physical force that bears no resemblance to reasonable discipline, or punished child(ren) beyond the duration of the child(ren)'s endurance.

10. Parent(s)/Caretaker(s) views, describes, or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).

    - Describes child(ren) as evil, possessed, stupid, ugly, or in some other demeaning or degrading manner.
    - Curses and/or repeatedly puts child(ren) down.
    - Scapegoats a particular child in the family.
    - Expects child(ren) to perform or act in a way that is impossible or improbable for the child(ren)'s age (e.g., babies and young children expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly).

11. Child(ren)'s current whereabouts cannot be ascertained and/or there is reason to believe the family is about to flee or refuses access to the child(ren).

    - Family has previously fled in response to a CPS investigation.
    - Family has removed child(ren) from a hospital against medical advice.
    - Family has history of keeping child(ren) at home, away from peers, school, or others for extended periods.
    - Family could not be located despite appropriate diligent efforts.

12. Child(ren) has been or is suspected of being sexually abused or exploited and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate protection of the child(ren).

    - It appears that Parent/Caretaker has committed rape, sodomy, or has had other sexual contact with child(ren).
    - Child(ren) may have been forced or encouraged to sexually gratify caretaker or others, or engage in sexual performances or activities.
    - Access, by possible or confirmed sexual perpetrator, to child(ren) continues to exist.
    - Child(ren) may be sexually exploited online and Parent(s)/Caretaker(s) may take no action(s) to protect the child(ren).

13. The physical condition of the home is hazardous to the safety of child(ren).

    - Leaking gas from stove or heating unit.
    - Dangerous substances or objects accessible to child(ren).
    - Peeling lead base paint accessible to young child(ren).
    - Hot water/steam leaks from radiator or exposed electrical wiring.
    - No guards or open/broken/missing windows.
    - Health hazards such as exposed rotting garbage, food, or human/animal waste throughout the living quarters.
    - Home hazards are easily accessible to child(ren) and would pose a danger to them if they are in contact with the hazard(s).

14. Child(ren) expresses or exhibits fear of being in the home due to current behaviors of Parent(s)/Caretaker(s) or other persons living in, or frequenting the household.

    - Child(ren) cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
    - Child(ren) exhibits severe anxiety related to situations associated with a person(s) in the home, e.g., nightmares, insomnia.
    - Child(ren) reasonably expects retribution or retaliation from caretakers.
    - Child(ren) states that he/she is fearful of individual(s) in the home.

15. Child(ren) has a positive toxicology for drugs and/or alcohol.

    - Child(ren) (0-6 mos.) is born with a positive toxicology for drugs and/or alcohol.

16. Child(ren) has significant vulnerability, is developmentally delayed, or is medically fragile (e.g., on Apnea Monitor) and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate care and/or protection of the child(ren).

    - Child(ren) is required to be on an Apnea Monitor, or to use other specialized medical equipment essential to their health and well-being, and the Parent(s)/Caretaker(s) is unable and/or unwilling to consistently and appropriately use or maintain the equipment.
    - Child(ren) has significant disabilities such as autism, Down Syndrome, hearing or visual impairment, cerebral palsy, or other vulnerabilities, and the Parent(s)/Caretaker(s) is either unable or unwilling to provide care essential to needs of the child(ren)'s condition(s).

17. Weapon noted in CPS report or found in the home and Parent(s)/Caretaker(s) is unable and/or unwilling to protect the child(ren) from potential harm.

    - A firearm, such as a gun, rifle, or pistol is in the home and may be used as a weapon.
    - A firearm and ammunition are accessible to child(ren).
    - A firearm is kept loaded and Parent(s)/Caretaker(s) are unwilling to separate the firearm and the ammunition.

18. Criminal activity in the home negatively impacts Parent's/Caretaker's ability to supervise, protect, and/or care for the child(ren).

    - Criminal behavior (e.g., drug production, trafficking, prostitution) occurs in the presence of the child(ren).
    - The child(ren) is/are forced to commit a crime(s) or engage in criminal behavior.
    - Child(ren) exposed to dangerous substances used in the production or use of illegal drugs, e.g., Methamphetamines.
    - Child(ren) exposed to danger of harm from people with violent tendencies, criminal records, and people under the influence of drugs.

19. No Safety Factors present at this time.

5C: Controlling Interventions Checklist

Interventions must control for the *immediate* health and safety of the children. Check all that apply:

- ☐ 1. Intensive Home Based Family Preservation Services
- ☐ 2. Emergency Shelter
- ☐ 3. Domestic Violence Shelter
- ☐ 4. Non-offending Parent/Caretaker has been moved to a safe environment with the child(ren)
- ☐ 5. Authorization of emergency food/cash/goods
- ☐ 6. Judicial Intervention
- ☐ 7. Order of Protection
- ☐ 8. Law Enforcement Involvement
- ☐ 9. Emergency Medical Services
- ☐ 10. Crisis Mental Health Services
- ☐ 11. Emergency In-Patient Mental Health Services
- ☐ 12. Immediate Supervision/Monitoring
- ☐ 13. Emergency Alcohol Abuse Services
- ☐ 14. Emergency Drug Abuse Services
- ☐ 15. Correction or removal of hazardous/unsafe living conditions
- ☐ 16. Placement-Foster Care
- ☐ 17. Placement-Alternate Caregiver
- ☐ 18. Supervised Visitation
- ☐ 19. Use of family, neighbors, or other individuals in the community as safety resources (specify):
- ☐ 20. Alleged perpetrator has left the household voluntarily; current caretaker will appropriately protect the victim(s) with CPS monitoring
- ☐ 21. Alleged perpetrator has left the home in response to legal action
- ☐ 22. Follow-up to verify child(ren)'s whereabouts/gain access to the child(ren)
- ☐ 23. Other (specify):

5D: Non-CPS Safety Issues and Concerns

The following are examples of some Non-CPS Safety Issues and Concerns:

- Child is suicidal
- Child is physically/verbally assaultive
- Child uses alcohol/drugs to the extent s/he is a danger to self/others
- Child ran away/whereabouts unknown
- Child is involved in criminal activity (gangs, drugs, prostitution, theft)
- Child is setting fires
- Child is sexually active without protection
- Death or serious illness/hospitalization of a parent/caretaker
- Loss of housing due to fire, natural disaster
- Parent enters rehab voluntarily/has no alternative childcare resources

Module 6: Risk Assessment

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Introduction and Rationale

This module assists caseworkers in accurately completing the Risk Assessment Profile (RAP) for CPS-Protective cases and the Risk Assessment for both CPS-Protective and Non-CPS cases.

Risk Assessment is the process of gathering information on significant behaviors and circumstances that contribute to the need for child welfare intervention. Gathering documentation of risk-related information begins in the CPS INV Stage (or at intake for Non-CPS cases), and continues throughout the life of the case. Risk Assessment helps caseworkers and supervisors to decide whether to open a case for services and guides the type and level of services needed to address or remedy behaviors and circumstances in the family, as well as when it is appropriate to close a services case.

Unlike the Safety Assessment, which is concerned with immediate or impending danger and the need to take immediate action to protect children, the assessment of risk is future oriented and concerned with identifying the parental behaviors, home conditions, and circumstances that create the likelihood that children will be abused or maltreated in the future.

Risk Assessment is an important part of the overall assessment and planning process in both CPS-Protective and Non-CPS cases. In a CPS-Protective case, caseworkers are assessing the likelihood that children will be abused or maltreated in the future, based upon research that has identified Risk Elements and the level of risk that they create. In a Non-CPS case, caseworkers are assessing for the presence of many of the same elements as in a CPS-Protective case so that caseworkers can be alert to any behaviors or conditions that may contribute to abuse or maltreatment. However, in a Non-CPS case, since there has not been any abuse or maltreatment, there is no calculation of risk score or risk level.

Risk Assessment is a process conducted by the caseworker that involves:

- Gathering information about all behaviors and circumstances in the Primary and Secondary Caretakers' households identified in the list of Risk Elements
- Developing a Service Plan, if needed, that targets the behaviors or circumstances in the family that contribute to risk
- Determining the presence or lack of each discrete Risk Element in the family/household (This is not a judgment of the impact each element may have on the overall risk in the family.)
- Making a decision about the need for services to reduce the likelihood of future abuse

Accuracy Check

Any case with a Program Choice of Protective (for any or all children) will be required to have a RAP completed; therefore it is critical that the Program Choice in a FASP is accurate, as this will determine which Risk Assessment is presented for completion within the FASP.

Because the documentation of risk in CPS-Protective cases and Non-CPS cases is significantly different, this module will deal with each separately.

Risk Assessment Profile (RAP) for CPS-Protective Cases

The RAP is an assessment tool that calculates the likelihood of children being abused or maltreated within the next two years. It is the result of research conducted on NYS child welfare cases that examined the relationship between family characteristics and subsequent indicated child abuse and maltreatment reports.

The RAP is an evidence-based tool that supports the Risk Assessment process by providing a framework for:

- Gathering information about all caretakers' households, by listing all potential Risk Elements in a family that must be accurately identified in order to predict the likelihood of future abuse or maltreatment of the children
- Structuring decision making regarding the need to provide services to a family in order to minimize future risk to the children
- Documenting the Risk Assessment process and decisions made by the caseworker in consultation with his/her supervisor

The RAP is intended to be used as a decision-making tool, supporting decisions about whether or not to open a case for services. Although no one can predict the exact cases in which subsequent child abuse or maltreatment will occur in the future, the Risk Rating can classify cases by the likelihood of subsequent child abuse or maltreatment. The RAP assists caseworkers in identifying and then providing services to the highest risk families in order to reduce their risk of subsequent abuse or maltreatment. This enables services to be targeted to families with the highest risk; this is especially important in times when service resources are limited. The RAP does not replace caseworker's and supervisor's judgment. There may be valid reasons why a service case is opened for a family with low or moderate risk.

When Is the RAP Completed?

The RAP is completed in all FASPs when the Program Choice for the stage is Protective.

There are two versions of the RAP within the FSS:

1. The Initial RAP must be completed with the Initial FASP. The RAP has the same presentation as in the CPS INV Stage and information completed prior to determination will be brought forward into the FSS and incorporated into the Initial FASP. The RAP must be completed for a family when there is a newly indicated SCR report. When an SCR report is indicated for a formerly Non-CPS case, an Initial RAP will be required along with the Investigation Conclusion. If the case remains open for services, it will move forward as a CPS-Protective case (the CPS caseworker must add the Program Choice of Protective) and a RAP will be required in subsequent FASPs.

2. The Comprehensive or Reassessment RAP is completed and submitted along with other sections of the FASP. The majority of RAP questions for the Comprehensive or Reassessment FASPs are embedded in the SNR Scales and are carried forward into the RAP. A case under investigation at the time a Comprehensive or Reassessment FASP is due will be regarded as a CPS-Protective case for purposes of FASP completion, and a RAP will be required at the time of FASP submission.

Accuracy Check

When a case is opened for Protective Services (or is under investigation), be sure that the Program Choice of Protective is added.

Completion of a RAP at a key turning point in a case may help support the decision to add or amend services provided. Circumstances that might necessitate a reassessment of risk may include:

- A change in family composition, especially when there is a change in the caretakers
- Progress or deterioration in the family situation that signals a change in the level of risk within the family
- New information that comes to light that may impact the level of risk

Consultation with the supervisor regarding the need to do a RAP in a Plan Amendment will be necessary.

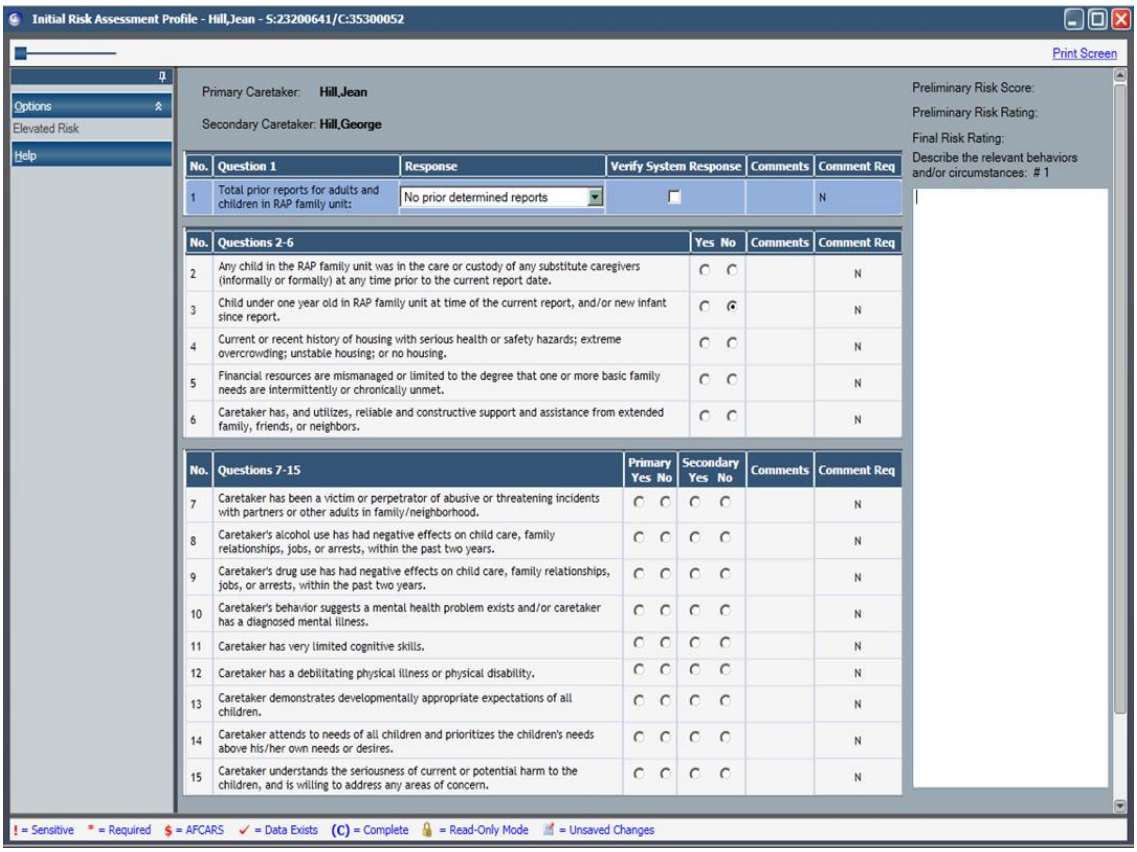
Who Completes the RAP?

The CPS caseworker is responsible for completing the Initial RAP.

The Case Planner has the primary responsibility for completing the RAP in the Comprehensive and Reassessment FASPs. Risk is assessed by all caseworkers throughout the life of a case. Information from multiple caseworkers and other service providers should guide the responses in the RAP. The information needed for the Risk Assessment will come from progress notes, interviews with the family, and from other external documentation. It may be necessary to consult with other service providers that have a role in the case (e.g., parent aides, visitation supervisors, parent educators), as they may have additional case information that will help complete an accurate Risk Assessment.

The utility of the RAP-generated risk score and risk rating in supporting case planning and decision-making processes is dependent upon Case Workers and Case Planners using the tool correctly. RAP users need to be clear about the definitions of who is and who is not a Primary and Secondary Caretaker, and they need to understand the definition of each Risk Element.

Initial FASP Risk Assessment Profile Window



Quick Tips for Completing the Initial FASP Risk Assessment Profile Window

- First verify that the Program Choice is correct. The RAP is completed only for CPS-Protective cases; a different version of the Risk Assessment will be generated for Non-CPS cases.

- Verify that the caretakers are accurately identified on the Person List window. This will determine who the Primary and Secondary Caretakers of the RAP family unit are, and how points are applied within the RAP. The responses for each caretaker are weighted differently and will affect the score that will be determined upon completion of the RAP.

- Select the response that best represents the current circumstances for the Primary and Secondary Caretakers.

- After responding to each Risk Element, write a comment in the area below each element to support the response. Comments should be clear and should describe the specific behaviors or circumstances of the individual or family that reflect this Risk Element.

- Comments are required for each response that raises the level of risk. Comments enable the caseworker to document the basis for selecting a particular Risk Element. Written comments also provide the caseworker's supervisor, any subsequent caseworkers, or anyone authorized

to view the case (e.g., attorney, family court, state officials) with more insight regarding the reason that particular response was chosen.

See the following appendices for more information:

- 6A- RAP Definitions (For additional discussion about accurately identifying caretakers, refer to *Module 3: Person List and Tracked Children Detail*.)
- 6B- Common Mistakes in Completing the RAP
- 6C- RAP Concepts and Risk Element Definitions
- 6D- Brief Examples for Risk Element Definitions
- 6E- Calculation Scores for Each Risk Element

What Is a Final Risk Rating?

The Final Risk Rating is calculated by CONNECTIONS after the identification of all Risk Elements and Elevated Risk Elements is completed. This rating is based on the presence or absence of any of the Risk Elements, the points associated with each element, and the presence of any of the Elevated Risk Elements. The presence of any Elevated Risk Element automatically raises the Risk Rating to Very High regardless of the preliminary risk score.

The RAP classifies cases into four risk categories (Low, Moderate, High, or Very High) based upon the probability of future abuse or maltreatment.

Overall Risk Score	*Case Risk Rating*
2 or lower	Low
3 to 6	Moderate
7 to 9	High
10 or above	Very High

High Risk and Very High Risk Cases

- Services are deemed essential in order to decrease the risk of subsequent abuse or maltreatment.
- Services should be targeted to High or Very High risk cases, regardless of the CPS report determination.
- The caseworker and the supervisor may decide not to open a case or to close an existing case even if the risk is High or Very High. In these cases, the reason why services will not be initiated or continued at this time must be substantiated and documented on the Progress Notes tab.

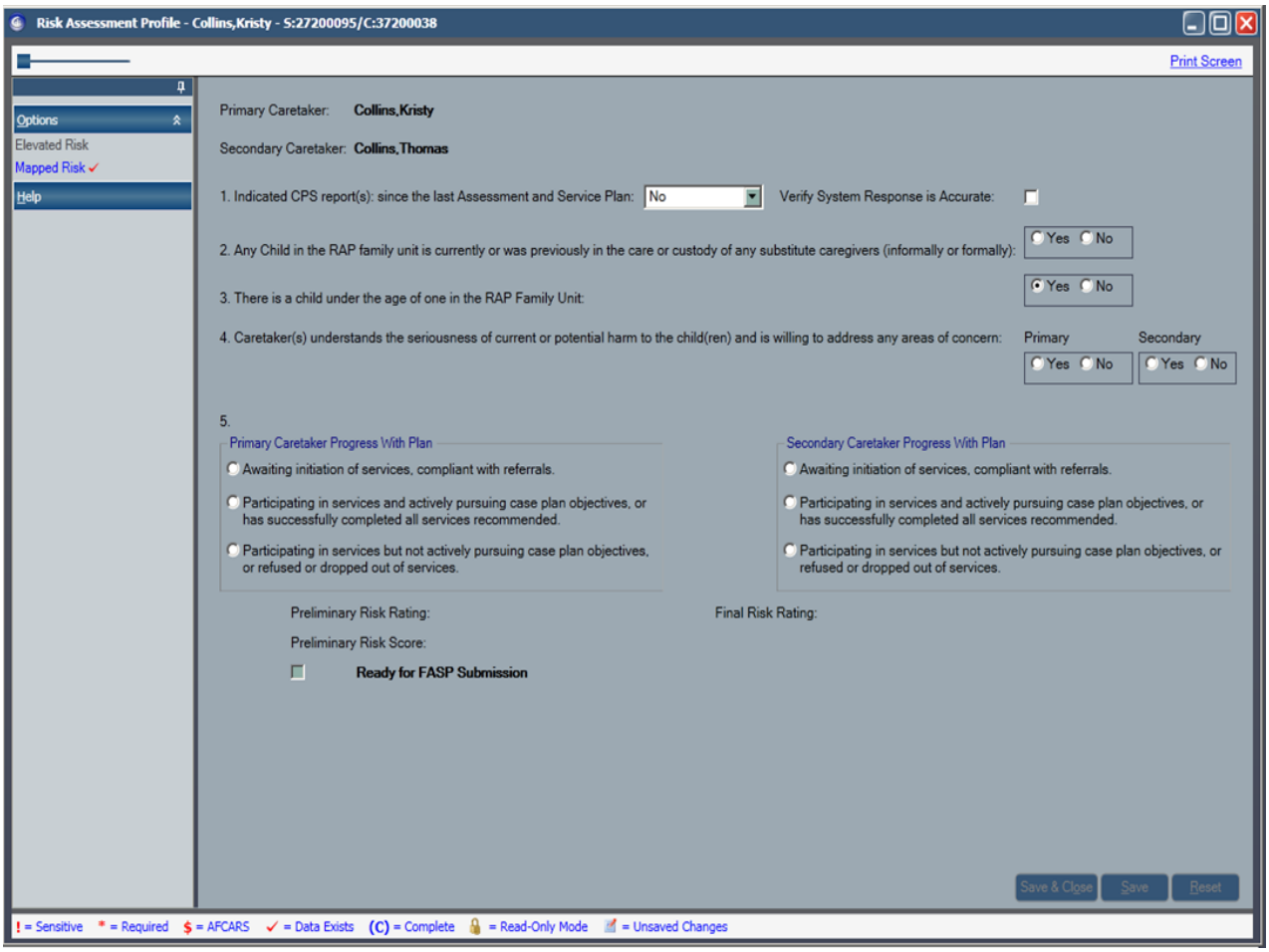
  Possible reasons why a family is not receiving services when risk is High or Very High include:
  - The family is receiving services in the community on a voluntary basis.
  - Services were provided during the CPS investigation and issues were resolved.
  - The family refused services.
  - Service was not available.

- The client or family could not be located.
- There was insufficient information or evidence to file an Article 10 petition.
- Guardianship or custody was established with an alternative caregiver.
- Informal placement out of the home, such as with a relative or alternative resource.
- No service needs were identified.
- Other; explain.

Moderate Risk and Low Risk Cases

- May have no service needs, or their needs may be appropriately served through informal community resources and/or through existing family strengths, resources, or protecting factors within the home.
- The caseworker may decide to open a services case even though the family has a Low or Moderate rating. There may be one area of risk that is substantial enough to warrant services.

Risk Assessment Profile (Comprehensive/Reassessment) Window



Quick Tips for Completing the Risk Assessment Profile Window

- Before proceeding, verify that the Program Choice is correct. Complete the RAP only for CPS-Protective cases. A different version of Risk Assessment will be generated for Non-CPS cases.
- There may have been a change in circumstances since the last FASP, necessitating a change in who is identified as the Primary and Secondary Caretakers. These changes should have been described in the Case Update with necessary updates also made on the Person List window. Select the response that best represents the current circumstances for the Primary and Secondary Caretakers.
- Before proceeding with RAP completion, verify that the Primary and Secondary Caretakers are accurately identified on the Person List window. This will determine who the Primary and Secondary Caretakers of the RAP family unit are and how points are applied within the RAP.
- Embedded elements will be listed on the RAP - Mapped Risk window. Be sure to check this to make sure the answers from the SNR Scales accurately represent the family circumstances at this time, as these items will be reflected in the Risk Rating. Be sure to select the response that best represents the current circumstances for the Primary and Secondary Caretakers.

See the following appendices for more information:

- 6A- RAP Definitions (For additional discussion about accurately identifying caretakers, refer to *Module 3: Person List and Tracked Children Detail*.)
- 6B- Common Mistakes in Completing the RAP
- 6C- RAP Concepts and Risk Element Definitions
- 6D- Brief Examples for Risk Element Definitions
- 6E- Calculation Scores for Each Risk Element

Risk Assessment Profile (Comprehensive/Reassessment)

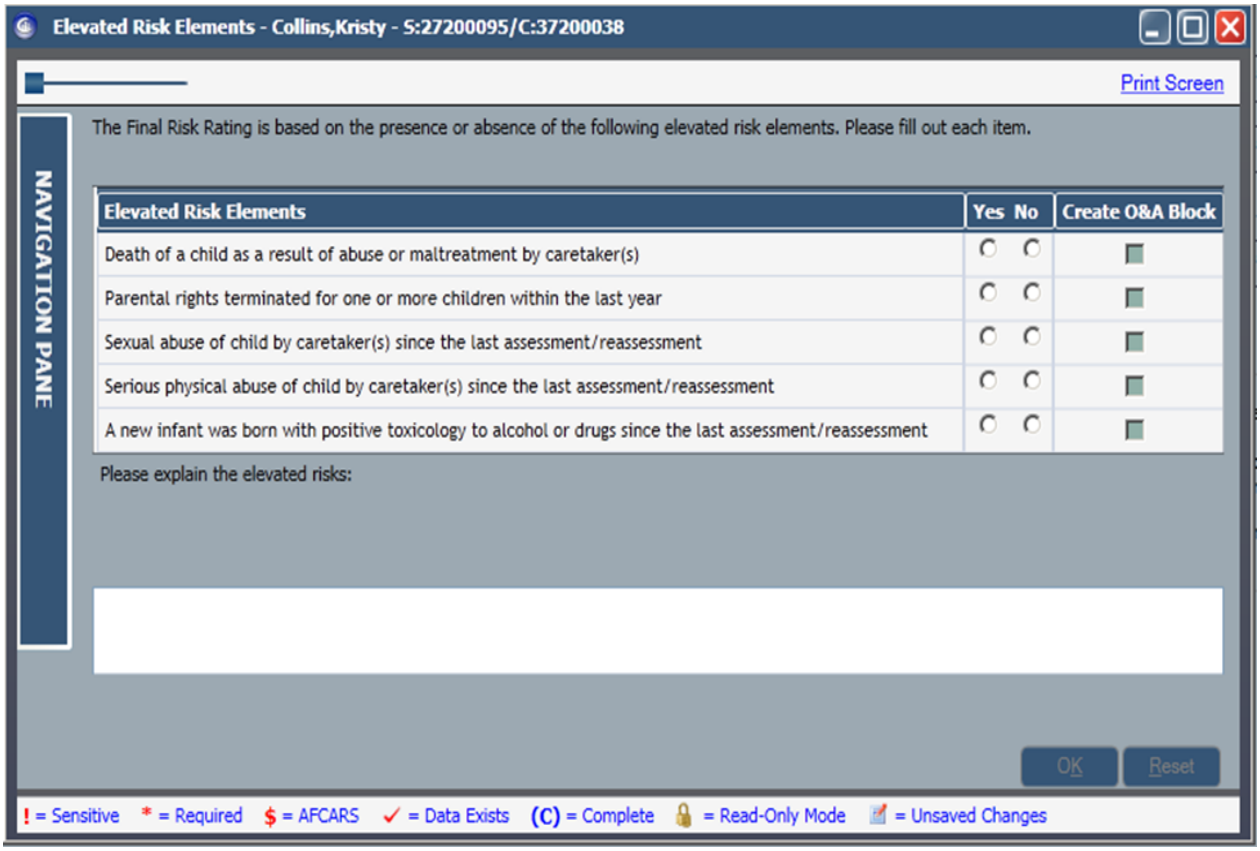
The Comprehensive or Reassessment RAP is intended to assist the caseworker and supervisor in determining what progress has been made in risk reduction, whether the case should remain open, or if the level and type of services should be modified or intensified.

In the Comprehensive and Reassessment FASPs, the majority of RAP questions are embedded in the SNR Scales; by completing the SNR Scales, a caseworker answers most of the Risk Elements contained in the RAP, and the associated ratings are carried forward into the RAP. Therefore, in the Comprehensive and Reassessment FASPs, it is necessary to complete the SNR Scales before proceeding with the RAP in order to have scale responses carried over to the RAP score. In local districts that have chosen to allow some SNR Scales to be optional, caseworkers will still be required to rate those SNR Scale elements that are mapped to the RAP in order to support completion of the RAP.

Additional Risk Elements appear on the RAP and must also be completed. These include system-generated Risk Elements and responses, non-embedded Risk Elements, and Risk Elements that measure parent or caretaker progress. An additional five Risk Elements and five Elevated Risk Elements must also be answered. These additional elements are presented on the basis that the caseworker may have had more time to assess for risk at this point in a case.

The combination of these components serves to assess the risk of future abuse or maltreatment and aids in determining if the level and type of services should be modified, reduced, or intensified. It also assists in making the decision whether to keep a case open or to close it.

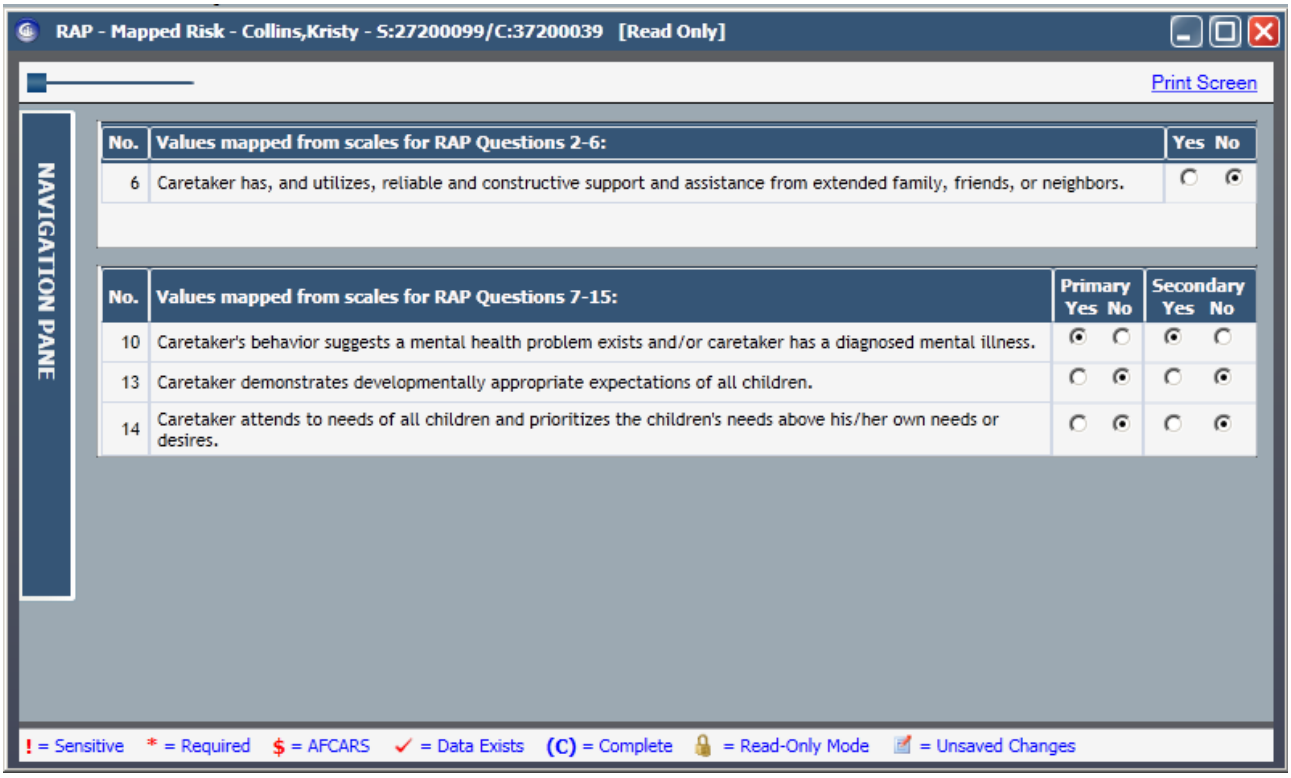
Elevated Risk Elements Window



The Elevated Risk Elements window is accessed by clicking the Elevated Risk button in the lower left corner of the Risk Assessment Profile window.

A response of “Yes” to any of the Elevated Risk Elements will automatically give the case a risk rating of “Very High.” Caseworkers should utilize the Create O&A Block column to identify Elevated Risk Elements that require follow up in the Service Plan. CONNECTIONS will automatically map into the Service Plan those Elevated Risk Elements selected by the caseworker.

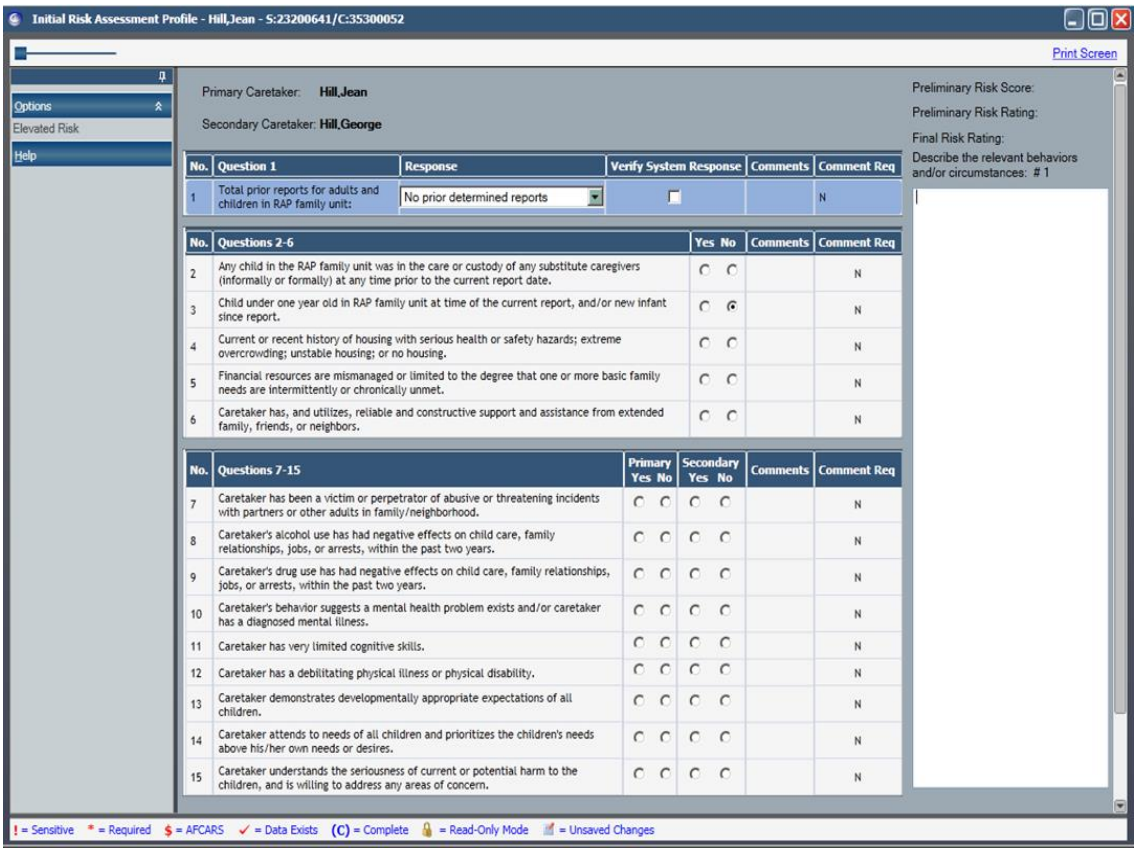
Mapped Risk Window



The Mapped Risk window is accessed by clicking the Mapped Risk button in the lower left corner of the Risk Assessment Profile window.

Once the SNR Scales have been completed, the Mapped Risk window will show the RAP answers, automatically generated by CONNECTIONS, based on the answers to the SNR Scales. The RAP answers cannot be edited on this window. To edit RAP answers, the answer to the specific SNR Scale associated with that Risk Element must be altered.

Quick Tips for Completing the Risk Assessment Window



Before proceeding with RAP completion, verify that the caretakers are accurately identified on the Person List window, as this will determine who the Primary and Secondary Caretakers of the RAP family unit are and how points are applied within the RAP. The responses for each caretaker are weighted differently and will affect the score that will be determined upon completion of the RAP. Select the response that best represents the current circumstances for the Primary and Secondary Caretaker.

If completing an optional Risk Assessment in the Comprehensive or Reassessment FASP, note that there may have been a change in circumstances since the last FASP, necessitating a change in who is identified as the Primary and Secondary Caretakers. These changes should have been described in Case Update, with necessary updates also made on the Person List window.

Also verify that the Program Choice is correct. A case with an open CPS investigation or ongoing CPS involvement should have a Program Choice of Protective, and a RAP must be completed with the FASP. A child who is in a higher level placement for child behavioral issues may be part of a protective case household.

See the following appendices for more information:

- 6A- RAP Definitions (For additional discussion about accurately identifying caretakers, refer to *Module 3: Person List and Tracked Children Detail*.)
- 6B- Common Mistakes in Completing the RAP
- 6C- RAP Concepts and Risk Element Definitions
- 6G- Initial Non-Protective Risk Assessment

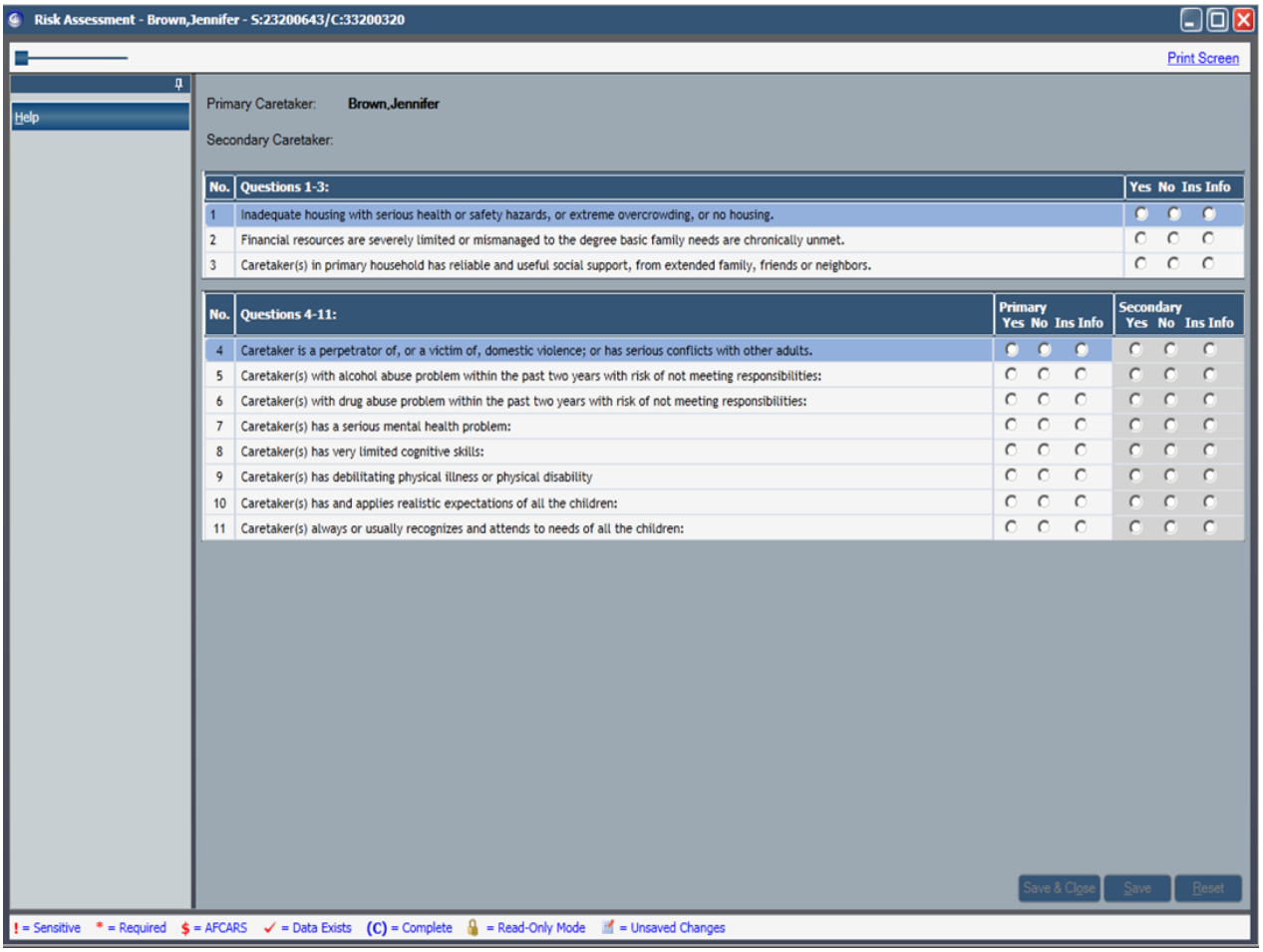
Risk Assessment for Non-CPS Cases

Risk Assessment is an important part of the overall assessment and planning process in all cases. Many families receive services without having been reported to the SCR. These cases may come about due to a child's behavior, a voluntary request from parents, or some other non-protective reason. A family receiving services related to issues other than abuse or maltreatment does not always mean that the children in these families are free from risk of harm.

The Risk Assessment for Non-CPS cases consists of 11 Risk Elements that are used to predict risk. The list of elements is similar to the one used in the (RAP) for CPS-Protective cases, and can be found in *Appendix 6G: Initial Non-Protective Risk Assessment*.

There is no "numerical score" generated in the Non-CPS Risk Assessment, but the information contained within the Risk Assessment helps to support the decision to open a case for services. It also provides key information to be used in the Assessment Analysis and the Service Plan to identify changes needed within the family, and the focus and type of services to be provided. When circumstances in a family change, the Risk Assessment can also be used to support a decision to continue, increase, or reduce services to a family.

Risk Assessment (Non-CPS) Window



When Do I Complete the Non-CPS Risk Assessment?

The Risk Assessment is only generated by CONNECTIONS for Non-CPS cases in the Initial FASP; it is not available for the Comprehensive and Reassessment FASPs. The Risk Assessment Profile can be added as a component in the Comprehensive or Reassessment FASPs.

Circumstances that might necessitate a reassessment of risk may include:

- A change in family composition, especially when there is a change in the Primary or Secondary Caretakers, or a new child is born into the family
- Progress or deterioration in the family situation that signals a change in level of risk within the family
- New information comes to light that significantly impacts the family functioning

It may be necessary to consult with the supervisor regarding the need to do the Risk Assessment for the Non-CPS case.

Navigation Pointer

When family circumstances warrant a re-examination of risk in a Non-CPS case, caseworkers can complete an optional Risk Assessment Profile in Comprehensive or Reassessment FASPs by selecting Add a Component on the Family Assessment and Service Plan window.

Who Completes the Non-CPS Risk Assessment?

The Non-CPS Risk Assessment is completed by the Case Planner (or by the Case Manager if the role of Case Planner is not assigned in a given case). The information needed for the Risk Assessment will come from progress notes, documentation of the work with the family and collaterals, and from other external documentation. It may be necessary to consult with other service providers that have a role in the case (e.g., parent aides, visit supervisors, parent educators), as they may have additional case information that will help complete an accurate Risk Assessment.

Frequently Asked Questions

How is risk different from safety?

Safety is concerned with immediate or impending danger of serious harm and how to protect children from the identified danger. Risk is concerned with the likelihood that children will be abused or maltreated in the future and requires the identification of the behaviors, conditions, or circumstances that contribute to that risk, and how to promote and support long-term and lasting change.

Information in the RAP and Risk Assessment seems repetitive with information recorded in the Safety Assessment. Why do I have to document it twice?

While the RAP and Risk Assessment capture some information that is similar to information in the Safety Assessment, this information is being recorded and used in the RAP and Risk Assessment for a separate and distinct purpose. The Safety Assessment helps to inform a decision to act to protect children from danger that is immediate or impending. The Risk Assessment is used to support a decision to open, continue, or close a case to prevent abuse or maltreatment in the future.

Why do I have to reassess risk on every FASP in a CPS case?

Because family circumstances change continually, the assessment of the family must be updated to accurately reflect these changes. Reassessment provides a way to assess progress in the areas of family functioning that created risk to the children.

Appendix

6A: RAP Definitions

RAP Family Unit:

- All people listed in the CPS case, including but not limited to all people residing in the children's home
- Any person who has child care responsibility or frequent contact with the children and assumes a caretaker role
- Any children in foster care or alternative placement with a permanency planning goal of Return to Parent or Place in Another Planned Permanent Living Arrangement (APPLA)
- Any child who has run away or is temporarily in another living situation, but who is expected to return home

Primary Caretaker:

- An adult who is legally responsible for the children and resides with the children.
- When more than one person who is legally responsible for the children resides in the household, the birth mother is presumed to be the Primary Caretaker.
- If the mother does not physically reside with the children, the Primary Caretaker is the adult who resides in the children's home and assumes primary responsibility for the care of the children.
- There can only be one Primary Caretaker.

Secondary Caretaker:

- Not every family has a Secondary Caretaker.
- An adult who lives in the children's home and assumes some responsibility for the care of the children.
- An adult who does not reside in the children's home, but cares for the children on a regular basis.
- If there are two or more potential Secondary Caretakers with child care responsibilities, it is presumed that the caretaker listed as a subject in the CPS case should be identified as Secondary Caretaker.
- If there are two or more potential Secondary Caretakers, select the adult who assumes the most responsibility for the care of the children either within or outside of the home.

6B: Common Mistakes in Completing the RAP

The following are common mistakes made in framing the assessment of risk. Most of these mistakes are not related to the interpretation of specific elements, but are things caseworkers should consider before proceeding with the rating of specific Risk Elements.

1. Misidentification of Primary Caretaker or Secondary Caretaker:

   - Not identifying parent substitutes as Secondary Caretaker if they do not live in the home
   - Not identifying alleged or confirmed subjects as Secondary Caretaker
   - When there is a change in caretakers due to the report investigation, misidentifying the new caretakers as Primary Caretaker and Secondary Caretaker instead of the persons who were the caretakers at the time of the alleged maltreatment
   - Not updating the RAP family unit to reflect changes in family composition

2. Mistakenly assessing safety or danger when answering Risk Elements on RAP:

   - Unlike the Safety Assessment in which the caseworker is asked to identify if any of the Safety Factors place the children in immediate or impending danger, the RAP does not ask the caseworker to determine the degree to which the Risk Element may harm the children. It is not intended to assess for immediacy nor the degree of impact on the children. A commonly found error is for caseworkers to describe a problem included on the RAP, but then write that the problem does not pose an "imminent risk" and mark that the Risk Element is not present. This mistake has been noticed frequently for the inadequate housing Risk Element.
   - The confusion may contribute to mistakes on other Risk Elements, such as drug, alcohol, and mental health problems. For example, a drug problem has been checked not present, with the note that while the caretaker admits to using a drug like crack, he/she says that he/she does not use the drugs in the presence of the children. The presence of this Risk Element is not determined by only knowing whether the children observe the parent smoking crack. The issue is whether any adult responsibilities are compromised by drug misuse.

3. Mistakenly answering Risk Element using incorrect time reference:

   - Some CPS caseworkers are answering the questions without taking into consideration long-standing problem conditions and behaviors. For example, instead of assessing the history of housing or financial problems, they are answering this question based upon the housing or finance situation after the caseworker has introduced interventions or support services.

4. Mistakenly applying a higher level of proof than necessary for some Risk Elements:

   - Mistakenly thinking that a formal diagnosis of mental illness or drug or alcohol dependence is needed to mark these Risk Elements as present
   - Mistakenly thinking that a positive drug test or self-admission of a drug or alcohol abuse problem is needed to mark these Risk Elements as present

5. Mistakenly answering Risk Elements based on whether the caretaker is receiving treatment:

- An example of this common mistake is some caseworkers selecting no mental health problem and then noting that the caregiver is complying with the recommended treatment for schizophrenia. The fact that the medication is controlling the mental health problem does not mean that the mental health condition does not continue to exist. The point of the Risk Assessment is to identify the presence of a serious mental health problem, treated or untreated. Mental health problems controlled by medication or not, create increased risk of future harm to children.
- This confusion has also been observed in selecting the Risk Elements of alcohol and substance abuse (e.g., a caretaker in alcohol or substance abuse treatment still has those Risk Elements present).

6. Mistakenly applying a narrower definition than the Risk Element definition:

- The Risk Element that mentions domestic violence is much broader than some caseworkers realize. This Risk Element includes conflicting relationships with other adults, and it is not limited to physical violence. It is not limited to current partners nor is it limited to live-in partners. It is not limited to an admission of domestic violence by caretakers, and it is not limited to the perpetrators of domestic violence.
- The Risk Element that mentions the caretaker's ability to attend the needs of all children should not be interpreted as being limited to the "basic needs" of food, clothing, and shelter. The wording and definition is not limited to "basic" needs of food, clothing, and shelter, but encompasses all the needs children have, such as needs for safety, protection, security, love, medical care, education, expression, and play.
- Some caseworkers may have mistakenly limited "in care of substitute caregiver… prior to current report" to formal foster care or to substitute care due to child maltreatment. There are no such limitations in the definition of this Risk Element.

7. Mistakenly applying a broader definition of Risk Element:

- The Risk Element about social support from extended family, friends, or neighbors has mistakenly been expanded by some caseworkers from informal sources of social support to encompass formal social support provided by counselors. It has also mistakenly been applied to support provided by spouses, while the Risk Element refers to extended family, not the nuclear family.
- "Always or usually meets the needs of all children" is sometimes mistakenly marked as not present and the notes refer to a single relatively minor incident, but the rest of the case notes indicate that the parent is usually very responsible in meeting the children's needs.

8. Misunderstanding the higher level of proof for two of the Strength-Based Elements:

- Some Risk Elements are phrased as strengths, not problems, and need to be assessed as to whether these strengths are really fully present. For example, “reliable and useful social support from extended family, friends, or neighbors” is not the same as noting that extended family, friends, and neighbors are not sources of problems for this caretaker.
- “Has and applies realistic expectations of all the children” is not the same as noting that the caretaker does not beat the children.

9. Not understanding the definition of “all”:

- By definition, child sex abusers do not have realistic expectations of all children, yet the RAP is often marked that these abusers do have realistic expectations. Similarly, child sex abusers, by definition, are not meeting the needs of all children, because children have a need and a right to be free from sexual exploitation.

6C: RAP Concepts and Risk Element Definitions

The contents of this appendix are also found in the CONNECTIONS help screens for the RAP.

RAP Concepts

RAP Family Unit

For purposes of the Risk Assessment Profile, the RAP Family Unit includes:

- all persons listed in the CPS case, including but not limited to all persons residing in the child(ren)'s home at the time of the report;
- any person who has child care responsibility or frequent contact with the child(ren) and assumes a caretaker role;
- any child(ren) who is in foster care or alternative placement with a permanency planning goal of "return home"; and
- any child(ren) who has run away or is temporarily in another living situation but who is expected to return home.

Primary Caretaker (PC)

- The Primary Caretaker is an adult who is legally responsible for the child(ren) and resides with child(ren).
- When more than one person who is legally responsible for the child(ren) resides in the household, the birth mother is presumed to be the Primary Caretaker.
- If the mother does not physically reside with the Child(ren), the Primary Caretaker is the adult who does reside in the child(ren)'s home and assumes primary responsibility for the care of the child(ren).
- There can only be one (1) Primary Caretaker.

Secondary Caretaker (SC)

- There does not have to be a Secondary Caretaker.
- The Secondary Caretaker is an adult who lives in the child(ren)'s home and assumes some responsibility for the care of the child(ren), or an adult who does not reside in the child(ren)'s home but cares for the child(ren) on a regular basis.
- If there are two (2) or more potential Secondary Caretakers with child care responsibilities, it is presumed that the caretaker listed as a subject in the CPS case should be the identified Secondary Caretaker.
- In all other situations, the adult (other than the PC) who assumes the most responsibility for the care of the child(ren)—either within or outside of the home—should be selected.
- Secondary caretakers are usually family members, such as the father and grandmother. When extended family, such as the mother's sister or other adult friends live with the family, one of these adults may also play a secondary caretaker role.
- Non-related, hired babysitters who do not live in the home are not considered secondary caretakers.

Risk Elements 1-6

1. Total prior reports for adults and children in the RAP family unit

Count the number of prior indicated reports in which an adult in the RAP Family Unit was a confirmed subject or a child in the RAP Family Unit was a confirmed victim of abuse or maltreatment. Prior indicated reports where an adult in the RAP Family Unit was a subject should be included, regardless of whether the children who were abused or maltreated in the prior report are members of the current RAP Family Unit. Similarly, prior indicated reports where a child in the RAP Family Unit was abused or maltreated by an adult who is not part of the current RAP Family Unit should be counted. Do not consider prior reports in which the subject of the current report or another adult in the current RAP Family Unit was a victim of abuse or maltreatment as a child. Include prior reports that occurred in other states if credible information exists that an adult in the RAP Family Unit was a confirmed perpetrator of abuse or maltreatment or a child was a confirmed victim of abuse or maltreatment.

If only prior Unfounded Reports are included in the Uniform Case Record, verify if any member of the RAP family unit was an alleged subject or an alleged maltreated child. If "Yes," check "prior unfounded reports only." Do not count reports where all of the RAP family unit members had "no role."

If this is the first report, check "no prior determined reports."

2. Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.

Indicates whether any child in the RAP family unit previously resided (or currently resides) with a foster parent or substitute caregiver, either informally or formally, for a significant period of time. The placement does not need to have been due to child protective concerns; it could have been an informal family arrangement for one of many reasons. You would not select this element if the child stayed with close friends or relatives for a school vacation, or while the parent/caregiver had a short-term health crisis. This element applies to situations where the parent/ caregiver was not willing or not able to provide parenting/caregiving responsibility.

3. Child under one- year- old in RAP family unit at time of the current report, and/or new infant since report.

The response to this risk element is system generated based on the presence of one or more children younger than one year of age on the Person List. Therefore, it is important that the information on the Person List is up-to-date, complete, and accurate; otherwise this element may be calculated inaccurately. Remember to always update the Person List for the addition of a new infant to the family since the last risk assessment was completed. The date of Birth (DOB) recorded in CONNECTIONS for the child(ren) is used to determine the response to the Risk Element, regardless of whether the DOB is exact or approximate. If the DOB field on the Person Detail window is blank for any person whose Rel/Int field signifies that the person is a child, CONNECTIONS includes that person as a child younger

than one- year- old in this calculation. The calculated answer may be changed. Remember to include a new infant born since the answer was calculated.

4. Current or recent history of housing with serious health or safety hazards; extreme overcrowding; unstable housing; or no housing.

Evidence of inadequate or hazardous housing may include, but is not limited to, the following: serious overcrowding; seriously inadequate furnishings to meet the family's needs; inadequate heat, plumbing, electricity or water; lack or inoperability of essential kitchen appliances or bathroom facilities; multiple serious health hazards, such as rodent or vermin infestation; garbage and junk piled up; perishable food found spoiled; evidence of human or animal waste; peeling lead-based paint; hot water or steam leaks from a radiator; broken or missing windows; and no guards on open windows. In some cases, one or two isolated hazardous conditions that have been identified will be corrected (such as restoring heat or installing window bars) prior to the time when risk assessment is completed, either at determination of the report or as part of a FASP. In these cases, the response to this Risk Element would be "No". However, if the hazardous situations have been created over time and are likely the result of prolonged inattention by the caretakers and/or the caretakers appear to accept the hazardous conditions as an acceptable environment for children, the condition(s) is likely to reoccur even if it has been cleaned up by the time of the determination. In this situation, the response to the Risk Element would be "Yes." Health hazards and seriously substandard living conditions pose risk of future abuse or maltreatment regardless of how old the children are.

Homelessness or an unstable housing situation is also included in this risk element definition. Temporary shelter that requires frequent relocation is not adequate, stable housing.

5. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.

This Risk Element is present if either the family does not have enough financial resources to meet the basic needs of the family for shelter, food, clothing, and health. It is also present if the financial resources available should be sufficient to meet the family's basic needs, but are not sufficient due to mismanagement or inappropriate use of funds. Benefits such as public assistance, SSI, food stamps, public housing or housing vouchers, HEAP, etc., should be considered as financial resources that help meet the family's basic needs. Indicators of limited or mismanaged financial resources may include eviction or threats of eviction for failure to pay rent or loss of utilities due to failure to pay utility bills. "Intermittently or chronically unmet" does not necessarily mean permanently and continuously, but rather could reflect a pattern of shifting from financial crisis to relative stability to financial crisis. If this is the case, check "Yes" to this Risk Element.

6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.

Indicates whether the caretaker(s) living in the primary household with the child(ren) has reliable and useful social support from informal sources, such as extended family, friends, or neighbors. Reliable and

useful social support is present when the adult caretaker(s) has a network of relatives, friends or neighbors

to call upon for assistance in any area where the family may need help, such as child care, transportation, emergency financial or housing help, good parenting advice, or emotional support. In addition, the informal social support network is nearby and readily available when needed.

Informal social support does not include support from professional helping agencies, such as a case manager, mental health treatment team, or battered women's program. This Risk Element refers only to whether the caretaker has a supportive and reliable network of family, friends, and neighbors. If the caretaker's active participation in a faith-based community provides a network of supportive people who are providing needed assistance, this would meet the definition.

If extended family, friends, or neighbors exist, but are not able to provide constructive help for whatever reason, the answer to this Risk Element is "No." If the caretaker has responsible extended family who would like to be of assistance, but the caretaker has rebuffed their attempts to help, the answer to this question is "No."

Risk Elements 7-15

Risk Elements 7 – 15 apply to the Primary and, if applicable, Secondary Caretakers in the stage. If no Secondary Caretaker has been identified, you only need to respond for the Primary Caretaker.

7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.

This Risk Element includes situations commonly referred to as domestic violence between intimate partners, but it also refers to violent or threatening relationships with other non-partner adults. Domestic violence is defined as a pattern of coercive tactics that can include physical, psychological, social, economic or emotional abuse perpetrated by one adult against another adult. Examples of domestic violence include: grabbing, pushing, hitting, punching, kicking, choking, biting and restraining; attacking with weapons; threatening to harm the partner or the children; stalking and harassment; intimidation; forced sex; berating and belittling; denying access to family assets, etc. This includes: a caretaker who is a victim or perpetrator of domestic violence involving a partner, former partner or other adult; a caretaker who continues to maintain any type of relationship with an

abusive adult and violence remains a threat (the presumption should be that domestic violence remains a threat); an order of protection is in effect against the abusive adult; or a caretaker who is involved in serious conflicts (e.g., volatile arguments, physical fighting, threats with weapons) with other adults in the extended family, adult children, or even neighbors or business or gang associates.

Please note that the definition of this Risk Element is much more expansive than physical violence between current intimate partners. For example, threats, harassment, and frequent fighting or volatile arguments are included in the definition, regardless of whether any physical contact has occurred. If the police have been called to the home for domestic disturbance(s) between the caretaker and another

adult, the presumption would be that this Risk Element is present. If one of the caretakers has recently sought an order of protection, or one is in effect, this Risk Element should be checked “Yes.”

You would check "Yes" to this element if there are abusive relationships in the recent past or if the caretaker’s and/or secondary partner’s relationships seem to consist of a series of abusive relationships. It is not uncommon for an abused person to “end” the relationship but the abuser continues to seek contact or otherwise harass the victim. Ex-partners with a violent past may continue to have intense arguments over child visitation, child support, or other issues, so the risk of violence still exists.

If an abusive or threatening relationship ended years ago and the couple (or neighbor) moved away emotionally and physically from each other, the answer would be "No" to this Risk Element.

8. Caretaker’s alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.

Alcohol use with negative effects means regular or periodic use of alcohol, which has had adverse effects on any aspect of relationships or responsibilities or (e.g., danger of job loss, financial problems, partner threatens to leave, child care suffers, criminal justice system involvement). Alcohol dependency or addiction does not need to be ascertained to check this Risk Element. If the caretaker was in treatment more than two years ago, but there is evidence that the person has resumed using alcohol, consider this as a current alcohol problem. Select “Yes” for this Risk Element if the caretaker is currently participating in an alcohol treatment program, because until two years of abstinence following the successful completion of treatment has passed, the caretaker is considered to be at risk of relapse. Respond “No” to this Risk Element if the caretaker had an alcohol problem in the past, but has completed treatment and has remained alcohol-free for at least two years. If the caretaker is participating in a non-professional support group, such as Alcoholics Anonymous (AA), without any other evidence of continuing alcohol use within the last two years, do not consider this, by itself, as a current alcohol problem.

An indicator of a problem with alcohol may include a recent arrest for an alcohol-related offense as the abuse/misuse led directly to criminal justice system involvement.

9. Caretaker’s drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.

Drug use with negative effects means regular or periodic use of one or more drugs which has had adverse effects on any aspect of relationships or responsibilities (e.g., danger of job loss, financial problems, partner threatens to leave, child care suffers, criminal justice system involvement). Drug dependency or addiction does not need to be ascertained to check this Risk Element. If the caretaker was in treatment more than two years ago, but there is evidence that the person has resumed using drugs, consider this as a current drug problem. Select “Yes” for this Risk Element if the caretaker is currently participating in a drug abuse treatment program, because until two years of abstinence following the successful completion of treatment has passed, the caretaker is considered to be at risk of relapse. Select “No” for this Risk Element if the caretaker had a drug problem in the past, but has completed treatment and has remained substance-free for

at least two years. If the caretaker is participating in a non-professional support group, such as Narcotics Anonymous (NA), without any other evidence of continuing drug use during the past two years, do not consider this, by itself, as a current drug problem.

An indicator of problem with drugs may include a recent arrest for a drug-related offense as the abuse/misuse led directly to criminal justice system involvement.

10. Caretaker's behavior suggests mental health problems exist and/or caretaker has a diagnosed mental illness.

The caretaker should be considered as having a mental health problem if he or she: exhibits symptoms, such as bizarre behavior or delusions; has recent repeated referrals for mental health evaluation or treatment; has been prescribed medication for an ongoing or recurring serious mental health problem; is currently experiencing depression of an ongoing or recurring nature; is engaging in purposely hurting themselves or suicidal behavior; has a current diagnosed serious mental illness; or has attempted suicide in the past. If the caseworker observes an apparent serious mental health problem, a mental health evaluation does not need to have been completed to check that this is a suspected Risk Element at the time the RAP is completed. This Risk Element should be checked "Yes" even if the person is appropriately attending to his or mental health problem by attending mental health treatment sessions or taking prescribed medication. For example, the answer is "Yes" for a caretaker who is diagnosed with schizophrenia even if the caretaker is taking prescribed medication and doing well.

11. Caretaker has very limited cognitive skills.

Very limited cognitive skills could include mental retardation, brain injury or some type of cognitive disability that limits the caretaker's ability in major life activities, such as child care, capacity to form positive relationships with others, self-care, self-direction, receptive and expressive language, learning, capacity for independent living and economic self-sufficiency.

12. Caretaker has a debilitating physical illness or physical disability.

Indicates whether or not the caretaker has a serious physical disability or debilitating illness that limits his/her ability to perform any major life activities, such as child care, capacity to form positive relationships with family members or others, self-care, self-direction, receptive and expressive language, learning, mobility, capacity for independent activities and economic self-sufficiency.

13. Caretaker demonstrates developmentally appropriate expectations of <u>all</u> children.

A caretaker who "demonstrates developmentally appropriate expectations" is one who shows awareness of what is possible for a child to do and what it is not possible for a child to do, based on his/her age and the stage of development of his/her cognitive, motor, language and social skills. Caretakers would demonstrate this by the level of physical care, supervision, and degree of autonomy they provide to the children, and by how closely they fit the expectations they have of the child to the child's ability. They would apply realistic standards and safe and reasonable limits to the child's behavior and also apply re-direction and discipline that matches the child's abilities and development. A

parent with developmentally appropriate expectations adapts parenting practices to the needs of the child(ren) and circumstances. Select "Yes" for this Risk Element only if the caretaker has demonstrated developmentally appropriate expectations with all of the children.

A caretaker who sexually abuses a child does not have developmentally appropriate expectations of the child. A caretaker who uses disciplinary practices that are physically or emotionally abusive indicates that the caretaker does not demonstrate an appropriate understanding of children's needs and how children learn.

14. Caretaker attends to needs of <u>all</u> children and prioritizes the children's needs above his/her own needs or desires.

Indicates whether or not the caretaker has a history of recognizing and attending to the daily needs of all of the children. This strength would be present if the caretaker: has demonstrated competence in meeting the basic and unique needs of all of the children; is resourceful in making attempts to meet child(ren)'s needs despite adverse circumstances; and has demonstrated the ability to prioritize the children's needs above the caretaker's. This Risk Element does not require a perfect parent to score this as "Yes." While some caretakers may always meet the needs of all of their children, the perfect parent is rare in the real world. Some caretakers may recognize and strive mightily to meet the needs of their children, but may have an isolated or temporary instance of not meeting a child's needs. Unless the isolated instance was a seriously dangerous lapse, or the caretaker evidences a lack of concern about the harm done to the child, the answer would still be "Yes," the caretaker attends to the needs of the children.

To check "No," there must be some evidence that the caretaker either does not recognize an important need of the child(ren) and/or there are multiple instances of the caretaker prioritizing the adult's needs to the detriment of the children's needs. For example, parents/caretakers who maintain a supply of cigarettes and beer but no formula or diapers are not prioritizing the children's needs.

Not enrolling school-age children in school, or allowing excessive school absences, would show a lack of attention to the children's educational needs. Repeatedly leaving the children with relatives, friends, or acquaintances so the caretaker can go partying would be an example of prioritizing the caretaker's desires over the children's needs for stability. Sexual abuse of a child by the caretaker indicates that the caretaker has prioritized his or her own desires above the child's needs. Knowingly not protecting a child from physical or sexual abuse by another person would indicate that the caretaker is not attending to the needs of all the children.

15. Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.

This Risk Element refers to whether the caretaker acknowledges any identified injuries or harm that a child has incurred or acknowledges that behaviors and conditions identified in the home by the caseworker pose a risk of harm to the child(ren). The caseworker must also take into account the caretaker's willingness (or ability) to address any current behavior or conditions where a direct link to current or potential harm can be made.

In the case where there has been no abuse or maltreatment and the children are well cared for, select "Yes" because the caseworker and the caretaker do agree on the status of the children's well-being and that there is no concern for harm or risk to the children.

Where there has been maltreatment of a serious nature, but the caretaker does not understand or accept that harm has occurred and it is likely to continue or recur unless something changes to prevent it from occurring again, select "No" for this Risk Element.

Often, the situation will not be so clear cut. Parents/caretakers often make statements to the effect of "I'll see to it that this never happens again." This statement, by itself, is not sufficient information for the caseworker to determine if this Risk Element is present or not. In addition to what the caretaker says about addressing the behaviors or conditions that pose a risk to children, the caseworker must consider if the caretaker has actually taken any steps to address these concerns to reduce risk and increase safety. For example, if the caretaker had a drug abuse problem 18 months ago, first check "Yes" for the drug use risk factor earlier in the RAP. Then consider if the caretaker recognizes the potential for drug use to harm the children. If the caretaker has already successfully addressed the drug problem and has ceased using drugs, or is addressing this problem by participating in substance abuse treatment now, the answer to this last RAP question would be "Yes" (in the absence of another serious unaddressed risk factor). Similarly, the answer to this question would be "Yes" in the case of a caretaker with a serious mental illness who understands that maintaining compliance with his treatment plan is necessary for the safety and well-being of his children and who has a record of complying with his treatment plan.

On the other hand, even if the caretaker verbally agrees that there are problems that place the child at risk, (i.e., caretaker agrees she has an active substance abuse problem) but the caretaker does not keep appointments for services she is referred to without a legitimate reason, or continues to make excuses for not addressing problems she says she understands, the caseworker would be right to question the caretaker's willingness or ability to address areas of concern at this time, and the answer to this question would be "No."

If there was a maltreatment incident, but the caretaker minimizes or denies it, and won't take reasonable steps to reduce the risk of it re-occurring, the answer would be "No." This is also the case when the caretaker has not committed the child abuse or neglect herself, and the caretaker doesn't see the need to keep another person who did harm or poses risk to the child away from the child. In those instances, the answer would be "No."

Elevated Risk Element Definitions

1. Death of a child as a result of abuse or maltreatment by caretakers(s)

Applies to a confirmed fatality of a child as a result of abuse or maltreatment by the identified Primary Caretaker or Secondary Caretaker. The death of the child could have occurred at any time prior to the completion of the RAP and in any jurisdiction within or outside New York State.

2. Caretaker(s) has a previous TPR

The identified Primary Caretaker or Secondary Caretaker must have had an adjudication of termination of their parental rights at any time prior to the completion of the RAP. The termination of parental rights (TPR) indicates that a proceeding in family court has occurred and that the court has made a formal decision to grant the guardianship and custody of a child to the local district/ petitioner. The TPR may be based upon grounds that the child is a "permanently neglected child," "severely abused child," or a "repeatedly abused child."

The filing of a TPR with no adjudication to date does not apply.

Parental surrenders are not to be considered as circumstances applying to this Elevated Risk Element. Parental surrenders are not a legal indication of a family court finding of permanent neglect and therefore do not apply in this circumstance.

3. Siblings removed from the home prior to current report due to abuse or neglect and remain with substitute caregivers or foster parents

Applies to situations or circumstances that result in the removal of a child (or children) from the home, due to alleged or confirmed abuse or maltreatment, and the child(ren) is placed with substitute caretakers or foster parents. This includes removals by CPS, law enforcement, or any authorized person or entity acting in the best interests of the child(ren).

4. Repeated incidents of sexual abuse or severe physical abuse by caretaker(s)

Applies to confirmed reports in which the Primary Caretaker and/or Secondary Caretaker has *repeatedly* sexually abused or *severely* physically abused one or more children in his/her care or has allowed repeated sexual abuse or severe physical abuse of said child(ren) to occur.

Although a single act of sexual abuse is a serious and grievous assault upon a child, the existence of *repeated* sexual abuse implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) and therefore implies an increased risk of future harm.

Severe physical abuse implies, but is not limited to, a substantial risk of serious and/or protracted physical injury. Examples of severe physical abuse that results in serious physical injury may include, but

are not limited to, the infliction of internal injuries, fractures, blunt trauma, shaking, choking, burns/scalding, severe lacerations, hematoma, or extensive bruising.

5. Sexual abuse of a child and perpetrator is likely to have current access to child

Applies to situations in which a child (or children) has been sexually abused and the confirmed perpetrator (adult or child) continues to have current access to and/or contact with the child. This situation implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) from the risk of future sexual abuse. This also applies to situations in which the Primary Caretaker and/or the Secondary Caretaker is the perpetrator and resides with, or continues to have access to, the child.

6. Physical injury to a child under one year old as a result of abuse or maltreatment by caretaker(s)

Applies only to a child (or children) younger than one year old. The young age and inherent vulnerability of the child, coupled with the recent physical injury to the child due to abuse or maltreatment, implies an increased risk of future harm.

7. Serious physical injury to a child requiring hospitalization/emergency care within the last 6 months as a result of abuse or maltreatment by caretaker(s)

Applies to situations in which the child(ren) sustained serious physical injury that requires hospitalization or emergency care provided by any of the following: emergency room, urgent care facility, doctor's office, or emergency medical technicians. The physical injury must have occurred within the last six months.

Examples of physical injury may include, but are not limited to, internal injuries, blunt force trauma, whiplash/Shaken Infant Syndrome, head injury, serious injury to or loss of limb(s), fractures (including spiral and compound), burns/scalding, eye injuries, and severe lacerations.

Malnutrition, Failure to Thrive (FTT), and other serious or life-threatening medical diagnoses directly related to confirmed child abuse or maltreatment may also be included under this Elevated Risk Element.

8. Newborn child has positive child has positive toxicology for alcohol or drugs

Applies to situations in which a newborn (younger than 6 months old) who is currently part of the RAP family unit:

- tested positive for alcohol or drugs in his/her bloodstream or urine; and/or
- was born dependent on drugs or with drug withdrawal symptoms, fetal alcohol effect, or Fetal Alcohol Syndrome.

6D: Brief Examples for Risk Element Definitions

RAP Family Unit

- More than just the people who live with child or who are named in report.
- For example, includes any non-resident father who visits or cares for the child on a fairly regular basis. This includes grandmother who takes care of child on a regular basis in grandmother's home.

Risk Elements

1. Total prior reports for adults and children in RAP family unit.
    a. For everyone in the RAP family unit, not just the PC, SC, and children. Thus, count prior indicated reports for the non-resident father and grandmother mentioned above who are considered part of the RAP Family Unit.
    b. Includes prior indicated reports of mother's boyfriend where he was a confirmed subject in reports concerning children from a different family.
2. Any child in RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.
    a. Includes situation of teen mother who moved out of family home while grandmother cared for child for a significant period of time.
    b. Don't include regularly scheduled vacations where child visits relatives during summer vacation.
    c. Don't include when children have moved back and forth between biological parents only.
3. Children under one year old in RAP family unit at time of the current report, and/or new infant since report.
    a. Includes new child born during investigation.
4. Current or recent history of housing with serious health or safety hazards; extreme overcrowding, unstable housing; or no housing.
    a. Family has no residence at all and is living in the streets, in car, etc. Answer: Yes
    b. A formerly homeless family is now living in a stable housing program. Answer: No

c. House is dilapidated with peeling paint, holes in walls, broken windows, vermin, etc. Answer: Yes

d. Apartment has broken window and missing safety bars at time of report, but window replaced and bars installed during investigation period. Answer: No

e. Third report in 2 years that the house was littered with garbage, animal feces, spoiled food all within reach of young children. The house was cleaned up after the CPS worker began investigating the current report, but history suggests that problem will recur. Answer: Yes

5. Financial resource are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.

a. Family's work income would not be adequate to meet the family's needs for food and shelter, but they properly use a variety of public and private assistance for the children's benefit, and basic family needs are met. Answer: No

b. Family receives public benefits, yet mother has sold their food stamps to purchase drugs, and children have very little food. Answer: Yes

c. Family has no income and no home, yet parents continually violate homeless shelter rules, thus putting them at risk of being evicted from the shelter and have not followed through in applying for temporary assistance. Answer: Yes

d. Father appears to have money as he is usually seen wearing new designer suits and drives a new Jaguar XF, which sells for about $45,000, yet children's basic needs are not fully met, i.e., little or no food, inadequate clothing. Answer: Yes

6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, and neighbors.

a. Mother has several aunts who live nearby and who are willing and able to watch children while mother runs errands. Answer: Yes

b. Mother is a recent immigrant with her husband and seven children. She does not speak English, cannot communicate with neighbors, and does not have any other relatives or friends nearby. Answer: No

c. Mother has a sister and grandmother living nearby, but the sister is often in jail and the grandmother has numerous health problems and only leaves her apartment for doctor appointments. Mother has been an active participant in the mother's group at Head Start, where Answer: Yes

her child is enrolled, has a few friends who live in the same building, and works with several older more experienced mothers. A neighbor or co-worker is usually available for help or advice if mother calls.

d. Mother has a large extended family, but the family members fight a lot, several are in trouble with the police, their day to day life is chaotic and in the past they have not been reliable for support. — Answer: No

e. Mother and father each work full time, their two children who are in elementary school have both been diagnosed with ADHD. The children are alone each afternoon after school for 3-4 hours. An aunt who lives nearby and is very capable has offered to watch the children after school but the parents have refused her offer of assistance. — Answer: No

7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.

a. Mother left very controlling partner (SC-father of children), who continues to harass her and files false child abuse and neglect reports on her. — Answer: Yes for both PC and SC

b. Father has had numerous fights with neighbors, and father was arrested recently for threatening neighbor with a gun. Mother was not involved in these altercations. — Answer: No for PC, Yes for SC

c. Single mother continually battles with her own mother and brother over numerous issues. Sometimes the police are called during these altercations. — Answer: Yes for PC

8. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.

a. Father went through detox one year ago and has been attending AA. — Answer: Yes

b. Every few months, mother has a binge drinking episode that lasts several days. She misses work and cannot attend to her child caring responsibilities at these times. — Answer: Yes

c. Parent drinks a couple of beers every day, and it does not seem to affect work or home responsibilities. — Answer: No

d. Father drinks six beers every night after work. Although he manages to keep his job, his primary focus at home is to be left alone to drink, — Answer: Yes

and his main interaction with the children is characterized by yelling at them. He was also recently arrested for DWI.

9. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests within last two years.

   a. Father completed a drug program, to address is heroin addiction a year and half ago, and denies using anymore. — Answer: Yes

   b. Mother enrolled in a drug treatment program six weeks ago to help her address crack usage. She continues to adhere to program guidelines and attends all meetings. — Answer: Yes

   c. Parent occasionally smokes marijuana on weekends outside the home while children are cared for by another responsible adult. This does not appear to have any adverse effects on parenting or other responsibilities. — Answer: No

   d. Mother was seriously addicted to cocaine 10 years ago, and lost two of her children at that time. She has since completed extensive drug treatment, found and kept a job for the last five years and her youngest children (ages 4 and 2) were born without positive toxicology. — Answer: No

   e. Mother takes prescription medications for a back injury. She states that the dosage prescribed by the doctor does not alleviate the pain, so she doubles it. This alleviates the pain but makes the mother sleepy and lethargic. She is then unable to properly care for and supervise her active 3-year-old son who in the past has gotten out of the house and was found walking in the street. — Answer: Yes

10. Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.

   a. Mother goes into extreme rages at various family members and they stated to this caseworker that they are all frightened of her. She refused to participate in a mental health evaluation. — Answer: Yes

   b. Father was diagnosed as schizophrenic. He takes his medication and he adheres to his work schedule, pays his rent on time and is able to have supportive and on-going relationships with his neighbors and co-workers. — Answer: Yes

   c. Mother attempted suicide several years ago. She has been on anti-depressant medication since then, she has had no suicidal ideations — Answer: Yes

after beginning her medications, she pays bills on time, keeps the home clean, and meets all of the children's needs.

d. Mother had an episode of postpartum depression several years ago when she was a new mother. She did not attempt suicide, and has not experienced any further incidents of depression. Answer: No

e. Mother has been on medication for an anxiety disorder for several years. She stated to this worker that she would be unable to cope at all with her children without the medication. Answer: Yes

f. Mother had an episode of postpartum depression several years ago when she had her first child. She is currently pregnant with her second child and has stated to the worker that she is extremely anxious that she will experience the depression again. Answer: Yes

11. Caretaker(s) has very limited cognitive skills.

a. Father was of normal intelligence, but had a serious brain injury from an accident that impaired his cognitive abilities. He is no longer able to count to 10 or recite the alphabet and has lost the ability to problem solve or think through simple tasks such as preparing a sandwich. Answer: Yes

b. A review of the extensive case record has several notes that the mother is "limited", with no further explanation. Based on your interactions with mother, you agree that mother appears to be of below average intelligence or has serious memory problems as she doesn't seem to remember important things like appointments, refrigerating or throwing out half-empty baby's formula and food, dressing the baby properly for the weather, despite being taught these things by self or previous workers. Answer: Yes

c. Elderly grandmother has been caring for four grandchildren for years, but recently has been showing signs of senility, such as getting lost when she takes a walk around her neighborhood and forgetting the children haven't eaten. Answer: Yes

d. Mother is in advanced stage of AIDS that has seriously and adversely affected her brain functioning and cognitive abilities. Answer: Yes

12. Caretaker(s) has a debilitating physical illness or physical disability.

a. Mother has advanced AIDS, is bedridden and is in need of a caretaker for herself. Answer: Yes

b. Grandmother (SC) has diabetes, which she manages through diet and medication, and it has little effect on her life. Answer: No

c. Father (SC) has diabetes, but he does not manage it well, is frequently hospitalized, and recently had his foot amputated because of diabetes. Answer: Yes

d. Mother is in a wheelchair, but is able to adequately care for her children and manage a home. Answer: No

13. Caretaker demonstrates developmentally appropriate expectations of all children.

a. Mother's boyfriend (SC) thinks that the three-year-old should be able to play catch using a baseball mitt and he yells and swears at the child when the child does not catch the ball. Answer: No

b. Both parents appear to understand the developmental stages of childhood, and use developmentally appropriate disciplinary practices such as timeout – in minutes related to the child's age. Answer: Yes

c. Mother expects oldest child (age 11) to care for three younger siblings after school every day for 3.5 hours, to get dinner ready and to help her siblings with homework. Answer: No

d. Single father's main method of discipline appears to be yelling at the children when they do something that displeases him. There is no predictable routine to the household, and children are unsure of what they are allowed and not allowed to do. Answer: No

e. Mother has set appropriate curfews for teenage children, sends them to school on time, and provides a desk for them to do homework. Yet one teenager cut classes, doesn't do homework, and stays out past curfew. Mother revokes privileges in response. Answer: Yes

f. While mother is trying to get dinner prepared, one of the children accidentally trips her while chasing a ball through the kitchen, and plates and glasses break all over the floor. Mother yells, "You stupid idiot. You are too blind to see that I am cooking in here. You're too freaking clumsy and dumb to play with a ball." However, mother of three young children seems knowledgeable about child development, appropriate discipline, and in general appears to have a close and loving relationship with her children, and feels bad about lashing out. Based on interviews with the Answer: Yes

mother, children, extended family members and other collateral contacts, this is an isolated incident.

g. While eating breakfast, mother's live-in boyfriend pushes child's head into the table. Mother's boyfriend states he did so because he told the child the day before that he could not have milk anymore because he had spilled a glass of milk, and child was eating cereal and milk for breakfast. Child says that the boyfriend is always mean to him. Answer: No

h. Mother and her live-in boyfriend set reasonable rules that are to be followed in the home for the children, ages 9 and 12. The adults are consistent and use developmentally appropriate forms of nonphysical punishment as consequences for bad behavior. However, mother's boyfriend has started to sexually abuse the 12-year-old girl. Answer: No

14. Caretaker attends to needs of all children and prioritizes the children's needs above his/her own needs or desires.

a. Family recently lost running hot water, so mother heats water on the stove to bathe children and wash their clothes, and had promptly contacted the landlord about the problem. Answer: Yes

b. Family recently evicted due to financial setbacks. Parents have managed to arrange temporary shelter with friends and relatives, and have contacted helping agencies to arrange more permanent housing. Answer: Yes

c. A methamphetamine-abusing parent has a history of signing up for drug treatment programs and not following through. Children have been parceled out to various relatives while parent is supposedly in treatment. Answer: No

d. Mother calls CPS and demands that CPS retrieve young child recently returned from foster care before she hurts child. Answer: No

e. Adolescent child acting incorrigible, truant, staying out late. Although not successful, parent has initiated contact with school to try to find alternative school for child and has tried to file a PINS petition. Parent has met child's other needs competently. Answer: Yes

f. Parent sent child to live with relative and although they live reasonably close, parent makes no effort to visit child or provide any resources for child. Answer: No

g. Parent often drops child off with relatives, yet does not call or return at the appointed time. Parent does not provide food, money or supplies for the child, which is an extra strain on relative's resources. Answer: No

i. It has been recommended that both child and parent attend counseling sessions to address the trauma of the child being sexually abused by mother's ex-boyfriend and develop coping strategies. Although mother sends child, mother will not attend herself. Answer: No

j. The four youngest of six children are hospitalized for rickets. An investigation reveals that the family follows a very strict vegetarian diet, and children are severely deficient in certain vitamins. Although mother promises to provide children with vitamin supplements from now on, the answer would still be "No" because mother put her own desires for a strict vegetarian diet above her children's nutritional needs, and ignored the obvious and serious deleterious physical effects on the children for years. Answer: No

k. Mother seems to meet all children's needs except one. One of her children has been receiving failing grades in school and the school has repeatedly asked mother to allow child to be evaluated for special education. Mother has repeatedly refused school's requests. Answer: No

15. Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.

a. Report was a false report made by a neighbor. Both caseworker and PC agree that there is no merit to the accusation and the children are well cared for. Answer: Yes

b. Report of sexual abuse made against father. Although father vehemently denies allegations, he is very cooperative in allowing child to be interviewed and examined and in answering questions himself. Answer: Yes

c. Child does not attend school. Mother is resigned to this fact and says there is nothing she can do. She did not like school herself, and states that it is acceptable to quit school at age 14. Answer: No

d. Mother admits that she is responsible for causing the bruise on child's face, expresses sincere remorse, and expresses concern that she is overwhelmed and needs some help in managing the child's behavior. Answer: Yes

e.	Investigation is for sexual abuse. The Secondary Caretaker has been arrested for sexual abuse, and caseworker has no contact with the SC.	You may assume the answer is No for the SC
f.	Investigation is for lack of supervision. Mother states that she has on several occasions left her 4 and 6-year-old children sleeping in the home while she runs to the grocery store for milk and eggs. Mother states that nothing bad has happened and that even if the children did wake up, they would be fine for the half hour or so that she is gone.	Answer: No

6E: Calculation Scores for Each Risk Element

1. Total prior reports for adults and children in RAP family unit:

No prior determined reports	-1
Prior unfounded reports only	0
One to two prior indicated reports	0
Three to four prior indicated reports	1
Five or more prior indicated reports	2

2. Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.

Yes	1
No	0

3. Child under one year of age in RAP family unit at time of the current report, and/or new infant since report.

Yes	2
No	0

4. Current or recent history of housing with serious health or safety hazards; extreme overcrowding, unstable housing, or no housing.

Yes	2
No	0

5. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.

Yes	1
No	0

6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.

Yes	0
No	1

7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood. (If either caretaker has problem, score 1.)

	Yes	No
Primary Caretaker	1	0
Secondary Caretaker	1	0

8. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrest within the past two years. (If either caretaker has problem, score 1.)

	Yes	No
Primary Caretaker	1	0
Secondary Caretaker	1	0

9. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests within the past two years. (If either caretaker has problem, score 2.)

	Yes	No
Primary Caretaker	2	0
Secondary Caretaker	2	0

10. Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.

	Yes	No
Primary Caretaker	1	0
Secondary Caretaker	0	0

11. Caretaker has very limited cognitive skills. (If either caretaker has either problem in question 11 or 12, score a total of 1 for both questions.)

	Yes	No
Primary Caretaker	1	0
Secondary Caretaker	1	0

12. Caretaker has a debilitating physical illness or physical disability. (If either caretaker has either problem in question 11 or 12, score a total of 1 for both questions.)

	Yes	No
Primary Caretaker	1	0
Secondary Caretaker	1	0

13. Caretaker demonstrates developmentally appropriate expectations of all children. (If either caretaker has problem, score 1.)

	Yes	No
Primary Caretaker	0	1
Secondary Caretaker	0	1

14. Caretaker attends to needs of all children and prioritizes the children's needs above his/her own needs or desires.

	Yes	No
Primary Caretaker	0	1
Secondary Caretaker	0	0

15. Caretaker understands the seriousness of current or potential harm to the children and is willing to address any areas of concern.

	Yes	No
Primary Caretaker	0	2
Secondary Caretaker	0	0

6F: RAP Reponses Populated from Embedded Risk Scales

For Comprehensive and Reassessment FASPs with a Program Choice of Protective, RAP responses are mapped from embedded scales within the SNR Scales. The caseworker responses in the SNR Scales automatically populate selected RAP elements. The following shows the correlation between RAP elements and the SNR Scales from which responses are generated.

Risk Assessment Profile	*Strengths Needs Risks (SNR) Scales*
1. Total prior reports for adults and children in RAP family unit.	N/A
2. Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report.	N/A
3. Child(ren) under one year of age in RAP family unit at time of the current report, and/or new infant since report.	N/A
4. Current or recent history of housing with serious health or safety hazards, extreme overcrowding, unstable housing, or no housing.	Family Scale: Living Conditions
5. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.	Family Scale: Financial Resource Management/Basic Needs
6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.	Family Scale: Support System
7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.	Parent/Caretaker Scale: Relationships Among Caretakers and Significant Adults
8. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests within the past two years.	Parent/Caretaker Scale: Alcohol Use Within the Past Two Years
9. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests within the past two years.	Parent/Caretaker Scale: Drug Use Within the Past Two Years
10. Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.	Parent/Caretaker Scale: Mental Health
11. Caretaker has very limited cognitive skills.	Parent/Caretaker Scale: Cognitive Skills
12. Caretaker has a debilitating illness or physical disability.	Parent/Caretaker Scale: Physical Health
13. Caretaker demonstrates developmentally appropriate expectations of all children.	Parent/Caretaker Scale: Expectations of Children
14. Caretaker attends to needs of all children and prioritizes the children's needs above his/her own needs or desires.	Parent/Caretaker Scale: Recognizes and Attends to Needs of All Children

15. Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.	N/A

6G: Initial Non-Protective Risk Assessment

Risk Elements 1 – 3

This set of questions assesses risks related to the household. Everyone with a role in the case should be assessing this information. In the CONNECTIONS electronic case recording system, the Case Planner or Caseworker(s) must select either "Yes," "No," or "Insufficient Information" to formally document the response to each of these questions.

1. Current or recent history of housing with serious health or safety hazards; extreme overcrowding; unstable housing; or no housing.
2. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.
3. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends or neighbors.

Risk Elements 4 – 11

This set of questions assesses risks related to the behaviors of the caretakers. Everyone with a role in the case should be assessing this information. In the CONNECTIONS electronic case recording system, the Case Planner or Case Worker(s) are required to select either "Yes," "No," or "Insufficient Information" to formally document a response to each of these questions for the Primary Caretaker and the Secondary Caretaker (if a Secondary Caretaker has been identified in the family composition).

4. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.
5. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.
6. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.
7. Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.
8. Caretaker has very limited cognitive skills.
9. Caretaker has a debilitating physical illness or physical disability.
10. Caretaker demonstrates developmentally appropriate expectations of all children.

11. Caretaker attends to the needs of all children and prioritizes the children's needs above his/her own needs or desires.

Module 7: Strengths, Needs, and Risks

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Introduction and Rationale

This module assists caseworkers in completing the SNR Scales in a manner that supports a thorough, balanced, and family-focused assessment.

Ongoing assessment of family and child functioning, using needs and strengths, is essential to effective case planning and intervention. It forms the foundation for the change effort, and provides a basis for decision making and planning, as well as a means for evaluation of progress. The SNR Scales provide a framework for the gathering and recording of key information about individual and family functioning, and the raw material for development of the Family Assessment Analysis and the Service Plan.

The SNR Scales are designed to help caseworkers identify specific conditions that need to change, and to determine the factors or underlying conditions that cause, contribute to, or sustain problems, as well as those that support needed change. The key to developing change efforts that are likely to succeed is an understanding of why a problematic behavior or condition exists and what might be used to help the condition improve. Thus, an accurate and thorough inventory of strengths, needs, and risks is a critical ingredient to a successful change effort.

SNR Scales Structure and Customization

The SNR Scales are organized into three components: Family, Child, and Parent/Caretaker. Caseworkers capture information that reflects strengths, needs, and risks relating to the family as a whole and to each individual adult and child. The SNR Scales are customized based on the family composition and provide a consistent framework of assessment information across key areas of functioning over time. This provides the ability to compare and contrast family and individual functioning, change, and progress throughout the life of a case.

CONNECTIONS will automatically customize the SNR Scales based upon FASP type, family composition, and certain parameters of each case. This is one part of the FASP where the accuracy of the information on the Stage Composition tab and the Tracked Children Detail window is critical.

Local District Options for Completion of the SNR Scales

Local districts may elect to make completion of certain SNR Scales optional. This is intended to streamline scale completion in cases where it is prudent to do so. It allows local districts and workers to complete those scales that make the most sense for an individual case and an individual worker.

Key elements of the local district option:

- If a district exercises this option, CONNECTIONS will continue to make all scales available for completion. For all cases with a Program Choice of Protective, workers will still be required to complete all the scales that map to the RAP; these scales are marked with an asterisk in CONNECTIONS. Other scales will be optional (i.e., not required by CONNECTIONS in order to submit for approval).

- A Supervisor or FASP Approver may still require completion of certain optional scales to best meet the needs of a case. Supervisors may exercise individual discretion or a district may do so

based on its own internal policies and require workers to complete some or all scales according to the case circumstances or other specified criteria (e.g., an inexperienced worker). Although these internal agency or supervisory policies will not be enforced by CONNECTIONS, they can be enforced by individual supervisors, FASP Approvers, and management oversight.

Policies will vary from district to district, may also vary from program to program within districts (i.e., preventive vs. foster care), and may change over time. Workers and supervisors in each district, as well as those in voluntary/contract agencies, will need to be aware of the specific policies of their district or of the district(s) whose families they serve.

Family Functioning Scales

The Family Scales are not completed in the Initial FASP. This family-related information is captured in the corresponding RAP for CPS-Protective cases and on the Risk Assessment for Non-CPS cases. Family Scales are required for both Comprehensive and Reassessment FASPs; their focus is on a specific household. This includes all adults and children living in the home or for whom this is their primary address. (See "household" criteria in *Module 3*.) One household is created for each primary residence identified on the Stage Composition tab.

At least one set of Family Scales must be completed for the Primary Caretaker's household in order to submit a FASP for approval. Multiple Family Scales can be completed when the Primary Caretaker and Secondary Caretaker live separately, and for other households containing neither the Primary Caretaker nor the Secondary Caretaker, based on the needs of the case. CONNECTIONS will label these other households as optional. The completion of the Family Scales for these households is not required, but is recommended if any tracked children reside in or frequent that household (e.g., a household where the child frequents, visits, or may return). Decisions as to which optional households should be assessed should be made in concert with the Case Manager and supervisor.

A child, including those in foster care or a residential facility, is not in their own household and a caseworker does not complete the Family Scales for an individual child. If CONNECTIONS presents the Family Scales for a child, his/her primary address has been incorrectly entered on the Stage Composition tab. To correct this, go to the Stage Composition tab and amend the child's listed address to correspond with that of their Primary Caretaker's address.

Due to the termination of parental rights, Family Scales are not completed in the CCR.

For a nonfreed child with a goal of Adoption or APPLA, the child still has a legal family, and caseworkers must continue to complete the Family Scales on their Primary Caretaker and Secondary Caretaker. This provides documentation of the family's current strengths, needs, and risks, thus supporting decisions about which permanency options to pursue.

Child Scales

Child Scales enable a caseworker to record an assessment of strengths, needs, and risks for each individual child in a family. A child is defined as:

- An individual under 18 years of age with a relationship of Child, Step-child, Grandchild, Niece/Nephew, or Ward within the Family Relationship Matrix
- An individual who is 18-21 years of age with an active PPG

A Child Scale is required to be completed for each tracked child. A child is considered tracked when they are receiving child welfare services. They will have a PPG and one or more Program Choices on the Tracked Children Detail window. For nontracked children—those who are not receiving services and do not have a Program Choice or PPG—the completion of the Child Scales are considered optional. However, it is strongly recommended that caseworkers complete the SNR Scales for optional children to provide a thorough, balanced picture of the family situation. (See the *Frequently Asked Questions* in this module for more discussion on this topic.)

In a CPS-Protective case, all children in the family are considered the focus of CPS services and must be tracked.

The individual Child Scales are completed by the Case Planner or by a Case Worker who is associated to an individual child in CONNECTIONS, within the Tracked Children Detail window.

Parent/Caretaker Scales

The Parent/Caretaker Scales are used to evaluate the strengths and needs of individuals identified in CONNECTIONS as the Primary Caretaker and Secondary Caretaker. CONNECTIONS also creates scales for individuals with a relationship of Mother or Father within the Family Relationship Matrix, and individuals who are older than 18 years of age that do not have an active PPG.

CONNECTIONS automatically displays a column labeled with the first name, age, and PC or SC indicator for each adult listed on the Stage Composition tab. These scales must be completed for the identified Primary Caretaker and Secondary Caretaker in order to submit the FASP for approval. The completion of the Parent/Caretaker Scales is optional for all other adults listed on the Stage Composition tab. However, it is strongly recommended that they are completed in order to provide a thorough and balanced picture of the current family situation. (See the *Frequently Asked Questions* in this module for more discussion on this topic.)

The Parent/Caretaker Scales are completed within each FASP. Due to the termination of parent's rights, SNR Scales are not presented in the CCR.

For a nonfreed child with a goal of Adoption or APPLA, the child still has a legal family, and caseworkers must continue to complete the Parent/Caretaker Scales on the Primary Caretaker and Secondary Caretaker. This provides documentation of the family’s current strengths, needs, risks, and ability to provide a home for the child, supporting decisions about which permanency options to pursue.

Consistency Check

Before beginning work on the SNR Scales, verify the accuracy of information documented on the Stage Composition tab and the Tracked Children Detail window. Caseworkers should verify the following:

- All the relevant adults and children in the family or household are listed.
- The identified Primary Caretaker and Secondary Caretaker are accurate.
- The child's date of birth is accurate.
- The correct children are being tracked.
- Tracked children have the appropriate Program Choice and PPG.

Caseworkers should make necessary updates before proceeding with the SNR Scales. (For additional help with accuracy of the Stage Composition tab, see *Module 3*.)

Strengths, Needs and Risks Scales Windows

Scale	Ratings	Create Q&A Block for Scale	All	Kristy Age: 32 PC	Thomas Age: 40 SC
1. Caretaker Abused/Neglected as a Child	a. No childhood history of abuse or neglect				
	b. Some childhood history of abuse or neglect				
	c. Serious childhood history of neglect				
	d. Serious childhood history of physical and/or sexual abuse				
2. Physical Health (Mapped to RAP)	a. Good or excellent health				
	b. Minor illness or physical disability				
	c. Moderately serious illness or physical disability				
	d. Debilitating illness or physical disability				
3. Physical Health Care	a. Regular preventive health care is practiced				
	b. Receives appropriate medical care for illness or condition				
	c. Some unmet medical care needs				
	d. Serious unmet medical care needs				
4. Mental Health (Mapped to RAP)	a. No mental health concerns				
	b. Minor mental health concerns				
	c. Moderately serious mental health problems				
	d. Serious mental health problems				
5. Mental Health Care	a. No mental health concerns or able to self-monitor and take appropriate steps to stabilize emotional well-being				
	b. Receives mental health care; fully complies with treatment recommendations				
	c. Receives mental health care; partially complies with treatment recommendations				
	d. Receives little or no mental health care or is non-compliant with treatment recommendations				
6. Ability to Cope with Stress	a. Consistently uses effective coping skills to manage stress				
	b. Uses adequate coping skills in most situations to manage stress				
	c. Coping skills are not consistently used or effective in managing stress				
	d. Coping skills are very limited or ineffective in managing stress				
7. Cognitive Skills (Mapped to RAP)	a. Appears to have above average cognitive skills				

Quick Tips for Completing the Parent/Caretaker Strengths, Needs and Risks Window

The SNR Scales focus on the child's primary family and the current situation within that home (i.e., the home of the child's Primary Caretaker or Secondary Caretaker). For children in foster care or other out of home placement, the SNR Scales are not the place to assess the home of the foster parents or relatives with whom the child is currently living. The focus of the assessment is on what needs to change in order to achieve the PPG and the child's need for safety, permanency, and well-being.

Before proceeding with the SNR Scales, caseworkers should review their progress notes and Safety Assessment in an effort to refresh their memory of key issues, needs, concerns, and recent changes for the family.

Assess all family and household members. Rate each scale element based on the most recently available information about that specific family, adult, or child. Caseworkers should use their own observations and interactions with collaterals and with the family to assist in rating the scales and identifying family strengths, needs, and recent changes.

Think of the choices within a continuum, with each scale element as representing:

- High Strengths
- Some Strengths
- Some Needs or Risk
- High Needs or Risk

Select the rating that best fits each individual or family situation. The descriptions associated with each element are there to anchor the ratings along the continuum listed above. Do not be overly preoccupied by specific phrases within these anchors; a caseworker's comments associated with the scales are what will support their rating choices.

The column marked "Create O&A Block for Scale" is used for any SNR elements that are likely to be addressed in the Service Plan. Any SNR Scale elements checked off here will be carried forward into the O&A Index on the Service Plan window. This Index serves as a reminder of the key issues identified in the SNR Scales. Items in the Index will be held in temporary status, and will be available to the caseworker as the basis for the development of appropriate O&A blocks. Caseworkers will be able to select any or all items in the Index for developing O&A Blocks. They will also be able to create an O&A Block for any additional concern by clicking the New button located at the bottom of the Service Plan window. It is essential that caseworkers exercise care in selecting SNR Scale elements to populate the O&A Index, as this aids in focusing the Service Plan.

Caseworkers document comments to support the key ratings within the SNR Scales. Comments should be provided for any elements that are deemed to be important to a current understanding of family or individual functioning. Caseworkers document both positive and negative aspects in an effort to clearly identify strengths, needs, and risks. Comments should reflect how a caseworker obtained information (e.g., caseworker observation, collateral, or self-report). The use of clear, specific, nonjudgmental, and behaviorally focused language supports the selected SNR element. The use of a bulleted list may help caseworkers to write more concisely.

Saving the SNR Scales will enable the Comments button at the bottom of the window. Click the Comments button to open the Strengths, Needs and Risks Comments window, and select the individual who the comments apply to. Comments are written in a narrative form about each person for whom scales are completed.

Use the questions and sample comments in this module to help understand each scale element and the information caseworkers should be documenting on the Strengths, Needs and Risks Comments window.

Frequently Asked Questions

Who is assessed in the SNR Scales?

It is recommended that caseworkers complete SNR Scales for all family and household members currently active on the Person List window, including those who CONNECTIONS has identified as optional. This supports the need to get an accurate and balanced picture of individual and family strengths and needs at this time.

CONNECTIONS will require that caseworkers complete SNR Scales for the Primary Caretaker, Secondary Caretaker, and each tracked child. SNR Scales for other adults and nontracked children on the Stage Composition tab are not required by CONNECTIONS, but completing these provides for a more thorough assessment.

Who completes the SNR Scales?

When there are multiple caseworkers active in a case, completion of the scales is a team effort. Any caseworker with a role of Case Planner or Case Worker can complete the Family and Parent/Caretaker Scales. When those with the role of Case Worker are associated to a child within the Tracked Children Detail window, then only they can complete the scales for that child. Ultimately, it is the Case Planner who is responsible for ensuring completion of the SNR Scales before submitting a FASP for approval.

Multiple Caseworker Coordination Tip

In a case with multiple caseworkers and roles, it is helpful to decide in advance of each FASP who is expected to complete which sections and within what timeframes. This promotes teamwork, enabling all contributors to meet their responsibilities in a timely manner.

Selecting SNR ratings

The elements within each scale category present four rating choices. In the Initial FASP, caseworkers are provided a fifth choice labeled Insufficient Information. This accommodates the possibility that complete assessment information may not be available very early in a case. Use of this option should be supported in the comments box as to why the information was not available.

Think of the responses within each scale element as representing:

- High Strengths
- Some Strengths
- Some Needs or Risk
- High Needs or Risk

Only one response can be selected for each scale element. Select the rating that best fits the SNR Scale being assessed. The descriptions associated with each element are there to anchor the ratings along a continuum, as above. Do not be preoccupied by specific phrases within these anchors. The caseworker's comments associated with the scales support their rating choices. Keeping in mind the original reason

for case opening and present concerns in the family, as well as what might be important to support successful achievement of the PPG, can assist a caseworker when considering and rating each of the scales, and the writing of comments to support them.

For a child in foster care, the SNR Scales are meant to focus on the child's primary family and conditions and relationships within that home, not the foster home or relative's home in which they may be temporarily living. The SNR Scales help to assess what needs to change in order to achieve the PPG.

Consistency Check

Information in the SNR Scales should be consistent with what is documented elsewhere in the case record (e.g., progress notes, Safety Assessment).

What does "Mapped to RAP" in some SNR Scales mean?

In both the Comprehensive FASP and the Reassessment FASP, some SNR Scale elements are labeled Mapped to RAP. Responses a caseworker records for these SNR Scale elements will update corresponding fields in the RAP. This eliminates the need for caseworkers to have to answer similar questions in two places on the FASP. It is important that SNR ratings be accurate, as these items will impact the risk rating calculated by the RAP.

Tips for writing SNR comments

Caseworkers are the ones most familiar with the strengths and needs of the family and the individual. Use the comments box to support key ratings and to share what is known about the family and individual members at this time. Comments are intended to provide information and support the selected SNR Scale rating.

- Write comments for any element that is important to a current understanding of the family.
- Comment on both positive and negative aspects of the family and individual functioning.
- Write comments relevant to the specific scale elements and identify the individual they refer to.
- Where applicable, comments should reflect how a caseworker obtained certain information (e.g., Mother said, Dr. Andrews' most recent evaluation, based on caseworker observation).
- Writing a bulleted list of comments may help a caseworker write concisely and stay focused on specific individuals or scale elements.
- Language in the comments box should be clear, specific, nonjudgmental, and behaviorally focused.

Caseworkers can use the related questions and sample comments found later in this module to help better understand each scale element and the information that should be included in the comments box.

Role of FASP Approvers

FASP Approvers ensure the quality of SNR Scales ratings and comments. With the SNR Scales helping to form the foundation of the Family Assessment Analysis and Service Plan, it is critical that the information within the comments box be an accurate and overall current reflection of the family and individual.

When reviewing the FASP, an approver should consider the following regarding the SNR Scales:

- There is sufficient information recorded in the progress notes or elsewhere in the record to effectively support scale ratings and comments.
- The appropriate adults and households within the family have been assessed, and where appropriate, multiple households or adults have been assessed.
- Each tracked child was assessed individually and supported within the comments box. Where appropriate to case needs, other children within the family have been assessed.
- Documentation reflects that family members have been engaged in the gathering of information and assessment of strengths, needs, and risks.
- Documentation reflects that the caseworker has solicited input from relevant collaterals.
- The response Insufficient Information, within an Initial FASP, is used sparingly and is supported by comments.
- Comments are provided for those scale elements that are relevant to a current understanding of family functioning.
- Comments are clear, specific, and behaviorally focused to provide an understanding of family functioning.
- Caseworker's comments are nonjudgmental and supportive to the associated ratings.
- Comments refer to specific individuals.
- The SNR comments sufficiently convey the most significant individual and family strengths, needs, issues, and case circumstances.

Module 8: Foster Care Issues

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Introduction and Rationale

This module provides caseworkers and supervisors with detailed guidance in completing and approving the Foster Care Issues sections within the FASP.

A primary mission of OCFS is to promote safe, permanent families for children through services which protect and support the children within their own family. When children cannot be kept safe in their own home, or when children's behavior cannot be managed through in-home services, foster care placement may become necessary. It is important to remember that foster care is a serious measure, causing significant disruption to a child's routine and personal attachments. If it is not possible for a child to remain safely in his/her own home, within 30 days after removal DSS "must exercise due diligence in identifying all of the child's grandparents and other adult relatives" (18 NYCRR 430.11(c)(4)), and must "conduct an immediate investigation to locate any nonrespondent parent of the child and any relatives of the child, including all of the child's grandparents, all suitable relatives identified by any respondent parent or any nonrespondent parent and any relative identified by a child over the age of five as a relative who plays or has played a significant positive role in his or her life" (FCA section 1017).. Upon identifying any adult relatives, DSS must explain the options under which the relatives may provide care of the child through foster care or direct legal custody or guardianship, including kinship guardianship assistance, and any options that may be lost by failure to respond timely. OCFS requires that relatives be given a copy of *Having a Voice and a Choice: New York State Handbook for Relatives Raising Children* if the relative is considering becoming the child's caregiver (09-OCFS-ADM-04). In addition, OCFS created a supplemental booklet that specifically covers information about the KinGAP program, *Know Your Permanency Options: The Kinship Guardianship Assistance Program (KinGAP),* since that program did not exist when the original relative handbook was created. Relatives must be given both publications to be sure they know information about all of their options. (11-OCFS-ADM-03) If the relative becomes the child's foster parent, then the Foster Care Issues section would apply.

When children enter the foster care system, caseworkers have the added responsibility to assess and manage the safety and well-being of the children in foster care, as well as actively pursuing and supporting permanency for the children in accordance with the family/child's needs, goals, and resources at any given time. Casework with families whose children are in foster care often involves gathering and analyzing information from multiple sources, while managing a complex array of needs, issues, priorities, decisions and timeframes. Accurate, complete, and timely recording of this information is critical to shared decision making and coordination of activities among the various helpers/decision makers in a case at any given time, as well as for making this information available for future reference. Foster Care Issues brings together much of that information periodically in the FASP.

The Foster Care Issues section of the FASP consists of six sub-sections, each with multiplequestions that address the key components of foster care assessment, planning, and decision making. The sub-sections consist of:

- Appropriateness of the placement decision and the child's specific placement setting
- Child's overall adjustment, functioning, and safety within the foster care setting
- Progress on Permanency Planning/Concurrent Planning

- Visitation plans
- Life Skills Preparation
- Discharge Planning

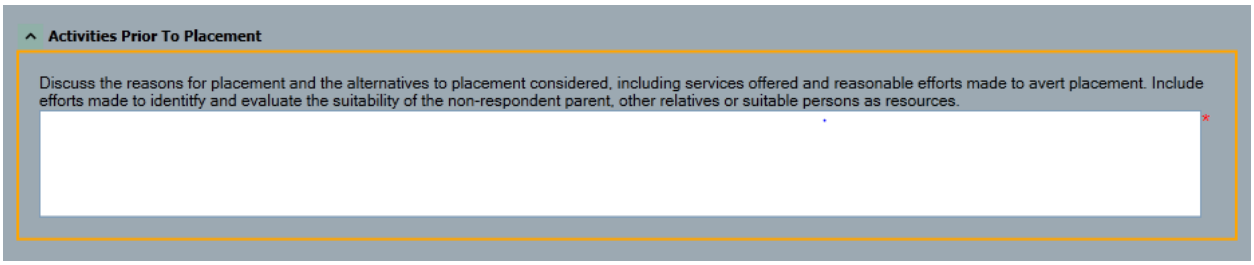
The specific sections within FC Issues that need to be completed for a given family/child at a given time will depend on a variety of factors: FASP type (Initial/Comprehensive/Reassessment/Plan Amendment), the child's placement status, PPG, and age.

Accuracy Check

Before proceeding with the Foster Care Issues sections, verify the accuracy of key information in Person List and in Tracked Children Detail! Information in these sections will determine which sub-sections of Foster Care Issues will be generated and must be competed for a given child. Inaccuracies within Person List & Tracked Children Detail may result in serious errors in FASP completion (i.e., you may complete the wrong subsections, or fail to have relevant subsections available for completion) – rendering the FASP incomplete and/or inaccurate, and thus un-approvable.

Foster Care Issues: Appropriateness of Placement Window

Activities Prior to Placement



Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

Identify the child who has been newly placed since the last FASP (or for the Initial FASP since case opening). This screen will need to be completed only if the child has been placed since the last FASP.

For a child who has newly entered placement: Clearly describe steps taken to avert the need for placement. Include:

- Any preventive services considered, offered, or provided to protect the child while at home, or to support the parent/caretaker.
- Steps taken to identify, locate, and engage absent parents, relatives, or other family resources as alternative caretakers, and to determine their availability, willingness, and suitability to care for the child.

Include a description of why these alternatives to placement were: refused by the parent, relative or potential resource; not available; tried but unsuccessful; or not sufficient to support safety at this time.

Activities Prior to Placement

Title IV-E of the Social Security Act and implementing State statute require agencies/caseworkers to make reasonable efforts to support family functioning in their own home and to prevent the unnecessary placement of children by offering preventive services. If it is not possible for a child to remain safe in his/her home, prior to removing a child, the caseworker and family must explore and consider other less disruptive measures to protect the child, family, or community.

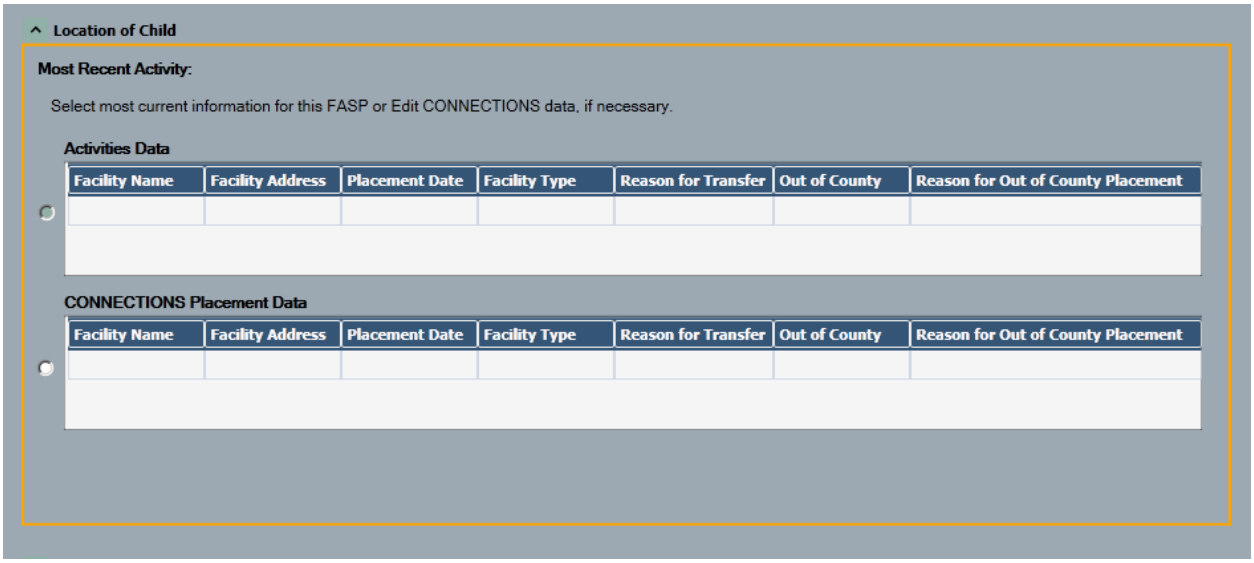
The mission of the Child Welfare system is to support safe, permanent families for children. If it is not possible for a child to remain safely in his/her own home, within 30 days after removal DSS "must exercise due diligence in identifying all of the child's grandparents and other adult relatives" (18NYCRR 430.11(c)(4)). Upon identifying any adult relatives, DSS must explain the options under which the relatives may provide care of the child through foster care or direct legal custody or guardianship,

including kinship guardianship assistance, and any options that may be lost by failure to respond timely. OCFS requires that relatives be given a copy of Having a Voice and a Choice: New York State Handbook for Relatives Raising Children if the relative is considering becoming the child's caregiver (09-OCFS-ADM-04). In addition, OCFS created a supplemental booklet that specifically covers information about the KinGAP program, *Know Your Permanency Options: The Kinship Guardianship Assistance Program (KinGAP),* since that program did not exist when the original relative handbook was created. Relatives must be given both publications to be sure they know information about all of their options (11-OCFS-ADM-03). If the relative becomes the child's foster parent, then Foster Care Issues apply. When, despite these efforts, foster care placement is deemed necessary to support safety, the Activities Prior to Placement screen of Foster Care Issues requires caseworkers to document the actions that were taken to avert foster care and the notifications of their options given to relative foster parents which lead to their decision to become foster parents.

Multiple Worker Coordination Pointer

If the worker who completes these screens was not involved in the decision to place the child or to select the child's placement setting (i.e., he/she was assigned the case after the child was placed and is now completing the coming due FASP), the worker will need to obtain relevant information via the progress notes and/or by direct contact with the worker(s) who made the placement.

Location of Child



Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

This screen will need to be completed when a child is first placed and each time a child is moved from one setting to another; also update Program Choice and PPG in Tracked Child Detail. Do NOT change the child's address in Person List; the child's home address is the case address, NOT his/her foster home/facility.

For each child with a Program Choice of Placement, use the drop-downs at the top of the tab to enter the facility name, address, placement date, type of facility and, if applicable, the reason for transfer to a new facility or placement out of county. This information must match information in WMS and CCRS.

For any child placed at a substantial distance from his/her parents or out of district, select the "Yes" response. This will generate a narrative box asking the caseworker to explain why such placement is in the best interest of the child. (See examples that follow.)

For any child placed in other than a foster home (this will be determined by the type of facility selected from the drop-down menu above), a narrative box will appear. Use this to identify what service needs the child has which cannot be met at a lower level of care. (See examples that follow.)

Location of Child

A child in placement must be placed in the least restrictive setting appropriate to the child's needs (Reference 18 NYCRR 430.11(d)(1)). Facility Types, from most restrictive to least restrictive, are:

- Institution/Group Residence (often referred to as Residential Treatment Facilities)
- Group Home
- Certified Foster Home, Agency Boarding Home, Approved Relative Foster Home, Foster/Adoptive Home
- Other

Whenever a child is placed at a level of placement other than a foster family boarding home/agency operated boarding home, the caseworker must show that this level of placement is necessary and appropriate to meet the child's needs. This must be recorded within 30 days of the placement or change in placement on the most appropriate document (i.e., coming due FASP, Plan Amendment, or Removal Update if a Plan Amendment is not available, and the FASP has already been launched, yet is unable to be approved within 30 days).

When placement is necessary, a child should also be placed as close as possible to his/her family, as long as it is not contrary to the child's safety or well-being. For a child placed at considerable distance from his/her family, caseworkers must also document why this placement is in the child's best interests despite, or perhaps because of, the distance.

Examples to support out-of-district or at-a-distance placement

Describe the physical location of the child in foster care, the physical proximity to his/her family, and the reason why such placement is in the child's best interests despite the substantial distance from his/her home.

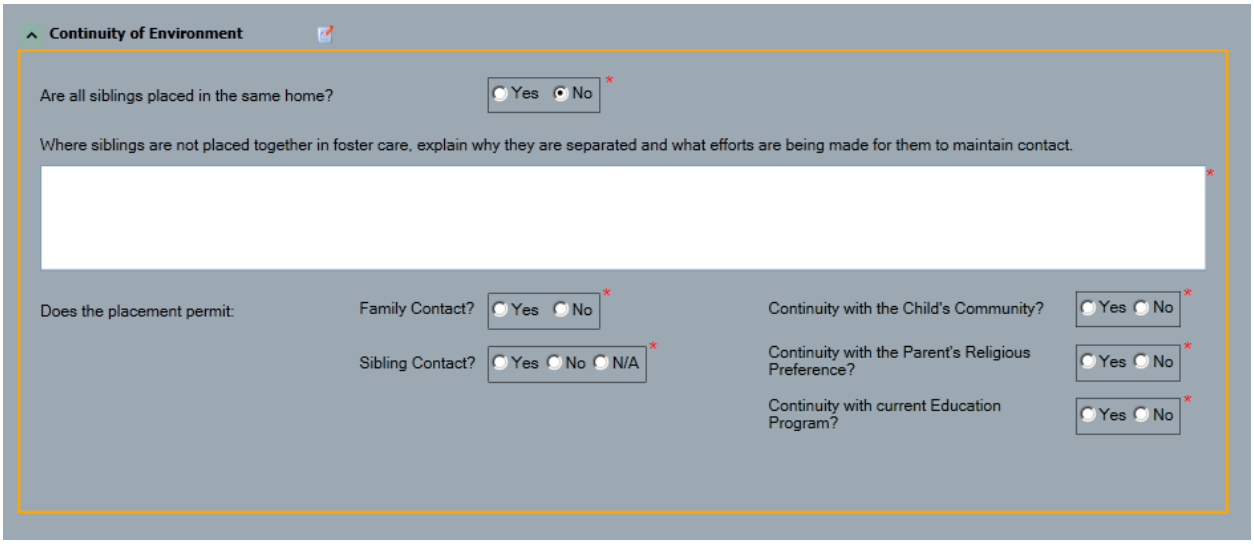
- Samantha, age 10, is placed in a group residence located in an adjoining county. This facility is licensed to provide services to children under age 12. Due to her aggressive behaviors, Samantha requires the higher level of care available in a group residence. There are no such facilities for a child her age in her home district.
- Johnny is placed at a residential facility 100 miles away from his home district. This is the closest facility equipped to provide services that address his severe autism and sometimes self-abusive behaviors.
- Ezra was placed outside of his home district because of ongoing conflict with other students at this school. This reduces the likelihood of physical altercations/violence between him and other students with whom he has longstanding grievances and/or who seek to do him harm.
- Jack is placed out-of-district upon the recommendation of his therapist who has documented in his May 20XX evaluation that it is in Jack's best interest to be placed at a distance from his home district, due to extreme flashbacks he experiences when in close proximity to his home.
- Upon her parent's request, Carmen has been placed outside her home community in order to limit her contact with the gang members with whom she was associating.

Examples to support level of care

Describe why this higher level of care is necessary. Identify the child's specific needs and how this placement level is equipped to meet/respond to these needs. Cite specific supporting documentation, if available.

- Max requires psychotherapy to address trauma issues and intensive supervision to manage his destructive behaviors. Both of these services are an integral part of the program at his current placement facility.
- Julianne is pregnant; her current placement has on-site services to meet her pregnancy-related needs, and to help her prepare for the birth of her child.
- Martha is placed in an all-female group home, with all female staff. The child evaluation specialist recommended against placement in a foster home at this time due to Martha's history of having been sexually abused and her fear of living in a home with adult males. It is felt that a foster home would be too intimate or threatening of an environment for Martha at this time.
- Jeremy is placed in a Therapeutic Foster Home where he is the only child. His foster parents receive training and specialized supports which prepare them to manage his medical needs, developmental needs, and aggressive behaviors.

Continuity of Environment



Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

Identify if siblings are placed in the same home by selecting the appropriate response.

- Where siblings are not placed together, explain why they are separated. Include the name of the professional who conducted the evaluation/consultation. (See examples that follow.)

Document whether the placement permits continuity on each of the four criteria (family, child's community, school, religion) by selecting the appropriate response for each.

- Where continuity has not been achieved on any of the above criteria, a required yellow narrative box will appear. Use this to document why continuity has not been achieved. (See examples that follow.)

Describe any efforts to maintain or to promote continuity (i.e., what foster parents will do to arrange and support contact with siblings, with child's relatives, or with child's prior activities).

- Include any barriers to continuity (distance between family home and foster home; family/child speaks a language not common in this area; child requires services not available near family's home). (See examples that follow.)

Continuity of Environment

Placement is a traumatic event for children, involving changes and losses on many levels. Children lose what was familiar to them, even if it was not optimal; they may lose loving attachments to parents, siblings, relatives, pets, personal belongings, routines, foods, their school, community, and/or religious connections. When seeking an appropriate placement for a child entering care, caseworkers must make every effort to maintain continuity with the people, places, and routines that are of importance to the child. OCFS regulation 18 NYCRR 430.11(c)(1) requires that "whenever possible" a child is to be placed in a foster care setting which permits the child to retain contact with the persons, groups and institutions with which the child was involved while living with his/her parents, or to whch the child will be discharged.

The specific placement setting should be selected with the following criteria in mind:

- Physical proximity to the parents/primary discharge resource to enable regular visitation.
- Placement with siblings.
- Continuity with the child's community (i.e., school, neighborhood, peers, and family members), including efforts to keep the child in his/her current school or when necessary seek immediate enrollment in a new school (18 NYCRR 430.11 (c)(2)(ix)).
- Regard for the family's religious preferences and practices (See 18 NYCRR 441.11).

The importance of sibling connections must be supported when making decisions about placement of sibling groups. Sibling groups who require placement must be placed together, unless placing them together would be contrary to the health, safety, or well-being of one or more of the children. When siblings are placed separately, caseworkers must develop and implement visitation plans to meet the requirement of biweekly visitation (See 07-OCFS-INF-04 "Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State").

Continuity of Environment captures information about the caseworker's and other's efforts to maintain continuity for the child in placement when such continuity is safe and appropriate. When a child is first placed, or moved from one placement setting to another, information about continuity must be recorded within 30 days of the placement or move. This documentation usually takes place on the first FASP completed after the child's placement/move, however depending on the timing of the placement/move, a Plan Amendment or Removal Update may be completed instead.

Selection of a specific placement setting sometimes involves difficult choices from among competing priorities (e.g., placement of a sibling group in a home together, but in a new school district, and possibly with new special education services, versus placement in separate homes within their existing school district, enabling one or more siblings to remain in their existing special education program). Decisions about competing priorities must be made on a case-by-case basis, based on the priorities set forth in OCFS regulations (see 18 NYCRR 431.10 and 430.11). For example, placing siblings together would win out unless such placement is contrary to the health, safety, or welfare of one of the siblings.

Examples of supporting documentation when continuity is not achieved

Where siblings are not placed together:

- John continues to be sexually aggressive with his younger siblings. It was, therefore, recommended in the May 20XX psychological evaluation, conducted by Dr. John Smith, that John remains in a separate placement until his behaviors are modified. All contact between John and his siblings is to be supervised by designated staff at the agency or an adult approved by his home district.

When bi-weekly family contact is not possible:

- Although Jane is placed a substantial distance from her family and is not yet ready for off-campus home visits, the agency has been able to support visitation with her parents by providing them with bus fare to come visit at the facility once per month. Jane is encouraged to also communicate with her family by phone once each week, and by letter. All contact is supervised by her child care staff.

When bi-weekly sibling contact is not possible:

- The Smith children are placed in two separate homes, about an hour apart, but the two families occasionally participate in agency sponsored foster/adoptive family social events and support group where the children can have contact. The two families are also encouraged to provide respite for one another wherein the children can visit at one another's homes.
- Jacob's older siblings are not in placement and have busy school/sports schedules which make it difficult to participate in family visits scheduled after school. They are encouraged to attend Friday evening movie nights at Jacob's group home when possible.

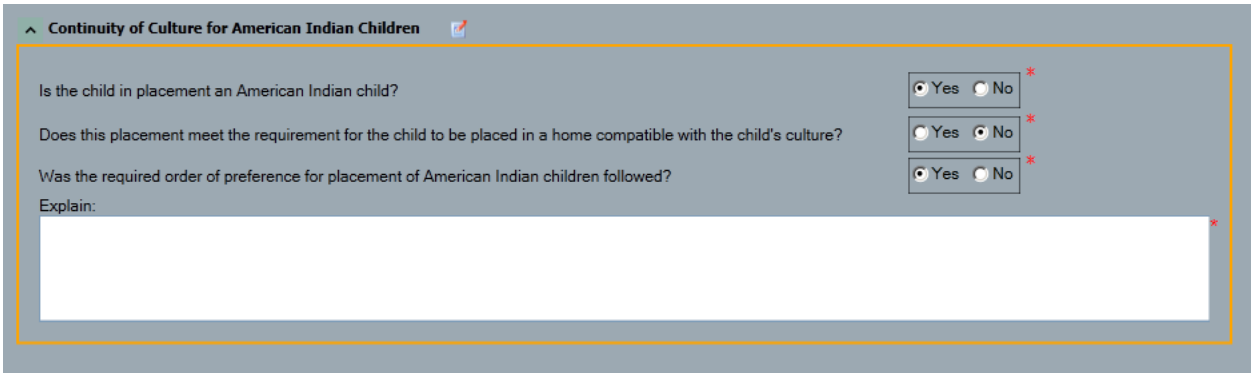
When Continuity with Child's Community or School is not achieved:

- Johnny has had to move to a new school, but has been able to continue to see the same social worker and speech therapist.
- Jack has been moved a considerable distance from his former neighborhood/community as he has flashbacks whenever he is in close proximity to his home. His therapist has advised that it is not in his best interest to have contact with his former community at this time.
- Upon her parent's request, Julianne has been placed outside her home community, in order to limit her contact with the gang member who impregnated her.
- The younger Ulani children (ages 1 and 3) do not understand spoken English. They are placed in a foster home with their bilingual older siblings, and where one of the foster parents has some familiarity with their parents' primary language.

When Continuity with the Parent's Religious Preference is not achieved:

- Though Jacob no longer attends St. Luke's Episcopal Church in Rover County with his family because of the distance, he is attending services weekly at the Episcopal Church in the county of his current foster family.
- The agency has agreed to allow Mary Sue to have her infant daughter baptized at St. Luke's Catholic Church. The foster family will transport the baby, provide supervision, and participate in the ceremony.
- The Ritz family has agreed to continue Elijah's preparation for his upcoming Bar Mitzvah.

Continuity of Culture for American Indian Children



Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

Depending upon the caseworker's response to the three questions above, required narrative boxes will be activated in which the caseworker must document more detailed information.

- Document in the progress notes the specific contact with the parents, child, or family regarding the child's possible tribal affiliation.
- Where applicable, document specific tribal affiliation, name, telephone, and address of tribal affiliate, and any input or decision provided by tribal affiliate pertaining to the child's placement.
- If the order of placement preference was not followed, document the reason(s) in the narrative box.

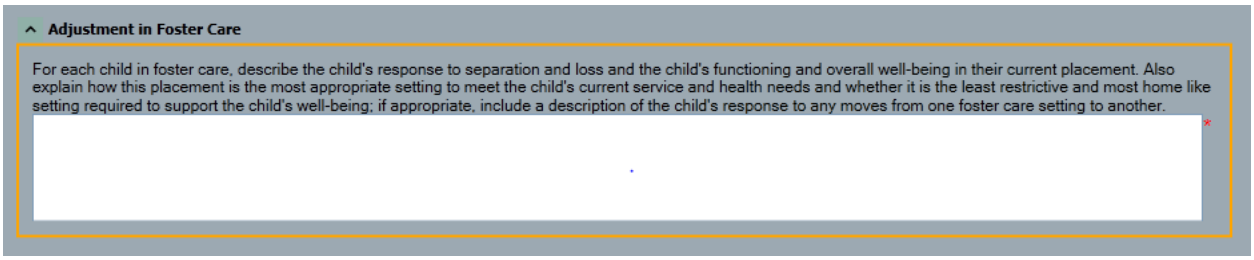
Continuity of Culture for American Indian Children

The removal and placement of Native American Indian children is governed by federal law (the Indian Child Welfare Act of 1978) and OCFS regulation (18 NYCRR 431.18), designed to protect and support the Indian child's cultural connections. Federal law, which applies to federally recognized tribes, and OCFS regulation, which applies to both federally and state recognized tribes, reflect placement preferences for both foster care and adoptive placements that must be followed, absent good cause to the contrary. The applicable tribe may establish an order of preference that is different than the one set forth by federal statute and state regulation. Based on ICWA, for certain categories of foster care cases, the tribe must receive notice of the proposed placement and has the right to intervene in any court related activity. Some tribes today recruit, certify, and operate their own foster homes and group homes for children of Native American heritage.

When placing any child, caseworkers must determine, as early in the case as possible, whether the child is of Native American heritage. The caseworker should ask the child, parents, or other relatives if the child is, or may be, of Native American heritage. The decision whether a child is a member of an Indian tribe, or is eligible for membership, is the decision of the respective tribe. Determining a child's tribal affiliation can be complicated, as each tribe establishes its own standards for eligibility and enrollment. Detailed information about ICWA and contact information for the recognized tribes in New York State can be obtained by contacting OCFS Native American Services at 125 Main Street, Buffalo, NY 14203; telephone 718-847-14203. In addition, more information is available in Publication 5046 (2011) ICWA Compliance Desk Aid, and in 03-OCFS-INF-10 NYS Tribe-Nation Contacts for Notification in Indian Child Welfare Cases.

Foster Care Issues: Adjustment and Functioning Window

Adjustment in Foster Care



Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

For each child in foster care placement, summarize:

- The child's response to separation and loss in regard to the child's reaction to separation from parents, siblings, relatives, and other significant people or places, including former foster parents and their families, or staff in congregate care settings, if the child has experienced a recent move.
- The child's reaction to losses involving family issues such as parent's substance use, mental illness or other disability, violence, abandonment, etc.
- The freed child's reaction to Termination of Parental Rights or surrender.
- The child's overall functioning and well-being in the current placement, including the child's relationship with others in the placement setting, the status of the child's physical health, mental health, education, etc.
- The continuing appropriateness of this specific placement setting/level of care to meet the child's needs. (i.e., does this home/facility continue to have the services available and the level of supervision necessary to meet the child's needs? Have the child's needs changed significantly since the last FASP, and if so, would the child likely benefit from a different level of care or from services not available at this home/facility?)

Adjustment in Foster Care

Placement is a traumatic event for children, involving changes and losses on many levels: the loss of what was familiar to them, even if it may not have been optimal; for some, the loss of loving attachments to parents, siblings, relatives, pets, personal belongings, and familiar/favorite routines, foods, sights, smells, and sounds; and the loss of school, community, and religious connections. Therefore, when children are in placement, it is essential to continually be attentive to their reactions to

these dramatic changes, separations, and losses. A child's response to separation and loss will vary based on his/her age/developmental status, quality of their former attachments, case circumstances and developments, and the length of time in care.

When children are in care, the agency and caseworkers are responsible for promoting and supporting child well-being (i.e., the child's normative growth and development) through regular medical, dental, and mental health care, education, religion and spirituality in accordance with child/family preferences, and friends, hobbies, interests and recreational opportunities. Ongoing assessment of child well-being is essential in order for caseworkers to ensure that the child's normative growth and developmental needs are being met, and to identify and respond to any issues, concerns, or needs that may arise or be identified while the child is in care.

Similarly, an ongoing assessment of the child's needs and of the placement's ability to meet those needs is necessary to determine if this specific placement setting is still the most appropriate. This is effectively a re-examination of the appropriateness of placement that is assessed and documented at the time of placement or previous change of placement setting.

The above assessment must occur not only at the point of placement, but should be an ongoing process throughout the child's placement. Caseworkers need to speak with the child's foster parents, direct care workers, and/or other direct service providers, as well as speaking directly with the child and his/her parents, and/or observe the child in the foster care setting and/or their school to get a thorough picture of the child's adjustment.

Some possible indicators of separation/loss and adjustment to change in children

Note that the following examples may also be caused by other factors, such as medical or developmental issues or changes in environment.

Physical Indicators: abrupt or noticeable changes in eating or sleeping habits; regression in toileting; physical illness; use/abuse of drugs/alcohol/prescription meds; refusal to take prescribed meds; decline in personal hygiene; change in energy level; etc.

- John continues to avoid meal times, hiding out in his bedroom. He refuses to brush his teeth and has lost 8 pounds since coming into foster care. These issues are being addressed with his therapist and foster parents.
- Foster mother notes that 3 year old Sally has regressed in her toileting skills (wets the bed, soils her underpants), and is becoming a very fussy eater.
- Since moving into the Hammond foster home, Selena, age 8, has had fewer stomach aches and is sleeping better.

Emotional Indicators: crying, withdrawal, isolation; feelings of sadness, hopelessness, blame; nightmares; noticeable or extreme changes in demeanor/attitude; inability to concentrate or to function at previous ability level in school; behavioral outbursts; any extreme behaviors, including threats of violence or self-injurious behavior; any issues requiring mental health attention; noticeable or extreme reactions before/after visits with family of origin; etc.

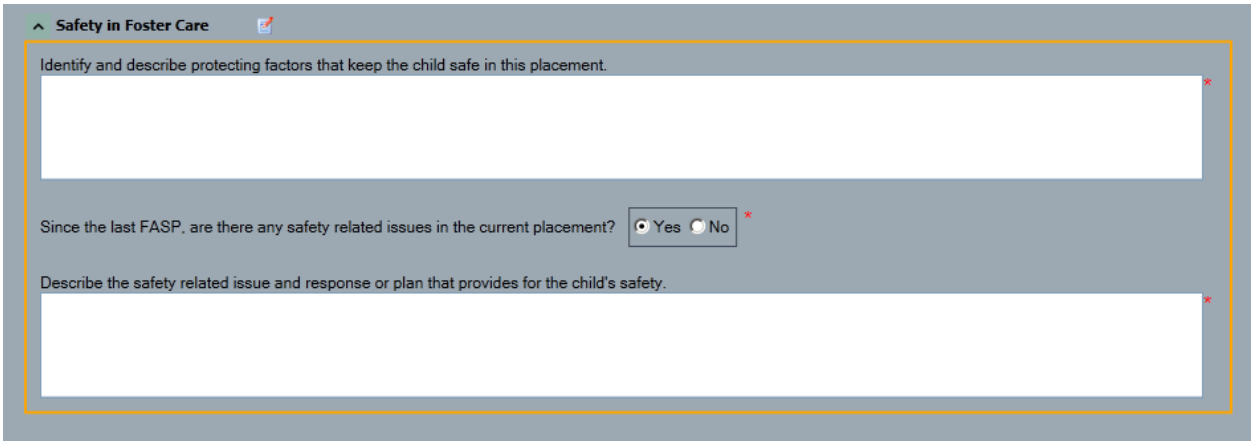
- Marguerite, age 14, tells this worker that she has had recurring nightmares of what might happen to her parents and siblings if she is not there to care for them.
- Since the move to Kennedy Middle School, Jamal has improved his work habits and grades; he reports that he likes it there and is making friends.
- Fatima tells her therapist that she is often sad and feels nothing will work out right.
- Matilda, age 5, has been hitting other children in the home when they have what she wants.
- Foster parents report that Hector is often grumpy, irritable, and refuses to follow rules and routines in the home.

Interpersonal Indicators: unwillingness to interact with foster family or household members; refusal to follow rules in foster home/facility; unwillingness or intense interest in contact with parents, siblings or other former attachments; relationships at school; inability or unwillingness to develop new friendships; etc.

- Regina and Hannah, ages 3 and 4, have become intensely attached to their foster parents in a short amount of time; foster parents report that they seek attention and physical contact frequently throughout the day, and are fearful of anyone coming into the home.
- Although Jonah is adjusting well in the foster home and is forming a healthy attachment to both foster parents, he has been repeatedly suspended from school for his angry outbursts, fighting with peers, and class disruption.

- Keisha spends much of her time alone in her room, rarely interacting with other members of the household. Keisha states that no one has hurt or threatened her, but that “these people are weird” and doesn’t wasn’t anything to do with them.
- Jack is beginning to trust his foster parents, but continues to compete with his older foster brother. Jack has made several threatening comments to Tom, which has resulted in a tumultuous relationship.
- Group home staff report that Sam often daydreams during meals and other group activity. He rarely interacts with other residents and hasn’t made any friends.
- Roger refuses to meet with or talk to his parents, saying they are “stupid and mean.”
- Lamont asks to call his grandmother at least twice a day because he is worried about her health. The agency has set a limit of one call per day, and encourages him to keep a journal he can share with her when he sees her. He keeps a picture of her at his bedside.

Safety in Foster Care



Quick Tips to Complete this Screen

This screen must be completed for each child in foster care on every FASP, documenting that a caseworker has continued to make an ongoing assessment of the child's safety, adjustment, and well-being while in foster care. Responses should be individualized to reflect each child's unique situation.

The focus of this question is on safety *within* the foster care setting itself, not on how the foster care placement protects the child from dangers in his/her own home.

In the first narrative, describe protecting factors within the foster care setting that serve to promote and support safety in the child's current living arrangement. This is a strength-based assessment of the skills, circumstances, and resources that support safety within the foster care setting. (See examples that follow.)

In the second narrative, when applicable, describe any safety-related issues, events, or circumstances that have been identified in the foster care setting since the last FASP. Also clearly describe what the caseworker has done to protect the child or others in the setting, and to remedy the situation. (See examples that follow.)

If child is moved as a result of safety issues in a foster care setting, also document the child's response to this move in the applicable Foster Care Issues section.

Safety in Foster Care

A caseworker's focus on safety does not end when a child is placed in foster care. Before placing a child in a specific home or facility, it is important for the caseworker to determine if the specific placement is capable of safely meeting the child's needs now and in the foreseeable future. Caseworkers must continually reassess appropriateness.

The focus of assessment in the Safety Assessment completed earlier in the FASP is on the child's home of origin. In the Foster Care Issues section, the focus is on safety *within* the foster care setting. Caseworkers are asked to assess and document two things:

- What factors within the foster care setting promote and support the safety of the child and other persons living there? (See, “what are protecting factors?”)

- Are there any persons, circumstances, or child behaviors that may present safety concerns within the foster care setting, and what steps has the caseworker taken to address these concerns and to protect the child as needed? (See examples that follow)

The protecting factors assessment helps caseworkers to identify the strengths and resources within a placement setting that support safety. The absence of such protecting factors may lead to safety issues within the foster care setting. Safety concerns within a foster care setting are often a result of missing or mismatched resources, a poor fit between the child’s need and the specific setting, qualities, skills, and a lack of access to necessary supports or resources to meet the child’s needs. (See 00-OCFS-INF-05 ASFA Safety and Permanency for more information on safety with the foster care setting.)

Safety concerns within the foster care setting can be similar to safety issues at home. Children’s basic needs may go unmet, physical or sexual abuse may occur, or emotional needs may be ignored. Caseworkers must continually assess the degree to which the child’s needs for safety are being met within the home/facility. It is the ongoing worker’s duty to proactively assess circumstances within the foster care setting, both before a child is placed in that specific foster care setting, and continuously throughout the child’s placement.While some events or circumstances within a foster home may necessitate a report to the SCR; effective June 30, 2013, reports of suspected abuse or maltreatment of foster children cared for in residential facilities are to be made to the Vulnerable Persons’ Central Register administered by the Justice Center in accordance with section 492 of the SSL.

If safety becomes a concern within the foster care setting, caseworkers/agencies must take immediate and effective action to protect the child and remedy the situation.

What are protecting factors in a foster care setting?

Protecting factors are any strengths, attributes, circumstances, and resources that serve to promote and support safety.

The following are just a few examples of strengths, attributes, circumstances, and resources that can support safety in a foster care setting. Responses to the protecting factors question in the FASP should be individualized to the specific child and setting. These serve only as examples and are in no way inclusive of all possibilities.

Examples of strengths, attributes, circumstances, and resources of the home or facility:

- The foster home is certified or approved, or the facility is licensed to serve children of this child’s age and/or special needs.
- Foster parents, and all adults in the home, have received FBI and DCJS criminal history checks and SCR clearances.

- Staff at a facility have received SCR clearances and havereceived criminal history record checks (the requirement of a criminal history record check goes into effect June 30, 2013).
- Staff/foster parents have received appropriate training/certification to work with these children, and they receive relevant updates/recertification as needed.
- There is an appropriate staff/child ratio at this facility (state actual staff/child ratio), and sufficient coverage on all shifts to manage the number of children living there.
- The number of children living in the foster home/facility is within its certified, approved, or licensed capacity, and has sufficient respite resources to enable them to effectively manage the number of children in the home.
- The number of children in the home/facility is specifically limited to enable adults to provide more intensive supervision/care to meet this child's needs.
- The mix of children within the home supports safety, (e.g., age, size, vulnerability of children).
- There is sufficient space and bedding for number of children in the home/facility and home/facility meets fire/housing code standards. There are no known physical hazards.
- Foster parents/facility staff has proof of child's medical insurance and access to medical providers appropriate to meet child's needs.
- Foster parents/facility has transportation to access needed services.

Examples of qualities, skills, and abilities of the persons directly caring for the child:

- The foster parents have had a prior ongoing positive relationship with the child, and this placement enables continuation of that relationship.
- The foster parents or alternate caregivers have an adequate knowledge of child development.
- The foster parents or alternate caregivers have an adequate knowledge of safe and effective means of managing child's behavior.
- The foster parent/direct care staff has been informed of this child's history and/or unique needs; foster parent/direct care staff demonstrates the ability to meet this child's specific needs; or the foster parent has demonstrated ability to care for other children with similar needs.
- The foster parents/direct care staff demonstrates an appropriate level of empathy, patience, flexibility, organization, and interest in the child's well-being.
- Foster parents/direct care staff has sufficient understanding of a child's separation and loss, and can respond appropriately to child's emotional needs, including management of any difficult behaviors.
- Foster parents/direct care staff is able to manage their own feelings regarding separation and loss and the reasons that led to the placement of the child to respond effectively to the child's feelings, behaviors, needs at this time.
- Foster parents/direct care staff are able to manage their own feelings about the child's difficult behaviors (e.g., defiance, destructiveness, sexuality) to respond effectively to the child's feelings, behaviors, needs at this time.
- The foster parents/direct care staff demonstrate an appropriate level of knowledge and skill regarding the child's special needs.
- Foster parents/direct care staff has appropriate training or qualifications to meet child's basic or special needs (e.g., medical knowledge/training, understanding of, and responding to the needs of the sexually abused child).
- Foster parents/direct care staff can recognize dangerous situations/warning signs of child's escalating behavior and can respond effectively.

- Foster parents/direct care staff use appropriate measures to de-escalate conflict.
- For children with goals of return to parent/relative, foster parents understand their role as a temporary caretaker, and are able to support child's relationship with the birth parents or other permanency resources, where appropriate.
- For children with goals other than return to parent/relative, foster parents are able to support child in managing emotions related to their PPG and in preparing child for permanency.

Interpersonal relationships among the child, his/her caregivers, his/her parents, and other persons in the home/facility:

- The child feels comfortable/content/safe in his/her current living arrangement.
- Child trusts and responds to foster parents/direct care providers in a manner consistent with the child's age, circumstances and length of time in that home/facility.
- Child generally follows rules, routines, and expectations in the home/facility.
- Child gets along with others living in the home/facility. Child has appropriate conflict management skills and/or adults with sufficient ability to help child manage conflict with the home/facility.
- The persons directly responsible for child's care have a positive relationship with the child.
- The persons directly responsible for child's care have a positive relationship with the child's parents (i.e., not a combative one).
- The child's parents have someone to whom they can address concerns regarding the care and safety of their children while in foster care; there is a procedure in place for addressing any relevant concerns raised by the parents.
- Local district with custody has a means of addressing any relevant concerns regarding the care and safety of a child in a contracted foster care facility.
- Worker has visited the home/facility and has made at least the minimum required contacts with the child and the child's foster parents/direct care providers.
- Foster parents/facility readily allows site visits by authorized agency/district/state personnel.
- No evidence of violence, substance abuse, or criminal activity in the home/facility.
- Foster parents/staff are able to set and maintain appropriate boundaries with birth parents when contact/access presents a safety issue.

Resources and supports are readily available to the persons directly caring for the child:

- There is a clear emergency/crisis management protocol established within the home/facility and sufficient resources to manage predictable crises.
- Foster parents/direct care workers have accurate and timely information about a child's education, behavior, health, special needs, and appropriate resources to meet those needs (e.g., special formula or medical equipment, child's medication, dietary restrictions, child's history of sexual victimization, child's history of physically or sexually assaultive behavior) as required by 18 NYCRR 443.2(e)(3).
- Foster parents have a positive relationship and ongoing communication with child's caseworker; view caseworker as a source of information, support, guidance, and means of obtaining needed resources.

- Foster parents/direct care workers have access to the child's teacher, medical providers, social worker or other professionals to provide support and guidance regarding a child's needs.
- Foster parents have access to support groups and/or other relevant professional or informal supports on an ongoing basis.
- There is readily available respite, either formal or informal, when needed.
- There is a good fit between this child's needs and the family or facility's abilities, services, and resources to effectively meet this child's needs (e.g., this is a home/facility for pregnant/parenting teens; a home/facility equipped to deal with a child in a wheelchair.

Oversight, supervision, and access to outside resources:

- Direct care providers have access to adequate supervision, guidance, and support when needed.
- The child has access to adults within and outside the home/facility (e.g., caseworker, teacher, therapist, minister, relative, and attorney for child) who he/she can turn to for help if his/her needs aren't being met, or if he/she feels threatened or in danger while in the home/facility.

What can caseworkers do to address safety concerns or vulnerabilities in a foster care setting (i.e., what can be done proactively to promote and support safety)?

It is important that agencies, workers, and foster care providers work together proactively to see that the child's basic, physical, and emotional needs are being met *before* a child is harmed or *before* it becomes necessary to move a child. While some moves will certainly increase the child's sense of physical and emotional safety, a move from one foster care setting to another can be just as traumatic and disruptive for the child as the original removal from home, especially if it results in separation from siblings. Child safety is the paramount concern.

Listed below are some steps that can be taken or services that can be provided, within the foster care setting, to support safety and to protect a child when necessary. Workers and supervisors must make a case-by-case assessment as to what measures are necessary and sufficient in any given situation. Steps taken should be clearly documented in the safety in Foster Care Issues section of the FASP.

- Assist foster family in obtaining financial resources, including timely foster care payments.
- Assist foster family in obtaining needed concrete resources (clothing, beds/bedding, transportation, medical equipment).
- Discuss with foster parents/staff alternative strategies for managing child's behaviors.
- Increase contact between caseworker and foster care providers to assess the situation more regularly and to provide support.
- Provide respite or other support resources (e.g., connect foster parent with support group or individual mentor).
- Provide increased supervision.
- Provide crisis resources when needed.
- Arrange for foster parent training to meet child's specific needs.
- Provide access to qualified professionals who can inform caregivers and/or assist with child's special needs.

- Advocate with schools, medical providers/insurers, community resources to obtain needed services for child.
- Ask for removal of dangerous items or substances, and follow-up.
- Increase supervision of a specific child.
- Increase facility staffing.
- Reduce number of children in the home.
- Move child to another facility.
- When necessary, make SCR report, call police, or contact oversight agencies.

Foster Care Issues: Permanency Progress/Concurrent Planning Window

All child welfare caseworkers are responsible for supporting safe, stable, and permanent homes and relationships for children and youth. Timely achievement of permanency is one of the child welfare outcomes that caseworkers are expected to support through their work with children and families. Timely permanency means that children achieve their permanency goals within timeframes that meet federal and state standards. A consistent focus on the permanency planning goal (PPG) for the child, clarification of needs, options, expectations, and timeframes, and the pursuit of concurrent permanency options are some of the tools for timely achievement of permanency.

Assessment and planning for permanency is an ongoing and dynamic process. Caseworkers and families must continuously reassess needs, progress and options, and to adjust plans accordingly. Permanency work must be infused with a sense of urgency and an awareness of the passing of time, a child's time. Workers and families must maintain a long term view of the child's needs for basic care, safety, stability, connectivity, and belonging. Truly effective permanency planning requires looking beyond merely discharge from foster care, to what is needed to sustain and support the long term stability of the child's permanent family/connections.

Within the Permanency Progress section of the Foster Care Issues, there is a series of questions that help to maintain a focus on the child's long-term permanency needs and goals. For each FASP period, caseworkers record a summary of steps taken; alternatives tried or considered, and progress toward permanency. Many of the responses within this section may be used to pre-fill the Permanency Hearing Report used to inform the court of actions to date and progress in the case.

This is one of the most customized sections of the FASP. There are fifteen possible questions, though not all will apply to each child. Different screens/questions will display and be required depending on the parameters of the case (e.g., FASP type, child's age, PPG).

Accuracy Check

To ensure that the correct screens display for each child, confirm that the information in Person List and Tracked Children Detail is accurate and up-to-date.

Generally, permanency plans are developed for siblings as a group, or at least in coordination with one another, yet there is also a need to individualize assessments and to plan for some needs individually. Questions within the Foster Care Issues section apply to each child with a Program Choice of Placement. This enables caseworkers to individualize responses as needed to reflect the unique needs of each child.

Permanency work often involves multiple members of the service team. To provide a complete picture of the scope of permanency planning efforts, the Case Planner should ensure that responses in the Permanency Planning sections reflect the actions of *all* team members, including actions taken by him/herself, by the Case Manager, any Case Workers, clinicians, foster parents/group care staff, and others who may be contributing to the permanency plan.

What is concurrent planning?

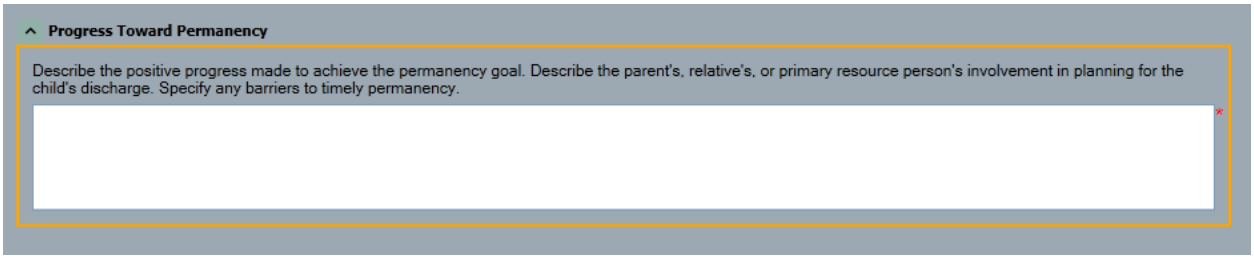
Concurrent planning seeks to provide an alternative path to permanency should reunification not be achieved. It is to be developed and implemented in tandem with the reunification plan, not in lieu of it. For concurrent planning to be effective, the caseworker needs to engage all members of the child's significant network, including the parents, family/friends, and foster parents, in planning for the child's well-being. The district or agency team, including the caseworker, supervisor and legal staff, needs to maintain frequent communication about case plans, progress, and decisions. The supervisor is instrumental in helping to sort through case information and assist with the difficult decisions that support children's interests, whether those decisions are to reunify or to provide another permanency alternative. By documenting efforts as concurrent planning activities and communicating with the LDSS attorney, the attorney will be able to explain these actions to the court should they be called into question.

While concurrent planning is not a requirement under federal or state law, it is a practice that can speed the time it takes to achieve permanency and should be considered in nearly all foster care situations. Successful concurrent planning entails several steps, including a full disclosure discussion with parents regarding the impact of foster care on children, the children's need for safety and permanency, and the agency's role and the parent's role in securing a safe, permanent family for the child as quickly as possible. Often this means asking the parents to identify whom they might consider as a resource to raise their child in the event they are unable to do so, or asking the child, if old enough, to identify alternate caretakers. This discussion can be a way of helping parents understand the seriousness of the situation, and gives parents a role in planning for their children, even if the children are unable to return home. For families whose children do eventually return home, the identification of trusted resources can aid in building supports for the family upon the child's return.

In deciding whether to pursue a concurrent plan for permanency, the family and the caseworker should assess the probability of the child returning home within 15 months, and assess the family's capacity to benefit from reunification services. Primarily, assessment and discussions will focus on the family's history and dynamics, the family members' strengths, maturity, capacity for self-care, capacity to care for and protect their children, and the available support system to help them make and sustain the

changes that enable them to meet their children's needs for safety, well-being, and permanency. (For additional discussion and guidance on concurrent planning, see 00-OCFS-INF-05 ASFA Safety and Permanency.)

Progress Toward Permanency



Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

Summarize:

- Progress made toward permanency by the child's parents or other discharge resources, and in some cases by the child him/herself; describe progress (i.e., changes in behavior or circumstances), not merely compliance with services. If there has been little or no progress or change, describe what change has or has not taken place.
- Efforts made by the Case Manager, Case Planner, Case Worker and others in the agency to promote and support Permanency Progress (e.g., services offered or tried; efforts to reach out to, or include, significant others/extended family in supporting the parents' efforts; other supports offered or provided; efforts to inform, remind, or clarify for parents their options, responsibilities, consequences, and timeframes).
- For a child freed for adoption, progress made toward identifying and cultivating relationships with potential adoptive resources and/or resource connections for the child.
- Efforts made by the Case Manager, Case Planner, Case Worker and/or others in the agency to support and encourage parents' participation in decision making, including efforts to engage parents in the SPR and case consultations prior to completion of the Permanency Hearing report.
- The parents' or other permanency resource's input and involvement in planning for the child's discharge (e.g., what meetings, court hearings, case reviews, or other opportunities have they participated in to plan for or make decisions about the child's future? What input did they provide? What did they say about their own needs and progress, about various options discussed, or about what they would like to see happen?).
- Barriers to timely permanency; this should specifically address actions, attitudes and behaviors that impede timely permanency (e.g., there is no discharge resource identified or available; parent demonstrates little or no interest in meeting child's needs; lack of resources such as money, transportation, insurance, child care; needed services are unavailable or inaccessible; cognitive, medical, or mental health limitations; incarceration or hospitalization).

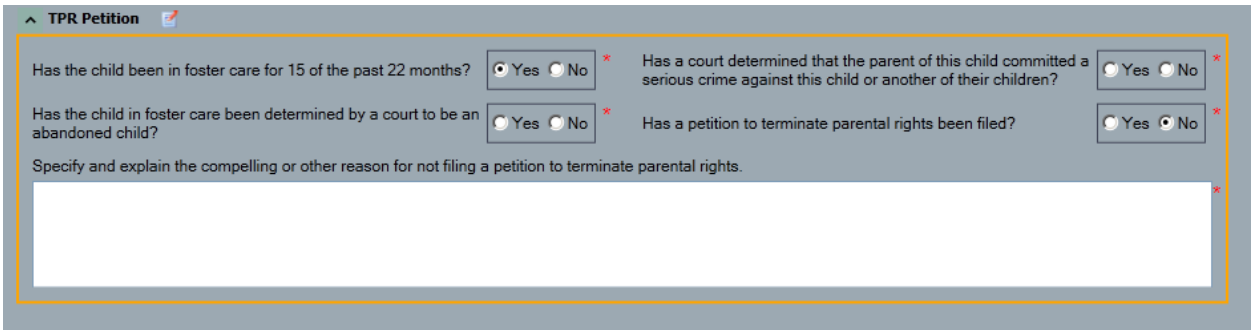
Progress toward Permanency

Unless otherwise directed by court order, caseworkers have an affirmative obligation to show that efforts have been made to assess needs and to support and sustain parents' efforts toward permanency. This is often referred to as "diligent efforts" (See 18 NYCRR 430.12).

The Permanency Progress/Concurrent Planning window supports the caseworker in assessing and documenting:

- Progress made towards permanency by the child's parents or other discharge resources, and/or in some cases by the child him/herself.
- Efforts made by caseworkers to promote and support that progress, and to engage parents in planning and decision making.
- The Federal and State requirements of reasonable efforts made by caseworkers to finalize the child's permanency plan when the goal is other than reunification, or reasonable efforts to enable the child to return home safely.
- Identification of any barriers to timely permanency

TPR Petition Tab



Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

The TPR Petition tab asks the Case Planner to document whether or not a TPR petition has been filed and, if not, to provide specific explanations as to why one has not been filed.

A "Yes" response to *any* of the questions will generate a required narrative box (confirm that the YES/NO responses are consistent with actual case circumstances).

For a child who has been in foster care for 15 of the past 22 months, without a TPR petition having been filed, the caseworker must provide a clear, thorough summary of the compelling or other reasons for not filing a petition to terminate parental rights.

A "Yes" response to the question, "Has the child in care been determined to be an abandoned child?," will generate a required narrative box asking the caseworker to provide an explanation for this determination.

A "Yes" response to the question, "Has the court determined that this parent committed a serious criminal act against this child or another of their children?," will generate a required narrative box asking the caseworker to explain the nature and circumstances of the crime, as well as its impact on permanency planning.

Reasons given for not filing TPR should be consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Voluntary agency Case Planners completing this question may need input and collaboration of the Local District Case Manager.

TPR Petition

Children need permanency within a timeframe that respects a child's sense of time. The federal Title IV-E of the Social Security Act mandates that the custodial district file a petition to terminate parental rights when a child has been in foster care for 15 of the most recent 22 months; some significant exceptions to this requirement exist. (See 18 NYCRR 431.9, 11-OCFS-ADM-07)

The intent of the Title IV-E Termination of Parental Rights (TPR) requirement is to enable a child to achieve permanency through adoption by legally freeing the child, whose parents are unwilling or unable to provide a safe and stable home for the child, within a reasonable period of time. Upon filing of the TPR petition, a judge will determine if sufficient grounds exist to sever the legal ties between parent and child. (The Title IV-E requirement to file a TPR does not apply to children in N-docket custody or other alternative living arrangements with relatives or others, where legal custody is directly given by the court to the relative or other person.)

A decision to file or not to file for TPR is generally not the caseworker's decision alone, but is made by a team of casework and legal professionals. When a district chooses not to file a TPR, it must show that a valid exception exists as defined in the law, or that a "compelling reason" exists which sufficiently demonstrates that TPR is not in the child's best interest (see list below). A district's decision to file, or not to file, a TPR petition must be made on a child specific basis, in accordance with each child's best interest, and the specific circumstances of the case. It is not appropriate to declare an entire class of children (i.e., JD/PINS or Native American children) ineligible for filing a TPR.

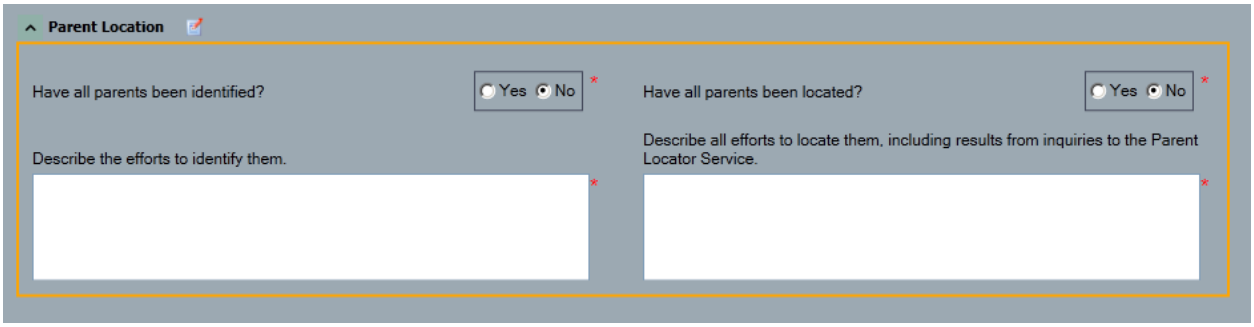
Any decision regarding filing of a TPR must be supported by relevant and sufficient documentation in the progress notes and/or elsewhere in the record.

The following case circumstances *may* constitute a Compelling Reason not to file for TPR for a specific child. These should *not* be considered an automatic justification not to file, nor is this list necessarily all-inclusive.

- The child is 14 years old or older and does not want to be adopted.

- The parent makes regular contact with the child and maintaining their relationship benefits the child, therefore adoption is not the appropriate permenancy planning goal (18 NYCRR 431.9(e)(2)(ii)(b)).
- The child is in foster care for a child-related problem, at least in part, and there would be little or no benefit to the child in ending the child's relationship with the child's parent(s). In this case, adoption is not the appropriate permanency planning goal per 18 NYCRR 431.9(e)(2)(ii)(b).
- There are insufficient legal grounds for TPR.
- The child's best/most likely permanency option is something other than adoption.
- The child was placed into foster care pursuant to New York Family Court - §353.3 or §756, and a review of the specific facts and circumstances of the child's placement demonstrate that the appropriate permanency goal for the child is either return to his or her parent or guardian, or discharge to independent living.
- The child is the subject of a pending disposition under New York Family Court - §1052, except where such child is already in the custody of the commissioner of social services as a result of a proceeding other than the pending article ten proceeding, and a review of the specific facts and circumstances of the child's placement demonstrates that the appropriate permanency goal for the child is discharge to his or her parent or guardian.
- The parent is/was in a residential substance abuse treatment program or incarcerated , such residential care or incarceration is or has been a significant factor in why the child has been in foster care , and the parent has maintained a meaningful role in the child's life.

Parent Location



Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

A "No" response to either of the questions will generate a required narrative box. Ensure that the selected YES/NO responses are consistent with actual case circumstances. Confirm that information in Person List is consistent with responses recorded here (e.g., if you state here that the identity of the child's father is known, he *must* be listed in Person List).

Describe efforts made since the last FASP by the Case Manager, Case Planner, Case Workers, or others involved with the case, to identify and/or locate the child's legal parents.

If no efforts were made during this FASP period, explain why. Summarize efforts made during previous plan periods to identify and locate parents.

Confirm that this summary is consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Parent Location

Effective permanency planning requires timely and accurate identification of both of the child's legal parents. The effort to identify and locate parents should begin when the child first enters foster care. Both parents have specific rights and responsibilities in planning for the child's future, even if both parents are not directly connected to the reasons for the child's placement in foster care. . Failure to identify, locate, and engage the "absent" parent in planning and decision making often results in unnecessary and lengthy delays in achieving permanency for a child.

It is imperative that caseworkers document diligent efforts related to parent location, as this information could be crucial if a TPR petition is filed. To free a child for adoption, the rights of both legal parents must be surrendered or terminated (i.e., for children born out of wedlock, the rights of the birth parent and consent father must be terminated or surrendered, yet the rights of a notice father do not need to be terminated; in cases where a parent is deceased, that parent's rights have terminated).

Identifying who is a child's legal father can sometimes be complicated, as the law recognizes several types of potential fathers. If the caseworker encounters a complex situation, it is best to consult with their agency legal department for case-specific guidance.

If one or both of the child's parents cannot be identified or located, this needs to be recorded in the case record, along with the agency's efforts to identify and find them. If not immediately successful, these efforts are required to be made and documented on an ongoing basis, as available information may change over time.

For information on locating and engaging absent parents in permanency planning, refer to the following resources available at http://ocfs.state.nyenet/policies/external:

- 05-OCFS-INF-05 Locating Absent Fathers and Extended Family Guidance Paper. This will provide you with ways to locate absent parents.

- 07-OCFS-ADM-09 Access to the Federal Parent Locator Service (FPLS), State Parent Locator Service (SPLS), and Additional Financial Information in Child Welfare Cases for the Purposes of Permanency provide procedures for child welfare staff to receive information from child support staff regarding absent parents, including their location, employment information, and certain financial information, for the purposes of establishing parentage and developing permanency plans in relation to children receiving child welfare services.

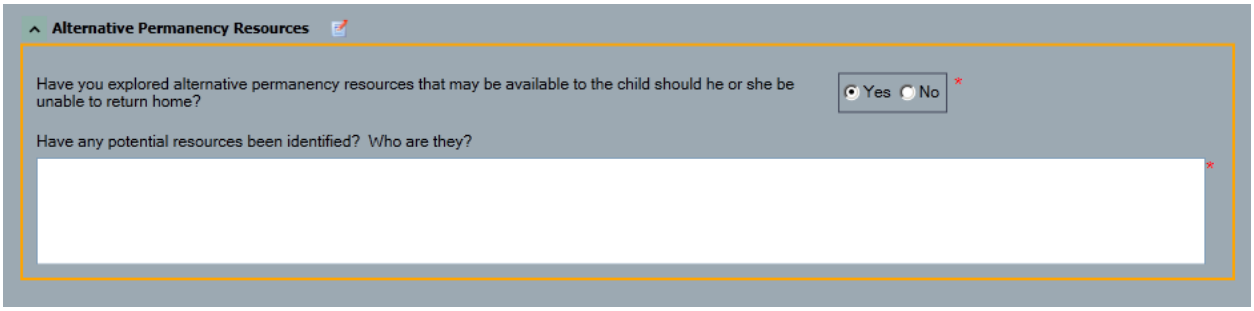
- Chapter Six of the "Adoption Services Guide for Caseworkers (10/20/2010)," Section four, refers to "Diligent Search for a Missing Parent." This is also a useful publication for information regarding TPRs and voluntary surrenders.

Efforts to identify and locate parents may include (but are not limited to):

- Ask the known parent (or an older child or relative) to identify the unknown parent.
- Read the child's birth certificate.
- If a mother was married at the time of the child's birth, read the marriage certificate (a man who is married to a child's mother at the time of the child's conception or birth is considered to be the child's legal father), as consent for adoption is needed from both parents of a child born in wedlock (DRL section 111(1)(b)).
- Ask an older child who else they have lived with, in the past.
- Check last known addresses of the known parent/child.
- Check CPS, Public Assistance, DMV, military, and Department of Corrections records, and other online resources, for men who are identified as the potential father, or who may have lived with the mother at the time of the child's conception/birth.
- Consult the Putative Father Registry.

If one or both of the child's parents cannot be identified/located, this needs to be recorded in the case record, along with the worker/agency's efforts to identify and/or locate them. These efforts are required to be made and documented on an ongoing basis, as available information may change over time.

Alternative Permanency Resources (for a nonfreed child)



Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

The Alternative Permanency Resources tab asks caseworkers whether efforts have been made to explore alternative permanency resources for a child.

A "Yes" or "No" response to this question will generate a required narrative box.

For a "Yes" response, identify the persons, by name, who have been identified as potential permanency resources. Identify the nature of their relationship with the child (i.e., older sibling, grandparents, aunt/uncle, former or present foster parents, group home staff, teacher, coach, church member, or mentor) and the status of their interest in being a resource for the child (i.e., willing, willing but with reservations, unsure, unwilling). If the child is in a relative foster home, and there has been a discussion of the permanency options of adoption or kinship guardianship with KinGAP, these discussions should be documented here.

If efforts have been made to identify and locate alternative resources but none have been found, describe efforts made. This may include, but not be limited to: discussions with the birth parents regarding who in their family or circle of contacts might be willing and able to raise their child; discussions with the child regarding whom they'd like to live with or be adopted by; any review of the child's record for prior relationships/contacts who may be contacted as potential permanency resources; discussions with any identified individuals regarding their willingness to be a permanent resource to the child).

For a "No" response, describe why efforts have not been made (i.e., parent is unavailable or unwilling to provide information on potential resources; parents are too disabled to engage in this discussion/no agent available to make decisions on their behalf; child is too young or disabled to provide information on potential resources).

Confirm that this summary is consistent with and supported by relevant information documented in the progress notes and/or elsewhere in the record.

Alternative Permanency Resources (for a nonfreed child)

Concurrent planning is the active identification and development of alternative permanency resources for a child, even while actively pursuing reunification with his/her family. This tab supports caseworkers in thinking about, initiating, and documenting their concurrent planning efforts, specifically what alternative permanency resources have been identified, considered, or tried. (For additional discussion and guidance on concurrent planning, see 00-OCFS-INF-05 ASFA Safety and Permanency.)

A permanency resource is one or more adults who are willing to serve as the child's long-term caretaker through adoption, guardianship with KinGAP, or other permanent legal and emotional commitment (i.e., custody). A step-down to a lower level of care is evidence of progress; it is neither a concurrent plan nor an alternative permanency resource.

A PPG of Discharge to Another Planned Permanent Living Arrangement (APPLA) does not preclude the caseworker from making active efforts in the pursuit of alternative permanency resources for the child. Youth with a PPG of Discharge to APPLA with a Permanency Resource must have an adult resource connection upon discharge from foster care. An adult permenancy resource is defined by 18 NYCRR 430.12(f) as "a caring committed adult who has been determined by a social services district to be an appropriate and acceptable resource for a youth and is committed to providing emotional support, advice and guidance to the youth and to assit the youth as the youth makes the transition from foster care to responsible adulthood." The permenancy resource should be documented on the Transition Plan Form (OCFS-4922). These youth may at some point identify a previously unknown resource willing to adopt, to serve as guardian, or to be a resource connection upon the youth's discharge from foster care. Children with a PPG of Discharge to Adult Residential Care can also benefit from identification of possible alternative guardianship resources, someone who will advocate for their interests, and serve as their family connection into adulthood.

Alternative Permanency Resources(for a child freed for adoption)

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

This screen is completed in the same way, answering the same questions, as with a nonfreed child. See the "Quick Tips" in the previous section (Alternative Permanency Resources for a nonfreed child).

Alternative Permanency Resources (for a child freed for adoption)

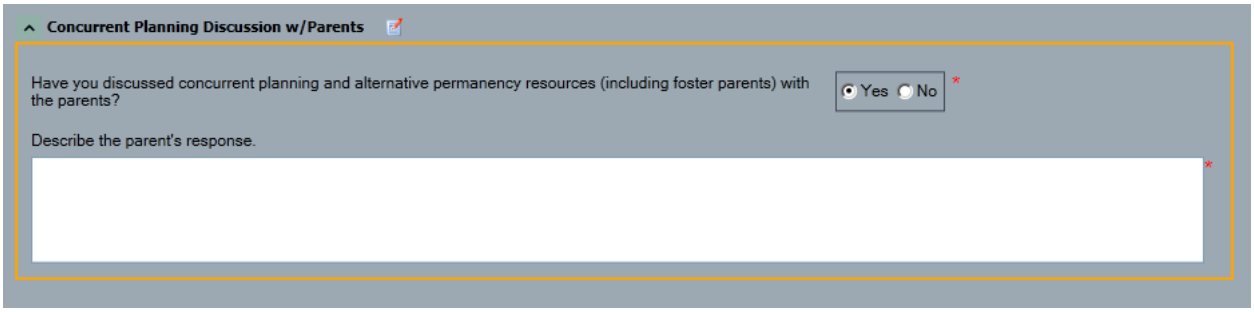
For a child who has been legally freed, the active identification and development of alternative permanency resources becomes even more critical. Workers must continue to make efforts to locate, develop, and formalize a permanent resource for the child. This tab supports workers in continuing to think about, plan for, implement, and document efforts to secure a permanency resource for the child.

For permanency planning to be effective, the Case Planner needs to continue to engage all members of the child's network, including foster parents, relatives, and other individuals significant to the child in planning for the child's permanency and well-being. The district or agency team, including the caseworkers, supervisor, and legal staff, need to maintain frequent communication about case plans, permanency prospects, progress, and decisions. The supervisor is instrumental in helping to sort through case information and assist with the difficult decisions that support a child's best interests.

A Permanency Resource is one or more adults who are willing to serve as the child's long-term caretaker through adoption, guardianship with KinGAP, or other permanent legal and emotional commitment. This is not to be confused with a "resource connection," defined as a caring adult who offers support and guidance to a youth with a PPG of APPLA. A resource connection is not legally responsible for the youth after discharge. A step-down to a lower level of care is also not a concurrent plan nor is it an alternative permanency resource.

A PPG of Discharge to Another Planned Permanent Living Arrangement (APPLA) does not preclude the caseworker from making active efforts in the pursuit of alternative permanency resources for the child. Youth with a PPG of Discharge to APPLA with a Permanency Resource must have an adult resource connection upon discharge from foster care. These youth may at some point identify a previously unknown resource willing to adopt, to serve as guardian, or to be a resource connection upon the youth's discharge from foster care. Children with a PPG of Discharge to Adult Residential Care can also benefit from identification of possible alternative guardianship resources, someone who will advocate for their interests, and serve as their family connection into adulthood.

Concurrent Planning Discussion with Parents



Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

This tab asks caseworkers to document whether efforts have been made to discuss alternative permanency resources with the birth parents. The caseworker should consider both parents when responding to this question.

A "Yes" or "No" response to this question will generate a required narrative box.

For a "Yes" response, provide a clear, thorough, nonjudgmental summary of the parents' response to caseworker's efforts to engage them in a concurrent planning discussion, include parents' discussions with the CM, CP, CW, or other helpers. When the worker initiated a discussion of alternative permanency options for their child, were the parents open to such a discussion? Were they relieved, confused, surprised, upset, or angered? Did they refuse to talk about it?

If applicable, summarize the parents' contribution to the discussion (i.e., Did parents offer possible resources/alternatives? Did they express different plans/preferences for different children, ask for more time, or ask for clarification of the permanency options? Did parents ask/agree to talk with their spouse/partner/therapist/spiritual guide/lawyer/child's attorney, or other confidant?).

For a "No" response, explain why concurrent planning and alternative permanency resources, other than discharge to parents, has not been discussed (i.e., parents are unavailable or unwilling to discuss alternative permanency plans; parents are too disabled to engage in this discussion/no agent available to make decisions on their behalf; parents have made significant progress toward reunification and are likely to regain custody of child within the coming plan period, thus concurrent planning is not appropriate or necessary for this family at this time).

Confirm that this summary is consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Concurrent Planning Discussion with Parents

Concurrent planning involves identifying and pursuing an alternative permanency resource/plan, such as adoption or guardianship with a relative, while continuing to work toward the child's primary permanency plan (i.e., reunification). To do this effectively, workers must engage parents in identifying

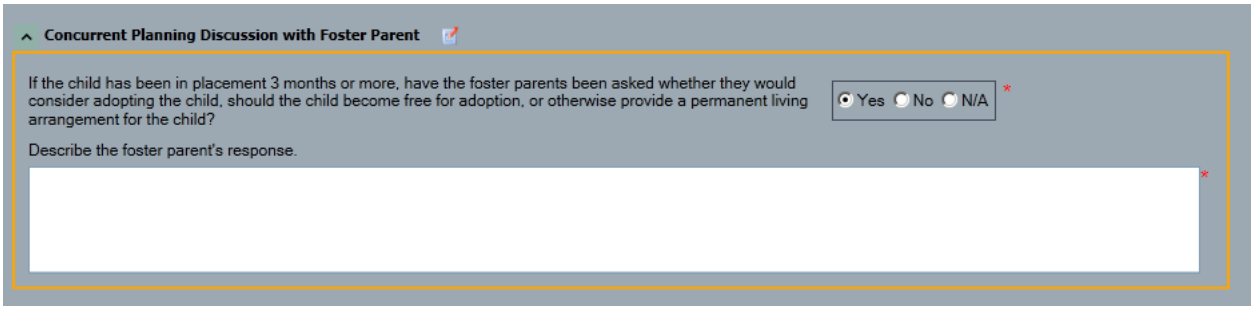
alternative plans for their child as early as possible in the child's placement. This tab supports the worker in focusing on parent engagement in the planning process.

Concurrent planning requires open and honest communication among all parties about the need for timely permanency, the state of progress in the family thus far, the range of permanency options available, and the consequences of failing to implement an effective plan. By cultivating options early in the planning process, when necessary and appropriate, permanency can often be achieved in a timelier manner. Parents are engaged in assessing their own ability/preparedness to parent their child, and in identifying who in their own family/network they would choose/trust to raise their child, in the event they are unable to do so within a reasonable period of time. Though it may be difficult or awkward, this discussion can be an opportunity for self-assessment on the part of the parents, which can ultimately become a catalyst for change, or for the parents' recognition that they are unable to meet their child's needs. It also provides an opportunity for parents and children to identify who they may be able to rely upon for support as a family, if/when the child does return home.

For children in foster care, placed with relative foster parents, the concurrent planning discussion should include the option of Kinship Guardianship, and the availability of the Kinship Guardianship Assistance Program (KinGAP). This program allows for financial support and medical coverage for children after being discharged from foster care to a relative guardian. This program allows for a greater sense of permanency for the child, and a continued connection with their own family, while not requiring a termination of parental rights.

For additional discussion and guidance on concurrent planning, see 00-OCFS-INF-05 ASFA Safety and Permanency. For additional information regarding KinGAP, see 11-OCFS-ADM-03 Kinship Guardianship Assistance Program (KinGAP) or the Kinship Guardianship Assistance Practice Guide, which includes information on discussions with birth parents, relative foster parents and youth about the KinGAP program.

Concurrent Planning Discussion with Foster Parents



Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

For each child in care three months or more, select the appropriate response to question.

An N/A response is only appropriate for a child in group care or a child who has been in foster care less than three months.

A "Yes" response will generate a required narrative button.

For a "Yes" response, summarize the foster parents' response to the worker's inquiry regarding adoption of the child (Are the foster parents interested in adopting these children? Are they interested, but have questions and/or reservations? Have they expressed different plans/preferences for different children? Are they not interested in adoption, or not interested in adoption, but willing to otherwise be a permanent resource for the child?). If the foster parent is a relative, has the worker discussed KinGAP with them if adoption is not the plan for the family?

Confirm that this summary is consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Concurrent Planning Discussion with Foster Parents

Concurrent planning is a method designed to achieve more timely permanency. Early in the child's placement, workers and parents should begin assessing the need for a concurrent plan, and where appropriate, identify possible alternative permanency resources. Foster parents are a likely alternative resource for the children in their care. This tab asks workers to document discussions with foster parents regarding their interest and willingness to become adoptive parents, or if a relative is not interested in adopting, their willingness to become kinship guardians, to the specific child/sibling group currently in their care.

It is important that the worker initiate this discussion with the foster parents, as this may be a critical piece of long-term planning for the child. For a child who is unable to return home, the foster parents' willingness to make a permanent commitment to a child/sibling group will avoid yet another disruption in the child's life. A birth parent who is considering surrender may be more willing to do so if they know the child will remain with someone the child already knows, and where the child is happy, wanted and cared for. Hopefully the birth parents also feel that the foster parents are someone they can trust.

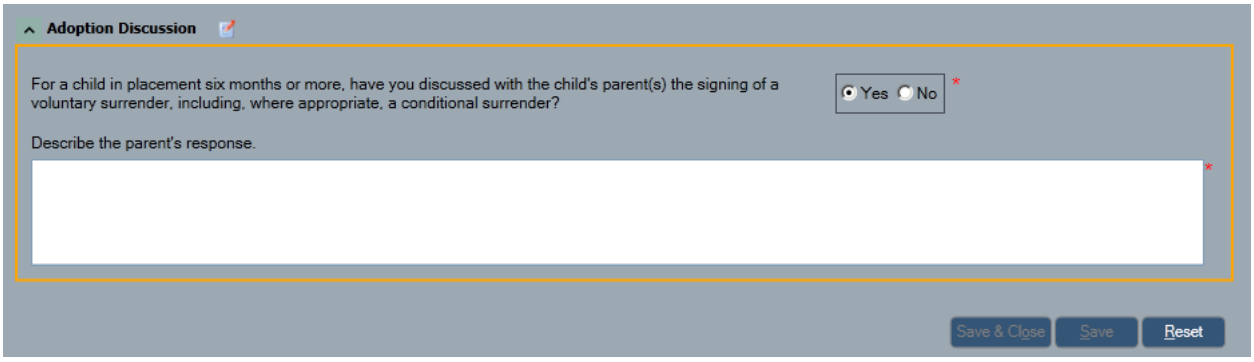
Alternately, foster parents may need help in deciding if this is a child/sibling group to whom they are willing to make a long-term commitment. The earlier this is known, the better for the child. When foster parents are not interested in adopting, it is important for caseworkers to know this so that they can begin exploring other options as soon as possible.

Foster parents who are related to their foster child and have been the child's foster parents for at least six months may be eligible for the Kinship Guardianship Assistance Program (KinGAP). This program allows for financial support and medical coverage for children after being discharged from foster care to a relative guardian. This program allows for a greater sense of permanency for the child, and a continued connection with their own family, while not requiring termination of parental rights. This program also eliminates the monthly caseworker visits and regular court appearances associated with being a foster parent.

For a child who ultimately returns home, the knowledge that foster parents (related or not) are interested in maintaining a long-term commitment can be a comfort and resource to both birth parent and child.

For additional discussion and guidance on concurrent planning, see 00-OCFS-INF-05 ASFA Safety and Permanency. For additional information regarding KinGAP, see 11-OCFS-ADM-03 Kinship Guardianship Assistance Program (KinGAP) or the Kinship Guardianship Assistance Practice Guide, which includes information on discussions with birth parents, relative foster parents and youth about the KinGAP program.

Adoption Discussion



Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

This tab asks caseworkers to document whether they have had one or more discussions with the birth parents regarding voluntary surrender, including, where appropriate, a conditional surrender. Consider *both* parents when responding to this question!

A "Yes" or "No" response to this question will generate a required narrative box.

For a "Yes" response, provide a clear, thorough, nonjudgmental summary of the parents' response to worker's efforts to engage them in a discussion regarding surrender of their child. Include parents' discussions with the CM, CP, CW or other helpers. When the worker initiated a discussion of surrender, were the parents open to such a discussion? Were they relieved, confused, surprised, upset, or angered? Did they refuse to talk about it? If applicable, summarize the parents' contribution to the discussion (i.e., Did parent(s) offer alternative plans? Did they express different plans/preferences for different children? Did they ask for more time? Did they ask for clarification of the permanency options? Did they identify or request certain conditions? Did they ask/agree to talk with their spouse/partner/therapist/spiritual guide/lawyer/child's law guardian or other confidant?).

For a "No" response, explain why surrender has not been discussed (i.e., parents are unavailable or unwilling to discuss surrender; parents are too disabled to engage in this discussion/no agent available to make decisions on their behalf; parents have made significant progress toward reunification and are likely to regain custody of children within the coming plan period, thus a discussion of surrender/adoption is not appropriate or necessary for this family at this time).

Confirm that this summary is consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Adoption Discussion

Not all parents will be able to make the changes necessary for them to parent their children safely and to meet their children's needs. For this reason, it is important for workers to explore with parents all the available alternatives for providing safety, permanency, and well-being for their children. By surrendering their rights to a child, parents who are struggling (or are unwilling) to meet basic parental

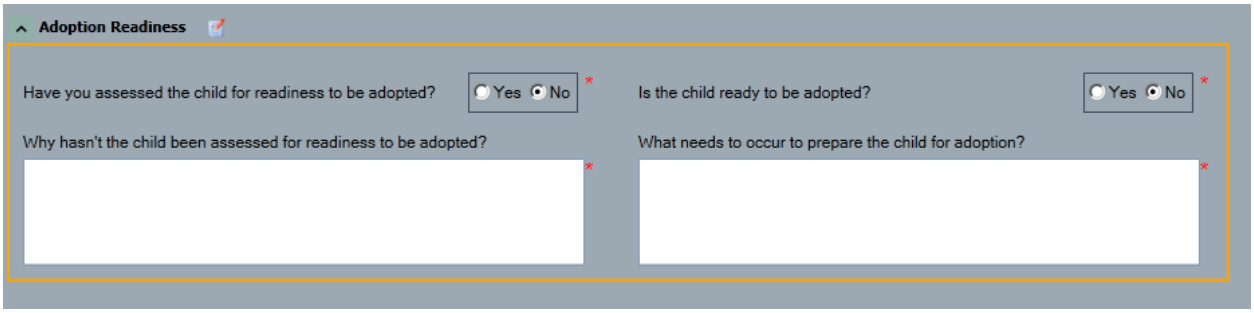
expectations can give their child a more secure life with an adoptive family. They can also avoid an adversarial legal process to forcibly terminate their parental rights in the event that they fail to plan for their child.

Thus, where appropriate, it is important that workers initiate the discussion with parents about the option of surrendering their parental rights so children can achieve permanency through adoption. Though it may be difficult or awkward to have this conversation, it can be an opportunity for self assessment on the part of the parents, which can ultimately become a catalyst for recognizing the need for change, or the acknowledgement that they are unable to meet their child's needs. For some parents, it may be a relief to know there is this option, allowing them to make a plan for their child. Ultimately this serves the children better, knowing their birth parents made a plan rather than abandoning them or having their parental rights terminated by the court.

A conditional surrender, a surrender in which the birth parent agrees to surrender their parental rights with certain conditions or agreements attached, can be a means to achieve permanency for a child. Typical conditions may involve naming the specific adoptive parent(s), assurances that the birth parents can have contact with the children after the adoption, or obtain updates and photos over time. Any conditions attached to a surrender must be negotiated by and agreed to by the birth parents and adoptive parents, the local district/agency attorney, and approved by the court. State law governs what may be agreed to and how agreements are to be enforced. Thus, workers must exercise caution in negotiating or making any promises to a parent or child regarding conditions of a potential surrender.

Useful tools for caseworkers completing this screen can be found in, "Adoption Services Guide for Caseworkers."

Adoption Readiness Tab



Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement, with a PPG of Placment for Adoption. Responses should be individualized to reflect each child's unique situation.

A "No" response to either of the two questions will generate a required narrative.

If the child's readiness for adoption has *not* been assessed, document the reason why not:

- Child is too young to participate meaningfully (i.e., under two years old).
- Child is so severely physically or mentally disabled as to not be able to participate meaningfully in a discussion about adoption.
- Child is too distraught to participate in such an assessment.
- Child is unwilling to participate in such a discussion.

If the child is deemed *not* ready to be adopted, describe what specifically needs to happen in order to prepare the child/family for finalization and life beyond adoption?

- Child needs to be informed of/included in the adoption decision.
- Child needs to be given an opportunity to discuss his/her hopes, wishes, concerns, fears about adoption with a trusted adult who is knowledgeable about adoption.
- Child's preferences/concerns/objections/ambivalences need to be addressed.
- Child needs to address loss/loyalty issues in order to begin to more fully accept a new family.
- Child needs to feel accepted and wanted by his/her new family.
- Child needs to address behavior issues before being able to live successfully in a family.
- Key information, including medical, educational, mental health, legal documents, photos/mementos need to be obtained or safeguarded in one place.
- Child and birth parents' medical history needs to be made available as per SSL 373-a;18 NYCRR 357.3 and 18 NYCRR 421.18(m).
- Child's services need to be in transferred to new provider before finalization can occur.
- Where applicable and appropriate, good-bye plan between child and birth parent needs to be determined and/or implemented (may involve final visit, letter, or other ceremonial letting go ritual).
- Adoptive family needs access to adoptive family information/support/respite.

- Adoptive family needs better understanding/preparedness for managing separation/loss issues in adoption.
- Adoptive family needs to gain an accurate and realistic understanding of child's needs and/or of their own abilities or ongoing support needs.
- Adoptive family needs specific services/supports in place to parent this child.
- Adoptive family's concerns, needs, ambivalences needs to be addressed.
- Adoptive family needs to sign the adoptive placement agreement.
- Adoptive family needs to demonstrate/pledge an emotional commitment to this child.
- Where the child is eligible, an adoption subsidy agreement needs to be approved.
- Conditions of surrender need to be worked out/agreed to by birth and adoptive parents.
- An adoptive resource has not yet been identified for this child. Thus his/her response to adoption by a specific family is unknown at this time (though you can still comment on the child's response to the *concept* of being adopted).

Confirm that these reasons are consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Adoption Readiness

Adoption "readiness" goes beyond merely confirming the child's awareness of the adoption plan or even his/her agreement/consent to the plan. It includes, whether services, supports, and subsidies are in place to support the child/family in the future. (See "Some Things to Consider in Assessing Adoption Readiness.")

Adoption is a lifelong process for the child and his/her new family. Once the goal (PPG) of adoption is established, it is essential that the team begin assessing whether the child understands and is ready to enter the next phase of this journey. This will depend greatly on the child's age and developmental status; the child/family history that led to the decision to pursue adoption; the child's relationship to and feelings about his/her birth parents, siblings, extended family, and his/her prospective adoptive family; as well as the child's own unique needs for ongoing services/supports. Additionally, where there is an adoptive resource identified and approved, it is imperative that workers assess *their* readiness for moving toward adoption. Even when a child has been with a foster family or relative for years, issues will surface for the child and the adults when the prospect of life-long commitment through adoption becomes a real possibility. If a relative foster parent is reluctant to adopt their kin, the caseworker should have discussions with them to determine if kinship guardianship with KinGAP is a better choice for their family. There is guidance around this discussion, including tools that help relative foster parents determine if adoption or KinGAP is the appropriate plan for their family, in the Kinship Guardianship Assistance Program Practice Guide.

Children of all ages in foster care may have significant struggles around loyalty to their birth family, identity and self-concept, feelings of loss, anger, depression or relief, as well as attachment-related issues. Children in foster care may also have significant educational, behavioral, and/or physical health

challenges that may make it difficult for them to transition easily into an adoptive home, or that may require ongoing services and supports. Adoptive families must have an accurate and empathetic understanding of the child's needs, and be realistic about the challenges that may lie ahead. Depending on the child, they may also need to possess certain attributes, skills, and abilities, and be aware of and willing to access supports and services, as needed, on behalf of the child and/or their family. The worker must involve the child, his/her current caretakers (foster/adoptive parents or child care staff), as well as the child's therapists, doctors, and other helpers, in conducting this assessment in order to gain a complete and accurate picture of the child/family's readiness to move toward, or to finalize, an adoption. Honest appraisal and discussion of needs, concerns and issues, as well as careful advance planning will serve to meet the child's best interests, and to support the long-term stability of the newly created family.

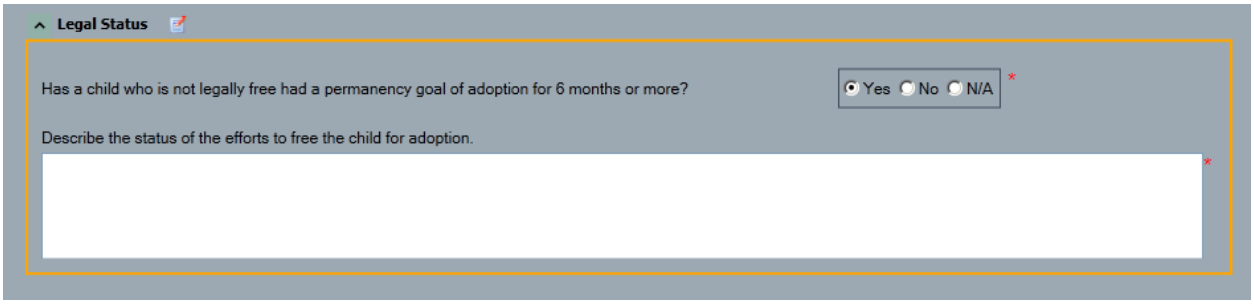
Some Things to Consider in Assessing Adoption Readiness

Listed below are some, but not all, things to consider when assessing adoption readiness:

- Has the child been informed of and/or included in the adoption decision?
- Does the child have an age-appropriate understanding of what adoption means?
- Does the child *want* to be adopted? Has the youth age 14+ given consent to adoption (unless the court has dispensed with this requirement)?
- Has the youth's decision not to consent to adoption been recently revisited with him/her so they have the opportunity to reconsider adoption?
- Has the child been given an opportunity to discuss his/her hopes, wishes, concerns, fears about adoption with a trusted adult who is knowledgeable about adoption?
- Has the child's preferences/concerns/objections/ambivalences been addressed openly and honestly?
- Has/does the child had an opportunity to address his/her feelings of loss/loyalty in order to begin or more fully accept a new family?
- Is the child attached to his/her adoptive resource, and if not, what has/can be done to promote/support attachment?
- Does the child feel accepted/wanted by his/her new family?
- Are there child behavior issues which would require special supportive resources for the family in order for the child to live successfully in a family setting?
- Have details of visitation/ongoing contact with birth parents, siblings, foster parents, and/or significant others been agreed upon?
- Is key information, including medical, educational, mental health, and legal documents, and photos or mementos documenting the child's life history since birth, available and safeguarded in one place? If not, where is it and who will obtain it?
- Has the medical history of both the child and the birth parents been compiled?
- Have necessary medical, educational, mental health services for the child been put in place, or arrangements made for continuation and/or transfer to new provider after finalization?
- Where appropriate, has there been a plan developed/implemented for the child to say good-bye to birth parent(s) and/or other significant individuals? (This may involve a final visit, letter or other ceremonial letting-go ritual.)
- Has an adoptive resource been identified for this child?
- If this is a new resource, has child and family had sufficient opportunity to visit and get to know one another?
- Does the child want to be adopted by *this* family?
- How attached/committed is the adoptive resource to this child/sibling group?
- Has sufficient medical/other information been provided to the resource to be able to make an informed decision regarding the child's needs and their ability/willingness to meet those needs?
- Does the adoptive family have a realistic understanding of and ability to deal with separation/loss/attachment issues in adoption?
- Does the adoptive family have access to/information about adoptive family support/respite?
- Does the adoptive family have necessary services/supports in place to assist them in parenting this child?
- Have the adoptive family's concerns, needs, ambivalences been addressed?
- Has the adoptive family signed an adoptive placement agreement?
- Where applicable, has an adoption subsidy been approved?

- Have conditions of the surrender been discussed and agreed upon by birth and adoptive parents?

Legal Status



Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

A "Yes" response to the question (i.e., child has had a PPG of Adoption for at least six months, but is not yet legally freed) will generate a required narrative box.

Provide a clear, thorough description of efforts made to legally free the child for adoption (i.e., referral has been made to agency legal department to initiate TPR; TPR has been filed, awaiting a court date; hearing/trial held, legal decision appealed by agency; worker has engaged parent(s) in a discussion of voluntary surrender). Include barriers and steps taken to overcome them (e.g., paperwork not completed; awaiting legal department review of case record; court delays; birth parent has not followed through on stated intent to surrender; parent cannot be located).

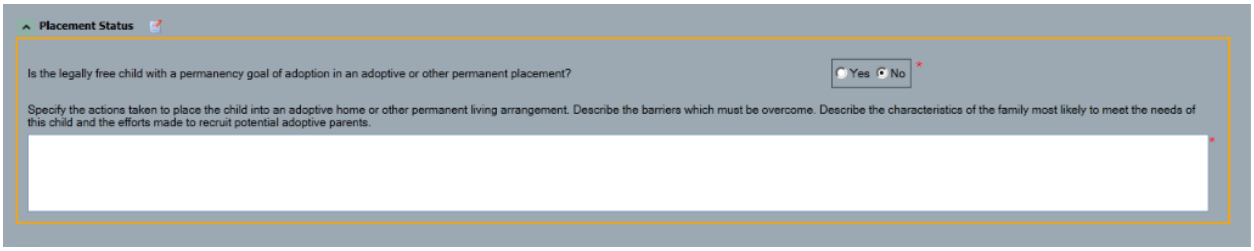
Confirm that this summary is consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Legal Status

This tab asks caseworkers to summarize efforts toward permanency for a child with a PPG of Adoption, who is not yet legally freed. The child must be freed within 12 months after the establishment of the PPG of adoption.

For a child with a Permanency Planning Goal of Adoption, caseworkers must take specific steps to pursue this goal. See 18 NYCRR 430 12(e)(1) for information regarding what must be done for a child with a goal of adoption who is not yet freed, who is freed but not placed, or placed but for whom an adoption has not yet been finalized.

Placement Status (Freed Child)



Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation

A "No" response to the question will generate a required narrative field.

Provide a clear, thorough description of actions taken by the caseworker and others to place the child in an adoptive home or in another permanent living arrangement, such as kinship guardianship.

Provide a clear, thorough description of characteristics of families most likely to meet the needs of this child, and provide a clear, thorough description of efforts made to recruit potential adoptive families for this child. Include photo listing where applicable.

Provide a description of barriers which must be overcome to place this child in a suitable adoptive home.

Confirm that this summary is consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

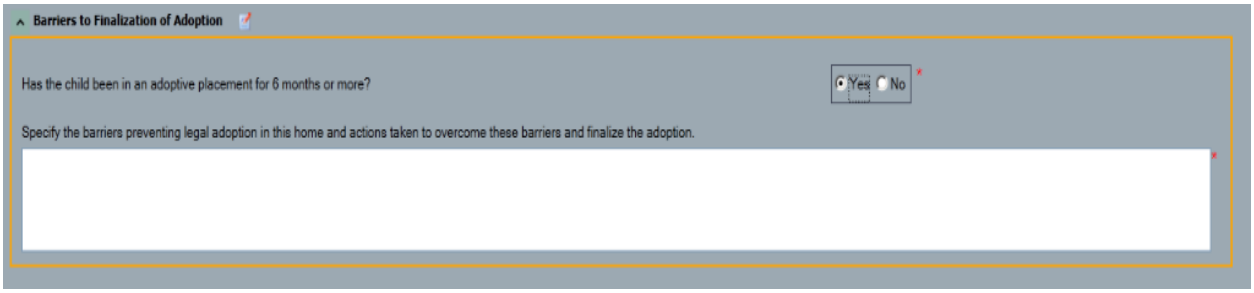
Placement Status (Freed Child)

For a legally freed child with a PPG of Adoption, the effort to achieve permanency through adoption must continue. This screen helps caseworkers focus on concrete steps taken or needing to be taken to identify, locate, and engage an adoptive or other permanent resource for this child.

For a child with a Permanency Planning Goal of Adoption, caseworkers must take specific steps to pursue this goal. See 18 NYCRR 430 12(e)(1) for information regarding what must be done for a child with a goal of adoption who is not yet freed, or who is freed but not placed, or placed but for whom an adoption has not yet been finalized.

Any child freed for adoption, who has been in foster care for three months or more and who is not in an adoptive placement , must be referred and photo listed with OCFS within ten days of being freed, unless referral is waived . Referral is waived if the child is placed with a foster parent who has expressed, in writing, an interest in adopting the child or if the agency has identified two or more potential placements for the child or a family has been selected to adopt the child. See 18 NYCRR 421.2(d).

Barriers to Finalization of Adoption



Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

A "Yes" response to the question will generate a required narrative box.

Provide a clear, thorough description of barriers preventing legal adoption in this home (i.e., subsidy not yet approved; legal or recertification paperwork not completed or needs to be resubmitted; conditions of surrender being negotiated by birth and adoptive parents; concerns have arisen in the adoptive home that need to be addressed; adoptive resource has unresolved concerns, is ambivalent or has changed his/her mind about adopting this child; youth refuses consent for adoption; or there are court delays/TPR has been appealed).

Describe actions taken by caseworker or others on the permanency team to overcome these barriers in order to finalize the adoption (e.g., addressing family or child's concerns/ambivalences, discussions regarding conditions of surrender, efforts to seek an alternative adoptive resource/placement).

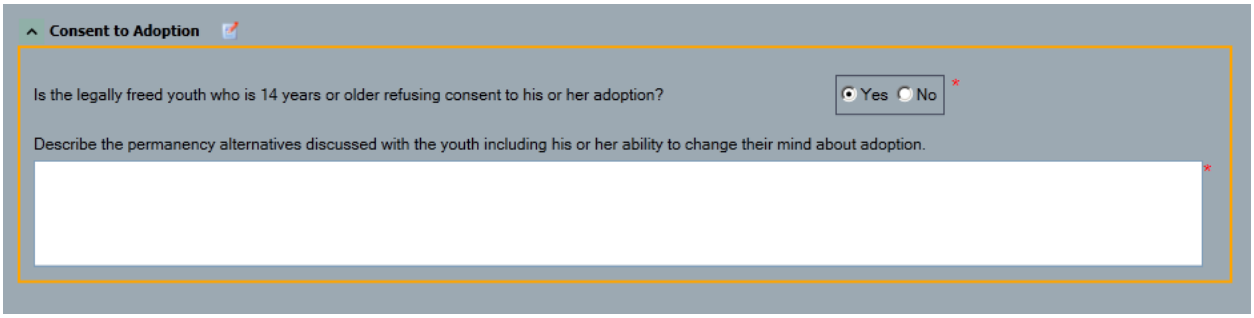
Confirm that this summary is consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Barriers to Finalization of Adoption

When a child has been legally freed and has a PPG of Adoption, the urgency to achieve permanency through adoption must continue. A child placed in a pre-adoptive home may experience delays which unnecessarily lengthen the wait for permanency. This screen helps caseworkers to focus on the need to achieve legal permanency, and to focus on concrete steps taken, or needing to be taken, to overcome barriers to finalization.

For a child with a Permanency Planning Goal of Adoption, caseworkers must take specific steps to pursue this goal. See 18 NYCRR 430 12(e)(1) for information regarding what must be done for a child with a goal of adoption who is not yet freed, or who is freed but not placed, or placed but for whom an adoption has not yet been finalized.

Consent to Adoption (Freed Child)



Quick Tips to Complete this Screen

This tab applies to any youth age 14 or older who has been legally freed.

This screen must be completed for each applicable child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

A "Yes" response to the question will generate a required narrative box.

Provide a clear, thorough description of ongoing efforts to engage youth in a discussion of his/her permanency alternatives, including adoption and kinship guardianship, if applicable. Include efforts made by caseworkers, therapist, foster parent, the child's attorney, or other adult resources to discuss permanency options with the youth since the last FASP.

Summarize the youth's reactions to this discussion, including his/her concerns and preferences.

Describe the steps taken by the caseworker or others to address or respond to any concerns raised by the youth regarding the goal of adoption.

Document that the youth understands that he/she can change his/her mind about a prior decision regarding consent to adoption.

Confirm that the response and this summary is consistent with case circumstances, including what the youth may have said in court, and what a judge may have ordered, and supported by relevant and sufficient information documented in the progress notes and elsewhere in the record.

Consent to Adoption (Freed Child)

All children who are old enough to understand what adoption means should be given the opportunity to express their feelings about being adopted. Youth who are fourteen or older must give consent (unless the court has dispensed with this requirement), and have the right to refuse to be adopted. A youth who has said no to adoption previously is able to change his/her mind if he/she decides it is something they are interested in. In some special cases, the court may deem the child's consent not a requirement.

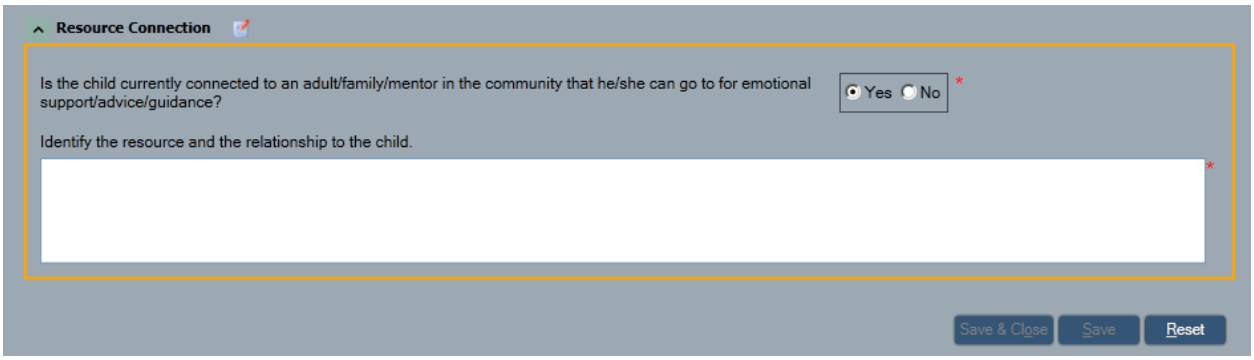
A youth who does not consent to being adopted must be advised of alternative permanency options, including adoption, must be given an opportunity to explore and consider the various options, and must

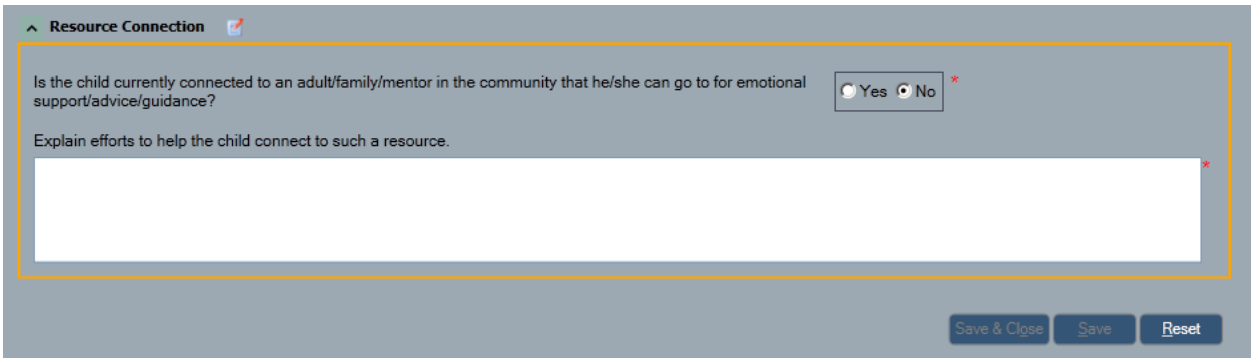
be given opportunities to discuss his/her feelings, needs, concerns, and preferences with a trusted adult who is knowledgeable about adoption. (Alternative permanency options include, but are not limited to, Discharge to Another Planned Permanent Living Arrangement (APPLA)/Independent Living with a Planned Resource Connection, APPLA/Guardianship by a Relative or other Resource, Kinship Guardianship with or without KinGAP, or for some youth, Discharge to Adult Residential Care.)

Regardless of the youth's current refusal to be adopted, it is important that these options be continually revisited and explored with the youth. Adoption and permanency is not a one-time discussion. The youth's needs, feelings, or circumstances may change. Over time, a youth may change his/her mind or feelings about being adopted, may identify previously unknown or excluded resources, or may have a suitable family inquire about him/her. A youth who previously believed he/she had no resources may come to identify someone from his/her past, or a current adult in his/her life, by whom who the youth would consider being adopted. The youth may develop a more positive attitude toward being part of a family.

Refer to the OCFS publication "Need to Know Series: Adoption Rights for Foster Care Youth Who Are 14 Years of Age or Older," which is available on the Youth in Progress Website (http://www.youthinprogress.org/). This is a valuable resource for youth and caseworkers regarding the youth's rights in the adoption process. In addition, there is an informational booklet for youth through the Youth In Progress Need To Know Series on the Kinship Guardianship Assistance Program. The booklet includes a chart that describes the differences between adoption, KinGAP and foster care.

Resource Connection





Quick Tips to Complete this Screen

This tab applies to youth over age 14 with a PPG of Discharge to APPLA.

This screen must be completed for each applicable child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

For a "Yes" response, identify by name and relationship at least one adult who has a strong and stable relationship with the youth, and who is committed to supporting and mentoring the youth after discharge from foster care.

Examples:

- Sarah Smith, the leader of Jane's church choir, will continue to have weekly contact with Jane at church services and choir practice, and has agreed to provide guidance and emotional support as needed.
- Jack Crandall, Hank's job coach at the Labor Center, will continue to follow Hank's progress for at least six months on the job.
- Keisha's grandmother, Matilda Johnson, will assist her in raising her infant son.
- Devon's foster parents, Marcus and Renee Travis, have agreed to maintain at least monthly in-person/phone contact with him after he leaves their home.
- Mark Jones, Jeremy's 25 year old cousin, has agreed to have Jeremy share an apartment with him upon discharge from foster care.
- Teri Wilson, a volunteer recruited by the agency to be a resource for Penelope, has been meeting weekly with Penelope for the past four months. They have begun to develop a positive, supportive relationship through weekly outings and shared interests.

For a "No" response, provide a clear and thorough description of efforts made by the caseworker, the youth, and other team members to help identify and connect the youth with an adult resource who is likely to be available to the youth after discharge from foster care.

Confirm that the response and this summary are consistent with case circumstances, and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

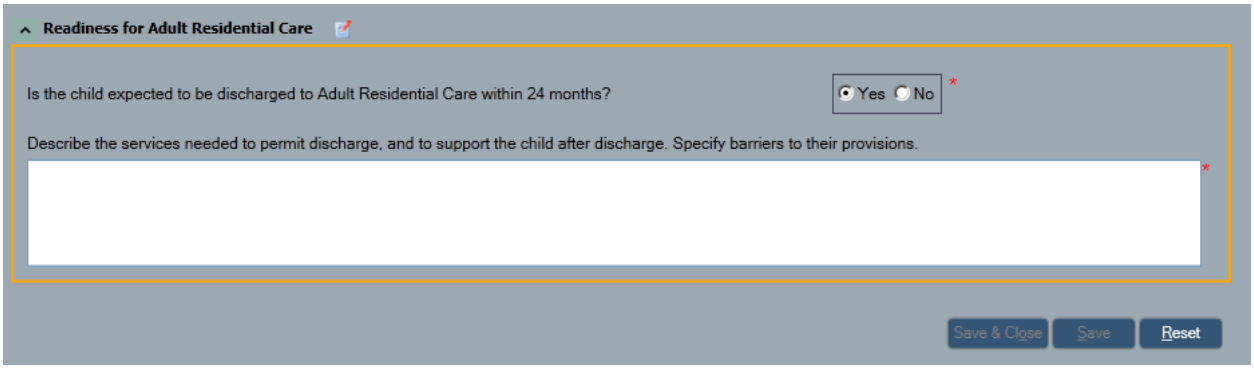
Resource Connection (Freed Child)

For youth leaving foster care with a goal of Discharge to APPLA, it has been proven that his/her successful transition to adulthood is strengthened by having a strong and stable attachment to at least one adult who is committed to supporting and mentoring the youth after discharge from foster care. This resource may be a family member, a community member, a former foster parent, group care staff member, or a formal resource assigned to the youth. What is essential is that the youth and adult resource have an ongoing supportive relationship that is intended to continue even after the youth leaves foster care or group care.

Identification, development, and support of this resource are essential. Although the youth will not necessarily be living with this adult resource after discharge, this is a person whom the youth trusts, and with whom the youth has an agreement to turn to for guidance, encouragement, and support after discharge from foster care. Clarifying exactly what the various supports will include, preferably in writing, can help to avoid gaps in the youth's safety net and misunderstandings between the youth and the supportive adult.

Each youth who will be discharged from foster care at or after age 18 must also have a written Transition Plan as per 18 NYCRR 430.12(j). This plan, developed with the youth, details the youth's plans and supports leading up to and following discharge from foster care. For additional details about transition planning requirements, see 09-OCFS-ADM 16-Transition Plan Requirements for Youth 18 and Older Aging Out of Foster Care, or contact your local Adolescent Services Resource Network.

Readiness for Adult Residential Care



Quick Tips to Complete this Screen

This screen is applicable to any child (regardless of age) with a goal of APPLA/Discharge to Adult Residential Care who is anticipated to be discharged from foster care within the next 24 months.

This screen must be completed for *each* applicable child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

A "Yes" response to the question will generate a required narrative box.

Provide a clear, thorough description of the services needed to permit discharge, and to support this child after discharge from foster care.

Describe any barriers to services (e. g., needed services not available; disagreement over what level of care the child/youth needs; post-discharge legal guardianship not yet established; eligibility for Medicaid, SSI or other benefits not yet determined or resolved), and the steps taken by worker or agency to resolve these barriers (e.g., evaluations completed or requested to identify/clarify care needs; exploration and identification of a suitable facility/program; or legal action taken to secure services, benefits, or guardianship).

Note: Where significant barriers exist, identify this as a priority in the Assessment Analysis. The Service Plan should also include an Outcome and Activities block to address such barriers.

Confirm that the response and this summary are consistent with case circumstances, and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

For any child over age fourteen, complete a Life Skills Assessment. This will help to support the caseworker's assessment of the child's ongoing care needs.

Readiness for Adult Residential Care

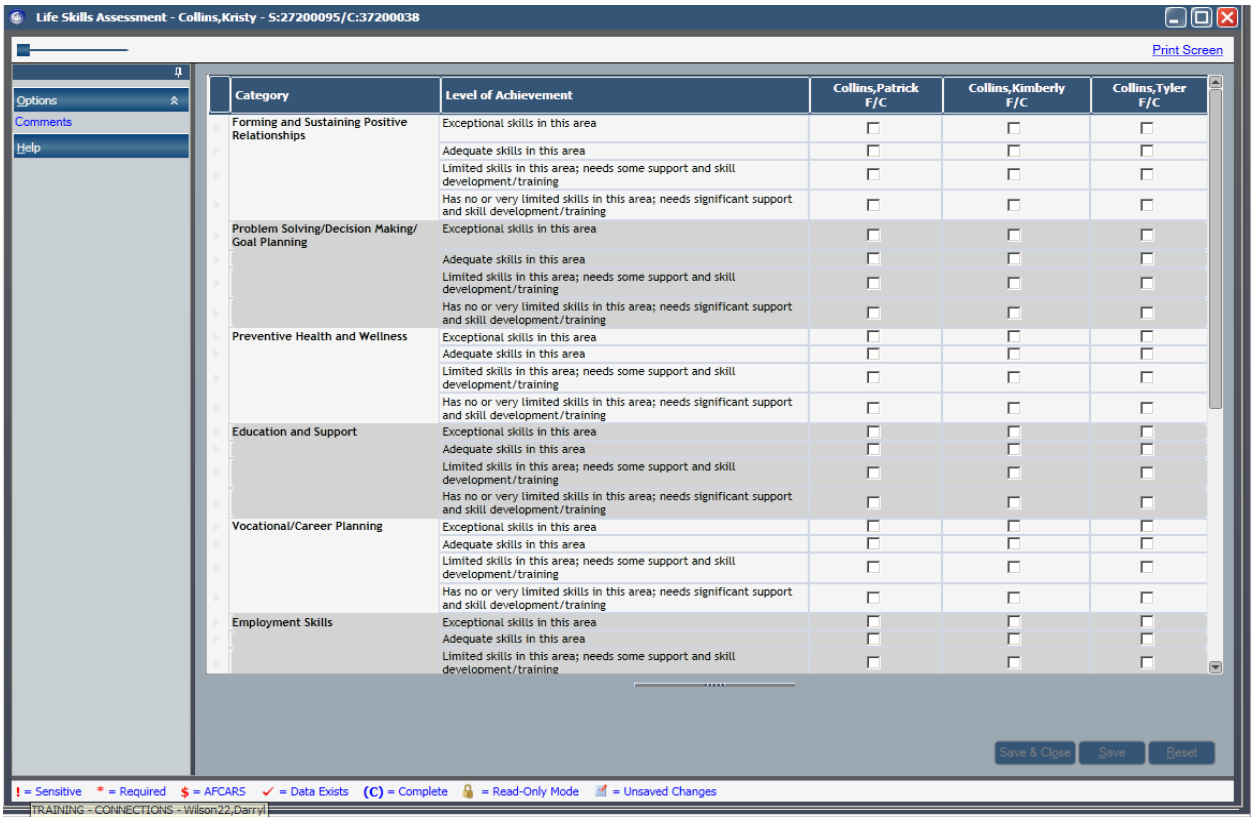
Children discharged to adult residential care often present with a profound need, such as a severe developmental disability or medical condition, requiring continuous care into adulthood. Such children are often entirely or significantly dependent on others, not only for their day to day care, but also for critical decision making and advocacy on their behalf. It is critical that appropriate care plans be in place

for these children, including a decision of who is legally responsible for their care and guardianship upon discharge from the department's custody.

When it is determined that Discharge to Adult Residential Care is the best permanency option for a child, it is essential to assess and determine the child's ongoing care needs, to secure an appropriate program to meet the child's needs, and to assess the child's readiness for this significant change. For additional information on planning requirements for child with this PPG, see 18 NYCRR 430.12(g).

For a child who is able to meaningfully participate in decision making, caseworkers should involve the child, as well as his/her family.

Foster Care Issues: Life Skills Assessment Window



Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

The person best suited to complete this section is the person who administered the actual Life Skills Assessment.

For each of the ten life skills categories, select the response which best reflects this youth's current level of achievement. Responses should be based on a formal Life Skills Assessment (e.g., Ansell Casey Life Skills Assessment or alternative assessment tool). The responses to the Life Skills Assessment should not be based on the caseworker's casual observations.

Provide comments to support the responses in key categories. It is important that key strengths and needs identified in the Life Skills Assessment be carried forward into the Assessment Analysis, so that they may be addressed in the Service Plan.

Check that the responses and comments are consistent with case circumstances and supported by relevant and sufficient information in the progress notes, Life Skills Assessment, and elsewhere in the record.

Life Skills Assessment

The Life Skills Assessment is required for all youth age 14 and over with a Program Choice of Placement, regardless of their PPG. While it is optional for all other children and youth, it may be especially helpful in focusing attention on an adolescent's developmental needs and issues, when these are central to the case (e.g., preventive cases open due to school truancy or PINS).

As adolescents grow into young adulthood, it is important that they possess the skills necessary to successfully make the transition into adulthood. For youth in foster care, it is even more critical that they possess these self-sufficiency skills, as many youth may have few resources for support and guidance upon leaving care. Helping to prepare youth for self-sufficiency may be achieved through a variety of methods. Youth may work one-on-one with the caseworker, foster parent, direct care worker, or an adult mentor. The youth may participate in formal education or training, attend life skills programs, take part in facility-sponsored groups, or use other community resources. Caseworkers must conduct individualized assessments of each youth and develop a written plan to address the youth's specific needs and issues. The Life Skills Assessment within the FASP aids caseworkers in documenting the strengths, needs, and priorities of each youth in each of the following life skills categories:

- Forming and Sustaining Positive Relationships
- Problem Solving/Decision Making/Goal Planning
- Preventive Health and Wellness
- Education and Support
- Vocational/Career Planning
- Employment Skills
- Budgeting and Financial Management
- Housing
- Home Management
- Accessing Community Resources

A service provider with a CONX role of Case Worker, who works directly with the youth, is likely to be the one completing the Life Skills Assessment in the FASP. He/she may also be expected to provide a written summary of the youth's most significant strengths and needs in the Assessment Analysis, and to develop one or more specific Outcome and Activities blocks to address the youth's most significant Life Skills needs. This can be a good way to engage a youth in his/her own development and change effort. It also provides an opportunity for self-reflection/assessment for the youth and a model for cooperative problem solving. Ultimately, the Case Planner is responsible for confirming that the Service Plan addresses the youth's most significant needs.

The Life Skills Assessment screen is an opportunity to summarize the results of a formal life skills assessment. It is not an assessment in and of itself. NYS OCFS recommends, but does not require, the use of the Ansell Casey Life Skills Assessment as the preferred tool for assessing youth. The Adolescent Resources Services Network (ASRN), sponsored by OCFS, can provide training and support in the use of the Ansell Casey Life Skills Assessment, and in developing appropriate service plans addressing life skills

deficits. For additional information on Life Skills Assessment you may contact your local ASRN at www.nysasrn.org.

Foster Care Issues: Visitation

When children are placed in out-of-home care, visitation with family, including siblings if not placed together, or other permanency resources is required unless deemed contrary to the safety and well-being of one or more children. Depending on the child's permanency plan and available resources, visitation with other key individuals in the child's life can also be valuable.

When used effectively, visitation provides an opportunity for parents or other primary discharge resources and children to:

- Maintain and develop bonds.
- Demonstrate commitment to the permanency goal.
- Practice and demonstrate needed skills.
- Prepare for and test their readiness for reunification.
- Build needed supports.

Caseworkers can use visitation:

- As an opportunity to assess parent and child readiness for reunification, and to identify challenges to effective reunification.
- To test readiness for reunification.
- To teach, promote, and support needed skills to help families build and use needed supports.

Visitation planning involves conscious planning and decision making. The timing, frequency, location, participants, and activities during visitation should be decided in a manner that is consistent with achievement of the permanency goal. The purpose of visitation and expectations within the visits must be made clear to the parents, other adults involved, and children. When developing and assessing visitation plans, it is critical that caseworkers, supervisors, Third Party Reviewers, and other decision makers consider the goals of the case (i.e., the PPG and case outcomes) in order to determine how best to configure visitation plans that support the current permanency plan.

There are three possible screens within the visitation section of Foster Care Issues (i.e., Visiting Plan, Visiting Plan Review, and No Visiting Plan). The required screens will depend on the type of FASP, when the child entered foster care, and whether there are separate visiting plans in place for each child/parent/resource.

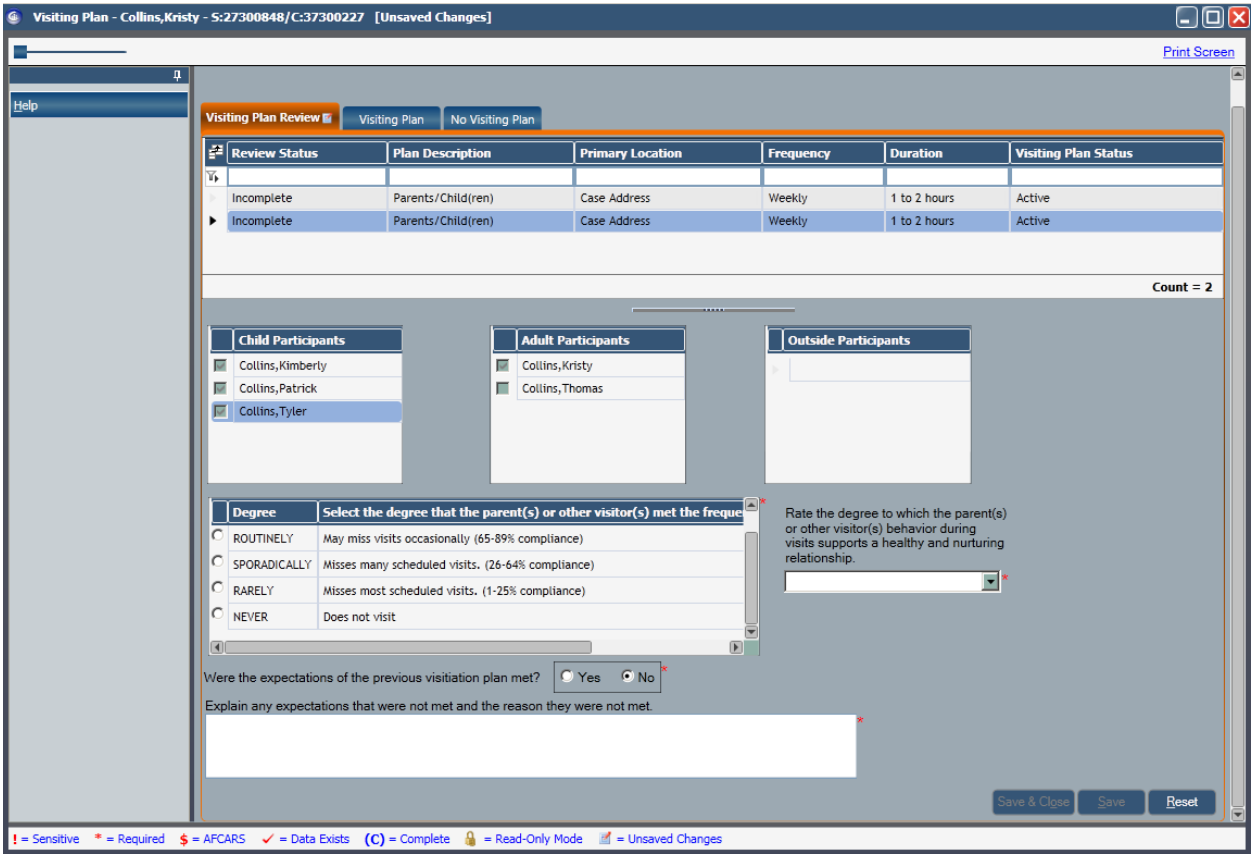
Multiple Caseworker Coordination Tip

Children in a family may have different visitation plans based on their having different PPGs, different fathers, different needs, or being placed at different agencies. Therefore, there may be multiple ongoing visiting plans to record in the same FASP. It may be the assigned responsibility of the Case Worker who is associated to a specific child to document the child's visiting plan/visiting plan review;

though the Case Planner must see that all relevant visiting plans/visiting plan reviews for a family are recorded.

There may also be others who have a role in arranging, facilitating, supervising, and assessing visitation (e.g., foster parents, relatives, visit supervisors, or other professionals working with the family). It is important that the author of the visiting plan and visiting plan review include the efforts and observations of these key helpers.

Visiting Plan Review Tab



Quick Tips to Complete this Screen

This screen will be generated only when a Family/Child Visiting Plan had been recorded in a previous FASP or Plan Amendment. Depending on how the previous visiting plan was configured and documented in the previous FASP, visiting plans can be reviewed as a sibling group or child-by-child where different plans were in place for different children or parents.

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation. There may be more than one visiting plan for a child if he/she is visiting with different people at different times; each plan must be recorded separately.

The drop-downs and lists will be prefilled from the previously completed visiting plan. These options define the visiting plans the caseworker will review. Before proceeding, check that you are reviewing the correct visiting plan!

The caseworker may benefit from reviewing the progress notes or other visitation log before completing this screen. The caseworker must ensure that information recorded in this screen is consistent with case circumstances and supported by relevant and sufficient information in the progress notes or elsewhere in the record.

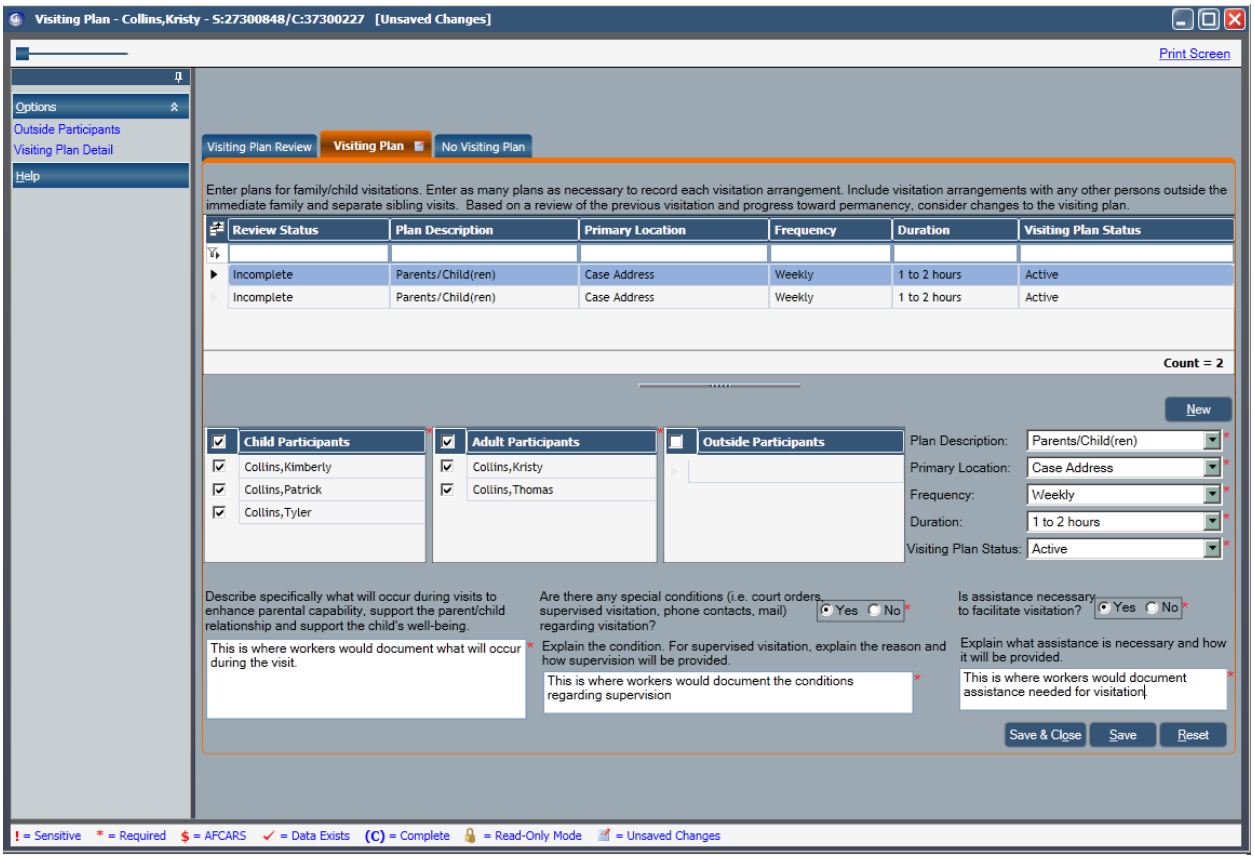
- Select the degree to which the parent met the frequency of the previous visiting plan.
- Rate the degree to which the parents' or other visitors' behavior during visits supported a healthy and nurturing relationship.
- Explain any expectations that were not met and the reasons they were not met. This explanation needs to include more than the consistency of contact; assess the quality of interaction and expectations met or not met during visitation. For example:
    - Parent failed to apply skills learned in therapy to manage his/her own emotions.
    - Parent tried but was not effective in using skills learned in parenting class to manage child's behavior.
    - Parent/teen violated conditions of contract regarding curfew, alcohol/drug use, and peer associations.
    - Parent ignored child, or did not respond appropriately to child seeking affection or comforting.
    - Parent did not plan or attempt to engage child in age-appropriate activities.
    - Parent was unable to or did not prepare meals/provide snacks as agreed.
    - Parent initiated little or no interaction with child; did not assist young child with toileting; did not review homework with older child.
    - Child was injured during visit; parent did not take steps to prevent accidents/injury of child.
    - Parent continued to discuss off-limits topic in presence of child.
    - Parent brought prohibited person to visit.
    - Parent's response to crisis during visit was inappropriate or inadequate.
    - Parent did not use his/her support system when needed during the visit.

Visiting Plan Review

Visitation is intended to be an opportunity to work toward achievement of the permanency goal. This screen provides an opportunity for caseworkers to evaluate the quality of visitation since the last FASP. Together with the family and other key individuals (foster parents, relatives, visit supervisors, other professionals working with the family), caseworkers must determine if the expectations of the previous plan were met. In order to do this, it is essential that the expectations of the previous visiting plan were clearly set forth and were communicated effectively to the parent/child.

Effective assessment of the previous Family/Child Visiting Plan informs the determination of what changes or enhancements should be made to the visiting plan during the next FASP period to best support achievement of permanency.

Visiting Plan Tab



Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation. There may be more than one visiting plan for a child if he/she is visiting with different people at different times; each plan must be recorded separately.

Confirm that the visiting plan accurately reflects any court ordered expectations or prohibitions regarding visitation between a child and parent or others. Using the drop-downs and lists provided, select (or update) the logistics of the visiting plan for this child for the next FASP period:

- Review status
- Plan description (i.e., parent/child, siblings, resource person/child)
- Primary Location
- Frequency
- Duration
- Visiting Plan Status (active, suspended, closed)
- Child(ren) for Visiting Plan
- Adult(s) for Visiting Plan
- Outside Participants

Select the appropriate response to the question regarding special conditions. Briefly describe who will supervise the visits, if necessary, and specifically what he/she will do to support parent/child interaction. Some example may include:

- Meeting with parents before visitation to plan activities
- Offering prompts, suggestions, or reminders during visits
- Modeling appropriate behavior
- Meeting with parent/child after visitation to review successes and challenges

Select the appropriate response to the question regarding assistance needed to facilitate visitation. Briefly describe any assistance needed to facilitate visitation. Some examples may include:

- Assisting with transportation
- Providing snacks/supplies
- Creating a crisis management plan

In the third narrative box, briefly describe what will occur during visits to enhance parental capacity, support the parent/child relationship, and support the child's well-being. Some examples may include:

- Parent will use skills learned in therapy or parenting class to manage their own emotions or the child's behavior.
- Parent will engage child in age-appropriate activities.
- Parent will prepare meals, assist young child with toileting, and review older child's homework.
- Parent will take steps to prevent accidents/injury of child.

This tab can also be used to record a narrative describing any nonvisiting contact planned between a foster child and his/her family (e.g., phone calls, letters, pictures, emails).

Confirm that the responses and information in this screen are consistent with case circumstances and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Visiting Plan

Visitation is a key tool in the timely achievement of permanency. A carefully crafted visiting plan must be congruent with the child's permanency goal and support the achievement of the PPG and case outcomes. Use this screen to document the visiting plan. Include steps to help the parent/child achieve the visiting plan expectations during the coming plan period, especially if expectations of a previous visiting plan were not met.

Examples of questions FASP writers should consider:

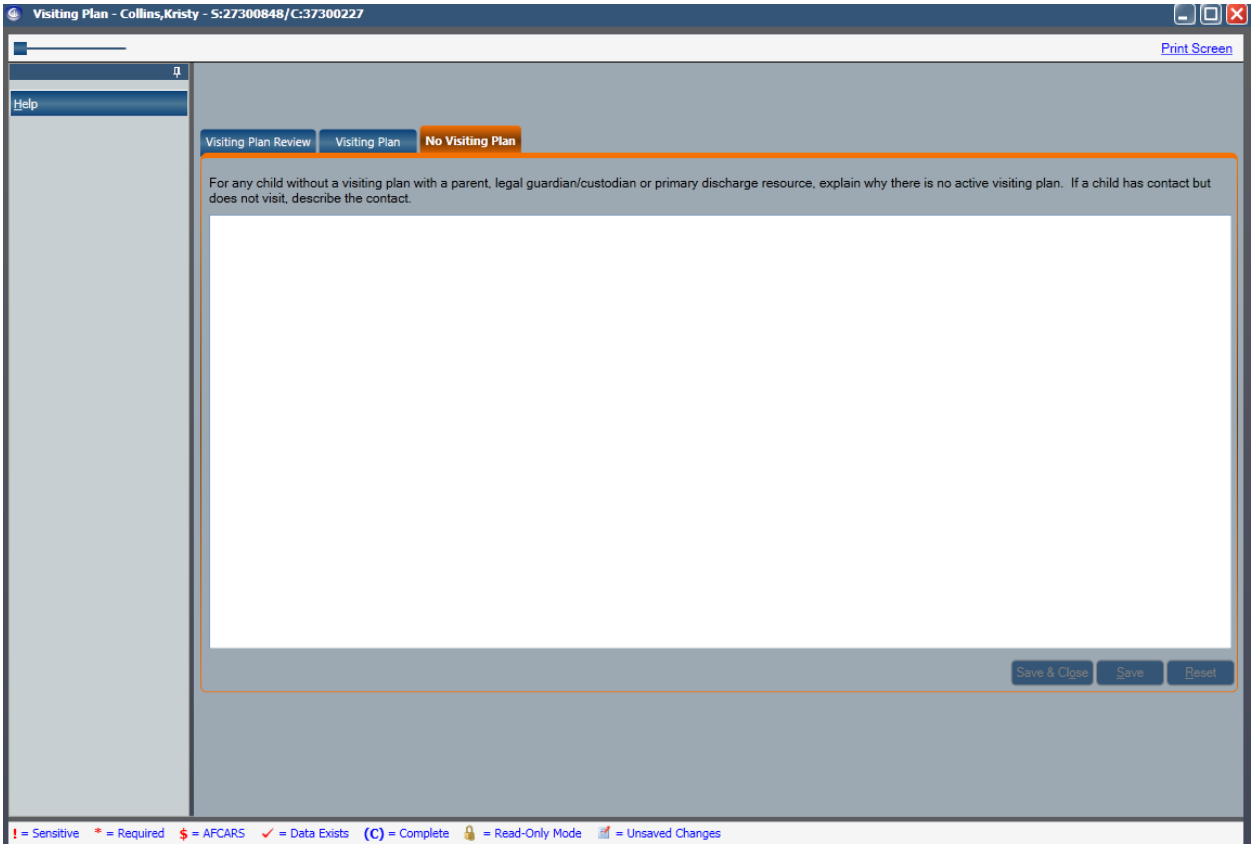
- If the PPG is return to parent, and the parent has a partner, is the partner included in visits?
- If the PPG is discharge to relative, are members of the relative's household included in visits in a manner congruent with their anticipated role in the child's life?

- If the PPG is APPLA/with a Permanency Resource, is the youth spending quality time with his/her adult resource?
- If the PPG is adoption, are visits planned with persons significant to the child (e.g., siblings, grandparents, former caretakers) in order to maintain continuity in the child's life?
- Is the visitation setting/location realistic/similar to the setting in which the child is likely to live and conducive to parent and child interaction?
- Are there activities and expectations built into visits to promote and support a relationship between the child and the adults/other children with whom the child will live or depend on after discharge?
- Are there opportunities for the adults to use visitation time to demonstrate/practice skills needed in order to successfully parent this child (e.g., discipline; implementing a daily routine; managing crises; interacting with schools, medical providers, and other community resources)?
- Are the support persons/networks that the parent/caretaker will rely on to raise this child built into the visiting plan (i.e., if parent will rely on a relative or partner for respite or shared parenting, is the relative/partner involved in the visits, forming a relationship with the child, getting to know the child needs, practicing skills he/she will need to effectively support and partner with the parent)?
- Does the visitation plan allow the caseworker to observe and assess the parents' skills, and the interaction of parents, child, and any support persons? If the worker is not directly observing the visits, how will information about the successes/challenges of visits are communicated to the worker who is responsible for assessing/documenting the quality of visits?

Navigation Tip

An existing visiting plan (from a previous FASP) can be modified, removing any record of the previous visiting plan, or a new plan can be written, leaving the existing plan in the historical case record. If writing a new plan, change the status of the old visiting plan to "inactive" once that plan is no longer in use.

No Visiting Plan Tab



Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement for whom there is no visiting plan with one or both parents. When siblings have different plans, responses should be individualized to reflect each child's unique situation.

When no current plan exists for face-to-face visitation between a child and parent, or a child and his/her siblings, record the reason for no visiting plan at this time. Reasons may include:

- The parent is missing or unavailable.
- Contact between a parent and child, or between siblings, has been determined to be detrimental to the safety and well being of one or more children (note the court and/or professional who made this decision/recommendation).
- Child refuses to visit at this time.

Where applicable, include any plans for other types of contact such as phone calls, letters, pictures, or emails.

No Visiting Plan

When a child is in foster care, opportunities for visitation between a parent and child, and between siblings, must be provided unless it is determined that such contact is contrary to the safety and well-being of one or more children. There may be circumstances that lead the court to set limitations regarding visitation between a child and parent or others. A court order will impact both what is permitted and what is prohibited regarding visitation. Incarceration or hospitalization of a parent is not itself a reason to forego visitation, as the child may have had a positive relationship with the parent prior to incarceration or hospitalization. The decision of whether or not to initiate a visiting plan should be based on the physical and emotional safety of the child as well as circumstances affecting the parent's availability for visits.

Foster Care Issues: Discharges

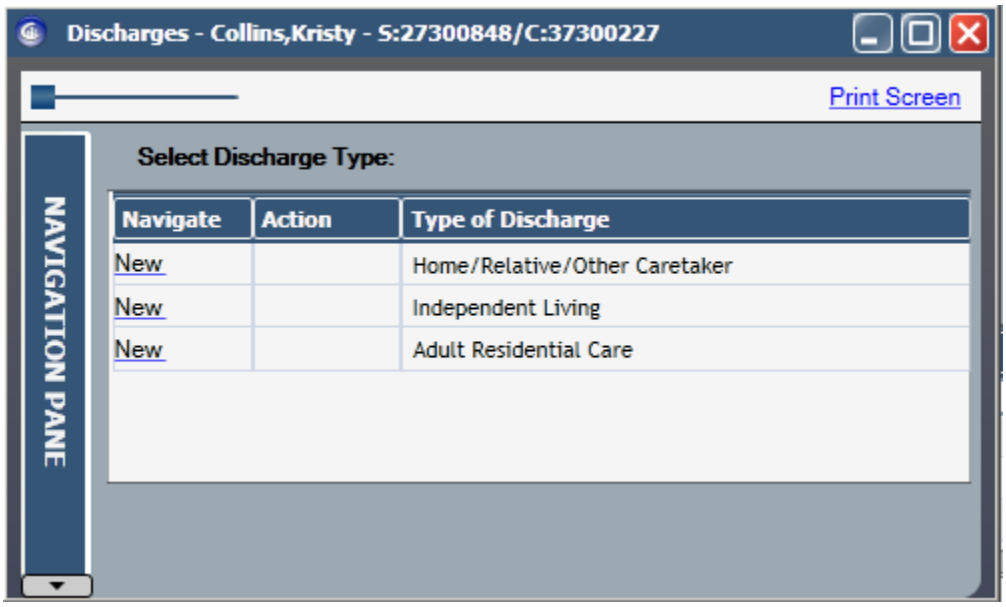
Foster care is intended as a temporary solution; the ultimate goal is achievement of a safe, permanent family where the child's needs are met and he/she can maintain lasting relationships. Discharge planning should begin as soon as a child is placed in foster care. Casework during every FASP period should be focused on achievement of the child's PPG, including an ongoing assessment of safety, risk, family and child functioning, needs, and progress toward the goal.

When case progress indicates that discharge from foster care is appropriate, the FASP Discharges windows allow the caseworker to record information about the appropriateness of this action at this time. The discharge screens should be completed 30 days before an anticipated trial or final discharge. These may be completed within a coming due FASP or at any time in a FASP cycle if discharge occurs mid-cycle. For an unplanned discharge, complete the appropriate window within 30 days of discharge.

There are four types of Discharges:

- Home/Relative/Other Caretaker (CWS)
- APPLA/Independent Living (CWS)
- APPLA/Adult Residential Care (CWS)
- Adoption (only accessible in the CCR)

Based on the selection of the discharge plan applicable to the child at this time, CONNECTIONS will generate the appropriate discharge window for the caseworker to complete.



Discharge from foster care to home/ relative/other caretaker may not necessarily mean that services to the family will end. Often preventive or protective services will continue for the family to assist them in this transition.

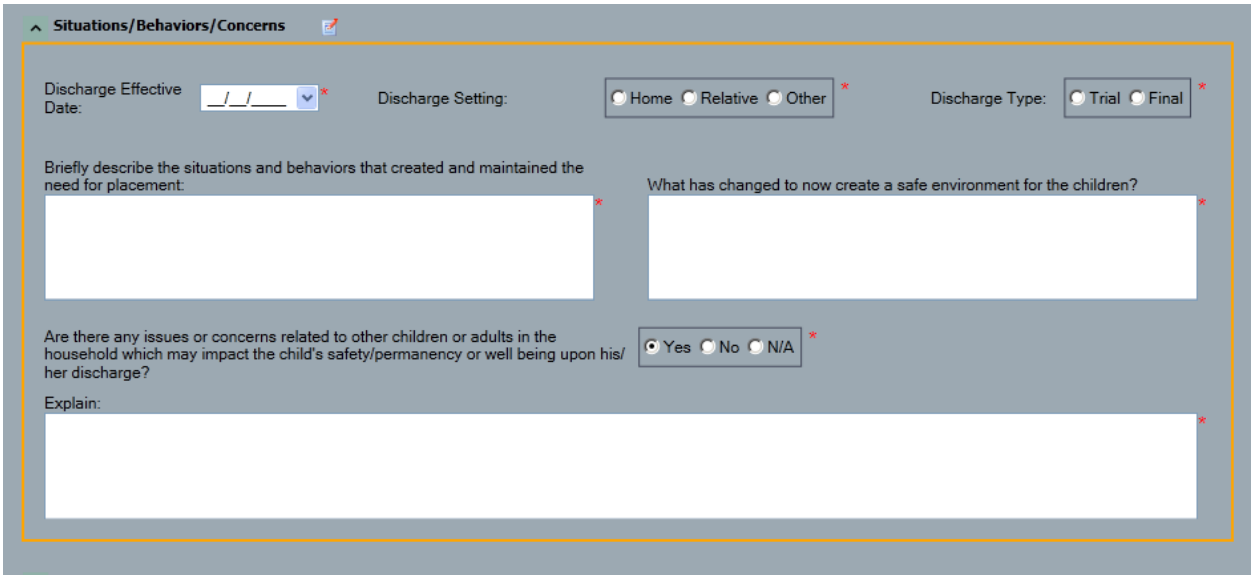
A well-crafted discharge plan will support the family and child after discharge and help to maintain the long-term stability of the living arrangement. A well-documented discharge plan clearly defines roles and expectations for maintaining safety, stability, and child well-being. Should the need for services arise again in the future, the previous discharge plan will provide for future assessment and intervention.

Foster Care Issues: Discharge to Home/Relative/Other Caretaker Window

When a child is discharged from foster care to the home of a "Parent, Relative, or Other Caretaker," it is essential to assess what makes discharge to this home a safe and appropriate decision at this time. There are three windows which serve to support the assessment and decision making process at the point of discharge:

- Situations/Behaviors/Concerns
- Decision Support
- Needs/Resources

Situations/Behaviors/Concerns



Quick Tips to Complete this Screen:

This screen must be completed for each child being discharged from foster care. Responses should be individualized to reflect each child's unique situation.

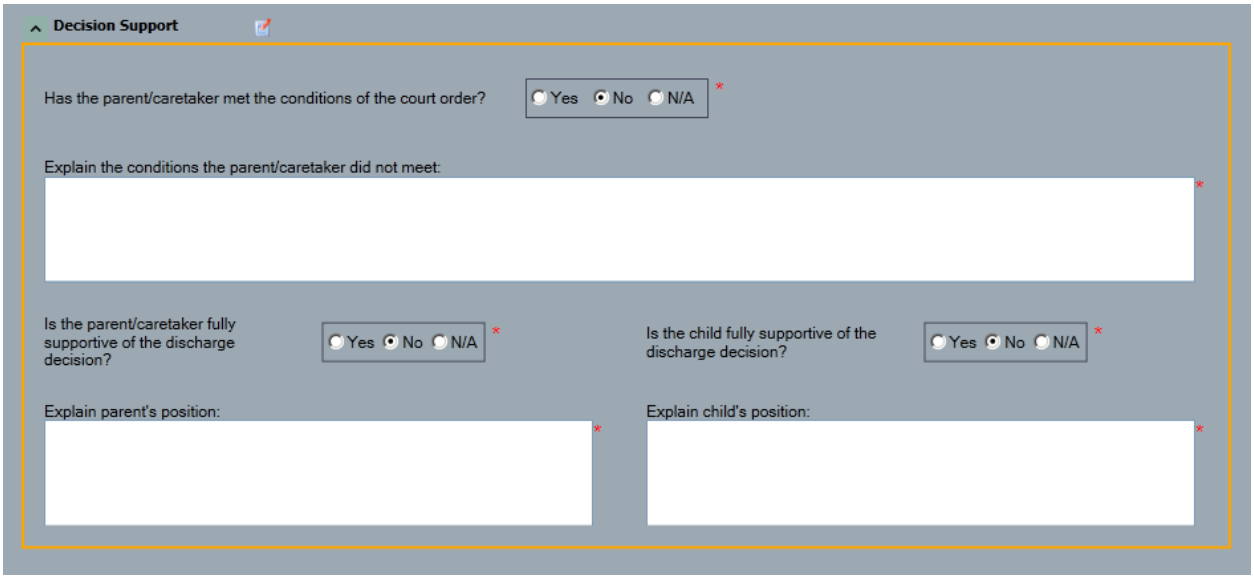
- Provide a clear, brief description of the behaviors or conditions which created or maintained the need for placement. (This information can be found in "Original Reason for Case Opening," if the child's placement in foster care triggered the CID, or "Case Update" within the FASP/Plan Amendment following the child's placement in foster care.)

- Provide a clear description of the changes in behaviors or conditions that have occurred to now create a safe environment for the child in the anticipated home of discharge. Describe actual changes in behavior or conditions, not merely compliance with services. Examples include:
  - Custodial parent has severed a dangerous relationship and demonstrates an ability to keep dangerous persons away from child.
  - Parent now has sufficient and stable income/housing.
  - Parent demonstrates an awareness of child's needs and responds appropriately.
  - Parent has and uses a support system effectively to meet family/child's needs.
  - Parent is committed to sending child to school and has a working relationship with child's school.
  - Parent/child conflict has been reduced or eliminated, and both have access to resources to support parent/child interaction.
  - Parents demonstrate improved communication/conflict management.

If "Yes" is answered to the question, "Are there any issues or concerns related to other children or adults in the household which may impact the child's safety, permanency or well-being upon his/her discharge?"

- Provide a summary of any issues that remain in the discharge household related to other children and adults in that household that may impact the children's or other person's safety. Examples include:
    - Parent is raising other children with/without special needs in the household.
    - Parent is caring for an elderly/sick/disabled family member.
    - Other child/adult in the household presents some risk of harm that parent must manage.
    - Other children remain in foster care, but are anticipated to return home at some time in the future.
    - Adult in household is anticipated to return home from prison/hospital/rehab/etc.
    - Relative raising child needs to maintain appropriate/effective boundaries with the child's parents.

Decision Support



The Decision Support tab on the Discharge to Home/Relative/Other Caretaker window, guides caseworkers regarding key factors that must be considered when determining whether the discharge from foster care is appropriate at this time.

Quick Tips to Complete this Screen:

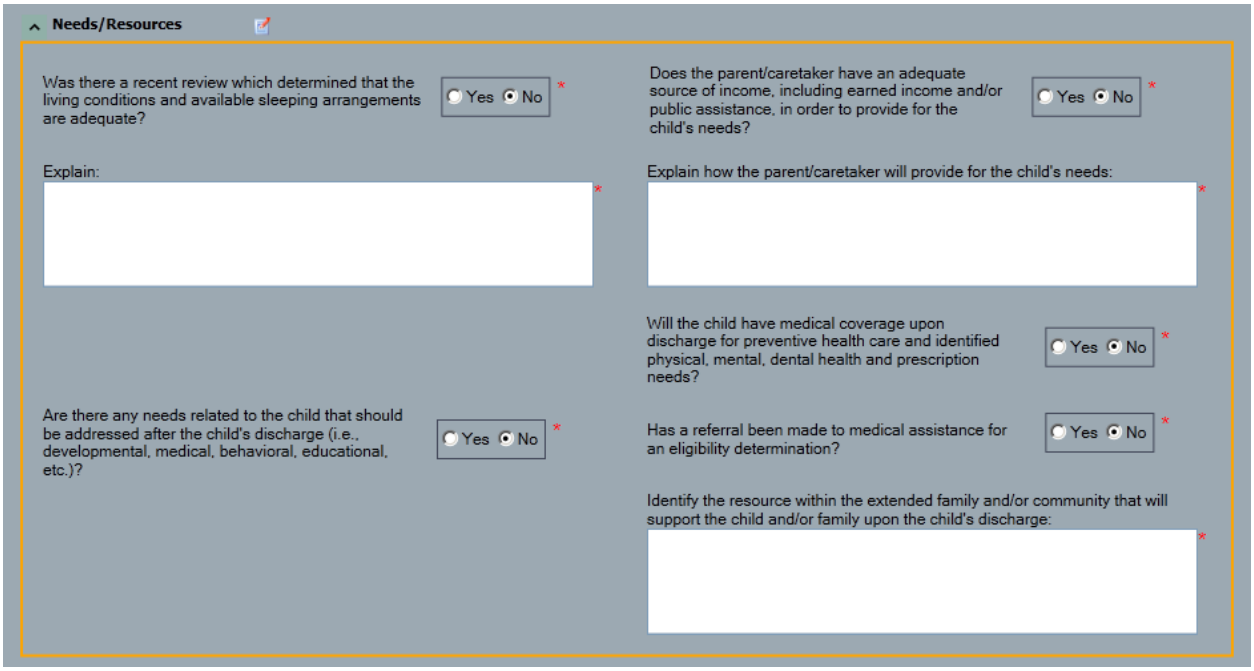
This screen must be completed for *each* child being discharged from foster care. Responses should be individualized to reflect each child's unique situation.

A "No" response to the first question will generate a required narrative. Briefly describe the court ordered conditions that have not been met by the parents, why they were not met, and if applicable, any steps they must now take in order for the child to return home.

A "No" response to the second question will generate a required narrative. Provide a clear description of the parents' concerns, reservations, and/or needs regarding the discharge plan (e.g., finances, housing, child's behavior, level of services needed).

A "No" response to the third question will generate a required narrative. Provide a clear description of the child's concerns, reservations, and/or needs regarding the discharge plan (e.g., circumstances at home, maintaining contact with foster parents, changing schools again, and resources to turn to if they need help).

Needs/Resources



The Needs/Resources tab on the Discharge to Home/Relative/Other Caretaker window, structures the caseworker's review of the child's needs, and assists in the determination of whether the discharge from foster care is appropriate at this time.

Quick Tips to Complete this Screen

This screen must be completed for *each* child being discharged from foster care. Responses should be individualized to reflect each child's unique situation.

Select the appropriate response to the first question. A "No" response will generate a required narrative. Explain why there has not been a recent on-site review of the child's anticipated living arrangement. Describe what steps will be taken before discharge to determine the suitability of the child's physical living space in the discharge home, and to address any concerns regarding the living space *before* the child is discharged.

Select the appropriate response to the second question; a "No" response will generate a required narrative. Explain how the parent/caretaker will provide financially for the child (e.g., use resources from current employment, rely on financial help from relatives, plans to get a job, plans to apply for public assistance, and/or plans to file for child support). If the child is being discharged from foster care to kinship guardianship will the family receive a KinGAP assistance payment to support the guardianship?

Select the appropriate response to the third question; a "Yes" response will generate a required narrative. Clearly describe how and by whom the child's developmental, medical, behavioral, and

educational needs will be addressed after discharge from foster care (e.g., child will continue attending developmental preschool, early intervention service will continue in child's home, parent will continue taking child to medical/therapy appointments, speech/language services will transition to a new provider, child's academic needs will be formally reassessed in six months).

Select the appropriate response to the fourth question; a "No" response will generate a required follow-up question. Select the appropriate response to the subsequent question; a "No" response should cue the caseworker to make a referral for medical assistance before the child is discharged.

In the final narrative on this screen, identify and describe other resources within the extended family and/or community that will support the child and/or family upon discharge from foster care (e.g., parent will continue to attend AA meetings, family will continue to participate in weekly home visits with preventive services agency, family will participate in a monthly support group, relative will continue to provide respite at agreed upon times).

Confirm that the information in this screen is consistent with case circumstances, and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Each youth who will be discharged from foster care at or after age 18 must also have a written Transition Plan as per 18 NYCRR 430.12(j). This plan, developed in conjunction with the youth, details the youth's plans and supports leading up to and following discharge from foster care. For additional details about transition planning requirements, see 09-OCFS-ADM 16-Transition Plan Requirements for Youth 18 and Older Aging Out of Foster Care, or contact your local Adolescent Services Resource Network.

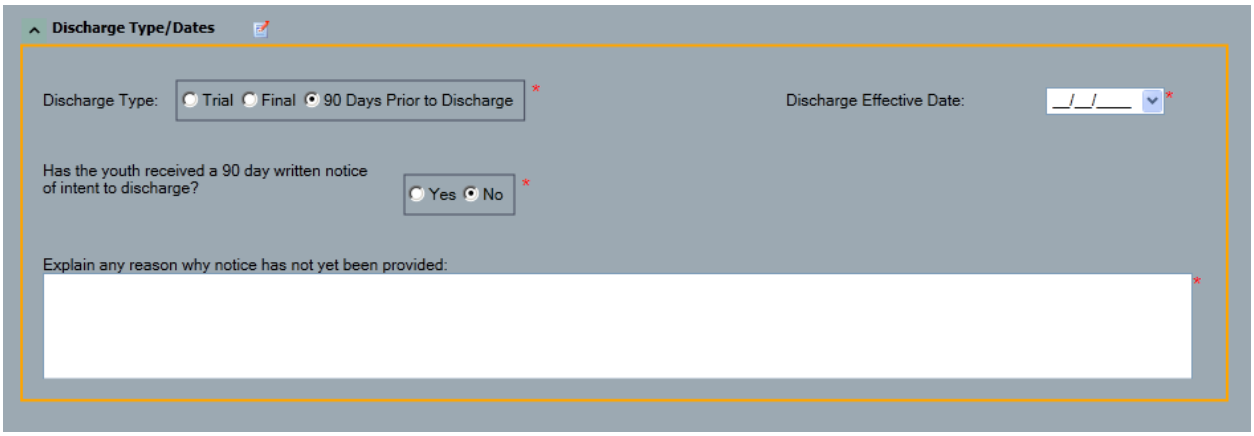
Foster Care Issues: Discharge to Independent Living Window

**Note: Although the "independent living" PPG is now referred to as, Another Planned Permanent Living Arrangement with a Permanency Resource, the terminology in CONNECTIONS has not yet changed.*

When a child is discharged from foster care to APPLA with a Permanency Resource, it is essential to assess what makes this discharge plan safe and appropriate at this time, and what services and supports are necessary to continue to promote the youth's safety and well-being. There are three screens which serve to support the assessment and decision making process at the point of discharge:

- Discharge Type/Dates
- Needs/Resources
- Safety/Services

Discharge Type/Dates



The Discharge Type/Dates tab on the Discharge to Independent Living window, prompts caseworkers to plan ahead for a discharge to Independent Living (APPLA). This also helps to ensure that the youth being discharged receives full notice about their impending discharge.

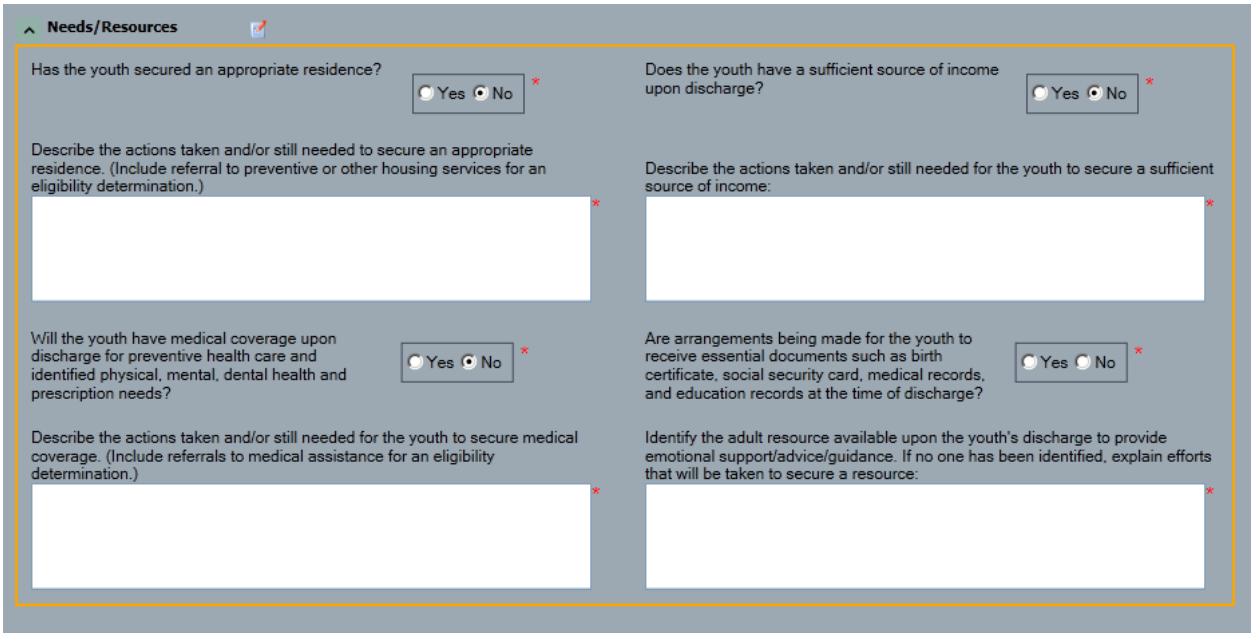
Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation. Select the type of discharge (trial, final, 90 days prior to discharge) and enter the effective discharge date.

Select the appropriate response in regard to the required 90 day notice. If "Yes," enter the date of this notice. A "No" response will generate a required narrative; explain why the youth has not received the required written notice of intent to discharge from foster care (e.g., youth is AWOL).

Confirm that the information in this screen is consistent with case circumstances, and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Needs/Resources



The Needs/Resources tab on the Discharge to Independent Living window, guides caseworkers in their review of the youth's needs and resources. The questions review key factors that must be considered when determining whether the discharge from foster care is appropriate at this time.

Quick Tips to Complete this Screen

This screen must be completed for *each* child being discharged from foster care. Responses should be individualized to reflect each child's unique situation.

A "No" response to the first question will generate a required narrative. Describe actions taken, or to be taken, to assist youth in securing an appropriate residence (e.g., worker will assist youth in locating an apartment, worker will help youth determine a budget, you will make arrangements to share housing with others).

A "No" response to the second question will generate a required narrative. Describe actions taken, or to be taken, to assist youth in securing an adequate income prior to discharge (e.g., worker will assist youth in finding a job, worker will assist youth in entering a job training program, youth will send out resumes and interview for jobs, youth will use job search services/employment office).

A "No" response to the third question will generate a required narrative. Describe actions taken, or to be taken, to assist youth in securing medical coverage prior to discharge.

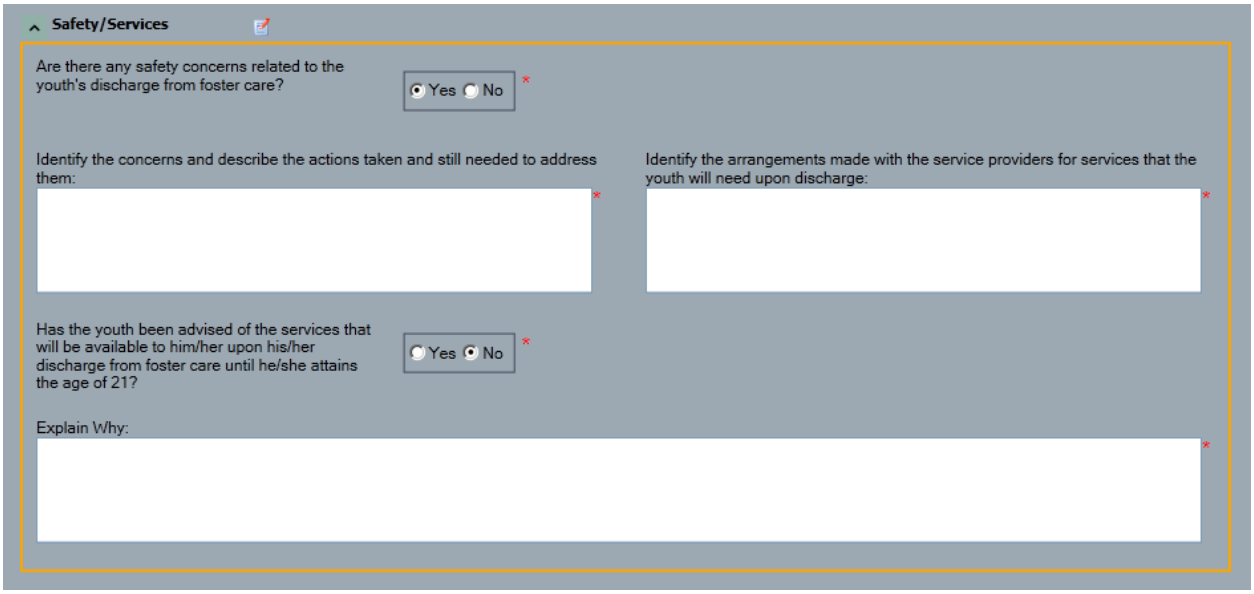
A "No" response to the fourth question should remind the caseworker to make arrangements for transfer of relevant documents to the youth and/or a safe space known to and available to the youth.

In the final narrative on this screen, identify the adult resources who will be available to the youth upon discharge. If no such person is available, describe efforts that will be made prior to discharge to secure an appropriate supportive resource for the youth.

Each youth who will be discharged from foster care at or after age 18 must also have a written Transition Plan as per 18 NYCRR 430.12(j). This plan, developed in conjunction with the youth him/herself, details the youth's plans and supports leading up to and following discharge from foster care. For additional details about transition planning requirements, see 09-OCFS-ADM 16-Transition Plan Requirements for Youth 18 and Older Aging Out of Foster Care, or contact your local Adolescent Services Resource Network.

Confirm that the information in this screen is consistent with case circumstances, and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Safety/Services



The Safety/Services tab on the Discharge to Independent Living window, structures the caseworker's assessment of the youth's safety, and possible need for continued services.

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

Select the appropriate response to the first question; a "Yes" response will generate a required narrative. Identify the safety concerns *and* clearly describe actions taken or to be taken to address these concerns. Examples include:

- Known perpetrator of sexual/physical abuse may have/seek access to the youth. There is/will be an order of protection in place prohibiting contact, and the youth knows who to call and what to do to protect him/herself from this individual.
- Youth is involved in a potentially dangerous relationship. Youth is knowledgeable about and has access to safety resources if he/she feels endangered.
- Youth has significant medical issues which require ongoing medical care. Youth has access to medical services and has an ongoing contact person who is aware of his/her health needs.

In the second narrative box, describe the services that are in place, to be transferred, or arranged to support the youth upon discharge from foster care (e.g., youth will continue attending school, continue weekly therapy, participate in AA, meet weekly/monthly with intensive case manger).

Select the appropriate response to the third question; a "No" response will generate a required narrative. Explain why the youth has not yet been informed of the services he/she will have available to him/her upon discharge from foster care (e.g., youth is AWOL, youth refuses to discuss discharge).

Confirm that the information in this screen is consistent with case circumstances, and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Foster Care Issues: Discharge to Adult Residential Care Window

Discharge to Adult Residential Care - Collins,Kristy - S:27300848/C:37300227 [Unsaved Changes]

Print Screen

Options
Copy to Other Child(ren)
Help

Name	Sex	DOB	Age	In Proc	PPG	Program Choice 1	Program Choice 2	Program Choice 3	Associated Worker	Person ID
Collins,Patrick	M	04/22/2003	13		Return to Parent	Placement	Protective			17301465
Collins,Kimberly	F	08/16/2007	8		Return to Parent	Placement	Protective			17301466
Collins,Tyler	M	03/30/2014	2		Return to Parent	Placement	Protective			17301467

Count = 3

Discharge Effective Date: __/__/____ *

Discharge Type: Trial Final *

State the name, address and phone number of the facility to which the adolescent is being discharged. Include a contact person, if known: *

Explain why the adolescent needs adult residential care. Include the adolescent's view of the move, if relevant: *

Are there any safety concerns related to the adolescent's discharge to Adult Residential Care? Yes No *

Explain the concerns and explain the actions taken or still needed to address them: *

Save & Close Save Reset

! = Sensitive * = Required $ = AFCARS ✓ = Data Exists (C) = Complete = Read-Only Mode = Unsaved Changes

The Discharge to Adult Residential Care window prompts caseworkers to review the youth's safety in the adult residential facility he/she will be moving in to.

Quick Tips to Complete this Screen

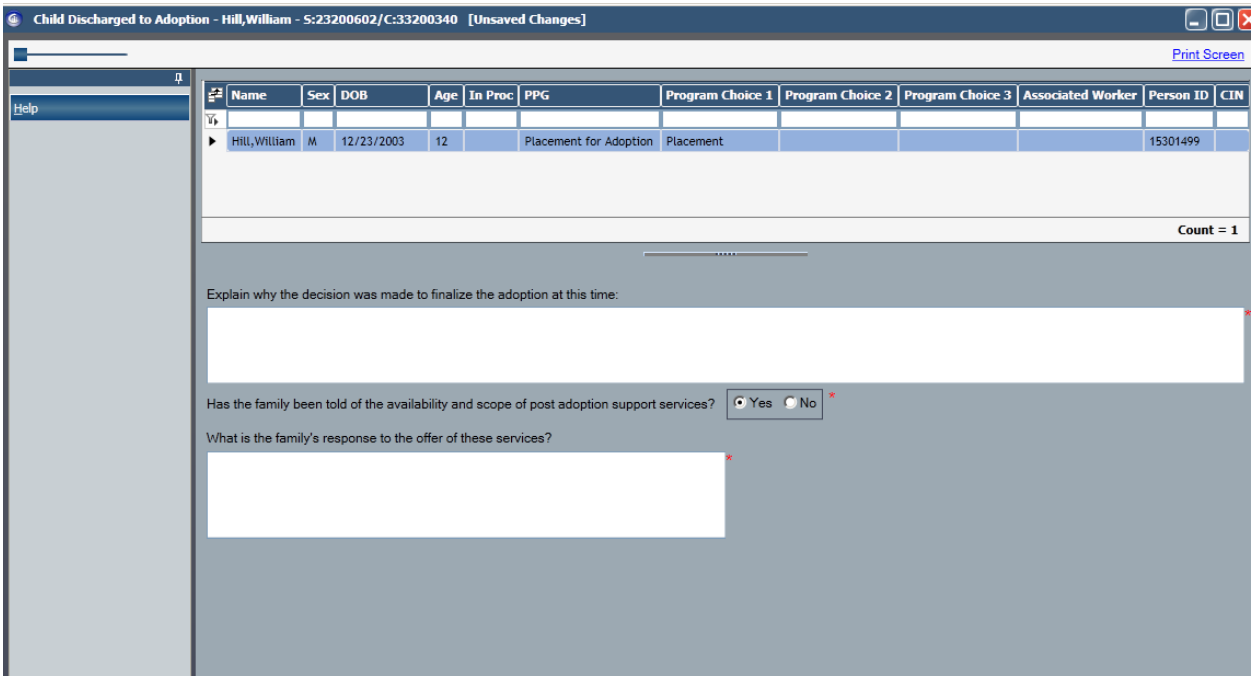
This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

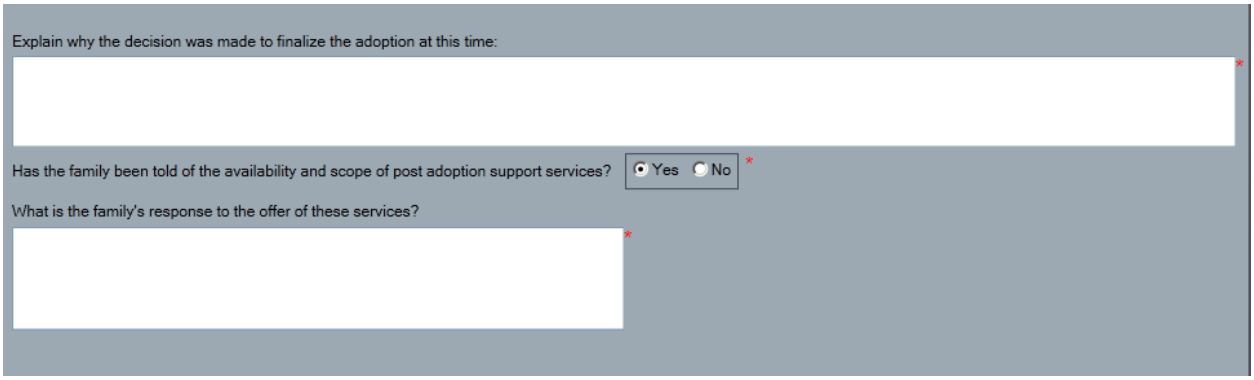
Enter the effective discharge date and state the name, address, and phone number of the facility to which the youth is to be discharged, and the name of a contact person, if known.

Select the appropriate discharge type (trial/final), and explain why the youth needs adult residential services. Include the youth's view.

Select the appropriate response to the question regarding safety concerns in Adult Residential Care; a "Yes" response will generate a required narrative. Identify the safety concerns and clearly describe actions taken, or to be taken, to address these concerns.

Foster Care Issues: Discharge to Adoption Window (Freed Child)





This screen reminds caseworkers of the importance of connecting a soon-to-be-adopted child and his/her new family with appropriate resources to support them after the adoption is finalized.

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement whose adoption is about to be finalized. Responses should be individualized to reflect each child's unique situation.

Briefly explain why the decision was made to finalize the adoption at this time (e.g., the adoptive family has demonstrated a commitment and the capability to meet the child's needs over a period of time; all appeals of the birth parents' TPR have been exhausted; birth and adoptive parents have come to an agreement about conditions of parental surrender and any future contact; the adoption subsidy has been approved; family court has set a finalization date).

Select the appropriate response to the question regarding post-adoption support services.

If “No,” briefly describe why the adoptive family has not been told about post-adoption support services available in their community (e.g., needed services do not exist or are not readily available; there are no, or very limited, adoption-specific services in their community; the adoptive family left the area before such services could be discussed). The caseworker may also want to advise families of books, magazines and online resources related to adoption that may be helpful.

If “Yes”, briefly describe the family’s response to the offer of post-adoption services (e.g., adoptive family has joined an adoptive family support group in our area, or an on line support group; adoptive family identifies a need for ongoing case management, respite or other preventive services from LDSS or provider agency to help them manage child’s needs; adoptive family is seeking or continuing with private/individualized mental health services; adoptive family has or plans to seek support through family, friends, church, books, magazines, on line, or other informal resources on their own; the adoptive family believes they will not need any post-adoption support).

Confirm that the information in this screen is consistent with case circumstances and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Discharge to Adoption (Freed Child)

Discharge to adoption is an important permanency milestone. Adoption is a life-long journey that will present unique challenges. Adoptive families may need services and support in the near or distant future to sustain child well-being and permanency for the long-term. Local districts are mandated to provide post-adoption services (i.e., counseling, parent training on how to care for children with special needs, clinical and consultative services, and coordinating access to community supportive services for the purpose of ensuring permanence) for up to three years from the date of the adoption decree (18 NYCRR 421.8(h)(2)(ii)).

Some communities have support services designed specifically for adoptive families (e.g., support groups, respite, advocacy and case management, educational workshops, family counseling, information and referral), and efforts are being made to expand the range and availability of needed and relevant services. Families may also find support through books, magazines, libraries, on line, or other community resources. If services are needed after the three year mark, adoptive families may also request preventive services through their local DSS to address family/child needs.

Frequently Asked Questions

What parts of Foster Care Issues need to be completed?

Foster Care Issues is a highly dynamic section of the FASP. While there are many distinct screens within Foster Care Issues, the various questions that must be answered at any given time will depend on specific case circumstances. CONX will customize and automatically generate the correct FASP screens and questions based upon information that the caseworker has provided in earlier parts of the FASP.

As mentioned earlier, some of the information that is used to determine which sections of Foster Care Issues are required include: FASP type (Initial, Comprehensive, Reassessment, Plan Amendment); the child's Program Choice, PPG, and age; the child's entry or reentry into placement; a change of placement; Native American origins; the child's legal status; and the discharge plan for the child. Inaccurate documentation of this information will lead to the wrong Foster Care Issues screens being generated, or applicable questions being omitted.

On the following page is an expanded FASP tree of all the nodes, sub-nodes, and tabs within Foster Care Issues. Not all of the tabs will be seen in every FASP. The tabs visible in the Permanency Planning/Concurrent Planning section of Foster Care Issues are determined by the child's PPG and the current FASP type. Appendix 8A contains a table laying out the tabs displayed in each type of FASP, based on the child's PPG. For the purposes of this module, all possible options are listed in this expanded FASP tree.

Foster Care Issues:

- Appropriateness of Placement
  - Activities Prior to Placement
  - Location of Child
  - Continuity of Environment
  - Continuity of Culture for American Indian Children
- Adjustment and Functioning
  - Adjustment in Foster Care
  - Safety in Foster Care
- Permanency Planning/Concurrent Planning
  - Progress Towards Permanency
  - TPR Petition
  - Parent Location
  - Alternative Permanency Resources
  - Concurrent Planning Discussion with Parents
  - Concurrent Planning Discussion with Foster Parents
  - Adoption Discussion (with parents)
  - Adoption Readiness (of child and resource family)
  - Legal Status
  - Placement Status
  - Barriers to Finalization of Adoption
  - Consent to Adoption
  - Resource Connection
  - Readiness for Adult Residential Care
- Life Skills Assessment
- Visitation
  - Visiting Plan Review
  - Visiting Plan
  - No Visiting Plan
- Discharges
  - Home/Relative/Other Caretaker
    - Situations/Behaviors/Concerns
    - Decision Support
    - Needs/Resources
  - Independent Living
    - Discharge Type/Dates
    - Needs/Resources
    - Safety/Services
  - Adult Residential Care
  - Adoption (only accessible in the CCR)

When should the Foster Care Issues section be completed?

For any child with the Program Choice of Placement, the Foster Care Issues section will appear in the FASP tree. The question will be asked, has the child entered or reentered foster care, or been moved to a new foster care setting. The answer will determine whether the Appropriateness of Placement section must be completed. The remainder of the Foster Care Issues section will populate based on case information. Applicable sections of the Foster Care Issues must be completed on each FASP.

Any change in a child's foster care placement must be documented in the progress notes, and the corresponding questions in the Foster Care Issues section of the FASP should be completed within 30 days. When a specific section or tab is required, it should be completed in the next due FASP, or in a Plan Amendment or Removal Update, depending on the timing of the change.

For which children are Foster Care Issues in the FASP Required?

For any child with a Program Choice of Placement, CONX will generate the Foster Care Issues section of the FASP. Foster Care Issues questions must be answered on a per child basis. Where applicable, caseworkers must differentiate circumstances, needs, and activities among siblings.

Multiple Worker Coordination Pointer

Completion of the FC Issues sections may involve collaboration and coordination among multiple workers; roles and responsibilities for completion of these sections will vary depending on a worker's CONX role and the policy/procedure of the child's local district. To maximize efficiency, the documentation expectations and efforts of the various workers on a case should be clearly defined prior to a FASP being launched.

Navigation Tip

Where information or the response to a given question is the same for multiple siblings, there are navigational shortcuts which enable caseworkers to type a response once, then copy and apply relevant information to each sibling, adding or changing any information relevant only to that child.

Accuracy Check for Children Living with Relatives or Other Resources

There are a number of arrangements by which a child can be living with relatives or some other familial resource. It is imperative to clarify the legal status of any child in an alternative living arrangement, and to accurately record the appropriate Program Choice and PPG in Tracked Children Detail, as this will determine the applicable sections of the FASP to be completed.

- Some children are in foster care with relatives or have other familial resources serving as foster parents. These children are in the custody of the Local Commissioner of Social Services (there are some special circumstances where the youth is in the custody of the Commissioner of OCFS), and should have a Program Choice of PLACEMENT, along with PROTECTIVE and/or PREVENTIVE, as appropriate to case circumstances. Foster Care Issues in the FASP apply to these children.

- Children who are placed into the direct legal custody of a relative or other suitable person (often referred to as "N-docket placement" or "Non-LDSS Custody"), are <u>not</u> in the custody of the Local Commissioner of Social Services, and thus are <u>not</u> in foster care. A separate section of the FASP, Non-LDSS Custody-Relative/Resource Placement, is provided for documentation of applicable assessments and decisions for these children. These children should have a Program Choice of NON-LDSS CUSTODY, along with the PROTECTIVE and/ or PREVENTIVE depending upon the family's specific situation.

- Some children are in the permanent (Article 6) legal custody or guardianship of a relative (this includes children discharged from foster care to kinship guardianship with KinGAP), or were previously adopted by the relative, and the relative has either requested services or is now the focus of a CPS Investigation. These are <u>not</u> Non-LDSS Custody cases, nor are they foster care cases. These children will have a Program Choice of PREVENTIVE and/or PROTECTIVE, depending on case circumstances. If the child is subsequently placed in foster care, he/she will then have a Program Choice of PLACEMENT, along with PREVENTIVE or PROTECTIVE, as applicable to case circumstances.

See also Publication 5080 (and 5080-S) "Having a Voice and a Choice: New York State Handbook for Relatives Raising Children," an OCFS document issued in December 2009 outlining the various legal choices for relatives caring for their kin children.

Who completes the Foster Care Issues section?

The Foster Care Issues section truly reflects the "shared case record" principle, often requiring multiple workers within a case to operate in a collaborative and coordinated manner. Individual screens within the Foster Care Issues section are usually completed by the Case Planner and/or the Case Worker associated with a given foster child.

When cases are shared, no single set of universal roles/responsibilities applies in all cases. Roles and responsibilities for completing the Foster Care Issues section may vary depending upon case circumstances, agency protocol, and/or one's CONX role in the case. To accurately complete this section, the collaboration of various caseworkers may be necessary. When a Case Worker is "Associated" with a specific child in the case, only that Case Worker and the Case Planner will be able to complete the screens related to that child. Other contributors or collaterals such as visit supervisors, IL specialists, clinicians, or foster parents may not have direct access to the FASP (i.e., no online access, or no role in CONX), yet their input and contributions may be critical to a full understanding and accounting of case circumstances and activities. Additionally, the Case Manager (CM) may have taken a significant action in a FC case and the CM's observations and efforts need to be accounted for within the FASP, yet unless the CM is also the Case Planner on a given case, the CM does not have the ability to enter such information in the FASP (CMs only have the ability to enter such information in the progress notes). Examples of key decisions/activities by a CM that a Case Planner must ensure are appropriately documented in FC Issues are: the reasons for selection of a specific placement setting; efforts to locate and engage absent parents; efforts to locate and get approval for specialized services and/or placement settings; decisions to file/not file TPR petitions; arranging post-discharge plans and/or services.

Decisions regarding who is responsible for the completion of various sections should be made on a case by case basis, well in advance of any upcoming FASP. The Case Manger is responsible for designating clear roles/responsibilities for each case.

Ultimately the Case Planner is responsible for integrating information from all service providers. The Case Planner Summary windows provide an opportunity for the Case Planner to synthesize the work of all contributors and produce a coherent final document. While this may necessitate that a Case Planner edit entries made by contributing Case Workers for clarity, completeness, and consistency, the Case Planner should exercise judgment, restraint, and diplomacy in making changes that may affect the meaning of a Case Worker's written contribution, and clear significant edits with the original author.

Appendix

8A: Permanency Progress Windows to Complete

Permanency Plan	*PPG of Child*	*FASP Type*	*Windows to Display*
Discharge to Home, Relative, or Other Caretaker	Return to Parent (Parent) Return to Parent (Non-Parent Caregiver) Referral to Legal/ Guardianship/Custody (Relative) (Including KinGAP cases) Referral to Legal/ Guardianship/Custody (Non-Relative)	Initial	Progress Toward Permanency TPR Petition Parent Location Alternative Permanency Resources
		Comprehensive	Progress Toward Permanency TPR Petition Parent Location Alternative Permanency Resources Concurrent Plan Discussion w/ Parents Concurrent Plan Discussion w/ Foster Parents
		Reassessment	Progress Toward Permanency TPR Petition Parent Location Alternative Permanency Resources Concurrent Plan Discussion w/Parents Concurrent Plan Discussion w/ Foster Parents Adoption Discussion

Permanency Plan	*PPG of Child*	*FASP Type*	*Windows to Display*
Discharge to Adoption	Placement for Adoption	Initial	TPR Petition
		Comprehensive	TPR Petition
		Reassessment	TPR Petition Alternative Permanency Resources Adoption Readiness Legal Status Resource Connection (over 14)
Discharge to APPLA w/ a Permanency Resource	Place in Another Planned Permanent Living Arrangement with a Permanency Resource (Subcategories: Discharge to Independent Living, Discharge to Independent Living/Unaccompanied Refugee)	Initial	TPR Petition Parent Location Alternative Permanency Resources
		Comprehensive	TPR Petition Parent Location Alternative Permanency Resources Concurrent Plan Discussion w/ Foster Parents
		Reassessment	TPR Petition Parent Location Alternative Permanency Resources Concurrent Plan Discussion w/ Foster Parents

Permanency Plan	*PPG of Child*	*FASP Type*	*Windows to Display*
			Resource Connections (over 14)
Discharge to APPLA/Adult Residential Care	Place in Another Planned Permanent Living Arrangement (Subcategory: Discharge to Adult Residential Care)	Initial	TPR Petition Parent Location Alternative Permanency Resources
		Comprehensive	TPR Petition Parent Location Alternative Permanency Resources Concurrent Plan Discussion w/ Foster Parents
		Reassessment	TPR Petition Parent Location Alternative Permanency Resources Concurrent Plan Discussion w/ Foster Parents Resource Connection (over 14) Readiness for Adult Residential Care

Module 9: Non-LDSS Custody-Relative/Resource Placement

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NEW YORK STATE | Office of Children and Family Services

PROFESSIONAL DEVELOPMENT PROGRAM
ROCKEFELLER COLLEGE
UNIVERSITY AT ALBANY
State University of New York

Introduction & Rationale

This module provides FASP writers with detailed guidance in completing the Non-Local Department of Social Services (LDSS) Custody-Relative/Resource Placement section of the FASP.

A primary mission of OCFS is to promote safe, permanent families for children through services which protect and support the children within their own family. When children cannot be kept safe in their own home, or when children's behavior cannot be managed through in-home services, the Safety Plan, Service Plan, and/or concurrent permanency plan may include having the child live temporarily with relatives, other family resources, or other suitable persons who are not relatives, while the parents work with the agency to resolve the presenting issues. If relatives are identified as potential resources for a child needing temporary placement, OCFS requires that they be given a copy of *Having a Voice and a Choice: New York State Handbook for Relatives Raising Children.* The relatives must also be notified of the options under which they may provide care of the child, through foster care or direct legal custody or guardianship, including kinship guardianship assistance, and any options that may be lost by failure to respond timely (09-OCFS-ADM-04). In addition, OCFS created a supplemental booklet that specifically covers information about the KinGAP program, *Know Your Permanency Options: The Kinship Guardianship Assistance Program (KinGAP),* since that program did not exist when the original relative handbook was created. Relatives must be given both publications to be sure they know information about all of their options (11-OCFS-ADM-03). It's important for relatives to understand that if they do not choose to become foster parents to their kin, they will not have the option to apply for the KinGAP program.

Districts are increasingly turning to alternatives to foster care placement as a means to promote safety by using relatives, other family resources, or other suitable persons who are not relatives as alternate caretakers. Such arrangements may be formal arrangements (court placements, kinship guardianship) or informal arrangements (agreements between individuals). Depending on the nature of the arrangement, they may be referred to as "Non-LDSS Custody," "Non-LDSS Placements," "N-Docket Placements," "Article 10 Custody," "Kinship placements," or "direct placements." Formal placements may involve an Article 10 removal, wherein a court grants temporary custody to the relatives, other family resource, or other suitable persons who are not relatives. Formal placements that are made through an Article 10 proceeding are accompanied by LDSS supervision and formal periodic Permanency Hearings by the court; however, Article 6 custody/guardianships and informal arrangements will not have LDSS supervision and Permanency Hearings. Informal arrangements involve only an agreement between the parents, the alternate resource, and LDSS or Probation agencies. Families may use an alternate living arrangement to temporarily address safety or other issues in both CPS and non-CPS cases.

Children in Non-LDSS placements are not in foster care, as they are not in the custody of the LDSS or OCFS Commissioner. Depending upon the specific legal arrangement (or lack of one), the children are in the temporary custody of the relatives/alternate resource, or, less often, they remain in the legal custody of the parents with physical care by the relative/alternate resource. Thus, the Program Choice of Placement, which applies only to children in foster care, is not appropriate. The appropriate Program Choice for children in such a temporary alternate living arrangement is "Non-LDSS Custody-Relative/Resource Placement." (This will be abbreviated throughout the rest of this document as Non-LDSS Custody). This Program Choice triggers CONNECTIONS to generate the Non-LDSS Custody section of the FASP. This section of the FASP is intended to

support clear, focused assessment and decision making, specific to this type of living arrangement. The Program Choice of Non-LDSS Custody must be used in conjunction with a Protective or Preventive Program Choice, as appropriate to case circumstances. Non-LDSS Custody and Placement cannot be selected simultaneously for the same child.

Accuracy Check for Children Living with Relatives/Other Resources:

There are a number of arrangements by which a child may live with relatives, other family resources, or suitable persons who are not related. It is imperative to clarify the legal status of any child in an alternative living arrangement in order to accurately record the appropriate Program Choice and PPG in Tracked Child Detail. This will determine the applicable sections of the FASP to be completed.

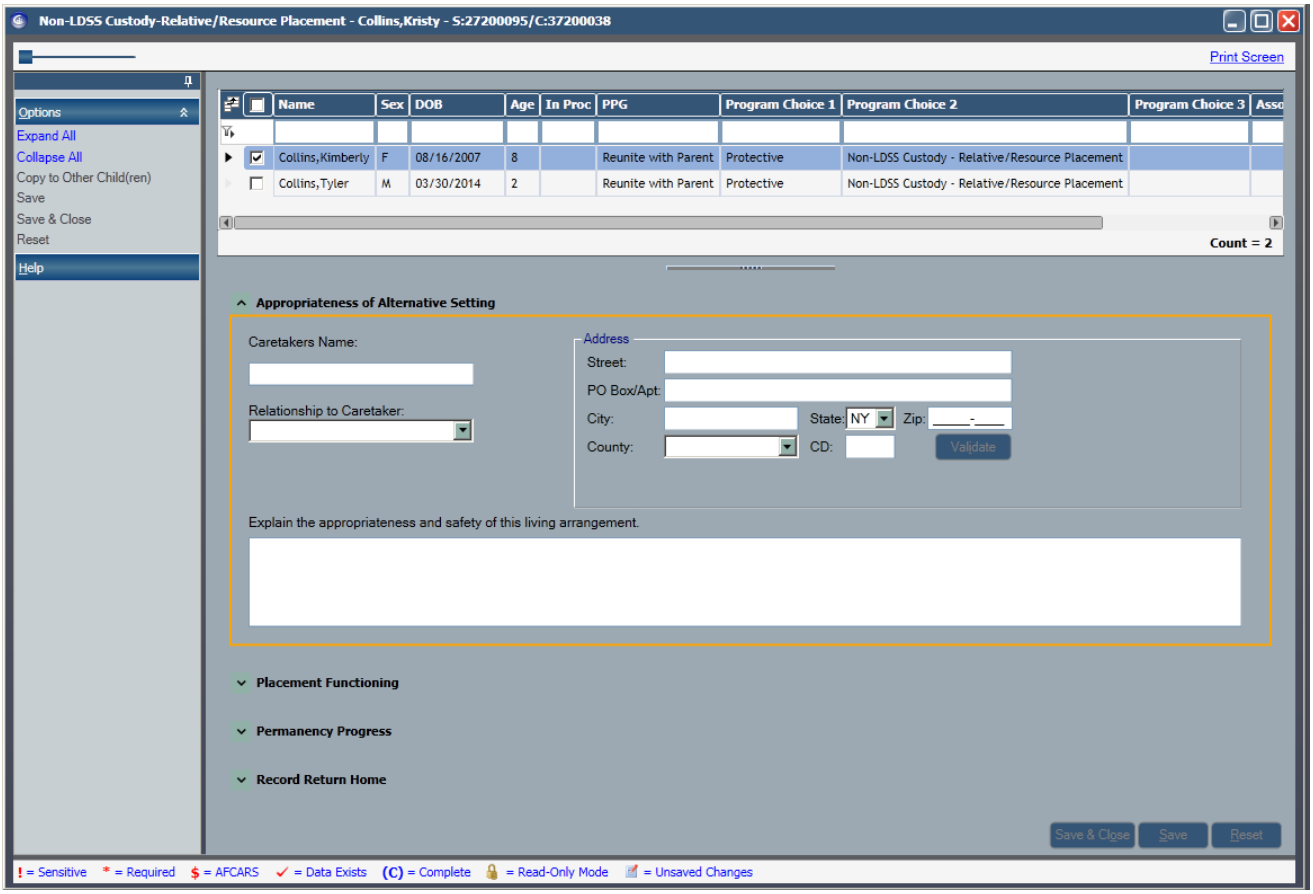
Foster Care Placement with a Relative/Other Resource: Some children are placed in foster care with relatives, other family resources, or suitable persons who are not related serving as foster parents, pursuant to Article 10 or 7 legal actions. These children should have a Program Choice of Placement. The child's PPG will depend upon the long term plan for the child.

Temporary Care of a Relative/Other Resource: Some children are in a temporary alternative living arrangement with a relative, other family resource, or suitable persons who are not related as the result of child welfare involvement. However, these children are not considered to be in foster care. The correct Program Choice for these children is Non-LDSS Custody, which will generate the applicable section of the FASP for documenting relevant assessments and decisions for these children. A child with a Program Choice of Non-LDSS Custody will have a unique PPG which clarifies the intended long-term plan for the child.

Permanent Care of a Relative/Other Resource: Some children are in the permanent (Article 6) custody or guardianship of a relative/other resource (Including children in kinship guardianship with KinGAP), or were previously adopted by the resource. In these cases, services are open in the name of the resource who has either requested services or is now the focus of a CPS Investigation. These are not Non-LDSS Custody cases. These children will have a Program Choice of Preventive, and/or Protective, and/or Placement, in accordance with case circumstance.

Non-LDSS Custody-Relative/Resource Placement Connections Window

Non-LDSS Custody: Appropriateness of Alternative Setting



Quick Tips to Complete Appropriateness of Alternative Setting

This portion of the window must be completed for *each* child in Non-LDSS Custody. Responses should be individualized to reflect each child's unique situation.

Select a child from the list at the top of the screen.

Accurately record the demographic information for each child's specific living arrangement (i.e., caretaker name, address, and child's relationship to the alternative caretaker).

Briefly describe why this specific resource was chosen and why it is deemed to be safe and appropriate for this child at this time. For example:

This resource:

- Voluntarily offered to be a resource for this child.
- Has sufficient space, beds, and other resources to meet child's basic needs.
- Demonstrates empathy, and has a positive relationship with the child's parent.
- Has a history of working cooperatively to support the parent.

- Is aware of the safety factors that caused the need for an alternative living arrangement, and understands the severity of these circumstances.
- Is willing and able to follow restrictions set by LDSS or the court regarding any limits placed on parent and child contact, or other necessary limitations.
- Has an effective emergency safety plan if the parent attempts to remove the child.
- Has a prior relationship with the child, with strong relationship ties.
- Has successfully cared for, or provided respite for the child in the past.
- Is aware of the child's special needs and has access to resources to support him/her in meeting the child's needs.
- Is capable of providing the level of supervision needed by the child.
- Demonstrates an appropriate level of empathy, patience, flexibility, and interest in the child's well-being.
- Has sufficient understanding of the child's separation/loss issues to enable him/her to support the child's emotional needs, including management of difficult behaviors.
- Is able to manage his/her own feelings regarding the birth parents, the precipitating circumstances; and the child's difficult behaviors.
- Is able to keep siblings living together in this home.
- Is willing to support the child's contact with siblings living elsewhere and with parents, when appropriate.
- Is willing to maintain continuity with the child's community, school, existing services, extended family, friends, and religious affiliations.
- Is willing to support the child's permanency plan, including return home, when appropriate.

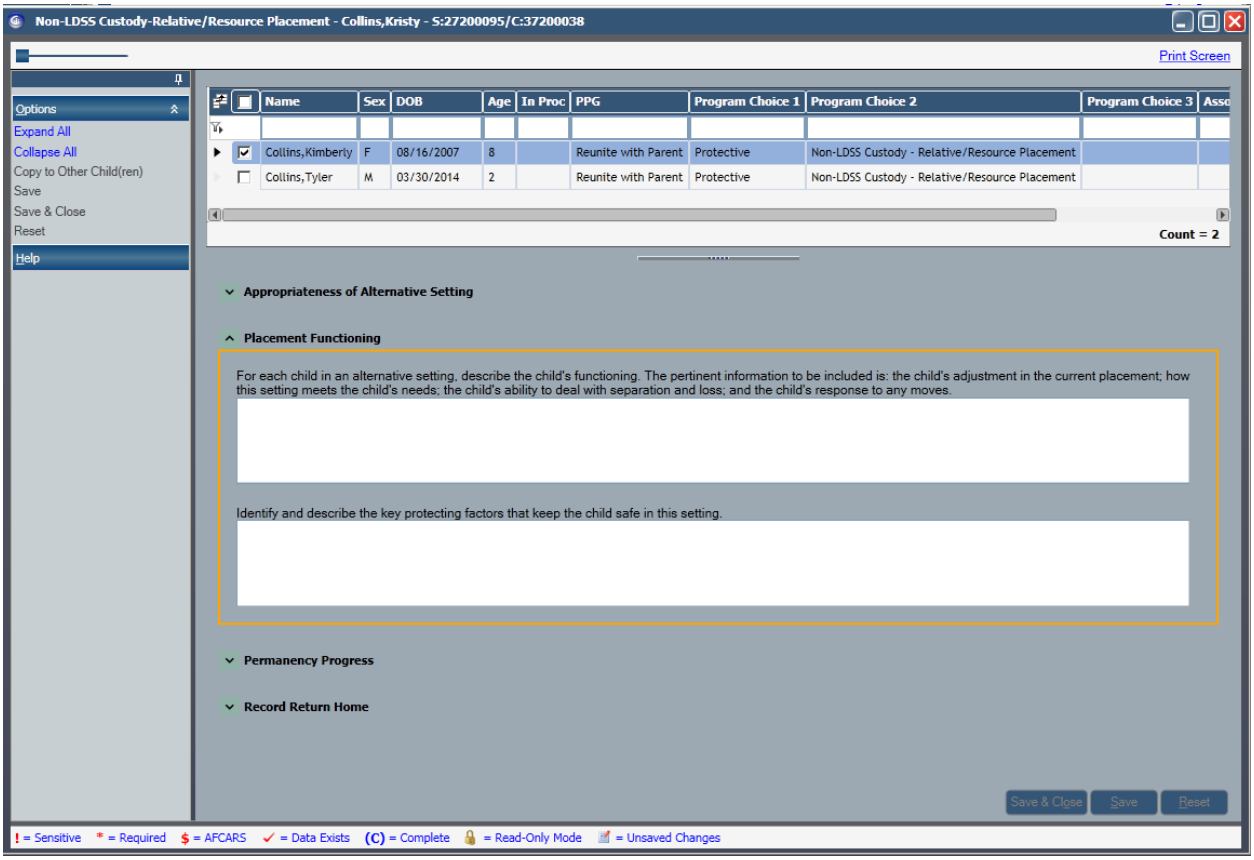
Appropriateness of Alternative Setting

This portion of the window is required when a child first enters a Non-LDSS Custody setting, or moves from one setting to another. It captures information about the child's specific living arrangement, and why it was selected with regard to safety and appropriateness for the child.

Whenever a child moves from one living environment to another, safety is always of paramount concern. Non-LDSS Custody arrangements may present unique challenges in maintaining safety where parents may have ready access to the children. When making decisions about alternative living arrangements, workers must give special attention to the unique safety needs of these families.

Removal from one's home is a traumatic event for children, involving changes and losses on many levels: the loss of what was familiar, even if it was not optimal; the loss of loving attachments to parents, siblings, relatives, pets, personal belongings; the loss of familiar routines, foods, sights, smells, and sounds; the loss of school, community, and religious connections. A relative or other alternative resource is likely to be able to provide greater continuity with key elements of a child's world, and is generally a person known to the child, who the child may already love and trust (as opposed to an unknown foster parent, who is a stranger). However, it is still important that workers consciously endeavor to maintain continuity with the people, places, and routines that are of importance to the child, unless to do so would compromise the safety and well-being of the child or others in his/her environment.

Non-LDSS Custody: Placement Functioning



Quick Tips to Complete this Screen

This screen must be completed for each child in Non-LDSS Custody. Responses should be individualized to reflect each child's unique situation. These questions must be completed on every FASP, signaling that a worker has continued to make an ongoing assessment of the child's adjustment and safety while in the alternative living setting.

Select a child from the list at the top of the screen.

In the first narrative, describe:

- The child's response to separation and loss, including any conflicting loyalties the child may be experiencing.
- The child's overall adjustment, functioning, and well-being in the current setting (e.g., the child's relationship with others in the home, the status of child's health, mental health, and education).
- The continuing appropriateness of this specific setting to meet the child's needs (e.g., Does this home continue to have the services available and the level of supervision necessary to meet the child's needs? ; Have the child's needs changed significantly since the last FASP, and if so, would the child likely benefit from a different type of setting?).
- If child has moved since the last FASP, document the child's response to this move.

In the second narrative, describe protecting factors within the Non-LDSS Custody setting that serve to promote and support safety in the child's current living arrangement. This is a strengths-based assessment of the skills and resources that support safety within the Non-LDSS Custody setting. The protecting factors assessment must assess what supports safety within the resource's home while the child is living there. Also consider whether there are any emerging issues or vulnerabilities that may compromise safety in the relative/resource's home.

Some things to consider:

- Is child in any potential danger from others within the home?
- Is the child a threat to others in the home or community?
- Where necessary, does the resource abide by any limits placed on contact between child and birth family?
- Does the resource have sufficient means to meet the child's needs?
- Does the worker observe, or is the resource raising concerns about any unmet needs or stressors that may undermine their ability to continue caring for the child?

If any of these exist, the Service Plan should clearly describe what the worker has done, or will do, to address potential safety issues in the resource's home.

This screen is required at each FASP following a child's move into a Non-LDSS Custody setting. The screen requires workers to reassess the continuing appropriateness of the Non-LDSS setting, as well as the child's continuing adjustment to, functioning in, and safety within the Non-LDSS Custody setting.

Child's Adjustment and Functioning in the Non-LDSS Custody-Relative/Resource Placement Setting

When children are in an alternative living arrangement, the agency is responsible for promoting and supporting the child's well-being. This includes things like regular medical, dental, and mental health care; education; religion and spirituality in accordance with the child and family's preferences; as well as connections with friends, hobbies, interests, and recreational opportunities. Ongoing assessment of child well-being is essential to ensure the child's normal growth and development, and to identify and respond to any issues, concerns, or needs that may arise while the child is in an alternative living arrangement.

Similarly, an ongoing assessment of any special needs the child may have, and of the resource's ability to meet those needs, is necessary to determine if this specific setting is still appropriate. This needs assessment is especially important for children living with relatives, or other resources who may not be formally trained, or who may be reluctant to ask for help for fear of jeopardizing the child's placement with them.

This question provides an opportunity for the worker to revisit and reassess the "Appropriateness of Placement" documented at the time this relative/resource's home was chosen as an alternative placement setting. Adjustments and support should continue to be provided as needed.

To obtain the above assessment information, workers need to speak with the relative/resource with whom the child is living, and with others who provide services directly to the child (e.g., therapists, teachers, aides). The worker should also speak directly with the child and with his/her parents, as well as observe the child in the relative/resource's home, or their school to obtain a clear picture of the child's adjustment.

Safety in the Non-LDSS Custody-Relative/Resource Placement Setting

A worker's focus on safety continues when a child is in Non-LDSS Custody, but with an added dimension. While Non-LDSS Custody placement is often a step taken to protect a child from dangers in his/her own home, workers also need to be mindful of what factors support safety within the relative/resource's home and what vulnerabilities or dangers might be present that could undermine the child's safety. If safety concerns arise within the Non-LDSS Custody setting, workers must take timely and effective action to lessen these vulnerabilities and to protect the child or others.

Safety concerns within the Non-LDSS Custody setting can be similar to safety issues at home. Although the appropriate checks and a thorough assessment should be completed before a child is allowed to move in with a relative/resource, instances have occurred in which, after moving into the relative/resource's home, the child's basic needs may go unmet, physical or sexual abuse may occur, medical, developmental, or emotional needs may go unmet. If this occurs within a Non-LDSS Custody setting, a State Central Register report regarding the relative, with appropriate follow-up action taken by investigators, may be needed. It is the worker's duty to proactively assess circumstances within the Non-LDSS Custody setting that may compromise safety within that home. This requires workers and alternate caretakers to work together to see that the child's basic and emotional needs are being met, and to intervene to protect a child when necessary.

The assessment of protecting factors prompts workers to identify the strengths and resources within a relative/resource's home that support safety. Workers assess safety in the Non-LDSS Custody setting by knowing the strengths and resources of the relative/resource where the child is living, ensuring the appropriateness of the "fit" between the child and his/her specific living arrangement; having direct contact with the persons directly responsible for the child's care; and observing and/or talking with the child in the Non-LDSS Custody setting, and/or in a neutral setting. This allows a worker to assess if the child's needs are being met; identify the factors that support safety in his/her Non-LDSS Custody setting; as a well as identify any stressors, vulnerabilities, or serious concerns that may exist, and what steps may be necessary to support the child's safety and well-being within the Non-LDSS Custody setting.

Some Indicators of Separation, Loss, and Adjustment to Change Issues in Children

Physical Indicators: Abrupt or noticeable changes in eating or sleeping habits; regression in toileting; physical illness; use of drugs or alcohol; refusal to take prescribed medications; decline in personal hygiene; change in energy level; etc.

- John continues to avoid meal times, hiding out in his bedroom. He refuses to brush his teeth, and has lost 8 pounds since coming to live at his grandmother's home. These issues are being addressed with his therapist.
- Since moving into Aunt Betsy's home, Selena, age 8, has had fewer stomach aches and is sleeping better.

Emotional Indicators: Crying; withdrawal or isolation; feelings of sadness, hopelessness, blame; nightmares; noticeable or extreme changes in demeanor or attitude; inability to concentrate, or to function at previous ability level in school; behavioral outbursts; any extreme behaviors, including threats of violence, or self-injurious behavior; any issues requiring mental health attention; noticeable or extreme reactions before or after visits with family of origin; etc.

- Marguerite, age 14, tells the worker that she has had recurring nightmares of what might happen to her parents and siblings if she is not there to care for them.
- Since the move to Kennedy Middle School, Jamal has improved his work habits and grades. He reports that he likes it there, and is making friends.
- Fatima tells her therapist that she is often sad and feels nothing will work out.
- Matilda, age 5, has been hitting other children in the home when they have what she wants.

Interpersonal Indicators: Unwilling to interact with household members; refusal to follow rules in the home; unwilling to or intense interest in contact with parents, siblings or other former attachments; relationships at school; inability or unwilling to develop new friendships; etc.

- Regina and Hannah, ages 3 and 4, have become intensely attached to their new caretakers in a short amount of time. Aunt Jan and Uncle Joe report that the children seek attention and physical contact frequently throughout the day, and are fearful of anyone coming into the home.
- Although Jonah is adjusting well in his minister's home, and is forming a healthy attachment with the family, he has been repeatedly suspended from school for his angry outbursts, fighting with peers, and class disruption.
- Keisha spends much of her time alone in her room, rarely interacting with other members of the household. Keisha states that no one has hurt or threatened her, but that "these people are weird" and doesn't want anything to do with them.

What are Protecting Factors in a Non-LDSS Custody-Relative/Resource Placement Living Arrangement?

Protecting factors are any strengths, attributes, circumstances, and resources that serve to promote and support safety in a child's current living arrangement (i.e., in the Non-LDSS Custody setting).

The following is a list of strengths, attributes, circumstances, and resources that can support safety in an alternate living arrangement. This list is not intended to be all inclusive, nor is it a checklist. The list can serve as a guide for workers when assessing the ongoing safety of a child within a Non-LDSS Custody arrangement.

Strengths, basic resources, and qualifications of the home:

- There are a manageable number of children living under the care of this relative/resource.
- The relative/resource has sufficient respite and/or other resources to assist him/her to effectively manage the number of children in the home.
- The number of children living with this relative/resource has been specifically limited to allow the adults to provide more intensive supervision/care to meet this child's needs.
- The mix of children within the home supports safety (e.g., age, size, vulnerability of children).
- There is sufficient space and bedding for the number of children in the relative/resource's home.
- The relative/resource has sufficient financial resources, or is provided with financial supports, to meet the child's needs.
- The relative/resource has transportation to access needed services.

Qualities, skills, and abilities of the persons directly caring for the child:

The relative/resource:

- Has a prior/ongoing positive relationship with the child, and this placement continues that relationship.
- Knows of this child's history and needs, and either demonstrates the ability to meet this child's needs, or the resource has previously cared for other children with similar needs.
- Demonstrates an appropriate level of empathy, patience, flexibility, organization, and interest in the child's well-being.
- Has sufficient understanding of the child's separation and loss issues, and can respond appropriately to the child's emotional needs, including management of any difficult behaviors.
- Is able to manage his/her own feelings about the child's birth parents, and the circumstances that led to the need for this alternate living situation.
- Demonstrates an appropriate level of knowledge and skill regarding the child's special needs.
- Has appropriate training or skills to meet child's basic or special needs.
- Uses appropriate measures to de-escalate conflict when necessary.
- Understands his/her role as a temporary caretaker, and is able to support the child's relationship with the child's birth parents, where appropriate.
- Is able to support the child in managing emotions related to the child's PPG and in preparing the child for permanency.

Interpersonal relationships among the child, his/her caregivers, parents, and other persons in the home:

- The child feels comfortable and safe in his/her current living arrangement.
- The relative/resource willingly agreed to assume responsibility for the child.
- The child trusts and responds to the relative/resource in a manner consistent with the child's age, circumstances, and length of time in that home.
- The child generally follows rules, routines, and expectations in the home.
- The child gets along with others living in the home.
- The child has appropriate conflict management skills, and access to adults with the ability to help the child manage conflicts that arise within the home.
- The relative/resource has a positive relationship with the child's parents, not one with conflict.
- Relative/resource readily allows worker to visit his/her home and to meet with the child.
- Caseworker has sufficient contact with the child and the relative/resource to assess and address any relevant concerns regarding the care and safety of the child in the Non-LDSS Custody setting.
- Relative/resource is able to set and maintain appropriate boundaries with the child's birth parents when contact with the child presents a safety issue. This includes abiding by court ordered visitation or a court order prohibiting visitation.

Resources and supports are readily available to the persons directly caring for the child:

- There is a clear crisis management protocol established within the home and sufficient resources to manage crises.
- The relative/resource has accurate and timely information about a child's special needs, and appropriate resources to meet those needs.
- The relative/resource and child's caseworker have a positive relationship, ongoing communication, and the relative/resource views the caseworker as a source of support, and means of obtaining needed resources.
- The relative/resource has access to the child's teacher, medical providers, social worker, and/or other professionals for support and guidance regarding the child's needs.
- There is available respite, either formal or informal, if needed by the relative/resource.
- Relatives have been made aware of kinship programs in their community, and the statewide Kinship Navigator program.
- Relatives have been given, or can access, "Having a Voice and a Choice – A Handbook for Relatives Raising Children."

What can Workers do to Address Vulnerabilities that may Compromise Safety in a Non-LDSS Custody-Relative/Resource Placement Setting?

It is important that agencies, workers, and foster care providers work together to see that the child's basic, physical, and emotional needs are being met before a child is harmed, or before it becomes necessary to move a child. While some moves will certainly increase the child's sense of physical and emotional safety, a move from one setting to another can be just as disruptive for the child as the original removal from home.

Listed below are some steps that can be taken or services that can be provided within the Non-LDSS Custody setting to support safety, and to protect a child when necessary. Workers and supervisors must make a case-by-case assessment as to what measures are necessary and sufficient in any given situation.

Caseworkers may:

- Assist relative/resource in obtaining financial resources, including child-only grants and Medicaid.
- Assist relative/resource in obtaining needed tangible resources (e.g., clothes, toys, books, transportation).
- Discuss with relative/resource alternative strategies for managing child's behaviors.
- Increase contact between caseworker and resource to assess the situation more regularly, and to provide support.
- Arrange for increased supervision of the child, or respite for the relative/resource.
- Provide crisis resources when needed.
- Inform the relative/resource about training or support groups specific to the child's needs.
- Provide access to qualified professionals who can inform caregivers, and/or assist with the child's special needs.
- Advocate with schools, medical providers/insurers, community resources to obtain needed services for the child.
- Request that the relative/resource remove dangerous items/substances from the home.

Non-LDSS Custody: Permanency Progress

Non-LDSS Custody-Relative/Resource Placement - Collins,Kristy - S:27200095/C:37200038

Print Screen

Options
Expand All
Collapse All
Copy to Other Child(ren)
Save
Save & Close
Reset
Help

Name	Sex	DOB	Age	In Proc	PPG	Program Choice 1	Program Choice 2	Program Choice 3
Collins,Kimberly	F	08/16/2007	8		Reunite with Parent	Protective	Non-LDSS Custody - Relative/Resource Placement	
Collins,Tyler	M	03/30/2014	2		Reunite with Parent	Protective	Non-LDSS Custody - Relative/Resource Placement	

Count = 2

Appropriateness of Alternative Setting

Placement Functioning

Permanency Progress

Explain if the plan is to reunite child(ren) with parent or for child(ren) to remain in care of relative/resource.

Is parent(s) in agreement with this plan? Yes No N/A

Does the child have contact with members of his/her family? Yes No

Has a permanency plan of guardianship/custody or adoption been discussed with the relative/resource? Yes No

Record Return Home

! = Sensitive * = Required $ = AFCARS ✓ = Data Exists (C) = Complete = Read-Only Mode = Unsaved Changes

Quick Tips to Complete this Screen

This screen must be completed for each child in Non-LDSS Custody. Responses should be individualized to reflect each child's unique situation.

In the first narrative, identify the permanency plan for the child:

- Reunite with Parent(s)
- Legalize Living Arrangement with Relative/Resource
- Permanent Living Arrangement (Non-Guardianship/Non-Custodial)

Select the appropriate response regarding parents' agreement with this plan. A "No" response will generate a required narrative. Describe the parents' point of view regarding the PPG, including their agreement with and/or objections to the plan.

Select the appropriate response regarding child's continuing contact with family members. A "Yes" or "No" response will generate an optional narrative field. (This narrative does not need to be completed if the worker completes a visitation plan and plan review in the FASP.) Describe the reasons why such family contacts are not occurring. Describe efforts by the worker or relative/resource to facilitate, encourage, and support such contacts. Examples:

- Caseworker has tried to contact parents to explain the importance of maintaining contact with their child, and to engage them in visiting with child.

- Caseworker has offered transportation for the parent, child, or siblings.
- Caseworker has offered an alternate visitation setting.
- Caseworker has met with parents and relative/resource to discuss roles, boundaries, or areas of conflict regarding visitation.
- Relative/resource has offered to provide transportation for the child to visits with parents.

Select the appropriate response regarding the discussion of custody, guardianship, or adoption. A "Yes" or "No" will generate a required narrative. If "No," describe why the options have not been discussed with the relative/ resource. Examples:

- The child's family circumstances are such that this Non-LDSS Custody arrangement is expected to be very short-term. Therefore, a discussion of custody or guardianship with the relative/family resource would not be appropriate at this time.
- Relative/resource is not interested in a long-term commitment to this child.
- Relative/resource is not interested in a formal legal relationship with the child via custody, guardianship, or adoption.
- The parents are unlikely to surrender the child.
- The parents will not agree to custody or guardianship (under Article 6), and extraordinary circumstances do not exist.
- The parent's circumstances are such that TPR is not an available or preferred option at this time. The evidentiary grounds are unlikely to be met, and the child is not likely to be freed for adoption.

Permanency Progress

Like foster care, Non-LDSS Custody (Article 10) is intended to be a temporary arrangement while parents work to resolve safety or child behavior issues. While such an alternate living arrangement can help to maintain some continuity for the child, it still involves the separation of the child from his/her parents, primary caretaker, and/or other significant elements of the child's family and community. Permanency is a continuous goal for the child and family, and must be planned for, assessed, and reassessed. Depending on the specific family circumstances, and the family's willingness to work toward the timely improvement of the original child welfare issues, the PPG will vary by child/family. The caseworker and the family must maintain a clear focus on the long-term permanency needs of the children in Non-LDSS Custody, and be clear about the focus of casework activities.

This portion of the screen prompts workers to maintain a focus on long-term permanency planning, and continuity for the child. It also prompts workers to gather input from the family, so a mutually clear understanding can be established with the family about the intended long-term plan for the child. This portion of the screen must be completed in each FASP while a child is in a Non-LDSS Custody living arrangement.

Non-LDSS Custody: Record Return Home

Non-LDSS Custody-Relative/Resource Placement - Collins,Kristy - S:27200095/C:37200038

Options
Expand All
Collapse All
Copy to Other Child(ren)
Save
Save & Close
Reset
Help

Name	Sex	DOB	Age	In Proc	PPG	Program Choice 1	Program Choice 2	Program Choice 3
Collins,Kimberly	F	08/16/2007	8		Reunite with Parent	Protective	Non-LDSS Custody - Relative/Resource Placement	
Collins,Tyler	M	03/30/2014	2		Reunite with Parent	Protective	Non-LDSS Custody - Relative/Resource Placement	

Count = 2

Appropriateness of Alternative Setting

Placement Functioning

Permanency Progress

Record Return Home

Were the reasons, including safety, that the child(ren) was placed with a relative/resource successfully addressed?

Has the parent/caretaker met the conditions of the court order? Yes No N/A *

Are there any needs related to the child that should be addressed after the child's reunification with the parent/caretaker (i.e. developmental, medical, behavioral, educational, etc.)? Yes No *

! = Sensitive * = Required $ = AFCARS ✓ = Data Exists (C) = Complete = Read-Only Mode = Unsaved Changes

Quick Tips to Complete this Screen

This portion of the screen must be completed for each child in Non-LDSS Custody. Responses should be individualized to reflect each child's unique situation. Provide a brief summary for each of the three questions:

Question #1: "Were the reasons, including safety, that the child was placed with a relative/resource successfully addressed?"

Provide a clear description of the behaviors and conditions that created or maintained the need for placement. Provide a clear description of the changes in behaviors or conditions that have occurred to create a safe environment for the child in the parents' home. (The worker should describe actual changes in behavior and conditions, not merely compliance with services.)

Examples:

- Custodial parent has severed a dangerous relationship, and demonstrates an ability to keep dangerous persons away from the child.
- Parent now has sufficient and stable income and housing.
- Parent has been drug and alcohol free, and is effectively using a support system to prevent relapse.
- Parent demonstrates an awareness of child's needs and responds appropriately.

- Parent has and uses a support system effectively to meet family and child's needs.

Provide a summary of any issues that remain in the parents' household related to other children and adults, which may impact the child's safety.

Examples:

- Parent is raising another child with special needs in the household.
- Parent is caring for an elderly family member.

Question #2: "Has the parent/caretaker met the conditions of the court order?"

Select the appropriate response. A "No" response will generate a required narrative stating, "the parent(s) did *not* meet one or more of the court ordered conditions for discharge." Briefly describe the court ordered conditions that have not been met by the parents, and why they were not met. Identify any steps they must now take in order for the child to return home.

Example:

- If a parent was court-ordered to attend weekly counseling meetings, and has yet to attend, the reason for not attending must be documented. Document what expectations the parent must now meet in order for the child to return home.

If there is no court order in place, N/A is the proper response.

Question #3: Are there any needs related to the child that should be addressed after the child's reunification with the parent/caretaker (e.g., developmental, medical, behavioral, educational, etc.)?

Select the appropriate response. A "Yes" response will generate a required narrative. Clearly describe how the child's developmental, medical, behavioral, and educational needs will be addressed after discharge from relative/resource.

Examples:

- The child will continue to attend developmental preschool.
- Early intervention services will continue in child's home after discharge.
- Parent will continue monthly check-ups with child's medical provider.
- Visiting nurse service will continue in child's home after discharge.

Confirm that the information in this screen is consistent with case circumstances, and supported by relevant and sufficient information in the progress notes and elsewhere in the record.

Record Return Home

When a child is discharged from the care of a relative/resource to the care and custody of the parents, it is essential to assess what makes reunification a safe and appropriate decision at this time. What

circumstances, services, and supports are necessary to continue to support safety, permanency, and child well-being in the home of origin?

This portion of the screen poses three questions to prompt and support a worker's assessment of the parents' and child's readiness for reunification at this time.

Frequently Asked Questions

What is unique about Non-LDSS Custody-Relative/Resource placement?

There are similarities, yet there are also significant differences between foster care and Non-LDSS Custody living arrangements, which affect assessment, planning, and decision making.

The worker, the parents, and the resource must have a clear, mutual understanding of the intent of the living arrangement (i.e., Is the intended goal to return the children to the parents, or to support the resource in raising the children? What will be the role and relationships among the parent, child, relative/resource during and after the alternative living arrangement?).

While such alternate living arrangements can help maintain some continuity for a child and avoid foster care placement, it still involves a child's separation from his/her parents, and other significant elements of the child's community. It is important to remember that even placement with a family member is a serious measure, and can cause significant disruption to a child's day-to-day routine and personal attachments.

For a child in Non-LDSS Custody, workers have a responsibility to assess the appropriateness of the arrangement, support continuity for the child, assess the safety of the child within the alternate living setting, and assess the child's adjustment and functioning within the alternate living setting. The worker must also actively pursue and support permanency for each child in accordance with the family's needs, goals, and resources at any given time. Additionally, there may be added issues of managing boundaries and existing relationships among family members who are not taking on different roles.

Accurate, complete, and timely recording of this information is critical to shared decision making, and coordination of activities among service providers and family members. This documentation will also make the information available to currently involved and future workers. In some cases, it will also be appropriate and necessary to complete the Family/Child Visiting Plan, Visiting Plan Review, and/or the Life Skills Assessment components in the Non-LDSS Custody section of the FASP. This will help to ensure a more complete assessment and therefore a more appropriate service plan for the family.

The Non-LDSS Custody component consists of four tabs that help workers consider and address a variety of assessment, planning, and decision making issues unique to Non-LDSS Custody arrangements:

- Appropriateness of Alternative Setting
- Placement Functioning
- Permanency Progress
- Record Return Home

When is a Program Choice of Non-LDDS Custody-Relative/Resource placement appropriate?

A Program Choice of Non-LDSS Custody is appropriate when a child is temporarily living with relatives or other alternative resources, and there is an active CPS and/or preventive case.

Situations might include:

- During a CPS investigation, as an alternative to placement, the child is moved to a relative's home until the conclusion of the investigation. There is no formal removal; there is an agreement between the parent, the relative, and the caseworker.

- Following an emergency removal to foster care, an appropriate relative comes forward as a resource. The judge awards custody directly to the relative under Article 10 of the Family Court Act.

In each of the above scenarios, the child's Primary and Secondary Caretaker, for the purposes of assessment in the FASP, continues to be the child's birth parents, and/or others living in the home from which the child was removed.

What is an appropriate PPG for a child in a Non-LDSS Custody-Relative/Resource placement?

Non-LDSS Custody is intended to be a temporary arrangement while parents work to resolve safety or other issues. Depending on the specific family circumstances, the PPG for these children will vary. To clarify the intended direction of casework efforts, and to help maintain a clear focus on the long-term permanency needs of children in Non-LDSS Custody, the FASP provides a unique set of PPGs for these children:

- Reunite with Parent: Often the plan is for the child to return home to the parent, with the focus of casework and permanency planning on resolving issues within the child's family home, reducing risk, strengthening family functioning, and supporting child well-being so that the child can safely return to his/her family of origin.

- Legalize Living Arrangement with Relative/Resource: Sometimes the long-term plan is not for the child to return to his/her family of origin, but for the child to remain with the relative/resource with a formal legal relationship established (i.e., Article 6 custody, kinship guardianship, or adoption, if parents surrender or parents' rights are terminated).

- Permanent Living Arrangement (Non-Guardianship/Non-Custodian): A third possibility is for the child to remain with the relative/resource indefinitely, with no formal legal relationship established between the child and the relative/resource.

Selection of the appropriate PPG assists both worker and family to be clear about the direction of permanency planning at any given time.

What is the focus of casework services in a Non-LDSS Custody-Relative Resource placement case?

The PPG will influence the focus of casework efforts, the SNR Scales, Assessment Analysis, and Service Plan. Listed below are some examples on how the PPG dictates the focus of casework services.

- For a child in Non-LDSS Custody whose PPG is Reunite with Parents, the focus of casework activity is similar to that of a child in foster care with a PPG of Discharge to Parent. Assessment and service planning continues to be focused on the parent's capacity to provide safety, permanency, and child well-being.

- For a child whose PPG is Permanent Living Arrangement (Non-Guardianship/Non-Custodian), the focus of casework shifts to assisting and supporting the relatives in becoming long-term, permanent caretakers, while also helping to determine and support whatever relationship the birth parent will have with the child. In these cases, the Safety Assessment and RAP will continue to focus on the birth parent and his/her household. The focus of the SNR Scales, Assessment Analysis, and Service Plan may shift to include a focus on the relative/resource's capacity to raise the child, his/her ability to manage the child's relationship with the child's parents, or to help the child deal with the parent's absence from the child's life.

- If the child's PPG is Legalize Living Arrangement with Relative/Resource, the focus of casework would mirror that of the non-legalized permanent living arrangement, with the addition of working toward the legalization of the arrangement. Once the relative/resource becomes the child's legal, permanent caretaker, the case in the parent's name would close. The relative/resource may request preventive services in their own name if needed.

Does ASFA apply to Non-LDSS Custody-Relative/Resource placement arrangements?

Non-LDSS Custody-Relative/Resource Placement arrangements are not considered foster care, and therefore are not subject to the requirement to file a TPR petition after 15 of the most recent 22 months in out-of-home placement. However, a TPR petition may be filed if circumstances warrant, or the court orders such action to promote safety and permanency for the child. Children who are removed under Article 10, and placed directly by the court with a relative or other suitable person, are granted the legal protection of a Permanency Hearing at eight months after removal and every six months thereafter.

When to complete the Non-LDSS Custody-Relative/Resource placement section of the FASP?

Any applicable change in a child's alternate living arrangement should first be documented in the progress notes, but also requires documentation of the change in a Plan Amendment or FASP within thirty days of the change.

The corresponding questions in the Non-LDSS Custody section of the FASP should be completed within thirty days of the change. If the child has remained in the same Non-LDSS Custody arrangement since the last FASP was completed, the caseworker will not be required to complete the Appropriateness of Alternative Setting screen. If the next due FASP cannot yet be launched, a Plan Amendment must be launched to complete the applicable Non-LDSS Custody tabs. If the FASP can be launched (or has already been launched), and will be approved within the next thirty days, the changes can be documented in that FASP. If the FASP is available to launch (or has already been launched), but will not be available for approval within the next thirty days, a Removal Update must be completed in lieu of a Plan Amendment. The child's Program Choice must be changed to Non-LDSS Custody-Relative/Resource Placement in order for CONX to generate the Non-LDSS Custody section of the FASP or Plan Amendment.

For sibling groups, the Non-LDSS Custody questions must be answered on a per child basis**.** Where applicable, workers must differentiate circumstances, needs, and activities among siblings.

Who completes the Non-LDSS Custody-Relative/Resource placement section?

The Non-LDSS Custody section is usually completed by the Case Planner.

When cases are shared by more than one worker, no set of universal responsibilities applies. Roles and responsibilities for completing the Non-LDSS Custody section may vary depending upon agency protocol, case circumstances, and worker roles within a specific case. If there is a Case Worker associated to a particular child, only that worker and the Case Planner are able to complete the Non-LDSS Custody questions related to that child. It is imperative that whoever is documenting the Non-LDSS Custody section of the FASP includes the input of other providers working with the family, who may not have access to this section of the FASP.

Decisions regarding documentation responsibilities are made on a case-by-case basis, and should be determined well in advance of a FASP coming due. The Case Manager is responsible for ensuring that responsibilities are clear for each case.

Ultimately it is the responsibility of the Case Planner to ensure that the FASP, including the Non-LDSS Custody section, reflects the contributions and activities of all relevant parties. It is the job of the Case Planner to edit entries made by contributing caseworkers for clarity, completeness, and consistency.

Module 10: Family Assessment Analysis

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Introduction and Rationale

The Family Assessment Analysis is one of the most critical parts of the FASP, and can be a challenging section to complete. The Family Assessment Analysis asks caseworkers to identify what behaviors and conditions need to change to support the safety, permanency, and well-being of the children involved. It is also used to document what hinders or promotes change in these areas. The Family Assessment Analysis requires the caseworker to take information gathered in other parts of the FASP and integrate it into a clear, comprehensive picture of the family situation.

This module assists caseworkers in writing clear, consistent, and comprehensive narratives that focus on the most significant child welfare issues, needs, concerns, strengths, and changes in a case at this time.

Purpose of the Family Assessment Analysis and Its Relationship to Other Parts of the FASP

The Family Assessment Analysis looks beyond symptoms, events, or circumstances to gain an understanding of why child welfare concerns exist or continue. A well-written Family Assessment Analysis will help caseworkers, and the family, to understand what progress has been made, what current areas of concern still exist, and what can be used to promote further progress.

The Family Assessment Analysis represents the culmination of the caseworker's information gathering activities. The assessment narratives should be consistent with information that is documented in the progress notes and other sections of the FASP (e.g., Safety Assessment, RAP, SNR Scales, and Foster Care Issues, as appropriate). However, the Family Assessment Analysis is more than just a recitation of the facts documented in these areas. It serves as a bridge between the information gathering portions of the FASP and the change-oriented Service Plan.

The Family Assessment Analysis brings together various aspects of a case, enabling the caseworker to view the case as a whole, to establish priorities, and to begin to shape the Service Plan. A well-written Family Assessment Analysis will provide a solid foundation for development of a clear, focused, change-oriented Service Plan, which supports a shared understanding of priorities and concerns between the caseworker and the family.

An understanding of what causes or sustains problematic behaviors or conditions helps both the caseworker and the family to focus on addressing these root causes, rather than merely problematic symptoms; to identify barriers which need to be addressed in order to create or sustain long-term change; and to identify strategies for change that have a greater likelihood for success by matching intervention strategies to individual and/or family strengths, needs, styles, and skills. The identification of family and child strengths will help the caseworker and the family to pursue opportunities and resources that can promote and support change.

When done effectively, the process of formulating the Family Assessment Analysis:

- Engages the family in a self-evaluation of needs, progress to date, and preferred alternative future
- Acknowledges progress and change that has occurred
- Seeks to understand why key behaviors and conditions are occurring or persisting

- Identifies the underlying conditions and contributing factors, and what is necessary to bring about real and lasting change
- Examines the family's readiness for change by assessing the conditions for creating change (i.e., present discomfort, emotional security, internalization of responsibility, efficacy, and ability to envision a preferred alternative future)
- Seeks out motivators and opportunities for change, while establishing priorities for further progress
- Includes various points of view from the family members and others involved

The Family Assessment Analysis will help workers and the family focus more clearly on what has already changed, what still needs to change, and what might help to promote or sustain this change. It also helps to assess and recognize when sufficient change has occurred for a case to be closed, or when the direction of a case may need to change in order to promote and provide for safety, permanency, and well-being of the children.

Collaboration in Developing the Family Assessment Analysis

Because the Family Assessment Analysis forms the basis for the Service Plan, it must reflect the needs and priorities in all aspects of a case. When more than one worker contributes to a FASP, the team must work together so that a consistent understanding exists and a collaborative effort takes place. Those with a CONNECTIONS role of Case Worker, and who are contributing to the SNR Scales and Foster Care Issues sections of the FASP, should also contribute a concise narrative to each section of the Family Assessment Analysis, appropriate to their work with an individual child or portion of the family. It is the Case Planner's responsibility (utilizing the Case Planner Summary function) to integrate the various contributions into a coherent, unified whole.

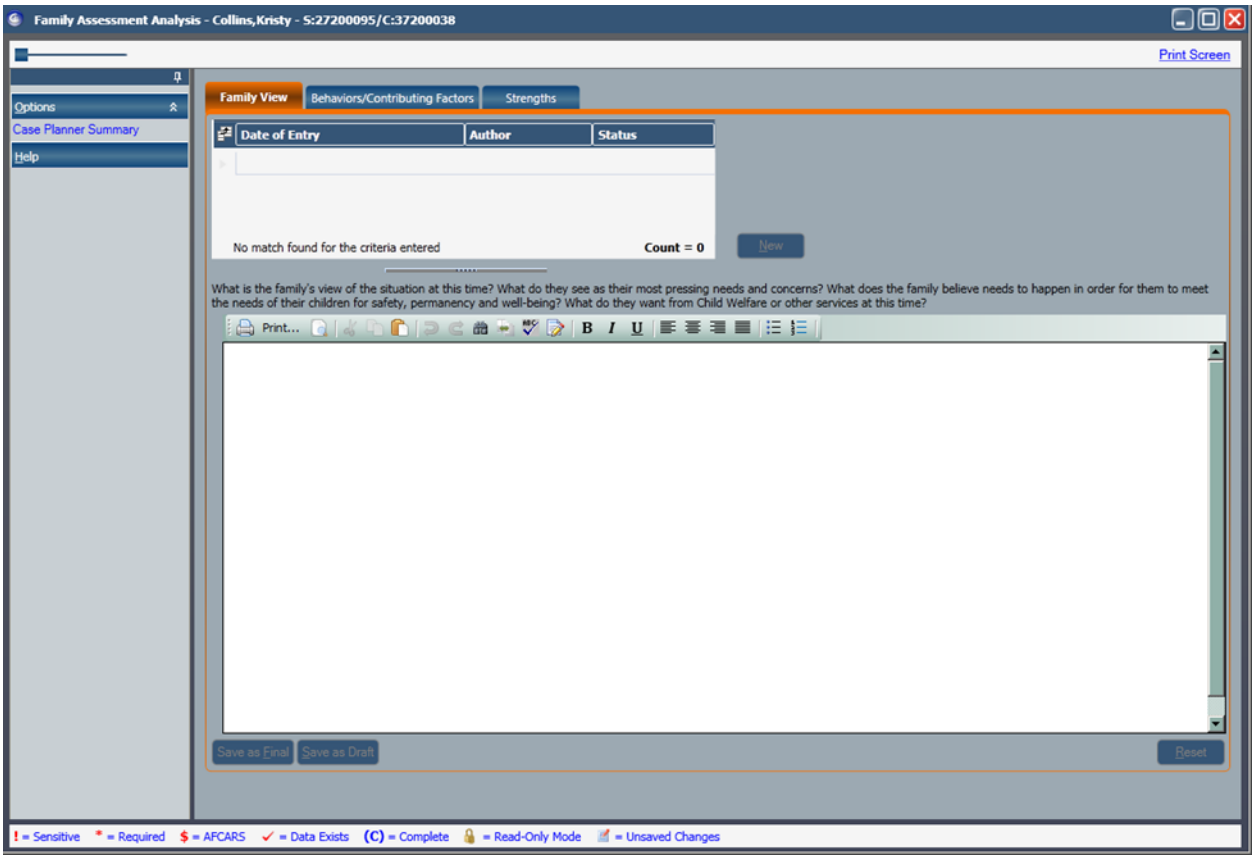
Multiple caseworkers contributing information to a FASP must plan accordingly, to allow the Case Planner sufficient time to bring all the relevant contributor pieces together in one coherent, unified FASP.

Tip

To provide for coordination of efforts, when there are multiple contributors to a FASP, it is best to determine in advance who completes which areas within a FASP and within what timeframes. This allows everyone to know what is expected of them and to plan accordingly so the FASP will be a more complete and accurate record of current family functioning and progress.

Family Assessment Analysis Window

Family Assessment Analysis Window: Family View Tab



Quick Tips for Completing the Family View Tab

- Avoid including the caseworker's point of view in the assessment, as this is documented elsewhere in the FASP.
- Caseworkers answer the questions based on their discussions and interactions with family members about their view of their family situation, progress, needs, and priorities for further change.
- Before entering text in the narrative field, caseworkers should review what has been written in the other assessment tools of the FASP and progress notes to refresh their memory of key issues, needs, concerns, and recent changes.
- Describe the family members' point of view regarding key issues, needs, concerns, and recent changes.
- Include the input of all relevant individuals in the family who have a role or impact on the safety, permanency, or well-being of the children.
    - What are their most significant child welfare concerns and needs at this time?
    - What is their understanding of their situation at this time? What do they believe is the cause of these child welfare concerns?
    - What is their assessment of their own recent progress or lack of progress?
    - What outcomes would they most like to see happen within their family?

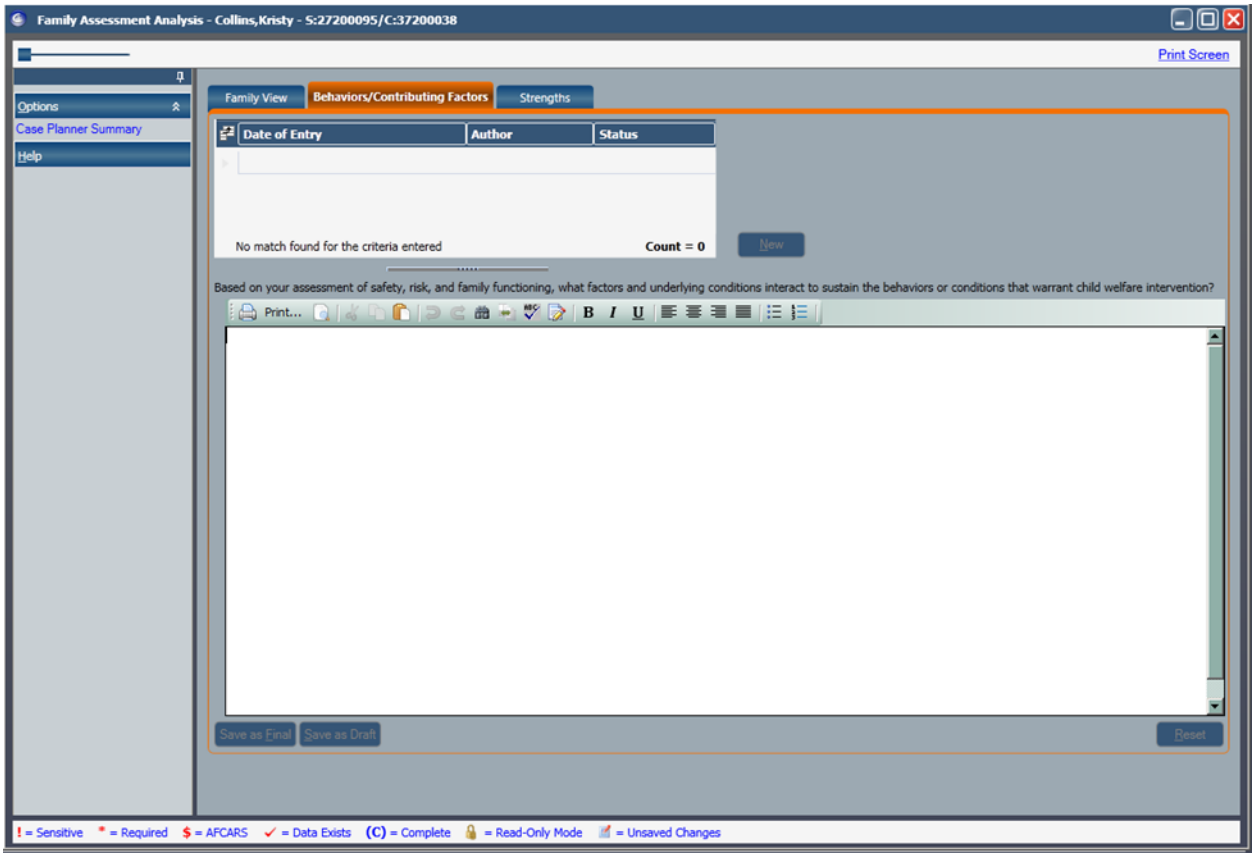
- What are they willing to do to make this change happen?
- What assistance from others do they want or feel would be most helpful?

Family View Tab

When completing this tab, caseworkers need to provide the family's point of view on the current situation and circumstances affecting them. Keeping the information focused on the family's point of view allows for an assessment of what the family feels is important to address at this time and what areas they may feel are not as important. Although the family's and caseworker's views may differ, the caseworker's views are not addressed in this area; the other areas of the FASP document the professional's observations and assessments for current family functioning.

The questions here should be discussed with the family in an effort to gain an understanding of their view of current needs and concerns. This includes all members of the family (e.g., caretakers, children, other supports) who have an impact on safety, permanency, and well-being of the children in the home. Before writing this narrative, caseworkers should review what has been documented in the other assessment tools of the FASP (e.g., Safety Assessment, RAP) and the progress notes. This will support the caseworker in identifying key areas of child welfare concerns to address with the family and to gain an understanding of their point of view on these issues.

Family Assessment Analysis Window: Behaviors/Contributing Factors Tab



Quick Tips for Completing the Behaviors/Contributing Factors Tab

- Before entering text in the narrative field, review what has been written in the progress notes and other assessment tools of the FASP (e.g., Safety Assessment, RAP, SNR Scales, Foster Care Issues) to include key issues, needs, concerns, and recent changes.
- Keep the PPG as your focus of this narrative (i.e., the end result and/or permanency outcome the caseworker and the family are working toward).
- Use *Appendix 10A: Prompts for Learning about Needs and Underlying Conditions* to help identify the areas that may be supporting problematic behaviors.
- Describe current or continuing child welfare issues, needs, and concerns, and what underlying conditions and/or contributing factors are believed to be causing or sustaining them.
- Describe key changes and improvements since the last FASP was approved.
- Discuss factors that have created, hindered, or supported change in this family.
- Discuss the family's readiness for change at this time.
- The goal is for caseworkers to focus on current child welfare concerns, the factors supporting these concerns, and any progress with the behavior changes within the family.
- Caseworkers need to avoid focusing on compliance with services, solutions to the identified concerns, and services that are needed. These areas will be discussed in the Service Plan.

Behaviors/Contributing Factors Tab

The Behaviors/Contributing Factors tab provides the opportunity for caseworkers to identify why the current child welfare concerns are present or persist. The development of a comprehensive narrative on this tab directly supports the Service Plan and the goals that are created for the FASP. The narrative on this tab reiterates the concerns already noted, and presents the caseworker's assessment as to why these concerns exist, continue, or have been resolved.

In the narrative field, caseworkers need to first identify the current child welfare needs that require intervention. Using the other assessment areas of the FASP will help a caseworker to include all identified areas of concern for child welfare. After a concern is identified, caseworkers need to provide statements addressing the status of that concern at this time (e.g., has this particular issue improved, remained the same, or become worse since the last FASP?). It is not necessary to include a status statement in the Initial FASP, as this would be the first assessment for the case.

Next, caseworkers need to identify the underlying conditions and/or contributing factors that exist to support these concerns at this time. Examples of these could include the family's knowledge of parenting skills; their perception of what is acceptable parental behavior; culture; self-concept; and their own experience growing up. Identifying these areas is an essential piece to understanding what is influencing the behavior that is a concern to child welfare. Also, connecting the concerning behaviors to the underlying conditions and/or contributing factors that support them allows for an understanding of why these problem areas exist or remain a concern.

Finally, caseworkers need to include the impact the behavior has on the child. Doing so helps to explain why this is a child welfare concern to begin with. If this behavior does not change, what will the continued impact be on the child's safety, permanency, and well-being?

An example of a statement that includes the noted pieces (child welfare concern, statement of status, underlying conditions/contributing factors, and the impact on the child) could be:

"A significant child welfare concern at this time is Mr. Adams' continued use of corporal punishment when disciplining his children. Mr. Adams' behavior in this area has improved since the last FASP; however, there have been times when he used extreme means to manage his children during this assessment period. This behavior may be due to his childhood experiences of discipline and his continued alcohol abuse. The children are at risk of future harm of physical injury from these discipline techniques if they should continue. "

This statement provides the necessary elements as discussed, but does not go into great detail. The details of the situation (i.e., use of corporal punishment, alcohol abuse, Mr. Adams' childhood) would be discussed with clear, specific, and behaviorally focused language in the other sections of the FASP.

Caseworkers should complete a statement for each child welfare concern that is going to be addressed in the Service Plan. Completing the Behaviors/Contributing Factors tab in this manner provides caseworkers, and the family, a clear understanding of why these concerns are present, and will help to form the Service Plan in order to reach the desired child welfare outcome.

Tips for Getting Started

Getting started is often the hardest part of writing any narrative. Here are some suggested ways to begin this section of the Family Assessment Analysis narrative:

For an Initial FASP:

"The most significant child welfare issues/needs/concerns/presenting problems at this time are… "

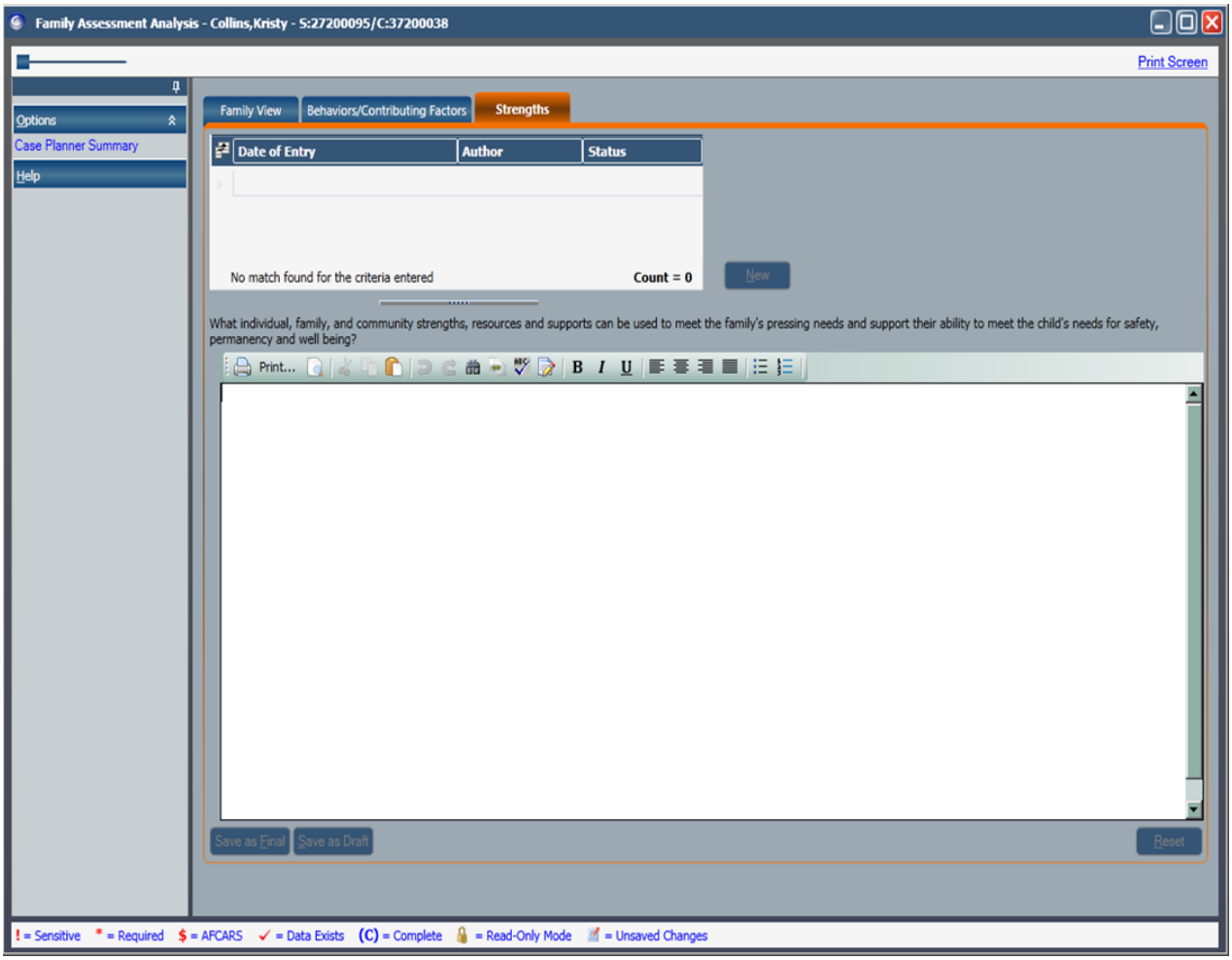
For a Comprehensive or Reassessment FASP:

"Since the last FASP….

- …there has been no/little/some/much progress toward the goal of (PPG) …"
- …there has been no/little/some/much change in the child welfare issues that led to the need for child welfare services/the children's placement and/or protection…"
- …this family has/has not significantly addressed the issues which led to the need for child welfare services/the children's placement and/or protection…"

Then continue with a thorough discussion of each child welfare concern, and the underlying conditions and contributing factors that have been assessed to be causing or sustaining those concerning behaviors and/or conditions.

Family Assessment Analysis Window: Strengths Tab



Quick Tips for Completing the Strengths Tab

Before entering text in the narrative field, caseworkers should review what has been written in other assessment tools of the FASP to refresh their memory of strengths, resources, and opportunities that have been identified for the family as a whole and its individuals.

Caseworkers answer the questions based upon their discussions and interactions with family members and with other relevant individuals, such as service providers, who can provide input on the family's progress to date, strengths, resources, and other opportunities that may support change.

Document what might help to create, promote, or sustain positive change in this family. Some things to consider:

- What motivates the individuals in this family?
- What personal characteristics, skills, resources, and beliefs support them?
- What are they most proud of about themselves or their family?
- What successes or skills do they already have that can be expanded or built upon?
- What changes have occurred recently or in the past that demonstrate an ability and/or willingness to learn, grow, and change?

- What individuals, groups, and/or organizations are available to them that do or may assist them in the future? Whom do they want help from?

Describe how each listed strength and resource might be used to support or sustain change. Refer to *Appendix 10B: Categories of Strengths*.

Strengths

The narrative field on the Strengths tab is used to identify the family, individual, and community strengths a family has that can support child welfare outcomes for safety, permanency, and well-being. Caseworkers should again refer to the previous areas of the FASP to help identify what strengths are present. For example, in the SNR Scales, the ratings that are rated high may be a strength that can be used to achieve an outcome.

The answers to the questions on this tab are also based upon caseworkers' observations and interactions with the family and other collaterals. It is important to remember that other workers on a case may observe the family at different times and at different levels of functioning. This is an area of the FASP where multiple workers assigned to the case are able to contribute to the narrative. When caseworkers identify the strengths within the family, they then document how each listed strength and resource might be used to support or sustain change.

Completing this narrative effectively allows caseworkers to develop an understanding of the family's strengths so they can come to appropriate conclusions about safety, risk, areas of strength and need, what families are able to do to protect children, what really needs to change in families, and how to achieve that change.

Appendix

10A: Prompts for Learning About Needs and Underlying Conditions

What are the individual's perceptions regarding how well his or her needs are met in the following areas:

- Shelter, food, and housing (survival)
- Physical and emotional safety (security)
- Significant relationships (affiliation)
- Feeling loveable, capable, responsible, and worthwhile (self-esteem)
- Making his or her own decisions (autonomy)
- Opportunities to grow (development)

What experiences has the individual had that might be influencing current behaviors?

How might the individual's values be expressed in his or her behavior?

What perceptions are influencing his or her behavior?

What beliefs are influencing his or her behavior?

In what ways are the person's capabilities reflected in his or her behavior?

How is the individual's self-concept influencing what he or she does?

How is the person's developmental status expressed in his or her behavior?

How does the person's family system influence his or her behavior?

How does the person's culture inform or influence his or her behavior?

10B: Categories of Strengths

Cognitive and appraisal skills (problem solving)

Examples:

- Sees the world as most other people in the same culture see it
- Can understand the causes and effects of his or her own, and others' actions
- Can describe facts, events, and feelings so others understand them
- Looks ahead and plans for events and/or problems
- Learns and uses new skills to solve problems
- Can apply old skills in new situations to solve problems
- Considers and weighs various solutions for solving problems
- Accepts constructive criticism and makes changes based on it
- Is interested in learning new things, trying new experiences, and meeting new people
- Can manage money
- Gains feelings of competence and confidence from past and current successes
- Sets goals for self and makes efforts to achieve them
- Wants to improve current circumstances for self and family

Defense and coping mechanisms (coping skills)

Examples:

- Can control impulsive behavior when there would be negative consequences
- Can change plans when there are unexpected changes in a situation
- Can deal with daily irritations and annoyances of life without overreacting or falling apart
- Can think clearly and act in a way that is helpful in a serious crisis
- Acknowledges mistakes and asks self how things could be handled differently the next time
- Does not allow self to be treated with disrespect or to live in fear
- Finds little, safe ways to relieve pressure, relax, and comfort oneself
- Is frequently looking for new ways to manage stress, solve problems, and make ends meet
- Can use humor to deal with difficult situations or make others laugh, but not in ways that hurt or tear down others
- Remembers where they "came from" by maintaining and celebrating their past connections and heritage
- Is interested in learning new things, trying new experiences, and meeting new people

Temperamental and dispositional factors (emotional strengths)

Examples:

- Expresses affection, love, and concern for family members and intimate others
- Aware of and recognizes one's feelings (e.g., happiness, sadness, love, anger, grief)
- Naturally expresses the range of emotions without harming self and others
- Is generally positive about life and feels hope for the future
- Feels anger at injustice, betrayal, or personal hurt

- Can be flexible with gender roles
- Can appropriately express sexual feelings
- Conveys empathy and sensitivity towards feelings of others

Interpersonal skills and supports (relationships)

Examples:

- Has a friendly relationship with acquaintances, neighbors, store clerks, etc.
- Has a number of old and new friends who are seen regularly, are fun, and can be depended on.
- Has a deep and intimate relationship with one other person
- Has satisfying relationships with family members
- Can depend on family members and friends and accept their care and help when needed
- Performs social roles appropriately and feels satisfaction in them (e.g., parent, spouse, son, daughter)
- Can listen to others
- Can confide in some others and feel listened to
- Has realistic expectations in relationships and makes appropriate choices (e.g., does not constantly feel hurt, needy, betrayed, or used)
- Can deal with disagreement/conflict in a relationship
- Can forgive others; doesn't carry a grudge or seek revenge
- Wants financial and personal interdependence with others

External factors (capacity to constructively use resources outside of the self)

Examples:

- Knows what institutions/community agencies can provide assistance and is able to find them and get what is needed
- Knows how to find out about local resources and events and uses them to meet family needs
- Has adequate income to provide food, shelter, clothing, and some of the "little luxuries" in life for self and family
- Has good relationships with others in the immediate neighborhood and could call on them if necessary
- Is connected to other communities through culture, shared interests, or commitments (e.g., children's school or activities, community projects, church)
- Uses organizations, family, and friends as a way to preserve and celebrate meaningful cultural, ethnic, or religious events and traditions
- Is willing to seek help and share problem situations with trustworthy others

Insight (self-understanding)

Examples:

- Perceives cause and effect of behavior relative to the child's unmet needs for safety, permanency, and well-being
- Recognizes how own needs are expressed in behavior
- Gains feelings of competence and confidence from past and current successes
- Understands own needs and how they motivate behavior
- Recognizes progress, or lack thereof, in change-related activities
- Recognizes conditions that undermine safety or contribute to risk

Independence (ability to separate)

Examples:

- Can make decisions and take actions on own
- Maintains a physical environment that is safe
- Can stick with a task even through discouraging setbacks
- Can manage money
- Maintains good health
- Sets goals for self and makes efforts to achieve them

Morality (sense and value regarding right and wrong)

Examples:

- Has an understanding of right and wrong, from own cultural perspective
- Wants to improve current circumstances for self and family
- Values compassion, fairness, and decency
- Trusts others until given a reason to find them untrustworthy
- Is reliable and can be counted on to follow through and keep own word
- Speaks up and takes a stand or action against injustices
- Respects the rights of others
- Is willing to accept responsibility for own actions or role in problem situations
- Is responsible in sexual activities
- Is concerned about the meaning of life
- Engages in activities that express spirituality (e.g., religious affiliation and attendance, connecting with nature, meditation, exploring wisdom of traditions)

Spirituality

Examples:

- Is concerned about the meaning of life
- Is affiliated with a religion

- Connects with nature
- Meditates
- Explores wisdom of traditions
- Able to rely on faith/spirituality during times of crisis

Creativity

Examples:

- Can create emotional safety through healthy imagination and play
- Expresses feelings through art and creativity
- Appreciates creativity in others
- Gains satisfaction from engaging in activities that require designing, creativity, or artistic talent
- Uses creativity to deal with feelings of hurt or anger
- Uses art to gain perspective on self and life

Humor

Examples:

- Can laugh at self and situations
- Uses humor constructively to diffuse tension or deal with difficult situations (without hurting or insulting others)
- Uses humor to deal with feelings of hurt or anger
- Uses humor to gain perspective on self and life

Module 11: Service Plan

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11A: A Checklist for Evaluating the Family Service Plan *11-15*

Introduction and Rationale

This module assists caseworkers in developing Service Plans that support the outcomes of safety, permanency, and child well-being, as well as addressing specific case needs.

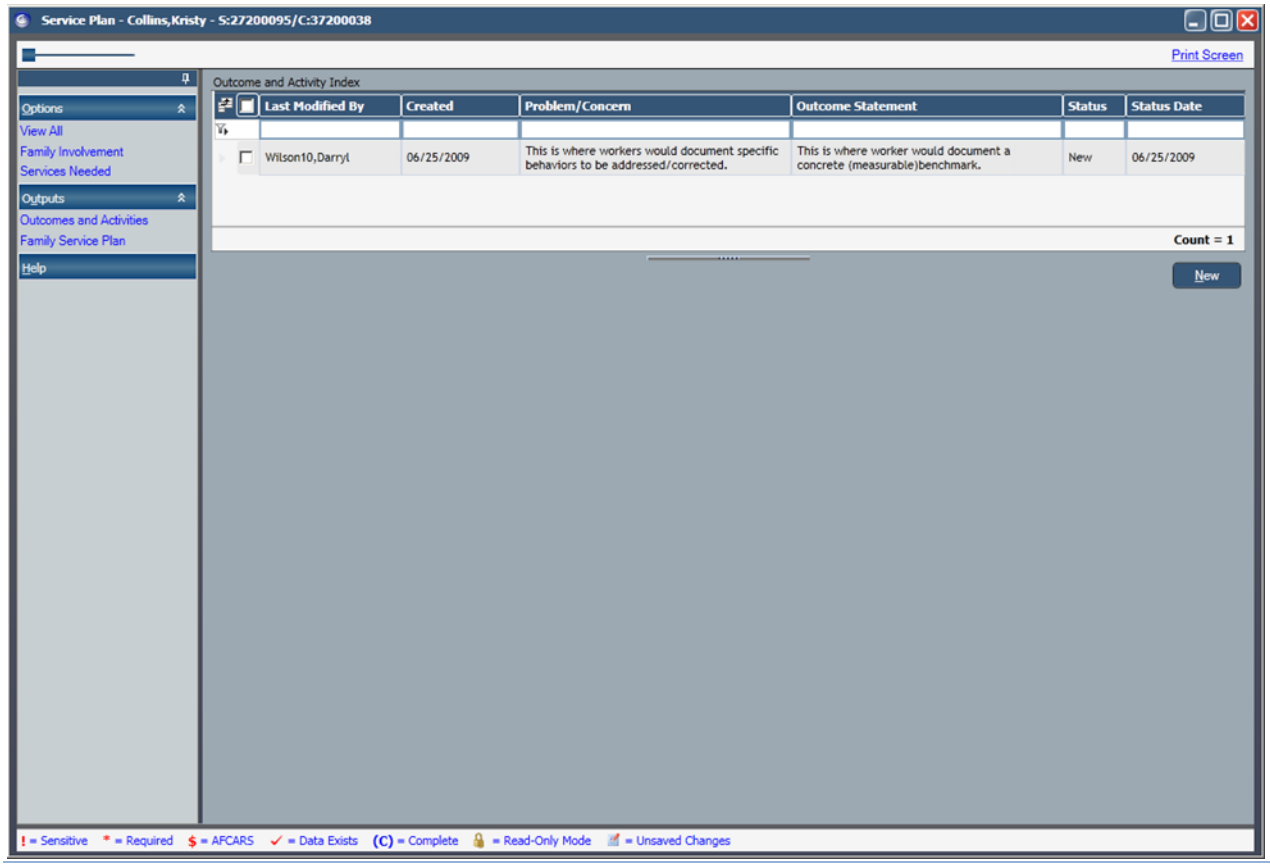
Service Plans provide a guide for action and a means of measuring progress. Clear, well-written Service Plans give direction, eliminate misunderstanding, and help the caseworker and the family to focus efforts toward a common objective. A plan that lacks clarity may cause misdirected efforts or no effort at all. Meaningful plans motivate the family and help to promote change. A plan that includes family members' input and reflects their views of the situation has a greater likelihood of success. Achievement of a desired outcome provides a sense of satisfaction and empowerment. Clearly written plans also make case evaluation easier by enabling the caseworker and the family to assess whether change has occurred, and if there is a need for continued intervention.

Remember these four key guidelines for effective service planning:

1. Service planning begins with the family and must reflect their input.
2. Outcomes evolve from problems and needs identified in the assessment.
3. Outcomes describe desired behaviors or conditions.
4. Activities are the services, actions, and steps to be taken by family members and service providers to achieve the desired outcome.

See the *Module 11 Appendix* for a checklist to evaluate family service plans.

Service Plan Window: Outcome and Activity Index



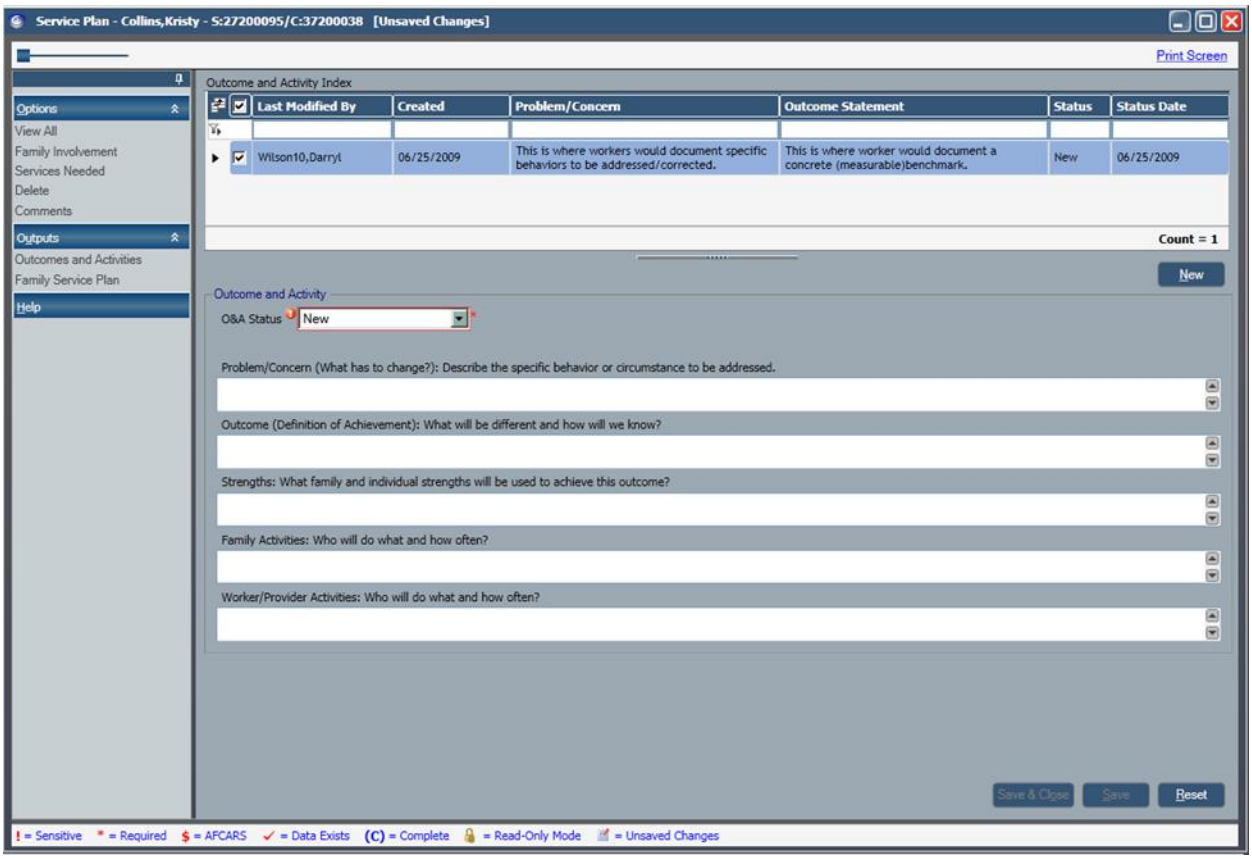
Quick Tips for Completing the Service Plan Window

- The Service Plan Window's Outcome and Activity (O&A) Index is a list of existing outcomes and activities from previously approved FASPs, along with the issues and concerns selected by the Case Planner or other Case Workers on the case in the current SNR Scales and RAP. The latter are in a temporary status for use in building new O&A Blocks. This list will serve as the starting point for the creation and updating of the current Service Plan.
- Before proceeding with the creation or update of specific O&A Blocks, be sure the O&A Index represents those issues and concerns that require attention at this time.
- After writing the Family Assessment Analysis, the caseworker should have a good idea of the most important issues, needs, and priorities in the case that require follow-up at this time. The caseworker can click the Assessment Summary button at the bottom of the Service Plan window to view what has already been written on the Family Assessment Analysis window without having to navigate back through CONNECTIONS.
- Review the O&A Index to ensure it represents the most significant case issues at this time. If necessary, the caseworker can add additional problems that need to be addressed by clicking

the New button at the bottom of the window to list issues that may have been identified in other parts of the FASP (e.g., FC Issues, Non-LDSS Custody - Relative/Resource Placement Custody, Life Skills Assessment, or Discharge Planning windows).

- If there are duplicate items on the list, or items that do not need follow-up at this time, delete those that are not needed. If more than one adult or more than one child is experiencing a similar problem, and that problem will be addressed separately or differently in the Service Plan, the caseworker may need to create a separate entry for each in the O&A Index. If applicable, issues that will be addressed within one set of activities can be combined.
- Once satisfied that the O&A Index accurately reflects current case issues that need to be addressed, the caseworker can edit or update O&A Blocks by clicking the O & A Block Details button at the bottom of the window.
- The caseworker can add to or amend the list at any point, up to submitting the FASP for approval. Once the updates on the finished O&A Blocks have been made, be sure that the Service Plan accurately and thoroughly represents the most significant problems, issues, and concerns in the case at this time.
- After creating all necessary O&A Blocks, document the family involvement and/or services needed by clicking the respective buttons.

Service Plan: Outcome and Activity Window (Block/Problem Statements)



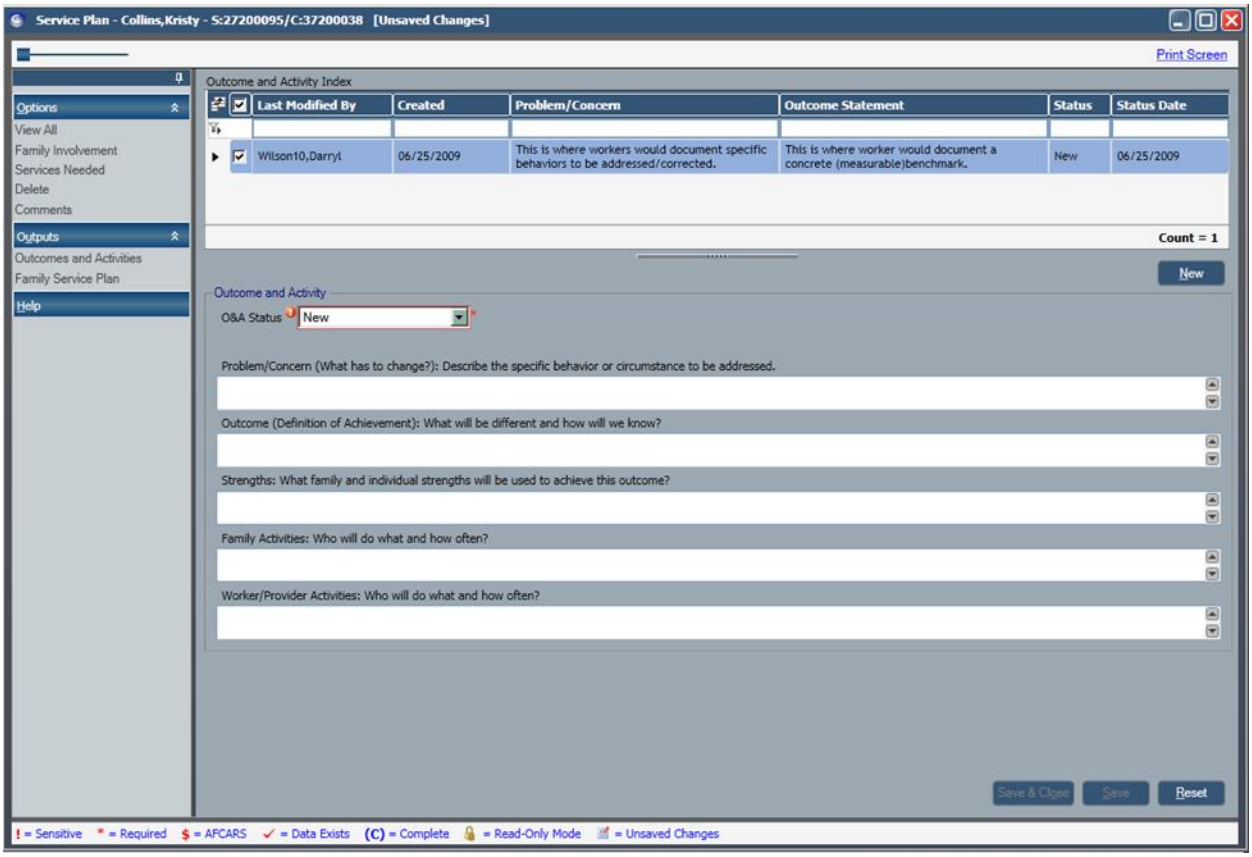
Quick Tips for Completing the Outcome and Activity Window (Block/Problem Statements)

- Before completing this window, be sure to review the Service Plan Window's O&A Index for accuracy and thoroughness. This ensures that the overall Service Plan is consistent with the most significant problems, issues, and concerns in the case as described in the assessment portions of the FASP. A problem or concern should not appear for the first time in the Service Plan without first having been identified and described on the Family Assessment Analysis window of the FASP.
- A well-written Problem Statement includes:
  - A clear description of the behavior or condition that needs to change (i.e., Who is doing what?)
  - The underlying conditions and contributing factors (i.e., Why are they doing this?)
  - The impact on the children (i.e., How does it affect the children's safety, permanency, and well-being?)
- The Problem Statement should be written in such a way that both the caseworker and the family have a clear, mutual understanding of the behavior or circumstance targeted for change.
- For new O&A Blocks created from items selected in the SNR Scales or RAP, the Problem Statement will pre-fill with the anchor descriptor that was carried forward. These statements are generic. The caseworker will need to amend the anchor descriptor to write a customized behavioral statement that more clearly reflects the specific behavior or circumstance that is the

focus of this O&A Block. The comments associated with each element in the SNR Scales and RAP can be helpful in developing the Problem Statement.

- For other new O&A Blocks, the caseworker will need to write a Problem Statement. The description of the problems or concerns in other parts of the FASP (e.g., FC issues, Non-LDSS Custody - Relative/Resource Placement Custody, Life Skills Assessment, or Discharge Planning windows) can be helpful in developing the Problem Statement.
- For existing O&A Blocks, the Problem Statement will carry forward from the previous FASP. The caseworker can leave it as it is, or modify it for clarity to more accurately reflect the current situation. The caseworker should be careful when modifying a Problem Statement, to ensure that the modified statement does not address a new issue.

Service Plan: Outcome and Activity Window (Block/Outcome Statements)



Quick Tips for Completing the Outcome and Activity Window (Block/Outcome Statements)

An Outcome Statement is a description of progress; it is not merely participation in a service. It is the result of participation in a service, or set of activities.

It is best when caseworkers and family members develop outcomes together. This promotes shared ownership of the plan and a clearer understanding of expectations. When defining outcomes, caseworkers and families should strive for stating what is to be achieved. Mutual understanding is supported when the language used in the Outcome Statement reflects words and phrases typically used by the caseworker and family when discussing concerns and needs in the family.

Well-written Outcome Statements are:

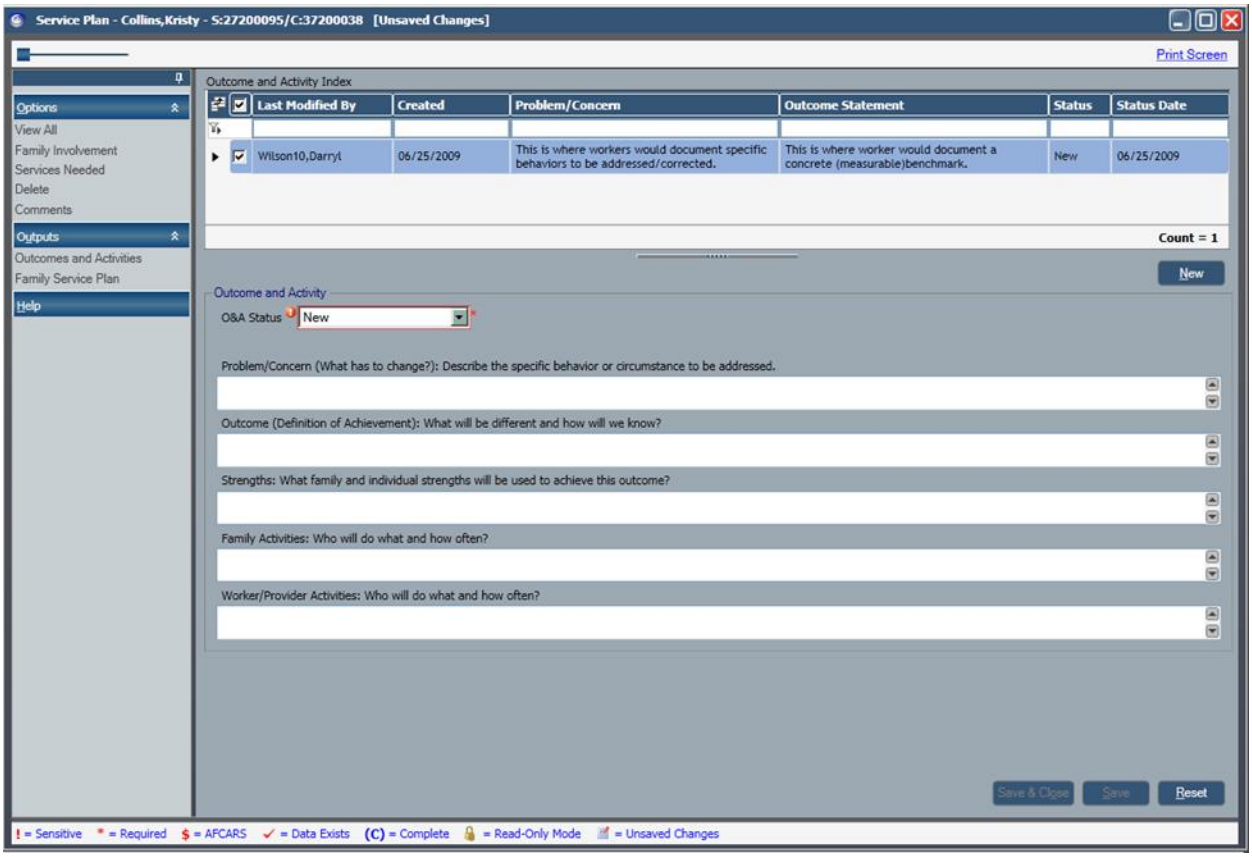
- Clear, concrete, and specific
- Behavioral and observable
- Realistic and attainable
- Time-limited

If the caseworker encounters difficulties when writing Outcome Statements, he/she may try one of the following:

- Imagine what the family will do consistently and over time that shows progress or change.

- Describe what the family would be able to do if they successfully complete a program or service.
- Ask the family to describe what success would look like.
- For an intangible result (e.g., improved self-esteem or ability to show empathy), imagine or ask the client to describe what this would look like in a form that someone could observe.

Service Plan: Outcome and Activity Window (Block/Strengths)



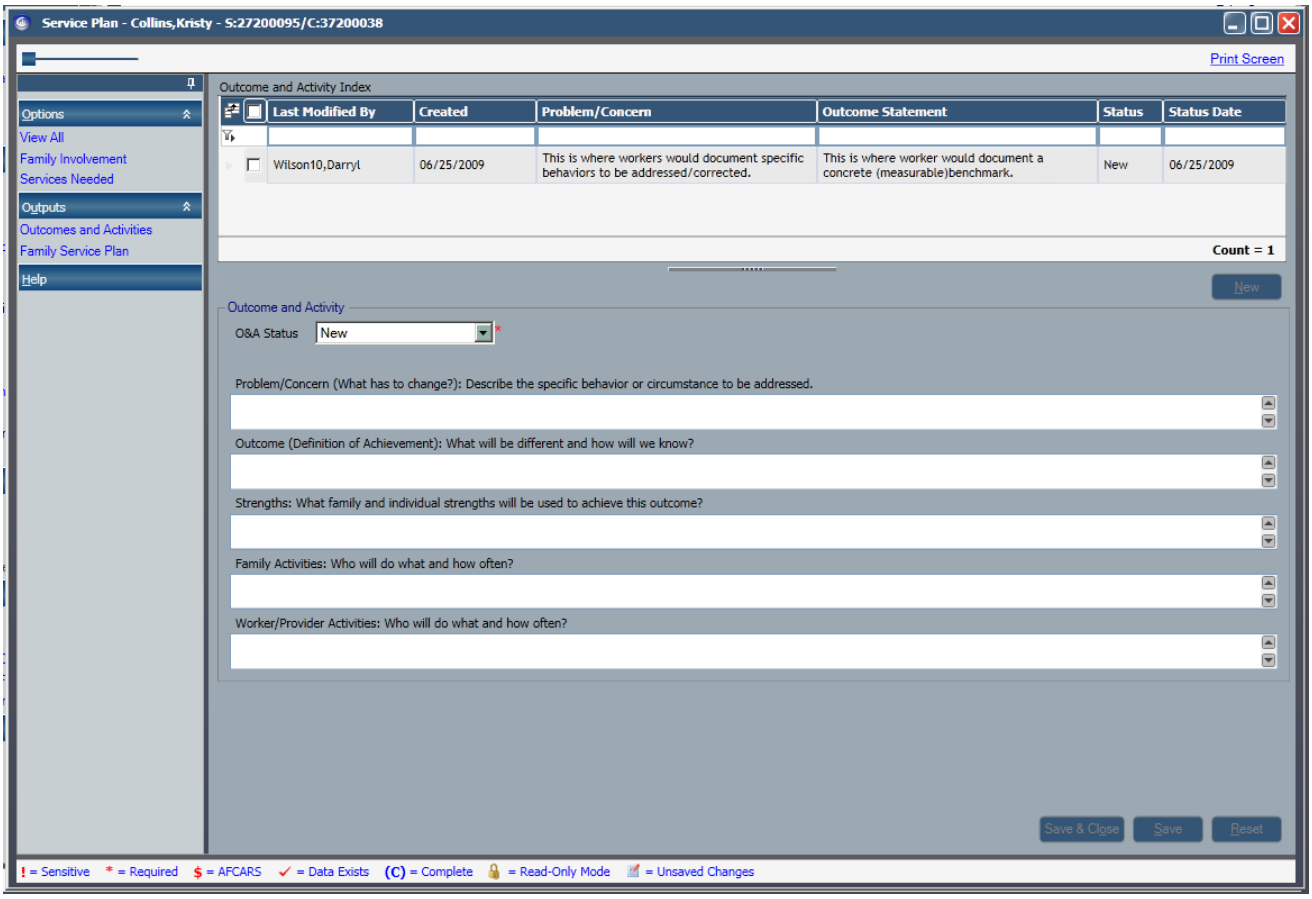
Quick Tips for Completing the Outcome and Activity Window (Block/Strengths)

Before completing this window, review the strengths and resources listed on the Family Assessment Analysis window. (Click the Assessment Summary button at the bottom of the Service Plan window to view what has already been written on the Family Assessment Analysis window without having to navigate back through CONNECTIONS.) Strengths used in the Service Plan should include, but need not be limited to, items listed on the Family Assessment Analysis window. Also look in the SNR Scales for evidence of strengths that may be used to promote and support change in the family.

- Think creatively. Are there other strengths, resources, or opportunities not already identified on the Family Assessment Analysis window or in the SNR Scales that can be used to achieve this outcome? List them here.
- Strengths and resources listed in the Strengths field should relate directly to the specific Outcome Statement identified above on this window. Do not list strengths randomly.
- Think of strengths and resources as building blocks, or opportunities for change.
- Consider possible strengths in these key areas:
    - Attitudes and beliefs
    - Knowledge and information
    - Behaviors and skills
    - Resources

- If the caseworker encounters difficulties, he/she should imagine the outcome, or ask the client to imagine himself/herself achieving the outcome.
- The caseworker should ask himself/herself, what does the client/family already possess that can promote achievement of this result?
    - A belief that they are capable of overcoming their addiction?
    - Basic knowledge of child development?
    - Skill at asking for what they want?
    - A person who can provide concrete help or encouragement?
- What else is needed to achieve this outcome? Does the client already possess it, or can the caseworker help them obtain it?
    - A belief that a treatment program can be helpful?
    - Knowledge of relapse prevention strategies?
    - Skills in managing anger or anxiety?
    - Access to transportation?

Service Plan: Outcome and Activity Window (Block/Activities)

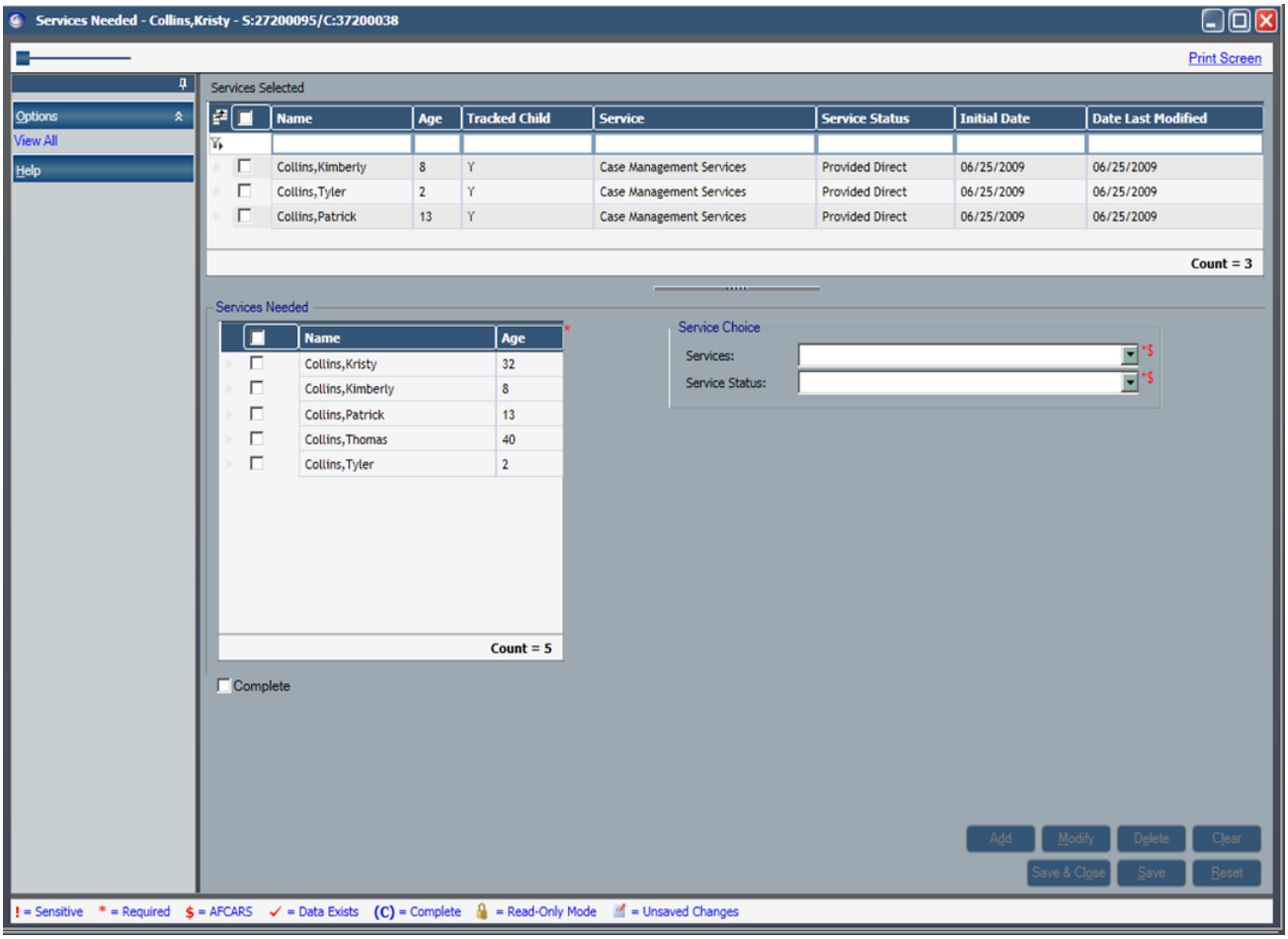


Quick Tips for Completing the Outcome and Activity Window (Block/Activities)

- Activities must relate to and help address the specific problem described above.
- Activities should be specific, measurable, realistic, and time limited.
- Use words that have shared meaning; avoid jargon.
- Avoid words that imply an imbalance of power. For example, “Caseworker will *monitor* client’s progress.”
- Instead, use words that connote team. For example, “Caseworker will *discuss* with mother her successes and challenges in using the new discipline techniques.
- Utilize family and individual strengths, resources, and motivations to promote and support change.
- Have family members identify services that would be helpful, and steps they can take to achieve the desired outcome.
- Have family members identify resources in their family or community that can be used to achieve the desired outcome.
- Be sure to include activities for everyone who has a part in helping to achieve a particular outcome (e.g., children, foster parents, childcare workers, school counselors).
- Develop activities that help family members claim ownership. For example, “Lisa will identify her own criteria for a babysitter for her children. Henry (age 17) will list the qualities he wants in an apartment mate.”

- Be sure to include service provider activities that promote and support family members' change efforts.
- Use resources creatively. Look for ways that family, friends, and community helpers can be resources. Often times, these are more effective and lasting than more formal approaches to intervention.

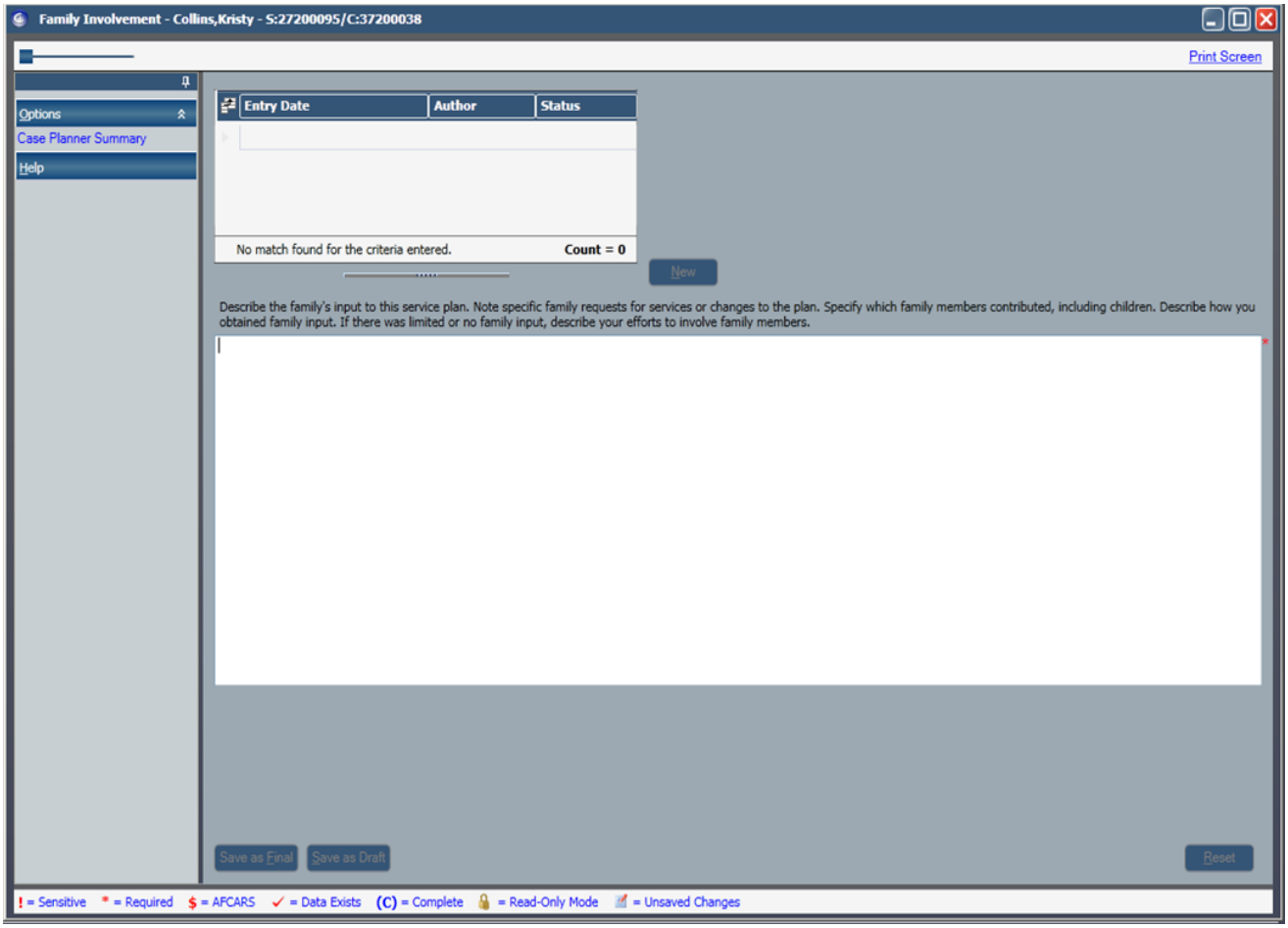
Service Plan: Services Needed Window



Quick Tips for Completing the Services Needed Window

- From the Services drop-down list, select specific services needed, or to be provided to each family member. Be sure the selected services address the problems, needs, issues, and concerns described on the Family Assessment Analysis window and in the Service Plan.
- If services being provided do not support at least one of the outcomes in the Service Plan, go back and look at the information on the Family Assessment Analysis window. Either the assessment information or the Service Plan needs to be adjusted.
- Are there known problems missing from the SNR Scales or the Family Assessment Analysis window? If so, these need to be added to the assessment information to complete the picture of this family's needs, and to justify the need for the associated service.
- Are there services for which there is no identified need? Perhaps those services should be discontinued.

Service Plan: Family Involvement Window



Quick Tips for Completing the Family Involvement Window

This is one of five narratives in the FASP that should include input by the Case Planner and by any providers assigned to the case with a CONNECTIONS role of Case Worker. The Case Planner is ultimately responsible for the accuracy and thoroughness of this narrative. For help in understanding who may need to contribute to this narrative, see the Case Update tab in *Module 4: Family Update Window*.

Briefly describe the following:

- Who in the family had input into the above Service Plan (e.g., birth mother or father, parent partners, children)?
- How did they have input (e.g., face-to-face contact with caseworker, by phone or letter, via case conference, in court, through their lawyer)?
- What specifically was their input? What are their priorities? What services, if any, did they request? What services, if any, did they refuse? What changes to the plan have they requested? What suggestions did they make?

- If a key person (e.g., one or both birth parents) has not been involved in planning and decision making, describe what has been done to find them, invite them to participate, and to encourage their input.

Appendix

11A: A Checklist for Evaluating the Family Service Plan

Rate each item according to the following scales: 1=not satisfactory, 2=acceptable, 3=excellent.

	Rating:
1. All members of the family were invited to provide input into both the assessment and the plan.	____
2. The family was provided with information on when the plans would be developed.	____
3. The family clearly understands the purpose of the plan.	____
4. The plan is written in clear, jargon-free language that the family understands.	____
5. The plan is congruent with the information gathered during the assessment process, captured in the assessment protocols, and synthesized during the analysis.	____
6. The plan identifies the behaviors or conditions that need to change.	____
7. The planned outcomes and activities target the underlying conditions and contributing factors that create and sustain those behaviors and conditions.	____
8. The plan addresses/continues to address the safety concerns.	____
9. The plan identifies risk reduction activities and services.	____
10. The plan supports the family in achieving their outcomes.	____
11. The plan includes ways of creating change.	____
12. The plan reflects the strengths and resources within the family or its environment.	____

13. The plan reflects an understanding or exploration of the family's uniqueness, including culture. ____

14. The family understands the outcomes and their role in achieving them. ____

15. The plan strengthens parental functioning. ____

16. The worker's/service provider's activities support outcome achievement clearly and specifically. ____

17. The amount of work planned for both family and service providers during this service period is realistic. ____

18. The parties will be able to verify when/whether outcomes/activities are achieved. ____

19. If children are in foster care, the plan and case record includes evidence of discussion of timelines for plan achievement, other permanency options if plan is not achieved, and involvement of the foster parents in the service plan review process. ____

For any items rated "unsatisfactory," what steps can you take to improve the effectiveness of the plan?

Module 12: Programmatic Eligibility

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Introduction and Rationale

Foster Care Placement and Mandated Preventive Services are provided in accordance with federal and state mandates, and are funded through a mix of federal, state, and local resources. When placement or Mandated Preventive Services are provided by a local DSS (either directly or through their contracts with private agencies), such services must be offered in accordance with the statutory and regulatory standards that define the circumstances and conditions under which a family may or must receive the services. When placement and/or Mandated Preventive Services are provided, the family's eligibility for such services must be documented on the Programmatic Eligibility window of the FASP.

This module assists FASP authors in effectively completing the Programmatic Eligibility window of the FASP.

Completing the Programmatic Eligibility Window

For cases with a Program Choice of Placement or Mandated Preventive Services, Programmatic Eligibility must be documented on the first FASP after services are first authorized and on each successive FASP.

In an FSS/CWS or an FSS/CCR stage, Programmatic Eligibility must be documented on a family basis if a Program Choice of Preventive Mandated has been selected for at least one child in the family.

In an FSS/CWS stage, Programmatic Eligibility must be documented for each child with a Program Choice of Placement. In an FSS/CCR stage, documentation of eligibility for placement is not required because the child has been legally surrendered, or parental rights have been terminated; therefore, Programmatic Eligibility for Placement is assumed by CONNECTIONS.

Programmatic Eligibility determination within the FASP is not required for Non-Mandated Preventive Services; in those districts where Non-Mandated Preventive Services are available, eligibility for such services is based on locally defined standards for eligibility. For definitions and further discussion of the distinction between Mandated vs. Non-Mandated Preventive Services, see *Module 3: Person List Tab and Tracked Children Detail Window*.

Accuracy Check

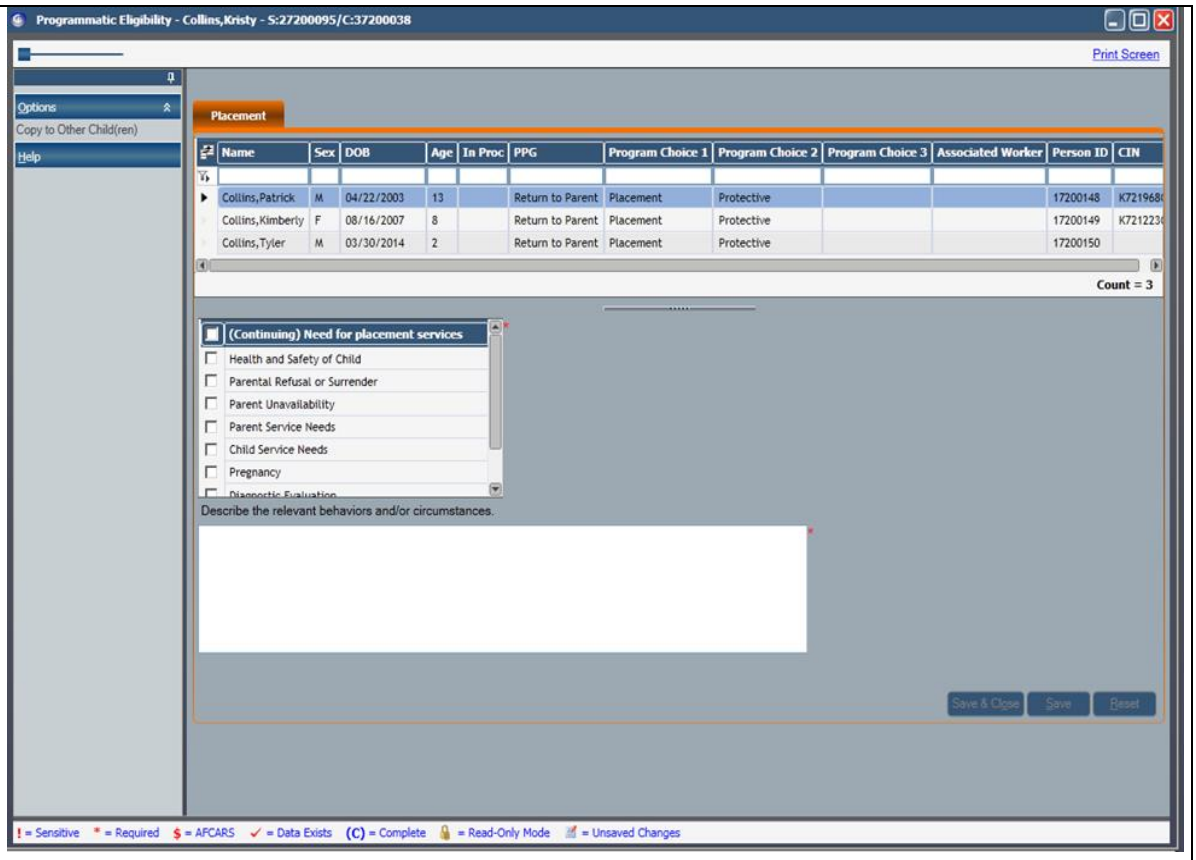
The accuracy of Program Choice and PPG within the Tracked Children Detail window critically affects the accuracy of the Programmatic Eligibility window. If the caseworker believes there is an error on the Tracked Children Detail window, the caseworker must go back and correct it, before attempting to complete this window.

Who Completes the Programmatic Eligibility Window?

The Programmatic Eligibility window of the FASP must be completed by the Case Planner prior to submitting a FASP for approval. The Case Manager is responsible for determining the accuracy of the selected Eligibility Standard to the specific family circumstances, and the appropriateness of the supporting narrative.

Programmatic Eligibility Window

Programmatic Eligibility Window: Placement Tab



Quick Tips for Completing the Placement Tab

Select one or more Eligibility Standard(s) applicable to each child.

In the narrative field, describe the specific family or child behaviors and conditions that meet the chosen standard.

Placement

When Placement is the Program Choice for a child or sibling group, each child's Programmatic Eligibility must be documented in the first FASP or Plan Amendment completed after the child initially enters foster care. Eligibility for placement must be documented on each subsequent FASP for as long as the child remains in foster care.

There are eight circumstances, as defined in NYS regulations (18 NYCRR 430.10) that support eligibility for the Program Choice of Placement.

- Health and Safety
- Parent Refusal

- Parent Unavailability
- Parent Service Need
- Child Service Need
- Pregnancy
- Diagnostic Evaluation
- Court Order for Services (as an alternative to Placement)

To support the need for placement, a child need only meet one standard. However, different children in a family may be placed for different reasons (e.g., the primary reason for placement of a group of siblings may be due to a Parent Service Need, while one or more of the children may require a higher level of placement due to a Child Service Need). In such a situation, the caseworker should identify and provide documentation to support each applicable eligibility standard.

Note

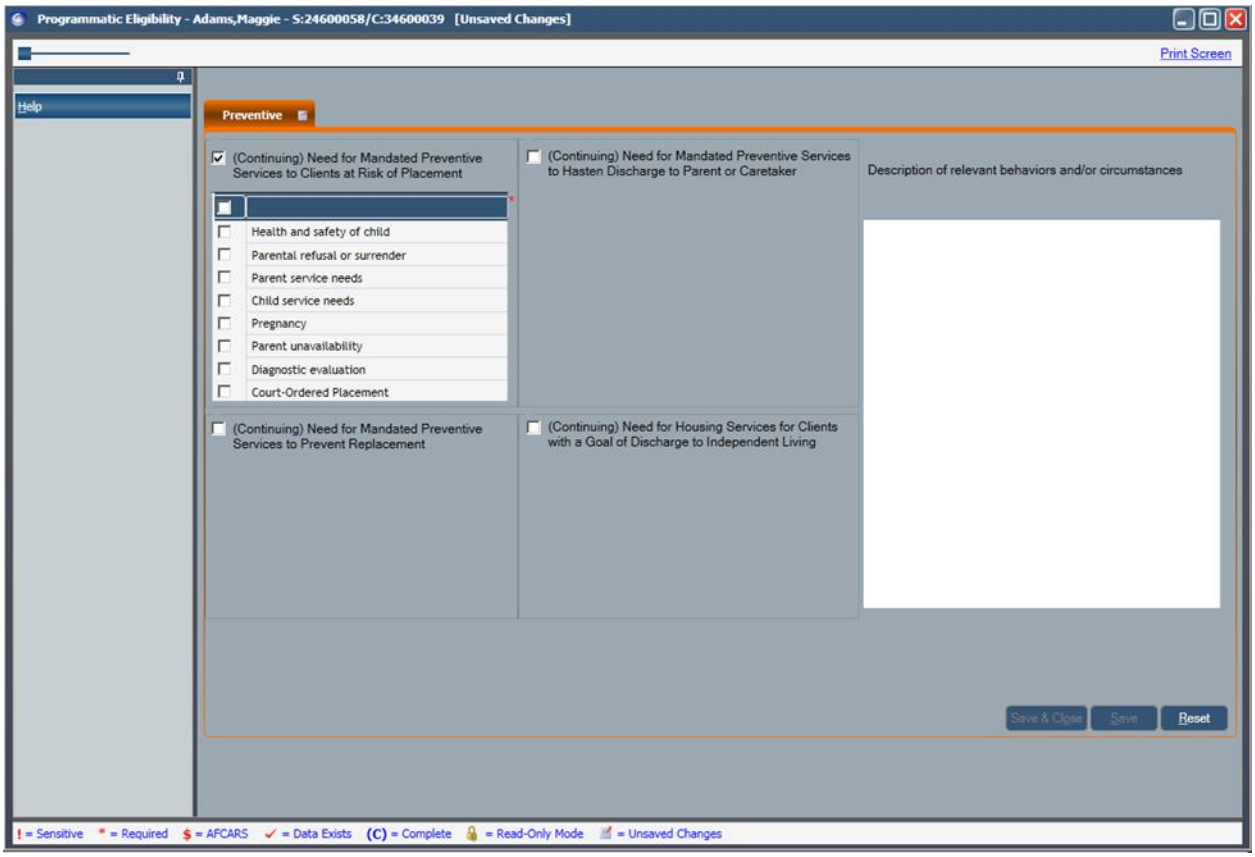
Programmatic Eligibility for placement is not the same as Federal IV-E eligibility determination. IV-E eligibility is primarily a legal and financial standard of eligibility for reimbursement of federal funds.

Accuracy Check

If a child has entered or reentered foster care since the last FASP was completed, it is critical that the Program Choice of Placement be added. If a child has been discharged from foster care, it is equally important that the Program Choice of Placement be end-dated. Failure to accurately update this information on the Tracked Children Detail window will result in serious errors in the caseworker's FASP.

Once an erroneous Program Choice has been approved on a FASP, it is impossible to correct it beyond the date of the last approved FASP.

Programmatic Eligibility Window: Preventive Tab (Mandated Preventive Services)



Quick Tips for Completing the Preventive Tab

Be sure that the caseworker is familiar with the definitions of the Program Eligibility Standards for Mandated Preventive Services. The Standards also provide detailed descriptions of what the caseworker must document in the supporting narrative for each selected Eligibility Standard.

Eligibility for Mandated Preventive Services is authorized on a family basis, whereas Placement Eligibility is per child.

For families receiving Mandated Preventive Services:

- First select the subcategory of Mandated Preventive Services that reflects the purpose of services at this time:
  - Mandated Preventive Services to Clients at Risk of Placement
  - Mandated Preventive Services to Prevent Replacement
  - Mandated Preventive Services to Hasten Discharge to Parent or Caretaker
  - Housing Services for Youth with a PPG of Discharge to APPLA with a Permanency Resource (formerly Independent Living)
- Then select one or more Program Eligibility Standard(s) that support why this family is eligible for these services at this time.

- In the narrative field on the right side of the window, provide a brief, focused description of the specific circumstance(s) that supports why the family is eligible for Mandated Preventive Services at this time; this description must fit the definition of the selected Eligibility Standard.

Finding Your Way around the Preventive Tab

The Mandated Preventive Services Programmatic Eligibility Standards on the Preventive tab are arranged within four broad subcategories. Within each category are applicable standards of eligibility, as defined in state regulations (18 NYCRR 423.3 and 430.9). Knowing this will help the caseworker navigate their way through the various choices.

Programmatic Eligibility Standards for Mandated Preventive Services

Mandated Preventive Services to Families at Risk of Placement due to:
 	
• Health and Safety
• Parental Refusal or Surrender
• Parent Service Need
• Child Service Need
  ▪ Physical/mental/emotional condition
  ▪ Dangerous behavior
  ▪ Disruptive behavior
  ▪ PINS/JD
  ▪ HIV
• Parental Unavailability
• Pregnancy
• Diagnostic Evaluation
• Court Ordered Services
	Mandated Preventive Services to Hasten Discharge of Child from FC to Parent or Caretaker:
	
	• Preventive Services other than Housing
	• Housing Services
	• Services For Children Placed in a Designated Emergency Foster Boarding Home

Mandated Preventive Services to Families to Prevent Replacement due to:
 	
• Health and Safety
• Parental Refusal or Surrender
• Parental Unavailability
• Parent Service Need
• Child Service Need
  ▪ Physical/mental/emotional condition
  ▪ Dangerous behavior
  ▪ Disruptive behavior
  ▪ PINS/JD
  ▪ HIV
• Pregnancy
• Family Court Contact
• Previous Unplanned Discharge from FC
• Recurrence of Reason for Previous Placement
	Housing Services for Youth with a PPG of APPLA with a Permanency Resource:
	
	• Housing services are necessary and authorized
	• Youth has been in care at least 90 days
	• Youth is prepared for discharge with PPG of APPLA with a Permanency Resource, and housing is necessary to support discharge
	• Discharge from foster care is planned within two months

Navigation Tip for Documenting Programmatic Eligibility for Sibling Groups

If there is more than one child in a family receiving Mandated Preventive Services for the same reason, the caseworker can select more than one child on the Preventive tab in order to apply the same Eligibility Standard for multiple children. Where one or more siblings have a unique reason for receiving Mandated Preventive Services, the caseworker can add another Program Eligibility Standard to reflect the child's specific circumstances.

Recertification of Mandated Preventive Services

If services are to be continued, recertification for Mandated Preventive Services must occur every six months.

In each FASP after the initial eligibility determination, documentation must show that the child continues to be at risk of foster care, or will likely continue in foster care, unless preventive services are continued. Case documentation must also show that it is reasonable to believe that by providing such services, the child will be able to remain with or be returned to his or her family.

Documentation in the FASP must show that:

- Not all client goals have been met; show that one or more client goal currently being pursued relative to initial mandates for preventive services has not yet been met.
- Removal of services would lead to a deterioration of the progress made; show that removal of services would be detrimental to progress already made with the child and/or family.

The local district is required to continue the preventive services for as long as progress in the case plan is being made and services continue to be needed. However, no family may receive Mandated Preventive Services for more than 24 months during a single foster care placement for the purpose of returning the same child home.

It is not necessary to once again document the reason for the initial mandate.

Module 13: Service Plan Review

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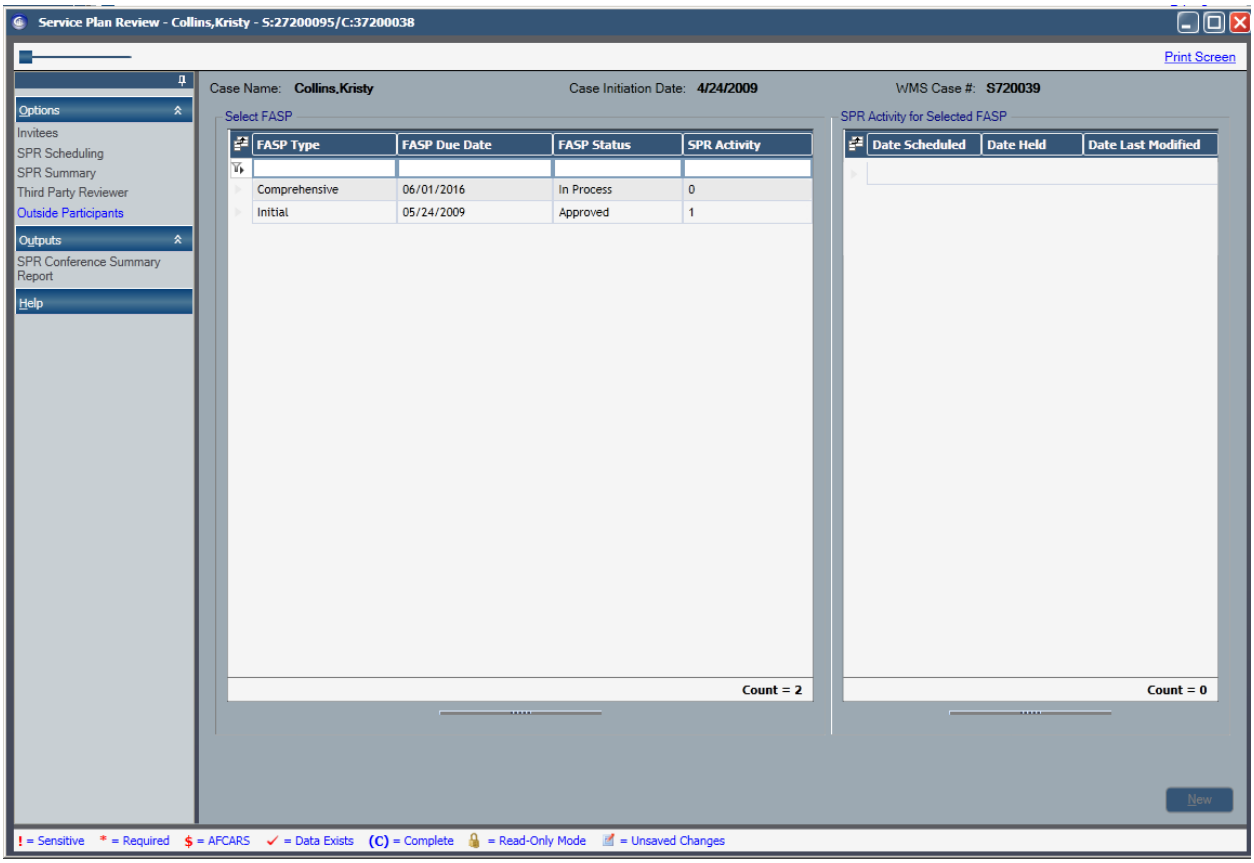
Introduction and Rationale

The Service Plan Review (SPR) Conference is a tool used to promote timely achievement of permanency. Bringing together all parties involved in the permanency planning process respects the family's and child's right to be actively involved and informed in the decision-making process, provides a clear focus on the long range needs of the child, promotes shared decision making, and is a practical means of ensuring that all are aware of the plan and their responsibilities.

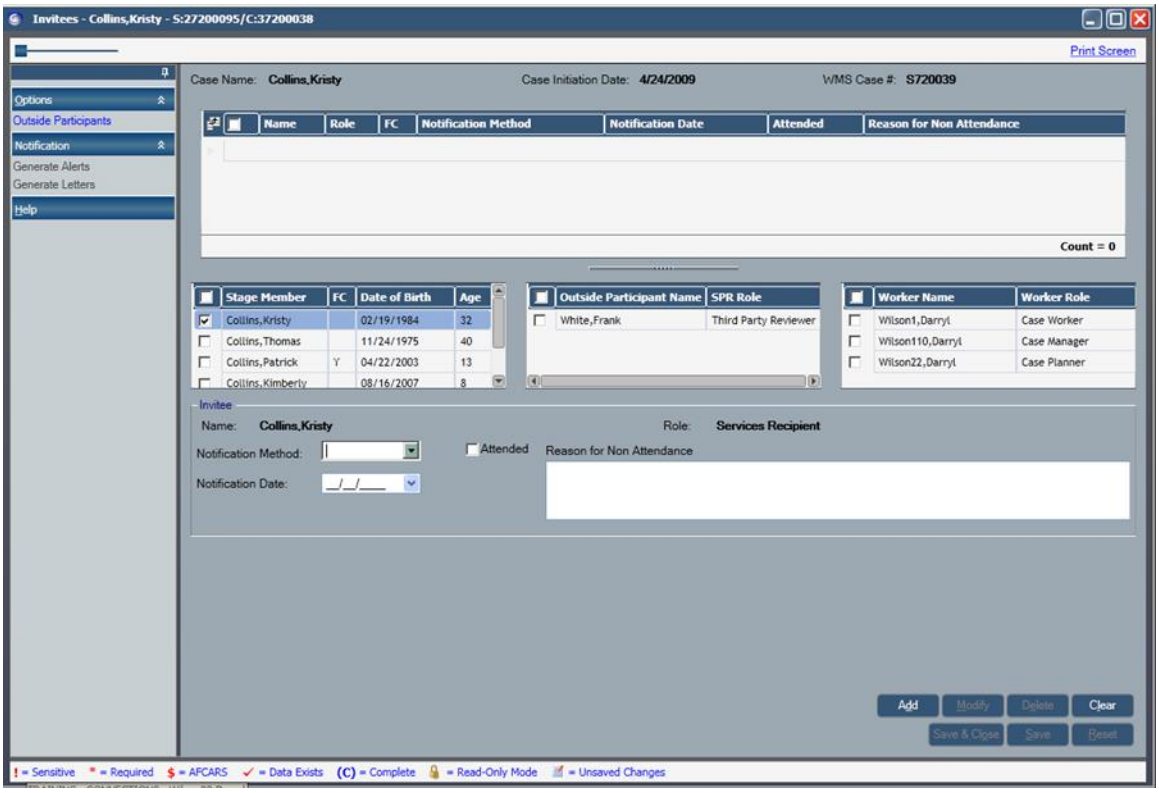
When a child is in foster care, an SPR Conference must be held and documented prior to completion and approval of the Comprehensive FASP, and before each subsequent Reassessment FASP. The SPR may be in the form of a case conference with the Case Planner, the family, and a Third Party Reviewer present, or it may be in the form of a judicial review.

Service Plan Review Window



The Service Plan Review Details window is not accessible from the FASP tab; therefore, it is not required to be completed as part of the online FASP approval process. However, some districts require that this window be completed and submitted along with the FASP to ensure following of proper planning requirements. The Service Plan Review Details window is accessed via the Service Plan Review tab found on the Family Services Stage.

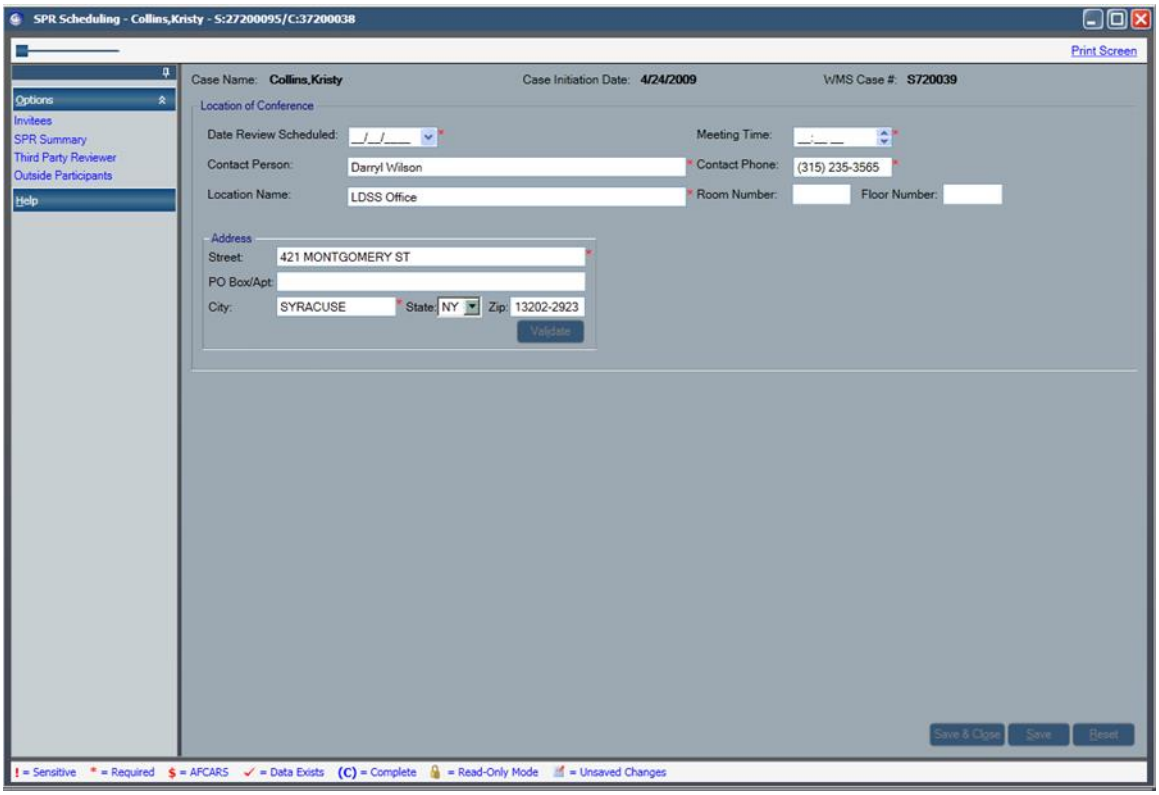
Service Plan Review Details Window: Invitees Window



Quick Tips for Completing the Invitees Window

This tab prefills from information entered on the Person List tab. Caseworkers do not need to do anything on this tab other than note its accuracy. Be sure both parents, if known, are listed, as well as any other permanency resources who are actively involved in planning for the child. If needed, add persons via the Person List tab.

Service Plan Review Details Window: SPR Scheduling Window

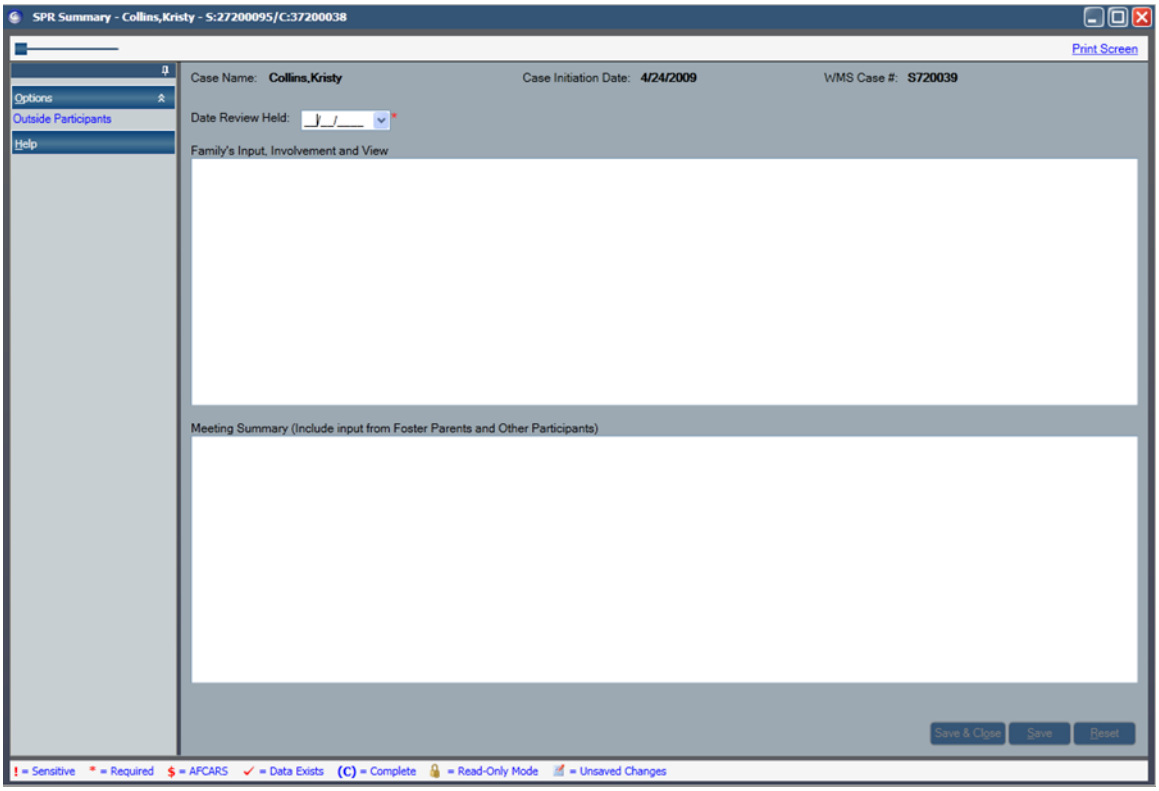


Quick Tips for Completing the SPR Scheduling Window

This tab is completed by the Case Planner or by another person designated to schedule SPRs and send out the required notices.

CONNECTIONS can generate invitations to the SPR Conference based on input provided regarding persons, date, time, and location. Be sure to check the accuracy of addresses on the Invitees Window before generating and sending out notices. A child in care will have a case address (his/her parent's address), as well as a facility address. Be sure to send the notice to the location where he/she receives mail, usually at the facility address.

Service Plan Review Details Window: SPR Summary Tab



Quick Tips for Completing the SPR Summary Window

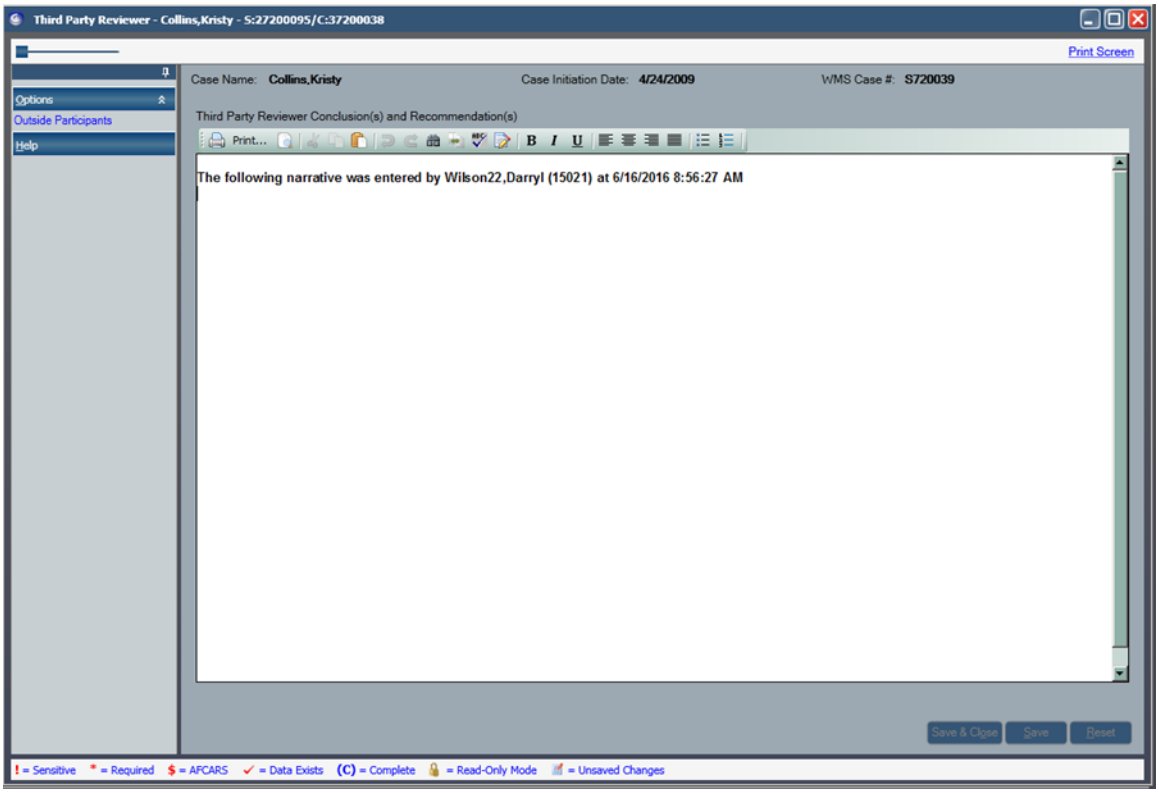
First narrative field:

- Be sure to include the input, involvement, and views of both parents, and any child over the age of ten. Where applicable, parents' partner(s), tribal representative(s), and any other permanency resources actively planning for the child should also be included.
- Describe specifically the above individuals' level of participation in the SPR, and their specific input regarding:
    - Their view of the service needs, priorities, and activities at this time (i.e., safety and other key areas targeted for change in the family's Service Plan)
    - Their view of their preparation and progress toward the PPG
    - Their observations, views, and suggestions regarding the children
    - Any other special circumstances or concerns noted (e.g., timing, location, or quality of visits; perception of services; actions of substitute caregivers or others)
- When parents or children over the age of ten are not present at the SPR Conference, be sure to include efforts made to elicit their input outside of the meeting and what that input was.

Second narrative field:

- Include input from the Case Planner, Case Manager, and Case Workers; other service or treatment providers; foster parents; and child care workers or other substitute caretakers. Include input of those who did not attend the meeting, but who provided written or verbal input.
- Briefly describe key observations, agreements, and decisions made at the SPR Conference. (The caseworker may refer to or import key parts of the Service Plan to summarize this discussion.) This summary may include the level of progress on specific goals, next steps, services needed or to be continued or ended; quality of visitation and any changes to the visitation plan; alternative permanency options discussed; and any decisions regarding the direction of the case/PPG for the next plan period.

Service Plan Review Details Window: Third Party Reviewer Window



Quick Tips for Completing the Third Party Reviewer Window

This window should be completed by someone other than the Case Planner. This narrative reflects the Third Party Reviewer's observations, conclusions, and recommendations regarding the quality of the overall Service Plan. It is not a summary of the family's progress.

In responding to this question, the Third Party Reviewer should consider:

- Were all appropriate individuals present for the SPR Conference? Were reasonable efforts made to encourage and support attendance of those individuals not present, and to encourage and support the participation of all who were present at the Conference? What more could have been done or should be done next time to support attendance and participation?
- Is the Safety Plan adequate to address the identified safety issues? If there are issues or circumstances in this case that seriously compromise safety, what specific recommendation has been made, or what immediate steps are being taken, to promote safety at this time?
- Is the PPG appropriate to this family's/child's needs and resources at this time? If not, what is the recommended change?
- How thorough was the assessment? Were all relevant individuals assessed and/or engaged in the assessment and planning process?

- Does the Service Plan reflect a plan to address the most significant needs of this family at this time? Do activities reasonably support achievement of the outcomes? If something is missing, what is the Third Party Reviewer's recommendation for addressing these areas?
- Is the visitation plan consistent with and supportive of the PPG? Are there other persons who should be involved or other steps to be taken to support quality visitation and development of parent/child relationship within visitation?
- Are there other recommendations for improving service to this family and/or for achieving timely permanency?