

Applying Critical Thinking Skills in Child Welfare (CPS Session)

Purpose To strengthen the ability of supervisors and senior workers to apply critical thinking skills to the major decision points in child welfare in order to support workers' ability to gather and synthesize the right information to make the right decisions as effectively as possible.

Rationale All workers and supervisors in child welfare must be able to gather and evaluate information throughout the casework process related to decisions about safety, risk, child abuse/maltreatment, and service planning. Supervisors must monitor performance and provide feedback to staff in making accurate safety and risk assessments, correctly identifying and responding to abuse and maltreatment, and creating service plans that will meet families' diverse needs. Senior workers also need to apply these skills to their own cases and those cases they assist more inexperienced workers on. In order to accomplish these tasks, supervisors and senior workers must apply critical thinking skills.

Learning objectives Participants will be able to:

Cognitive

- identify their needs related to technical assistance and support for ongoing application of learned skills

Affective

- value the professional strengths they bring to the decision-making process in child welfare services
- appreciate various decision-making styles

Operative

- communicate expectations about decision-making in relation to safety, risk, and the assessment of abuse/maltreatment (for supervisors)
- monitor staff performance related to expectations (for supervisors)

- determine how to use critical thinking skills when planning with workers for their interviews with families
- apply critical thinking skills to an analysis of safety factors, decisions, and plans
- apply critical thinking skills to an analysis of risk elements

Materials

PowerPoint slides, APPLYING CRITICAL THINKING SKILLS TO ASSESSING CHILD WELFARE PRACTICE, INTAKE REPORT, INFORMATION, REVIEWING PRIOR HISTORY, IRI, ASSESSING SAFETY AND CASEWORK PRACTICE, DISCUSSION QUESTIONS, ALBERTI PRIOR HISTORY, INVESTIGATION SUMMARY, QUESTIONING SUPERVISION, SUPERVISING RISK ASSESSMENT, MODEL FOR ASSESSMENT AND SERVICE PLANING, RISK ASSESSMENT, INVESTIGATION CONCLUSION, MY NEEDS, SUMMARY; handouts, ALBERTI FAMILY: INTAKE REPORT, TASKS AND REQUIREMENTS OF THE CPS RESPONSE TO REPORTS OF ABUSE OR MALTREATMENT, CRITICAL THINKING SKILLS IN CHILD WELFARE, ALBERTI FAMILY: INDIVIDUAL REPORT OF INVOLVEMENT, ALBERTI FAMILY: PROGRESS NOTES, ALBERTI FAMILY: SEVEN-DAY SAFETY ASSESSMENT, COMMON ERRORS IN REASONING, ALBERTI FAMILY: PRIOR HISTORY, ALBERTI FAMILY: CPS INVESTIGATION SUMMARY, ALBERTI FAMILY: FINAL SAFETY ASSESSMENT, EXPANDED SAFETY FACTORS, RAP CONCEPTS AND RISK ELEMENT DEFINITIONS, MODEL FOR ASSESSMENT AND SERVICE PLANNING, ALBERTI FAMILY: INITIAL RAP, TRAINER’S GUIDE: THINKING CRITICALLY ABOUT RISK ASSESSMENT, ALBERTI FAMILY: INVESTIGATION CONCLUSION, SUMMARY; worksheets, THINKING CRITICALLY ABOUT SAFETY AND CASEWORK PRACTICE (and KEY), MY NEEDS FOR TECHNICAL ASSISTANCE; posters, CRITICAL THINKING SKILLS IN CHILD WELFARE, DECISION POINTS QUESTIONS, SET PRINCIPLES AND CRITICAL THINKING.

Time 5 hours

Learning Process

Thinking critically about
a protective case
record

Convene the small groups.

Instruct participants:

- We mentioned before the break that we're going to work with one, real-life case now.
 - Ancillary instruction:* Display the PowerPoint slide, APPLYING CRITICAL THINKING SKILLS TO ASSESSING CASEWORK PRACTICE.
- Our point in taking this one case and walking through it using the lens of critical thinking is certainly not to criticize any one worker or supervisor but rather to highlight that great intentions and hard work only get you so far.
- As senior caseworkers/supervisors, you need to consistently apply critical thinking skills, because even families where the problems seem fairly straightforward can present hidden challenges that make achieving the child welfare outcomes an elusive goal.
- Your ability to apply these skills can be modeled for more inexperienced staff.
- When line staff become aware that senior workers and supervisors value critical thinking and can mentor them in the process of applying these skills, they are more likely to use them and you will see a shift in practice across the entire unit.
- We also mentioned earlier that this case begins with an SCR report.
- As part of your preclassroom preparation for this training, you were sent materials about the Alberti family to read, as this is a large and complex case. This included the intake report.

Caution: Tell participants that the real names of all involved in the case as well as the dates in the case were redacted. Therefore, CDHS has had to speculate on some information in the case; however, the case facts and actual documentation they will read in the assessments, progress notes, or summaries remains true to the original documentation.

Ancillary instruction: Display the PowerPoint slide, INTAKE REPORT.

- Let's look at the intake report together now.

Ancillary instruction:

- Tell participants to individually review the handout, ALBERTI FAMILY: INTAKE REPORT.
- Refer to the handout, TASKS AND REQUIREMENTS OF THE CPS RESPONSE TO REPORTS OF ABUSE OR MALTREATMENT.
- Tell participants that they'll likely remember this handout from earlier training.
- Also refer to the handout and poster, CRITICAL THINKING SKILLS IN CHILD WELFARE.

Reminder: If your group breaks out into a separate room, be sure to have printed an additional poster for use there.

Discuss: "Considering the tasks CPS workers and supervisors are responsible for initiating or monitoring at the beginning of a case, which of these critical thinking skills are relevant right now?"

Explain (if not already identified by participants):

- The first skill relates to organizing information.
- You may have noticed that the reporter of the call is listed as a DSS worker but the source is noted as the school nurse.
- It would be important to determine the involvement of this worker (e.g., Is this a county or agency worker who was present at the school and the nurse disclosed information to him/her? Was this worker previously involved with the family? Has this worker observed or interacted with the alleged maltreated child?).
- You would also want to know why the nurse didn't make a report for him/herself as required by SSL 413 (unless the worker and nurse were both informed by the child simultaneously in the room together).

Ancillary instruction: Remind participants that while it was determined that the DSS worker did not have first-hand knowledge of Henri's injuries, the nurse was still obligated to make a report by law since she was the one with "first-hand" knowledge. This helps to promote child safety by making sure that all known information is shared with the SCR and local district investigating the report.

- Additionally, in the call narrative section, it states that Henri, the alleged maltreated child, has been seen with "suspicious circular bruises on both sides of his face" and

that the “father hit Henri with a belt on the top of the head as a form of punishment for bothering him.”

- However, in the miscellaneous information section that follows, it states the child was “initially seen with bruises on his cheeks” and that Henri reported “he sustained the bruises on his cheeks from falling down.”

Ancillary instruction: Refer again to the first item (organize the facts) on the handout/poster, CRITICAL THINKING SKILLS IN CHILD WELFARE.

- At the start, we already have what may be conflicting reports about the facts in the case related to the cause of the child’s injury. We do not know whether it was Henri who reported both being hit on the head by his father and also falling down the stairs.

Ancillary instruction:

- Refer to the skill, “temporarily suspend judgment,” on the handout/poster, CRITICAL THINKING SKILLS IN CHILD WELFARE.
- Ask participants, “What do you think a worker’s pre-engagement anticipation of this family might be?”

Caution: Participants should easily recall the concept of pre-engagement anticipation from their Common Core and Supervisory Core training, but if not, provide them with a quick definition.

- It is important to suspend any judgment that the father was the one who caused Henri’s suspicious bruises unless other information we gather begins to support that hypothesis.

Ancillary instruction: Tell participants that they will have a chance to formulate hypotheses later in the case review.

- The benefit of this is that it prevents us from relying on our judgments or biases at the outset of the case, and it also helps us correct for the tendency most people have to look for evidence that supports the initial information they believe to be true.
- The benefit relates to the skill, “recognize the likelihood of bias in your personal opinions, acknowledge the intensity of your feelings about them, and be aware of the danger of weighing case evidence in the decision-making process according to your personal standards.”
- This skill also relates to the worker’s preengagement anticipation at the start of a case.

- We mentioned earlier that one important task you have is to help workers identify any bias they bring to a case. This needs to start at the outset of a case and continue throughout the casework process.

Display the PowerPoint slide, INFORMATION.

Ask participants:

- What information do you think the worker needs to gather during the first home visit?
- How would you monitor for any bias that the worker might bring to the analysis of this information?

State: “Another relevant skill is to ‘look for patterns that appear during the case, rather than only examining the singular facts.’”

Ancillary instruction: Refer to the handout, TASKS AND REQUIREMENTS OF THE CPS RESPONSE TO REPORTS OF ABUSE OR MALTREATMENT.

Discuss: “What task on this handout does this skill relate to?”

Comment: Review prior CPS history.

Display the PowerPoint slide, REVIEWING PRIOR HISTORY.

Explain:

- Making sure that workers conduct a search for prior history and a records check are a necessary task of supervisors. The record could reveal helpful information to be used at the onset of an investigation.
- For example, imagine that a prior history review found two former reports against this father for excessive corporal punishment; however, it was determined during the last investigation that it was the mother who was causing injury to the child.
- While this information would not rule out the plausibility of other explanations for the information contained in the narrative and would not preclude a thorough safety assessment, it would certainly provide one hypothesis to consider.

- Remember, this is just an example of what could be found in prior history. Let's look at the Individual Reports of Involvement (IRI) for the family members and see what is known about them.

Ancillary instruction:

- Display the PowerPoint slide, IRI.
- Tell participants to individually read the handout, ALBERTI FAMILY: INDIVIDUAL REPORT OF INVOLVEMENT.

Discuss: "What information do we have now about the family?"

Explain:

- The IRI shows us one past report on the family, which was recently unfounded against both the mother and also a man identified as the father.
- Remember, we should not automatically assume that the father referred to in the intake report narrative is the same father identified here without first knowing the name of the man identified in the intake report.
- The alleged maltreated child appears to be Henri, now 4 years old.
- Given that there is a prior history, the supervisor in the case should set the expectation for the worker to examine any records related to the unfounded report. This will help to better determine whether there are any patterns that we need to be aware of in this case.

Comment: If necessary, remind participants that unfounded reports ARE available to CPS workers during an investigation only for the purpose of getting information that might help the current investigation. They are expected by law to review all prior reports within one business day (NYCRR 432.2b3i).

Ancillary instruction: Refer again to the poster/handout, CRITICAL THINKING SKILLS IN CHILD WELFARE. Tell participants that many of the other skills would need additional information about the case in order to be employed. Let them know that you'll explore the use of these other skills with the case as they gather more information about the case.

Applying critical thinking skills to safety assessments

Refer to the handouts, ALBERTI FAMILY: PROGRESS NOTES and ALBERTI FAMILY: SEVEN-DAY SAFETY ASSESSMENT.

Instruct participants:

- Momentarily, we're going to ask you to look at these progress notes again and then read the seven-day safety assessment.
- While there are strengths already to be noted, such as the attendance to the family's language needs and the immediate contact with the source and with the family and alleged maltreated child, there were also some things that were missed by both the caseworker and the supervisor that may later have a larger effect on the children's safety.

Ancillary instruction: Display the PowerPoint slide, ASSESSING SAFETY AND CASEWORK PRACTICE.

- As you review the progress notes and safety assessment, be sure to keep the items on the handout, COMMON ERRORS IN REASONING IN CHILD WELFARE, in mind.

Ancillary instruction:

- Tell participants to individually review the handout, ALBERTI FAMILY: PROGRESS NOTES (which they should have read pre-training). They should then read the handout, ALBERTI FAMILY: SEVEN-DAY SAFETY ASSESSMENT.
- Mention that some case information may be confusing or lacking in detail. Tell them this is okay and that this is the information that was available in the actual case record for the point in the case they are receiving.

Caution: Some of the practice errors in this case that will likely come out in this review are a result of improperly assessing the impact of domestic violence as a contributing factor. Be sure to remind participants that every county offers training on best practices related to assessing domestic violence and working with survivors of domestic violence. Encourage participants to seek out this training for themselves and their workers if they have not previously had it or if they feel a refresher is needed.

Display the corresponding bullet on the PowerPoint slide, DISCUSSION QUESTIONS, as you move through the following discussion.

Discuss:

- Are there any judgments standing in for facts in these notes or in the safety assessment? If so, describe.

Comment:

- There appears to be an assumption that the mother's explanation for Henri's alleging maltreatment (i.e., that he is remembering and disclosing past abuse from his time in Puerto Rico and that he received the marks on his face then) is credible, as the worker discusses the need for Henri to receive counseling about this time (which may still be necessary), but there is no follow-up done immediately to confirm or refute this explanation, even in spite of Henri's statements that he was hit by Pa. While the worker asks for photos as proof that Henri had these marks before, the worker appears to leave the child in the current situation and does not do anything on the case for approximately the next two weeks.
- Also, the progress notes and safety assessment appear completely allegation-driven. Although there are three children in the home, the only information provided about the two infants is that they appear "happy and healthy" and have "no visible marks" on them. It does not appear that a thorough assessment of all the safety factors for all the children was done.
- Is there any bias evident in the worker's notes or safety assessment? If so, what is the evidence of bias?

Comment: It is possible that there is some bias related to engaging Ramon Cruz, who has not been fully established (at this point in the case) to be the secondary caretaker of the children, although the intake lists an unidentified man as the biological father and Ramon Cruz did come into the home during the interview with Louisa and was identified by her as her boyfriend. However, it appears he is not at all engaged by the caseworkers. It is difficult to determine whether this is due to a bias around engaging fathers or him in particular without any additional information in the case notes about him.

- Do you agree with the selected safety factors in the case? Provide evidence to support your answer.

Comment:

- The only selected safety factor here was factor #14 (child expresses fear of being in the home due to behaviors of parent/caretaker or other persons living in or frequenting the home). The comments for this factor clearly note that the alleged maltreated child, Henri, is not in fact afraid of the alleged subjects, so it is not clear why this factor was selected. The other comments do not relate to the factor.

- Also, nowhere is it documented how Henri's injuries were acquired, which was the purpose of the investigation.
 - Furthermore, there is no medical evaluation of Henri's injuries, even though he has a bump on the head, bilateral bruising on the cheeks, and scratches on his face along with his reports to the source that "Pa" caused the bruising. A medical evaluation may have revealed additional information about the current injuries and whether there were any former injuries to be aware of or recommendations made by the examiner.
 - Overall, a complete and thorough safety assessment does not appear to have been conducted; therefore, it cannot be said that the correct factors were identified.
- Do you agree with the selected safety decision?

Comment: Since a complete and thorough safety assessment does not appear to have been conducted, there is no way to say that the selected safety decision is correct.
 - Since sufficient information was not gathered to conduct a thorough and complete safety assessment, what information is missing?

Example:

- How were the marks on Henri obtained? If there is photo evidence of these marks as being obtained in the past, the worker needs to see them immediately.
- How does Louisa and Ramon explain Henri's alleging that the marks were caused by "Pa"? Louisa mentioned Henri calls her uncle "Pa." Who is he and how frequently is he in the home? What does Henri call Ramon?
- Who is Henri's father and what is his contact information?
- Will Louisa consent to Henri having a medical evaluation?
- What was Louisa's experience of domestic violence in the past? Is she currently experiencing any abuse in her relationship with Ramon? Is Ramon providing financial or child care support to Louisa? How much abuse did Henri witness in Louisa's past relationship? Was this relationship with Henri's father? Has Henri received any services for helping him deal with his witnessing of violence against her? Was Henri abused by the person who abused Louisa?
- Where else has the family lived besides Puerto Rico and New York? Have they been involved with child welfare before? Do they understand the role of CPS now?
- Who is/are the fathers of the infants? How is Louisa managing with the children? Do the fathers of any of the children have a role in their lives or pay support?
- Who supervises the children?

- Was any prior history documented in the progress notes that could have provided information about patterns in the case?

Comment: No.

Explain:

- We said earlier that the supervisor should have set the expectation that the worker should gather information from the record about the prior unfounded report.
- It is possible this was done but not documented. But remember the rule from your earlier training, “if it’s not documented, it didn’t happen!”
- There is no evidence in the notes that prior history was checked; therefore, we should assume it was not.
- Let’s see if there was anything in that prior history that might have given us further information about this family, especially any information about potential patterns.

Display the PowerPoint slide, ALBERTI PRIOR HISTORY.

Instruct participants: “Individually review the handout, ALBERTI FAMILY: PRIOR HISTORY.”

Ask: “Keeping the critical thinking skills of organizing information and looking for patterns in mind, what impact might this information (if the worker had reviewed it within one business day of the report) have had on his understanding of the family’s needs?”

Ancillary instruction: Record participants’ responses on a flipchart.

Example:

- The prior history included significant information even though the report was unfounded (although the fact pattern appears to indicate that it may have been an indicated case had the assessment been done correctly).
- The report involved the same subjects and child, and the investigation was done just over a month before the current report was received.
- There were very similar occurrences of suspicious bruises on Henri, reports from Henri and the school that he was being

hit in the home, and denial by the parents/caretakers, even though there was no evidence to prove otherwise (e.g., the school maintained it did not send a letter home saying Henri sustained injuries while falling on ice and the letter in question was never found by the parents).

- The prior history provides information about the condition of the home, which was never really assessed in the first seven days. It also provides information about the children's fathers, which was not documented within the first seven days of the current investigation and a report of drug use by "daddy."
- The history also notes the inability to establish the role of the mother's boyfriend, Ramon Cruz, in the family, as well as her history of experiencing domestic violence and what appears to be her inability to protect Henri, if the source's reports had been established as credible. Other patterns that are emerging include Henri's needs for clothing, food, and supervision apparently not being met at home. Adequate supervision of the infant and hazardous conditions in the home were also not well established but flagged as concerns.

Refer to the information recorded on the flipchart(s).

State:

- All of this information could have been learned within the first day of the report, and if best practice had been followed, it would have been integrated into the current assessment.
- For example, if the current worker had read the statement about Henri's report that his daddy uses drugs in the home and in the car, the worker should have done a deeper assessment of parental drug use.

Caution: Participants may raise concerns (and rightly so) that the prior case, based on the documented information in the summary, had an inaccurate safety and risk assessments, which appears to have impacted the unfounding of the report. Validate participants' awareness that a comprehensive assessment does not appear to have been conducted for this prior report even though a lot of information was documented.

Suggestion: If time permits and if you feel the group is capable of it at this point in the training, refer to the handouts, CRITICAL THINKING SKILLS IN CHILD WELFARE and COMMON ERRORS IN REASONING. Invite them to identify the errors they see in the prior report and/or share their ideas about how critical thinking skills would have led to a different assessment of safety and risk.

Considering ongoing safety and the application of critical thinking skills

Instruct participants: “Now let’s look at the case update that summarizes the remaining time CPS was involved with the family. You were asked to read this as part of your pre-training reading.”

Ancillary instruction:

- Display the PowerPoint slide, INVESTIGATION SUMMARY.
- Tell participants to individually review the handout, ALBERTI FAMILY: CPS INVESTIGATION SUMMARY, followed by reading the handout, ALBERTI FAMILY: FINAL SAFETY ASSESSMENT.
- Tell participants to work with their table groups to complete the worksheet, THINKING CRITICALLY ABOUT SAFETY AND CASEWORK PRACTICE.
- Circulate around the room, coaching and responding to any questions.
- Refer participants to the handouts, EXPANDED SAFETY FACTORS and CRITICAL THINKING SKILLS IN CHILD WELFARE, for support in responding to the discussion questions.
- Review participants’ responses, utilizing the related TRAINER’S KEY.

Display the corresponding bullet on the PowerPoint slide, QUESTIONING SUPERVISION, as you move through the following discussion points.

Discuss:

- If you could “do over” the assessment of the worker’s practice at this point, what new expectations would you set going forward?

Comment: Performance expectations include gathering sufficient information to identify the correct safety factors for all the children in the home/family and also modifying the caseworker’s actions based upon an accurate assessment. The worker should not leave these children with the parents/caretakers until they have established whether any of them are in immediate or impending danger of serious harm and, if necessary, an effective safety plan is immediately put into place to protect the children. The supervisor should ask the worker to complete a thorough assessment of both Louisa’s and Ramon’s underlying conditions and contributing factors to determine what the potential barriers to change are. If this assessment reveals issues, the supervisor should ask the worker to develop plans that address the issues, e.g., a mental health evaluation for Ramon if it appears that he is,

in fact, violent and out of control and inflicting harm on Louisa and the children; clothing or laundry vouchers if it is assessed that this is an area of need. Additionally, collateral contacts with all three children's medical providers and any other identified collaterals needed to occur early in this case. The supervisor should set the clear expectation that both Louisa and Ramon need to be engaged so as to determine how Henri was injured, and they BOTH need to be interviewed separately about whether any violence exists in their relationship and, if so, the extent of it.

Example:

- The supervisor should be concrete with the worker in establishing the expectation that the workers interview Ramon in a separate room from Louisa and begin by joining with him around something they both have in common. The worker should point out Ramon's strengths in being there to help Louisa through what must be a difficult time as CPS investigates her family, and the worker should use that as an opening to assess more information about Ramon's relationship with Louisa and the children, including confirmation of whether he is the father of one or more of the children. The worker could ask Ramon a circular question about what he has heard about Louisa's past experiences of domestic violence and use this to begin assessing whether Ramon has ever or is currently using any abusive tactics with Louisa or whether he has even been the victim of abuse in the relationship himself.
- In regards to interviewing Louisa alone, it would be best, if possible, to get a moment alone with her to determine whether the workers could come back later in the evening to interview her alone when Ramon is sure to be out of the home. If not, she should be interviewed by the other worker while Ramon is interviewed by the senior worker. The worker should be sure to address any confidentiality and safety concerns she has and could begin the interview by confronting her strengths in surviving a past abusive relationship, assessing that experience, and then moving into an assessment of whether she is currently experiencing abuse with Ramon.
- How would you monitor the worker's attendance to these expectations?

Comment: Given the complexity of this case, the supervisor should have been regularly checking in with the worker about what was happening in the family and what expectations the worker was achieving. The safety status of the children needs to be reviewed at every contact, and the supervisor needs to support the worker in making the correct decisions.

- How does always considering what the worker missed in the process and “what do we do next” support more thorough safety assessments and effective safety plans?
- How can you “question your own assessments” of the casework practice you are supervising?

Applying critical thinking skills to risk assessments

Display the PowerPoint slide, SUPERVISING RISK ASSESSMENTS.

State:

- Often during field assessments your worker will simultaneously gather information that relates to safety, risk, and family functioning. You then have to sort that information with them.
- You also have to ask yourself and the worker what information is still needed in order to complete the risk assessment.
 - *Ancillary instruction:* Remind participants that the elements of the RAP and the handout, RAP CONCEPTS AND RISK ELEMENT DEFINITIONS, are tools the caseworker can use to sort information that is relevant to risk assessment and determining gaps in information. Refer participants to the handout in their workbook.
- The application of critical thinking skills is necessary in order for workers to utilize the Risk Assessment Profile to accurately determine the level of risk present in a family.
- In order to get an accurate risk score using the RAP, caseworkers must not make assumptions or document their opinions. To achieve an accurate risk rating, responses and comments related to the risk elements must be based on the facts of the case.

Ask:

- Where does the information that workers document in the RAP come from?
 - *Comment:* Family members, collaterals, information gleaned from written documents such as police reports, school records, and medical records.
- How does gathering information from multiple sources help you determine the validity of information and the credibility of sources of information?

Example: One of the errors of reasoning in this case was that the parents/caretakers were viewed as more credible than the child. If the worker had gathered information from multiple sources, it might have affected the bias in credibility, since there was no evidence that the parents' reports were, in fact, credible.

- What steps do you have your workers take during the assessment to check the validity of information?

Example: When children provide information that is inconsistent with information a parent provided and/or that indicates gaps in the information the parent(s) shared, the worker confronts the parent about that information and seeks related information from the child's doctor, school, and/or other collaterals to resolve the inconsistencies.

Explain:

- As part of the application of critical thinking skills, you always need to check that biases are not represented in the RAP (or other assessment protocols).
- For example, if your worker's opinion is that six beers a night is fine, he or she may be inclined to leave information about the parent's alcohol abuse off of the RAP.
- However, if such information is omitted, there won't be an accurate reading of risk.
- Remember, regardless of the worker's or supervisor's opinion, the facts about the parent's behaviors are what need to be documented in the RAP.
- In summary, in order for this tool to yield accurate risk scores and corresponding levels, workers must use their critical thinking skills when gathering and documenting the necessary information in this tool.

Ancillary instruction: Refer the supervisors to the poster, SET PRINCIPLES AND CRITICAL THINKING.

- It is your job to use your critical thinking skills and these SET principles to accurately evaluate the worker's assessments and provide related expectations, feedback, and coaching to strengthen the worker's practice.
- Ultimately, the tool's purpose is to help you and your worker decide where to go next with this family, i.e., do you open the case for services?

Ancillary instruction: Display the PowerPoint slide, MODEL FOR ASSESSMENT AND SERVICE PLANNING, and refer to the corresponding handout.

- Remember, while the initial RAP is documented by CPS workers and used to calculate the risk rating, the elements of the RAP are used in ongoing assessment tools that foster care and preventive services workers will use to guide and document ongoing assessments.
- Furthermore, when a CPS worker passes responsibility for a case to foster care and preventive services workers, the information the CPS worker documented in the RAP informs the ongoing worker why the case was opened for services and what behaviors and conditions pose risk so that the ongoing worker can monitor and address those concerns with the family in order to prevent future abuse and maltreatment.

Display the PowerPoint slide, RISK ASSESSMENT.

Instruct participants:

- Recalling the case summary you just read, now individually review the handout, ALBERTI FAMILY: INITIAL RAP, before we continue to discuss the case practice.

Ancillary instruction:

- Note that participants have already read the entire case history in the prior summary, but our task here is to focus on risk assessment.
- Facilitate a large-group discussion, utilizing the questions on the handout, TRAINER'S GUIDE: THINKING CRITICALLY ABOUT RISK ASSESSMENT AND CASEWORK PRACTICE.
- Refer participants to the handouts, COMMON ERRORS IN REASONING, RAP CONCEPTS AND RISK ELEMENT DEFINITIONS, and CRITICAL THINKING SKILLS IN CHILD WELFARE, to support their responses.
- When the discussion is complete, display the PowerPoint slide, INVESTIGATION CONCLUSION. Tell participants to individually review the handout, ALBERTI FAMILY: INVESTIGATION CONCLUSION.
- Elicit any questions or comments they have about it.
- Be aware that participants may note that an error was made in the document here as well. The conclusion comments related to substantiated allegations are placed under the unsubstantiated section. Additionally, it is noted that the

children were only in care during the first placement for one week; however, the case record suggests it was at least two weeks. The totality of gaps in information in this case become apparent in reading the narrative.

Assessing needs

Explain:

- We just reviewed a case from beginning to end of an investigation and considered what could have been done differently through the application of critical thinking skills.
- The Alberti children remained in care for some time following the conclusion of this investigation.

Discuss:

- What was most challenging for you about completing these exercises in critical thinking today?
Ancillary instruction: Refer to the poster, SET PRINCIPLES AND CRITICAL THINKING.
- How do you feel about your ability to continue to apply the SET principles as they intersect with critical thinking to your assessment of workers' practice?

Display the PowerPoint slide, MY NEEDS, and refer participants to the worksheet, MY NEEDS FOR TECHNICAL ASSISTANCE.

State: "You may recognize other needs to support you in the work that you do with children and families. We are providing you this opportunity to express those needs."

Refer to the poster and handout, DECISION POINT QUESTIONS.

Instruct participants: "Identify any technical assistance or other resources you think would provide you the support you need to feel more confident in your role of making these major decisions in child welfare by individually completing the worksheet, MY NEEDS FOR TECHNICAL ASSISTANCE. We will collect these and use them to advocate for your needs in this area."

Ancillary instruction:

- Thank participants for their hard work.
- Collect the worksheet, MY NEEDS FOR TECHNICAL ASSISTANCE.

Conclusion Display the PowerPoint slide, SUMMARY, and refer to the corresponding handout.

Explain:

- An informed decision-making process includes being objective, considering all possibilities, gathering information, evaluating and analyzing all available information, and drawing logical conclusions.
- The identified critical thinking skills alongside use of the SET principles support your ability to guide your workers in making informed decisions related to assessing safety and risk, identifying abuse and maltreatment, and planning for services with the family.
- When an *informed* decision making process is not followed, unfortunately, errors occur.
- We hope that today's program will help you use critical thinking skills to make those decisions and also to remain vigilant in order to avoid common errors in reasoning.

*PowerPoint slide – Applying Critical Thinking Skills to
Assessing Casework Practice*

- ➔ Great intentions and hard work only get you so far.

- ➔ You need to consistently apply critical thinking skills to achieve the child welfare outcomes.

- ➔ You need to model use of these skills to less experienced staff.

PowerPoint slide – Intake Report

Review the handout, ALBERTI FAMILY: INTAKE REPORT, now.

Alberti Family: Intake Report

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD PROTECTIVE SERVICES
INTAKE REPORT

***** WARNING *****
CONFIDENTIAL INFORMATION
AUTHORIZED PERSONNEL ONLY

CASE NAME : Alberti, Louisa
MERGE TO CASE ID :
INTAKE CASE ID : 32748190
CALL/INTAKE STAGE ID : 22605390

SUMMARY

DATE REPORTED	: 03/17/20XX	PRIMARY WORKER	: Burgess, Anthony
TIME REPORTED	: 10:28 am	COUNTY/ZONE	: Capital
CLASSIFICATION	: CPS - Familial	SECONDARY WORKER	:
INTAKE TYPE	: Initial	COUNTY/ZONE	:
DUP. OF STAGE ID	:	WORKER TAKING INTAKE	: DeVeaux
		COUNTY/ZONE	:
Worker Safety	: N	Sensitive Issues	: N
		Special Handling	: N

LIST OF PRINCIPALS

<u>Line</u>	<u>ADDR #</u>	<u>NAME:</u>	<u>AKA</u>	<u>RELATIONSHIP</u>	<u>ROLE</u>	<u>SEX</u>	<u>DOB (AGE)</u>	<u>TYPE</u>	<u>DOD</u>	<u>PERSON ID</u>	<u>REL</u>	<u>LANG</u>	<u>Line</u>
01	P01	Louisa Alberti		Mother	Unknown	F	()			97567234	Y	SP	01
		ETHNICITY / RACE: Hisp-Latino / Not Reported											
02	P01	Unknown		Bio. Father	Algd Sub	M	()			97567235	N	EN	02
		ETHNICITY / RACE: Hisp-Latino / Not Reported											
03	P01	Henri Garayua		Child	Mal Child	M	10/16/20xx-4 (4)	A		97567236	Y	EN	03
		ETHNICITY / RACE: Hisp-Latino / Not Reported											
04	P01	Unknown		Child	Unknown	F	()			97567237	N	EN	04
		ETHNICITY / RACE: Hisp-Latino / Not Reported											

Alberti Family: Intake Report

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

OFFICE OF CHILDREN AND FAMILY SERVICES
 CHILD PROTECTIVE SERVICES
 INTAKE REPORT

***** WARNING *****
 CONFIDENTIAL INFORMATION
 AUTHORIZED PERSONNEL ONLY

CASE NAME : Alberti, Louisa
 MERGE TO CASE ID :
 INTAKE CASE ID : 32748190
 CALL/INTAKE STAGE ID : 22605390

REPORTED ADDRESS INFORMATION

<u>ADDR #</u>	<u>STREET</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>CNTY</u>	<u>CD</u>	<u>ADDR TYPE</u>	<u>PHONE</u>	<u>EXT</u>	<u>PHONE TYPE</u>	<u>ADDR #</u>
01	207 Sunset Lane, #3	Uptown	NY				RS			RS	01

ALLEGATION DETAIL

<u>Line</u>	<u>MALTREATED/ABUSED CHILDREN</u>	<u>ALLEGATIONS</u>	<u>Line</u>	<u>ALLEGED SUBJECT(S)</u>
03	Henri Garayua	Inadequate Guardianship Lacerations, Bruises, Welts	02	Unknown

REPORTER INFORMATION

NAME :	RELATIONSHIP :	DSS Worker	AGENCY :	County DSS	SUMMARY OF FINDINGS :	Y
ADDR :	BROADWAY	PO BOX 758	PHONE :		BS	

SAFETY FACTORS

Caretaker caused serious physical harm to child or has made a threat of serious harm.

Report Narrative on the Next Page

Alberti Family: Intake Report

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD PROTECTIVE SERVICES
INTAKE REPORT

***** WARNING *****
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AUTHORIZED PERSONNEL ONLY

CASE NAME : Alberti, Louisa
MERGE TO CASE ID :
INTAKE CASE ID : 32748190
CALL/INTAKE STAGE ID : 22605390

Call Narrative

Today (3/17/xx), 4 year old Henri was seen with suspicious circular bruises on both sides of his face. On Friday (3/14/xx), father hit Henri with a belt on the top of his head as a form of punishment for bothering him. Henri has no visible bruises to top of the head but his head is sore. Role of mother is unknown, mother was sleeping at the time.

Miscellaneous Information:

Source stated that Henri only speaks Spanish and it is believed that the family does not know English. Henri was initially seen with bruises on both sides of his cheeks on Friday, however, child was not interviewed until today. Henri reports that he sustained the bruises on his cheeks from falling down. Infant child is also reported to be in the home.

Locating Information: Henri is presently in school.

Tasks and Requirements of the CPS Response to Reports of Abuse or Maltreatment

The primary purpose of Child Protective Services is to provide for the safety of children. In order to do this, a CPS investigation requires that the following tasks be completed:

- ➔ Beginning the CPS response within 24 hours
- ➔ Contact with the source
- ➔ Review of SCR report
- ➔ Review of prior CPS history
- ➔ Refer to local procedures to determine whether or when to conduct a criminal history record information search
- ➔ Written notification to subjects and other persons named in the report of the existence of the report
- ➔ Contact with all appropriate collaterals
- ➔ Face-to-face interviews with subjects
- ➔ Face-to-face interviews with all “other persons named in the report,” including family members and all children in the home
- ➔ Obtaining of necessary releases of information from caretaker, as needed
- ➔ At least one home visit
- ➔ Observation of all children in the home
- ➔ Evaluation of the environment of all children in the home
- ➔ Evaluation of information and evidence gathered
- ➔ Reinterviewing the source, collaterals, and family members to clarify contradictions and ambiguities, if necessary
- ➔ Continued visits to the home as necessary to assess safety, abuse, maltreatment, and risk
- ➔ Safety assessments, safety decision, and safety planning (when necessary) with ongoing monitoring of the safety plan

Tasks and Requirements of the CPS Response to Reports of Abuse or Maltreatment

- Determination of whether the allegations are substantiated/unsubstantiated and, subsequently, whether the report is indicated or unfounded
- Risk assessment and decision of the need for services
- Offer of services to the family, when appropriate
- Decision that Child Welfare involvement is no longer necessary
- Written notice to subject(s) and other persons of the determination decision

PowerPoint slide – Information

- ➔ What information do you think the worker needs to gather during the first home visit?

- ➔ How would you monitor for any bias that the worker might bring to the analysis of this information?

PowerPoint slide – Reviewing Prior History

You need to make sure that workers conduct a search for prior history and a records check, which could reveal helpful information to be used at the onset of an investigation.

PowerPoint slide – IRI

Read the handout, ALBERTI FAMILY: INDIVIDUAL REPORT OF INVOLVEMENT, now.

Alberti Family – Individual Report of Involvement

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD PROTECTIVE SERVICES
INTAKE REPORT

***** WARNING *****
CONFIDENTIAL INFORMATION
AUTHORIZED PERSONNEL ONLY

CASE NAME : Alberti, Louisa
MERGE TO CASE ID :
INTAKE CASE ID : 32748190
CALL/INTAKE STAGE ID : 22605390

PERSON INFORMATION AS OF 03/17/XX (INTAKE DATE): RELATED: Y

<u>Line</u>	<u>PERSON ID</u>	<u>NAME:</u>	<u>SEX</u>	<u>DOB</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>CTY</u>	<u>CD</u>
01	97567234	Alberti, Louisa	F	05/24/??	207 Sunset Lane	Uptown	NY			
		PHONE: (xxx) xxx-xxxx			ETHNICITY: Hisp-Latino					RACE: Not Reported

CROSS REFERENCE HISTORY INFORMATION:

<u>CASE ID</u>	<u>CASE STAT</u>	<u>WORKER SAFETY</u>	<u>INTAKE STAGE ID</u>	<u>PERSON ID AT INTAKE STAGE</u>	<u>INTAKE DATE</u>	<u>INV TYPE</u>	<u>*DETERMINATION* DATE</u>	<u>TYPE</u>	<u>ROLE</u>	<u>RELATIONSHIP</u>	<u>* FAM</u>	<u>JURISDICTION PRIMARY</u>	<u>* SECONDARY</u>
32748190	OPEN	N	22605390	97567234	03/17/XX	CPF	09/08/xx	IND	Confirmed Subject	Mother			
12424910	CLSD	N	20391830		11/04/XX-01	CPF	02/11/XX	UNF	Non-Confirmed Subject	Mother			

PERSON MERGE INFORMATION – CLOSED PERSON DEMOGRAPHICS

<u>PERSON ID</u>	<u>MERGE DATE</u>	<u>SPLIT DATE</u>	<u>NAME</u>	<u>SEX</u>	<u>DOB</u>	<u>TYPE</u>	<u>ETH</u>	<u>RACE</u>	<u>DOD</u>
None									

PERSON INFORMATION AS OF 03/17/XX (INTAKE DATE): RELATED: N

<u>Line</u>	<u>PERSON ID</u>	<u>NAME:</u>	<u>SEX</u>	<u>DOB</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>CTY</u>	<u>CD</u>
02	97567235	Unknown	M		2920 County Lane	Uptown	NY			
		PHONE: (xxx) xxx-xxxx			ETHNICITY: Hisp-Latino					RACE: Not Reported

CROSS REFERENCE HISTORY INFORMATION:

<u>CASE ID</u>	<u>CASE STAT</u>	<u>WORKER SAFETY</u>	<u>INTAKE STAGE ID</u>	<u>PERSON ID AT INTAKE STAGE</u>	<u>INTAKE DATE</u>	<u>INV TYPE</u>	<u>*DETERMINATION* DATE</u>	<u>TYPE</u>	<u>ROLE</u>	<u>RELATIONSHIP</u>	<u>* FAM</u>	<u>JURISDICTION PRIMARY</u>	<u>* SECONDARY</u>
32748190	OPEN	N	22605390	97567235	03/17/XX	CPF	09/08/xx	IND	Confirmed Subject	Biological Father			
12424910	CLSD	N	20391830		11/04/XX-1	CPF	02/11/XX	UNF	Non-Confirmed Subject	Unknown			

Alberti Family – Individual Report of Involvement

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD PROTECTIVE SERVICES
INTAKE REPORT

***** WARNING *****
CONFIDENTIAL INFORMATION
AUTHORIZED PERSONNEL ONLY

CASE NAME : Alberti, Louisa
MERGE TO CASE ID :
INTAKE CASE ID : 32748190
CALL/INTAKE STAGE ID : 22605390

PERSON MERGE INFORMATION – CLOSED PERSON DEMOGRAPHICS

<u>PERSON ID</u>	<u>MERGE DATE</u>	<u>SPLIT DATE</u>	<u>NAME</u>	<u>SEX</u>	<u>DOB</u>	<u>TYPE</u>	<u>ETH</u>	<u>RACE</u>	<u>DOD</u>
95847237	05/29/XX		Unknown	M			XNR		

PERSON INFORMATION AS OF 03/17/XX (INTAKE DATE): RELATED: Y

<u>Line</u>	<u>PERSON ID</u>	<u>NAME:</u>	<u>SEX</u>	<u>DOB</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>CTY</u>	<u>CD</u>
03	97567236	Garayua, Henri	M	10/16/xx -4	207 Sunset Lane	Uptown	NY			
		PHONE:			ETHNICITY: Hisp-Latino					RACE: Not Reported

CROSS REFERENCE HISTORY INFORMATION:

<u>CASE ID</u>	<u>CASE STAT</u>	<u>WORKER SAFETY</u>	<u>INTAKE STAGE ID</u>	<u>PERSON ID AT INTAKE STAGE</u>	<u>INTAKE DATE</u>	<u>INV TYPE</u>	<u>*DETERMINATION* DATE</u>	<u>TYPE</u>	<u>ROLE</u>	<u>RELATIONSHIP</u>	<u>* FAM</u>	<u>JURISDICTION PRIMARY</u>	<u>* SECONDARY</u>
32748190	OPEN	N	22605390	97567236	03/17/XX	CPF	09/08/XX	IND	Confirmed Maltreated	Child			
12424910	CLSD	N	20391830		11/04/XX -1	CPF	02/11/XX	UNF	Non-Confirmed Maltreated	Daughter/Son			

PERSON MERGE INFORMATION – CLOSED PERSON DEMOGRAPHICS

<u>PERSON ID</u>	<u>MERGE DATE</u>	<u>SPLIT DATE</u>	<u>NAME</u>	<u>SEX</u>	<u>DOB</u>	<u>TYPE</u>	<u>ETH</u>	<u>RACE</u>	<u>DOD</u>
None									

PERSON INFORMATION AS OF 03/17/XX (INTAKE DATE): RELATED: N

<u>Line</u>	<u>PERSON ID</u>	<u>NAME:</u>	<u>SEX</u>	<u>DOB</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>CTY</u>	<u>CD</u>
04	97567237	Alberti, Davina	F		207 Sunset Lane	Uptown	NY			
		PHONE: (718) 555-1111			ETHNICITY: Hisp-Latino					RACE: Not Reported

Alberti Family – Individual Report of Involvement

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD PROTECTIVE SERVICES
INTAKE REPORT

***** WARNING *****
CONFIDENTIAL INFORMATION
AUTHORIZED PERSONNEL ONLY

CASE NAME : Alberti, Louisa
MERGE TO CASE ID :
INTAKE CASE ID : 32748190
CALL/INTAKE STAGE ID : 22605390

CROSS REFERENCE HISTORY INFORMATION:

CASE ID	CASE STAT	WORKER SAFETY	INTAKE STAGE ID	PERSON ID AT INTAKE STAGE	INTAKE DATE	INV TYPE	*DETERMINATION* DATE	TYPE	ROLE	RELATIONSHIP	* JURISDICTION * FAM PRIMARY SECONDARY
32748190	OPEN	N	22605390	97567237	03/17/XX	CPF	09/08/XX	IND	Confirmed Maltreated	Child	
12424910	CLSD	N	20391830		11/04/XX -1	CPF	02/11/XX	UNF	No Role	Daughter/Son	

PERSON MERGE INFORMATION – CLOSED PERSON DEMOGRAPHICS

PERSON ID	MERGE DATE	SPLIT DATE	NAME	SEX	DOB	TYPE	ETH	RACE	DOD
95847238	05/29/XX		Unknown	F			XNR		

PERSON INFORMATION AS OF 11/31/XX (Print DATE):

Line	PERSON ID	NAME:	SEX	DOB	ADDRESS	FL	CITY	ST	ZIP	CTY	CD
01	97567234	Alberti, Louisa PHONE: (xxx)xxx-xxxx	F	05/24/??	207 Sunset Lane	2	Uptown	NY			
					ETHNICITY: Hisp-Latino		RACE: Not Reported				
02	97567235	Cruz, Ramon PHONE: (xxx)xxx-xxxx	M		2920 County Lane		Uptown	NY			
					ETHNICITY: Hisp-Latino		RACE: Not Reported				
03	9756236	Garayua, Henri PHONE: (xxx)xxx-xxxx	M	10/16/xx -4	207 Sunset Lane	2	Uptown	NY			
					ETHNICITY: Hisp-Latino		RACE: Not Reported				
04	9756237	Alberti, Davina PHONE: (xxx)xxx-xxxx	F		207 Sunset Lane	2	Uptown	NY			
					ETHNICITY: Hisp-Latino		RACE: Not Reported				

Alberti Family: Progress Notes

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

INVESTIGATION PROGRESS NOTES

*****WARNING*****
CONFIDENTIAL INFORMATION
AUTHORIZED PERSONNEL ONLY

Case Name: Alberti, Louisa

Case ID: -----

Stage Name: Alberti, Louisa

Stage ID: -----

Event Date: 03/17-/20xx

Entry Date: 03/26/20xx **Dist.Agy:**

Note Status: Final

Author: Burgess, Anthony

Entered By: Burgess, Anthony

Method: Face To Face

Location: Other

Type(s): Casework Contact

Purpose(s): Investigation

Other Participant(s): Reporter/Source

Focus: Garayua, Henri

Progress Notes Narrative:

This CW spoke to source . Source stated that the child had been seen with bruising on his right cheek and had stated that Pa has hit him in the head with a belt. Source stated that there was no bump on the child’s head. Source stated that the next day there appeared to be bump on the child’s head, along with some additional scratches. Source stated that the child maintains that Pa caused the bruising while mommy was sleeping. The child also expressed that he was afraid to go home, but then stated it was because of the dark.

*****End of Note*****

Event Date: 03/17/20xx

Entry Date: 03/26/20xx **Dist.Agy:**

Note Status: Final

Author: Burgess, Anthony

Entered By: Burgess, Anthony

Method: Face To Face

Location: Case Address

Type(s): Casework Contact

Purpose(s): Investigation

Other Participant(s): Caseworker

Family Participant(s): Alberti, Louisa; Cruz, Ramon; Maldonado-Alberti, Jaslene, Garayua, Henri

Focus: Alberti, Louisa; Cruz, Ramon; Maldonado-Alberti, Jaslene,; Garayua, Henri

Progress Notes Narrative:

This CW, CW Ortiz and CW Feingold went to the case address. CW Ortiz translated into Spanish for Alberti. The CW asked Alberti how the marks got on his face. Alberti stated that the marks always appear on Henri’s face because of an accident that happened in Puerto Rico. While speaking Ramon came into the home. This CW asked who he was; Alberti stated he was her boyfriend. This CW asked for birth dates. This CW asked if he calls Ramon “Pa.” Alberti stated that Henri did not call him Pa. CW Feingold asked her if she had some type of proof that the marks were recurring. Alberti stated that she would have her sister get her camera so that pictures could be printed proving the marks on the face were there before. CW Feingold asked who Pa was. Alberti stated that Henri calls her uncle “Pa.” CW Feingold explained that if excessive punishment was being used the CW’s could

Alberti Family: Progress Notes

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

move to do a removal for Henri. Alberti said she understood. This CW explained that Henri said he had been hit in the face and head with a belt. Alberti stated that he always says those stories from when she was in Puerto Rico and was a victim of domestic violence. Alberti said Henri needed counseling. This CW stated that we could assist in getting counseling services for Henri. Alberti said she was home all day everyday and would sign any release needed. CW Feingold asked if anyone was living in the home, Alberti said it was only her and her children. This CW asked where Henri got the scratches on his face. Alberti stated that her sister had brought Henri to the park and he fell and scratched his face. CW Feingold asked where the babies were. Louisa stated that both babies were downstairs with her neighbor, because she was down there doing stuff when we arrived. CW Ortiz asked Louisa if she could bring the CW's downstairs. The children appeared healthy and happy. There were no visible marks on the babies. While leaving Henri gave bottles to Ramon. This CW and CW Ortiz heard Henri refer to him as Pa.

*****End of Note*****

Event Date: 03/17/20xx **Event Time:**
Entry Date: 03/26/20xx **Dist.Agy:** **Note Status:** Final
Author: Feingold, Justina **Entered By:** Feingold, Justina
Method: Face To Face
Location: Case Address
Type(s): Casework Contact
Family Participant(s): Alberti, Louisa; Cruz, Ramon; Maldonado-Alberti, Jaslene; Garayua, Henri
Focus: Alberti, Louisa; Cruz, Ramon; Maldonado-Alberti, Jaslene; Garayua, Henri

Progress Notes Narrative:

CWs Burgess and Ortiz and this CW visited the home of Louisa Alberti. Upon approaching the home, CWs were greeted by Ramon Cruz. Mr. Cruz escorted CWs to the upstairs apt. CWs spoke to Ms. Alberti while Mr. Cruz went to retrieve Henri from the school bus. (CW Ortiz translated). CWs inquired as to the case of the marks on Henri's face. Ms. Alberti said that Henri has always had the marks on his cheeks. This CW asked Ms. Alberti if she had pictures of Henri that would prove this. CW Burgess inquired as to how Henri got the scratch on his face.

(Mr. Cruz returned home with Henri.)

Ms. Alberti said that he fell off his bike while he was at the park. CW Burgess explained that Henri said that Pa hit him with a belt. This CW inquired who Henri calls Pa. Ms. Alberti said that Henri calls his uncle Pa. The CW inquired as to whether or not any adult male live in the home. Ms. Alberti said that none do. Ms. Alberti stated that she was the victim of DV in Puerto Rico and she says that Henri often makes references to things that occurred there. Ms. Alberti expressed an interest in counseling for Henri. CW Burgess told Ms. Alberti that he would return on Thursday to arrange for that. This CW explained to Ms. Alberti that if the department determines that Henri is being repeatedly stuck by anyone in the home that the department could move to remove the children. This CW asked Ms. Alberti where the other children were. Ms. Alberti told the CWs that they were in the downstairs apt.

Ms. Alberti, Mr. Cruz, Henri and CWs went to the downstairs apt.

CWs observed the other children to appear to be safe and well cared for. While exiting the apt. this CW heard Henri refer to Mr. Cruz as Pa.

*****End of Note*****

Alberti Family: Progress Notes

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Event Date: 04/06/20xx **Event Time:**
Entry Date: 04/14/20xx **Dist.Agy:** **Note Status:** Final
Author: Burgess, Anthony **Entered By:** Burgess, Anthony
Method: Other
Type(s): Casework Contact
Purpose(s): Investigation
Other Participant(s): Caseworker
Focus: Garayua, Henri

Progress Notes Narrative:

This CW received an email from CW Lee. She states that dig marks had been seen on Henri and picture had been taken on 4/03. Maria Sanchez, the school guidance counselor had given her the pictures.

*****End of Note*****

Alberti Family: Seven-Day Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Assessment Date: 3/24/xx

Safety Factor Definition:

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.

Based on observations and interviews in which the worker gathered information the factors that are checked below are currently present in the family:

- 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, medical or mental health care and/or control child's behavior.

Alberti Family: Seven-Day Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

- 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 children.
- 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 living 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.

Henri has disclosed that Pa struck him but at this time it is difficult to substantiate who is inflicting the injury or if injury has been inflicted. CW's observed Henri calling Ramon Cruz (Louisa's boyfriend) Pa. There is strong suspicion that Ramon has struck the child, but no credible evidence exists at this time. Henri has expressed fear in returning home, however he has not directly associated that fear with Ramon Cruz.

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

Alberti Family: Seven-Day Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

- 16. Child(ren) has significant vulnerability, is developmentally delayed, or 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).
- No Safety Factors present at this time.

Assessment of Immediate or Impending Danger of Serious Harm

Document which, if any, safety factors that you have identified as present in the family, either alone or in combination, place a child(ren) in immediate or impending danger of serious harm.

None.

Safety Decision

Identify the applicable safety decision here.

- 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 the time.

Alberti Family: Seven-Day Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

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.
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).
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).
- Note:* If safety decision #4 is chosen from the Safety Decision tab, the Placement window asks: “Please document which children were placed or remain in foster care or an alternative placement. Also, if applicable, caseworkers must identify the protecting factors that allow each child(ren), if any, to remain in the home.
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 Parent(s)/Caretaker(s) has refused access to the child(ren) or fled, or the child(ren)’s whereabouts are unknown.

Comments:

Safety Plan Documentation

Parent/Caretaker Actions/Safety Plan:

A safety plan needs to include a description of what, if anything, the parent/caretaker is doing to protect the child(ren) from the identified danger.

You will document this information in the CONNECTIONS Electronic Case Recording System in response to this prompt:

Alberti Family: Seven-Day Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

“Describe the specific actions taken by the Parent(s)/Caretaker(s) to protect the child(ren) from the specific identified danger. Describe how these actions fully or partially protect the child(ren); the Parent(s)/Caretaker(s)’ ability to keep that protection in place; and how long, and/or under what circumstance(s) the Parent(s)/Caretaker(s) must maintain the specific protective actions.”

Controlling interventions/Safety Plan:

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

- Intensive Home Based Family Preservation Services**
- Emergency Shelter**
- Domestic Violence Shelter**
- The Non-Offending Parent/Caretaker has been Moved to a Safe Environment with the Children**
- Authorization of Emergency Food, Cash, or Goods**
- Judicial Intervention**
- Order of Protection**
- Law Enforcement Involvement**
- Emergency Medical Services**

Alberti Family: Seven-Day Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

- Emergency Medical Services
- Crisis Mental Health Services
- Emergency in-patient Mental Health Services
- Immediate Supervision and/or Monitoring
- Emergency Alcohol Services
- Emergency Drug Abuse Services
- Correction or Removal of Hazardous/Unsafe Living Conditions
- Placement in Foster Care
- Placement with an Alternative Caregiver
- Supervised Visitation
- Use of Family, Neighbors or Other Individuals in the Community as Safety Resources
- The Alleged Perpetrator has left the Household Voluntarily; the Current Caretaker will Appropriately Protect the Victim or Victims with CPS monitoring
- The Alleged Perpetrator has left the Household in Response to Legal Action
- Follow-up to Verify Children's Whereabouts or Gain Access to the child or children
- Other

(You will need to specify here)

Alberti Family: Seven-Day Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Describe how each selected controlling intervention is protecting the child or children from the identified danger. Describe who is responsible for taking and/or maintaining the specific actions and interventions and how the implementation of the safety plan will be monitored.

PowerPoint slide – Assessing Safety and Casework Practice

- ➔ Review the handout, ALBERTI FAMILY: PROGRESS NOTES.

- ➔ Read the handout, ALBERTI FAMILY: SEVEN-DAY SAFETY ASSESSMENT.

- ➔ Keep the handout, COMMON ERRORS IN REASONING IN CHILD WELFARE, in mind.

PowerPoint Slide – Discussion Questions

- ➡ Are there any judgments standing in for facts in these notes or in the safety assessment? If so, describe.

- ➡ Is there any bias evident in the worker's notes or safety assessment? If so, what is the evidence of bias?

- ➡ Do you agree with the selected safety factors in the case? Provide evidence to support your answer.

- ➡ Do you agree with the selected safety decision?

- ➡ Since sufficient information was not gathered to conduct a thorough and complete safety assessment, what information is missing?

PowerPoint slide – Alberti Prior History

Read the handout, ALBERTI FAMILY: PRIOR HISTORY, now.

Alberti Family: Prior History

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

A records check on the Alberti family revealed a prior report which was unfounded and closed on 2/11/xx (just over a month before the current intake report was received).

Prior Intake Report Summary:

The report on the unfounded case was made on 11/4/xx-1 at 1:48 a.m. The report listed Louisa Alberti and Melvin Maldonado as subjects and Henri Garayua as the alleged maltreated child. The allegations were inadequate guardianship and lacerations/bruises/welts on Henri. The call narrative stated:

“Yesterday, 11/3, parent substitute Melvin beat child Henri (4) all day. Child Henri currently has strap marks across his back. Mother Louisa was aware of the beatings and took no action to protect child. The role of the infant, Davina, (7 months) is unknown.”

The miscellaneous information included:

Source received a call from a relative in Rhode Island stating they received a call from mother stating Melvin was beating Henri all day. Police arrived at home and no one answered. Police went in the back door and found family dressed and ready to flee. Family speaks only Spanish. Source did observe strap marks on Henri’s back but did not do a full body check. Source did not provide an alternate phone contact.

Investigation Summary:

Following the police response to the Alberti home, Melvin Maldonado (aka Ramon Cruz) was removed from the home and taken to the local police department. Caseworker Garcia, who speaks Spanish, interviewed Ramon at the police station and he maintained he had done nothing and Henri had fallen on some ice. As the caseworker was leaving the police station to head to the Alberti home to interview Louisa and Henri, Louisa arrived at the station, also claiming that Henri had received injuries when he fell on ice getting off the school bus. She stated that the school had sent her a letter about this but she did not have it on her at the moment. Louisa had left Henri and her baby with relatives. Caseworker Garcia and a police officer went to the relative’s home to interview Henri. Henri stated he had fallen outside his home on the ice. He showed the caseworker his back but would not allow pictures to be taken.

Alberti Family: Prior History

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

He had two large marks on his back. One on the left side of his back, approximately 6-8 inches in length and one on the right side of his back, approximately 4-6 inches in length. There were several other children around. The other children stated the same: that Henri had fallen on ice and that was where he got the marks on his back. Caseworker Garcia and the officer went to the case address. There was ice on the sidewalk in front of the porch. There were cockroaches in the sink and climbing on the walls.

Louisa stated she had 2 children and provided the names of the children's fathers. Ricki Hernandez is Henri's father. Her youngest child's father is Melvin Maldonado. She is currently pregnant by Ramon. (Note: It wasn't established until later in this previous case that Melvin Maldonado and Ramon Cruz were the same person).

The next day, Caseworker Garcia called the school to inquire if someone had given the family a note stating that Henri had fallen on the ice getting off the school bus. The school nurse said she doesn't know the child as he doesn't go to the school. The caseworker then went to the home but no one answered the door. There was no contact again until six weeks later.

A progress note entered in January by another worker, Caseworker Claudine, states that caseworker went to the school to interview Henri. The family apparently had left town in November after the initial CPS contact. The mother had informed the school that Henri did not go to school while they were out of town because someone had stolen his clothes. The school aide informed the worker that on the last day Henri was in school in November, he wet his pants and then they sent a note home saying the mother needed to send clean clothes in for him. He did not come back after that until January. Caseworker Claudine explained to the aide that the bruise on Henri was caused by his falling on ice. The aide maintained that this was not possible as she puts him on the school bus every day and would have seen him fall. She again stated that to her knowledge, no note had been sent home that Henri had fallen on the ice.

During the interview with Henri, he disclosed that when he goes home "daddy is sleeping and mommy is too." Henri shared that he lives with his mother, Louisa, Ramon, his baby sister, and Maya (Louisa's sister). When asked what happens when he gets in trouble, he disclosed that his father hits him. He also said his daddy throws him on the floor and throws Maria's clothes on him. He said his father hits him with his

Alberti Family: Prior History

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

hands on his arms, stomach, and head. Henri reported this happens every day. When asked why this happens, Henri reported it is because he is sleeping. He also said his father drags him by his feet across the floor for sleeping. When asked if his mother knows that Henri is getting hit, he said she did but that she is usually sleeping. Henri said that his mother makes him breakfast and dinner. He has cereal for breakfast and rice for dinner.

The aide reported that Henri is supposed to have someone meet him at the bus when he is picked up and dropped off but no one has been doing that. The bus driver cannot leave him with an adult picking him up. The school called the home and no one answered. They then called another number that was given and an alleged uncle said he will make sure Henri is picked up. The bus driver now says that someone has been picking Henri up and the driver believes it to be this uncle. The aide said many attempts have been made to contact the family. A man who speaks English put Louisa on the phone with the school, but she only speaks Spanish and now makes no effort to get back to them when they call.

The aide also reported that when Henri was out the previous week, they were told his brother supervised him. However, Henri said he doesn't have a brother. The worker also asked about scratches on Henri's face, which Henri said he got from falling in his living room. When asked if anyone smokes in the home, Henri reported that his daddy smokes and it "looks like he turns it on." He reported daddy smokes in the car and in the house.

Two weeks later, Caseworker Claudine, accompanied by a police officer and a Spanish-speaking caseworker, went to the Alberti home again, as Henri had not been in school in a week. When asked why he wasn't in school today, Louisa said that she didn't get up in time to put him on the bus. When asked why he had been absent for the last week, "nobody had anything to say." The home was filthy and had garbage all over. The caseworkers asked Louisa who Henri calls "Pa." She pointed to a man, who identified himself as Ramon Cruz. Ramon said he was Henri's uncle but he calls him "Pa." Ramon said he did not live with the family but lived on County Lane. When asked if Ramon had dragged Henri by the feet, he denied it. The caseworkers confronted Louisa of reports that Henri had been digging through the trash at school, looking for food. Louisa showed them there was food in the refrigerator. The caseworkers took an object away from the baby who had a small piece of plastic in her mouth. They informed the mother the home needed serious cleaning and they would be back in a

Alberti Family: Prior History

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

few days to check on the condition of the home and the children. The caseworkers told Louisa if there were still concerns about the children, they could be removed. When they returned two days later, on January 19th, Ramon Cruz met them outside and invited the caseworkers in to the apartment. The home was spotless. However, Henri was observed with a large gash on his face, which Louisa said was caused by him jumping and falling off the bed. The caseworker asked Henri how he got the bruises and he said it was from playing football with his cousin, who is the same age. The workers asked Louisa to see the food in the home, and Ramon showed them a there was lots of food in the home. When asked why Henri would go through the garbage at school for food, both Louisa and Ramon said they didn't know, as "all he does is eat at home." When Ramon and Louisa were asked why Henri would say he is being hit all day by Ramon, Louisa explained that she was in a bad domestic violence relationship back in Puerto Rico with Henri's father, Ricki, and that Henry saw all the fights. She showed the workers bite marks, burns, and scars she attributed to Henri's father. The workers informed Louisa that when Henri was not in school, she needed to send in a note explaining why, and she said ok. The workers said she also needs to make sure someone meets Henri at the bus and Louisa said ok. The workers thanked Louisa and Ramon for their time and left the home. This was the last documented contact.

Case records reveal that the seven-day safety assessment wasn't completed until 12/22/xx-1. The final safety assessment wasn't completed until 2/29/xx, which was the same day the RAP and determination were completed. The risk level on the RAP was marked as low. The final safety assessment noted no safety factors at the present time.

The case was unfounded and closed. The investigation conclusion narrative states:

"Caseworker deemed bruise plausible by the ice by the steps by the home. The home was cleaned up and there was ample food in the home. Henri stated he was not afraid of anyone in the home. Caseworker encouraged to keep the home clean especially with 2 babies in the home. Louisa was also encouraged to make sure Henri gets to and from school successfully every day. There were no further concerns at this time."

PowerPoint slide – Investigation Summary

- ➔ Review the handout, ALBERTI FAMILY: CPS INVESTIGATION SUMMARY, now.

- ➔ Then read the handout, ALBERTI FAMILY: FINAL SAFETY ASSESSMENT.

- ➔ With your table group, complete the worksheet, THINKING CRITICALLY ABOUT SAFETY AND CASEWORK PRACTICE.

Alberti Family: CPS Investigation Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Family Members (ages are at time of initial report):

- ➔ Louisa Alberti, 24, mother
- ➔ Ramon Cruz, 26, biological father of infant girls
- ➔ Henri Garayua, 4, son of Louisa Alberti
- ➔ Davina Alberti, 15 months, daughter of Ramon and Louisa
- ➔ Jaslene Maldonado-Alberti, 3 weeks old, daughter of Ramon and Louisa

Case Update:

Almost two weeks after the initial visit to the family, the caseworker, Anthony Burgess entered a note stating that an email was received from another caseworker indicating that dig marks were seen on Henri at school and the school guidance counselor had taken pictures of them. Mr. Burgess interviewed the school aide who had spoken to the guidance counselor. The aide informed him that the marks appeared to be made by an adult, and there were also bruises going down the back of the child's neck. Mr. Burgess stated he would like to see the child and the school counselor. The counselor indicated she would be available the following day at 1:00 p.m. Mr. Burgess set up a time to meet her and Henri then.

That next day, Henri was interviewed at school by Mr. Burgess and Ms. Ortiz, a Spanish-speaking caseworker. The caseworkers asked Henri if anyone told him what to say about his marks and he said that "mom told him not to say and to say that he fell in the house." The teacher reported that Henri goes back and forth about what to say about the marks. Sometimes he maintains he fell outside, sometimes he says "Pa" did it. When asked by the caseworkers what happens when he is "naughty," Henri said that "Pa" grabs him by the neck and hits him. He said his mother hit him once last night. The caseworkers asked Henri what he was afraid of and he said "the dark." Mr. Burgess asked Henri if he was afraid of his mother and he said "Pa." He also said, "when I sleep, Pa..." stopping short. Staff said that when Henri started school he was not potty trained. He also kept coming to school with the same outfit so they got clothes for him and sent them to his house.

Alberti Family: CPS Investigation Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

The next progress note occurs two weeks later and states that another phone call is received by Caseworker Burgess from the school guidance counselor, informing him that Henri had again come to school with suspicious marks. The child had dig marks by his right ear, a mark on his left cheek, and a big gash/mark on his left shoulder blade.

Caseworker Burgess met with his supervisor and a senior caseworker. The supervisor instructed the two caseworkers to immediately go to the school to see the marks. The senior caseworker asked about filing a neglect petition or petitioning for removal. The Supervisor stated the workers should first see the severity and location of the marks on the child. The supervisor also raised concerned over how Henri would be treated if an Order of Protection was filed. They decided to contact their attorney about filing a chronic neglect petition.

Henri was seen at the school and photographs of dig marks in the shape of an adult nail where taken, along with three discolorations on his right arm and one on his left arm. He also had marks on his shoulder and behind his ear. The workers also noticed scratches and previous scratch-like scars on Henri's back. When asked who caused the injuries, he said Pa "jumped on him." He confirmed "Pa" was Ramon and he maintained his mother was sleeping during this time.

The caseworkers called the supervisor from the school, who then called the attorney. The attorney advised them that due to changes in Henri's story about how all of his injuries were received over time, it was best to file a chronic neglect petition due to suspicious marks. The petition would be filed in the morning.

Caseworker Burgess, accompanied by Caseworker Ortiz then went to the case address. Louisa and Ramon were sitting outside on the porch and the two babies were upstairs sleeping. The home was clean. The workers noted Louisa had a mark on her face that looked like a welt and a fat lip. When asked what happened, Louisa maintained she had fallen down the stairs. When pressed for details, she said she fell down while carrying the baby carrier down the stairs. She reported that Jaslene was not injured. When Louisa was asked why Henri had a bruise on his shoulder, she said he jumped from his bed to a shelf. The workers noted the shelf was several feet away from his bed. They told Louisa she needed to supervise him better. They also asked if she would like counseling for previous DV relationships and she shook her head yes. The workers observed the babies sleeping in Louisa's room. Davina

Alberti Family: CPS Investigation Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

was in a crib and Jaslene was on the bed. The workers explained Jaslene could start to roll at any time and should not be in the bed. When asked how frequently the babies nap, Louisa reported Davina takes “lots of naps.” When asked why Davina slept so much, Louisa shook her head. The workers thanked her for the information. Louisa stated they were welcome back any time to investigate.

The next day, May 9th, a stay-away Order of Protection was filed and granted and the police department was to serve it on Ramon Cruz. The following day, Caseworker Burgess received a call from the school informing them Henri was not in school. The school was made aware of the Order of Protection. Caseworker Burgess and a senior caseworker, accompanied by the police, went to the home.

Louisa, a neighbor, and another gentleman were outside waiting. She reported she was downstairs borrowing something from the neighbor and the children were upstairs. As they tried to enter the front of the home, the neighbor stated she did not want the police or the caseworkers in her home. The neighbor asked them to go around the other way. Louisa let the officer and the workers up the back entrance. When they arrived, Henri was lying on the bed under the covers. He had a small mark on his left eye, which appeared red and bloody. Henri was brought into a separate room to play while the senior caseworker and the officer spoke to Louisa. Louisa said she didn't know how Henri had received the injury, as he didn't have it when she last saw him. The senior caseworker explained that if Henri is being neglected or abused or if Mr. Cruz is in the home, the Department will take action to protect the children by removing them if necessary. The caseworkers and officer left the home.

Upon return to the office, the workers learned that Louisa's downstairs neighbor, Mercedes, had called to confirm that Ramon was in the apartment while the police were there. Mercedes asked if this was a violation of the Order of Protection and Caseworker Burgess told her it was. A case conference was held and it was agreed to call the attorney about a removal, as Ramon had violated the Order of Protection and there were fresh marks that seemed suspicious with two different explanations.

Caseworker Burgess reviewed the entire case to date with the attorney. The attorney agreed to bring it before the judge. The foster care supervisor was informed to start looking for a home for three children. A van and car seats were located. A 1022 was filed at 4:30pm on May 16th. The judge heard the time line of injuries and the explanations provided by Louisa and Henri. The judge granted removal of all three

Alberti Family: CPS Investigation Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

children. At 6:15pm that evening, an officer from the local police department, Caseworker Burgess and the senior caseworker went to the case address and explained to Louisa what was going on. The children were removed and taken to the foster home.

The following day, a WMS search was ran on Louisa Alberti by Caseworker Burgess. Services were found, and an unborn child. The police department stated there was nothing in their system on Louisa. A WMS was also ran for Louisa's sister, Maya. No open services were found. Law enforcement records revealed that Maya had been arrested 3 times for assault and composition of a weapon as well as criminal contempt, harassment, and resisting arrest. City court verified that Maya was on probation. Her most recent arrest was in March of this year.

Later that same day, Louisa and her neighbor, Mercedes, came to the Department, asking for another copy of the court papers. They didn't understand why the children were removed. Mercedes translated for Louisa, stating that Louisa had a brother in New Jersey and sisters in Uptown that were willing to take the children. Louisa's mother in Puerto Rico was also willing to take the children. Caseworker Burgess explained they would look into an appropriate caregiver for Louisa's children, so they didn't have to remain in foster care too long. He told her nothing could happen before Friday (May 24th), which was the next court date. Caseworker Burgess explained to Louisa that the caseworkers had given her many chances to explain how Henri's marks were occurring and she continued to give explanations that made no sense. He reminded her that Ramon being downstairs in the other apartment was a violation on the Order of Protection and that leaving her children unattended while she was downstairs was also of concern. Louisa stated that Ramon had not been served the papers and that Mercedes and her were trying to turn him away when the caseworkers and officer arrived. Louisa's sister, Maya, entered the office at this time. Louisa maintained that Henri was remembering things from her past abuse in Puerto Rico. When confronted by Caseworker Burgess about the fresh marks and how Henri admitted they were from Ramon. Caseworker Burgess implied that perhaps it was Louisa who was causing some of the marks on Henri. Louisa said she does feel overwhelmed by caring for three children at times but she has only ever spanked Henri on the butt. Louisa then admitted noticing the marks on Henri, but said she believed him when he told her they were just from falling down. She did say she had seen Ramon scream at Henri. Caseworker Burgess stressed the importance of them having an honest relationship and told her the intent was not to keep her children away from her forever. The interview ended and

Alberti Family: CPS Investigation Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Caseworker Burgess informed Maya he would be out to her home to speak with her about being a resource. She agreed. It was learned through reference checks that Maya's arrests were related to trouble with her own ex-boyfriend and that Maya had expressed concerns about Louisa's relationship with Ramon. Maya had lived with Louis and Ramon for some time but moved out because she didn't want her own children around their fighting anymore. Maya's home was assessed and Caseworker Burgess discussed with her how she would manage caring for all of the children, given her work schedule, her children's school and sports schedules, and the needs of the Alberti children.

Upon the workers' return to the office that Monday afternoon, a phone call was received from Louisa. Caseworker Ortiz translated for Caseworker Burgess. Louisa had thought about what Caseworker Burgess had said and decided to disclose that she was a victim of physical violence by Ramon Cruz. Louisa stated that Ramon used to hit her on an ongoing basis and sometimes this would occur if she tried to intervene when Ramon was yelling at Henri. She still maintained that she had not seen Ramon hit Henri. Caseworker Burgess asked why Louisa had not disclosed this in the past. She stated it was because Ramon was always around when the caseworkers were in the home. Louisa pointed out how he was always standing right next to her if the caseworkers were in the home so that she would not tell. She then stated that he threatened to harm her and her family if she told anyone. Ramon told her that he had friends and if she "turned" on him, he would call his friends and "come and kill her." Caseworker Burgess asked Louisa if she would be willing to meet with a domestic violence advocate. Louisa stated she would. Caseworker Ortiz agreed to bring Louisa to the Domestic Violence unit.

On Friday, May 24th, a case conference was held with the attorney to discuss the court appearance later in the day. The caseworkers agreed to request that the children be placed with a relative. The caseworkers shared that Louisa has now claimed she was being beaten by Ramon Cruz. The attorney said it was not best to "punish a victim" but it would be best to wait and see whether she "cooperates" with DV.

Caseworker Burgess checked in with Louisa's sister, Maya, to see whether she was prepared to take the three children. She stated she was still willing but not until the following week because she had to work the upcoming weekend. Later that afternoon, the court agreed that the children could be placed with an appropriate relative. Louisa was to file an Order of Protection against Ramon. The pre-trial date was set for June and the trial set for August.

Alberti Family: CPS Investigation Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

The children remained in foster care while the workers investigated relative resources. Maya maintained she could take the children, but did not provide the names and addresses of babysitters and wasn't sure "which day would work for her" due to her work schedule.

One week after court, Mercedes, the neighbor and Louisa's friend, called the Department to report that Louisa had obtained an Order of Protection for herself and her children against Ramon through Family Court. The DV advocate was to provide the caseworker with a copy. The backdoor locks to Louisa's apartment had been changed and the neighbors were all aware of the situation now and on the lookout for Ramon. Caseworker Burgess praised Louisa for her actions.

Louisa continued to "comply with DV" and an order was sought to return the children to her in early June. The children were returned to Louisa on June 3rd. The consequences of allowing Ramon around herself and the children were again explained to Louisa and the Order of Protection remained standing. Henri stated he was happy to be reunited with his mother.

At the end of June, several weeks after the children's return home, Caseworker Burgess received a phone call from Mercedes, Louisa's neighbor, stating she was in New York City for the week and couldn't help Louisa out. She stated she could not get a hold of Louisa and was concerned for her safety. Caseworker Burgess stated he would try to get a hold of Louisa to check on her.

Caseworker Burgess then spoke with the DV advocate. She stated she had not had any contact with Louisa either and that she had missed a court appointment the previous day along with a scheduled DV appointment. Caseworker Burgess then called the local police department and asked if they could do a courtesy visit. When the police went to the home, no one answered the door but a neighbor told police they believed someone was home and the police could hear someone in the home.

Caseworker Burgess spoke to his supervisor about getting an access order to gain entrance to the home, but was not sure if the police could execute the order. The attorney was consulted. Caseworker Burgess was told to file a violation of the Order of Protection and ask for access to the home, since it was believed in good faith that Ramon Cruz was in the home. The petition was submitted to court within half an hour of the attorney's consultation. An hour later, the judge granted the order.

Alberti Family: CPS Investigation Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

The DV advocate, Caseworker Burgess, Caseworker Ortiz, and a police officer went to the home. However, the senior caseworker just informed the group as they were leaving the office that contact with Louisa had been made, the senior caseworker had been let into the home, and there was no sign of Ramon Cruz. The attorney and court were advised. Ramon Cruz still had not been served.

On July 5th, Caseworker Burgess was driving home from work when he saw Ramon Cruz come out of Louisa Alberti's home. Caseworker Burgess called the on-call worker. The on-call worker contacted police and stated they were aware of the situation but since Ramon Cruz had been served and it was stated it was Louisa's responsibility to enforce it, the police department could not do anything.

The next day, Caseworker Burgess explained to the senior caseworker that he had seen Ramon Cruz at the Alberti residence. The caseworkers spoke with the attorney. A 1022 petition for temporary removal of the children was filed. A court date was issued for later in the week. At the court appearance, Louisa denied Ramon was in the home. She stated she had been staying with her sister, Maya. Louisa stated that she wished for a counselor. The judge issued an adjournment until Louisa could be appointed an attorney.

Court resumed the next day with Louisa now having an attorney. Louisa maintained that she and the children had been living with her sister for the last month. The department attorney maintained they had reason to believe Louisa had allowed the children around Ramon. The attorney asked for a final Order of Protection stating that it was Louisa's responsibility to keep Ramon away from the children. Louisa's attorney agreed and said his client was prepared to do so. The final Order of Protection was granted.

Several days later, Louisa called Caseworker Burgess and asked if she could send Henri to Puerto Rico to live with her mother. Caseworker Burgess said he would have to check with his attorney.

On July 20th, Caseworker Burgess was at the home of another client and saw Ramon Cruz riding a bicycle around that client's home. Caseworker Burgess had Ramon served with the Order of Protection along with the order to appear in court. An officer explained to Ramon that if he went to Louisa's address, they now would both go to jail. Louisa did not show up for the trial in August. An inquest was held and Louisa was found to be neglectful of Henri, Davina, and Jaslene. The department attorney

Alberti Family: CPS Investigation Summary

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

requested that the children be removed if Louisa was found, as it was believed she may have fled the jurisdiction.

Following court, Caseworker Burgess and Caseworker Ortiz went to the case address. No one was home. Mercedes, the downstairs neighbor, said that the caseworkers would not find Louisa as she had left to go back to Puerto Rico. The caseworkers went to the known address for Ramon Cruz. A neighbor there provided information that Ramon Cruz was actually Melvin Maldonado and explained that Melvin and Louisa were in New Jersey with her brother and were planning on leaving for Puerto Rico out of JFK airport. He did not have flight information. The following day, the neighbor arrived at DSS office with the phone number of where Louisa could be reached and all appropriate flight information.

Caseworker Ortiz and Burgess called the given numbers and reached Louisa. They asked why Louisa was not in court on the scheduled date. She stated she was unaware she had court. She said her father had just died and she was traveling home to Puerto Rico. She denied that Melvin was with her, but would not discuss Melvin and Ramon being the same person. The workers asked Louisa to stay where she was.

Flight information was obtained from the airline. It confirmed Louisa had reserved three tickets from JFK to Puerto Rico for herself, Melvin Maldonado, and Henri. The flight was set to leave at 8:00pm that evening.

Caseworker Burgess immediately went to court and a removal for all three children was granted. An arrest warrant was issued for Louisa Alberti to be executed upon her return to New York State. New Jersey authorities called to confirm that they had all three children. Louisa was released because the warrant was not valid in New Jersey. Caseworker Burgess and Ortiz went to New Jersey to pick up the children at the local police department.

Alberti Family: Final CPS Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Assessment Date: 09/08/xx

Safety Factor Definition:

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.

Based on observations and interviews in which the worker gathered information the factors that are checked below are currently present in the family:

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).

Louisa has violated several Orders of Protection stating that she had to keep Ramon away from the children. Louisa is aware that her son has stated it is Ramon causing the injury to Henri but she continues to bring Henri around Ramon placing him in danger.

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.

Louisa has admitted to this CW that she and Ramon had bad fights on several occasions, about him yelling at Henri. Louise was observed with scratch marks and bruising all over her back, neck, and shoulders. Louisa's sister, Mercedes, has told this CW that she is aware that Ramon had had serious fights with her sister Louisa in the presence of the children.

Alberti Family: Final CPS Safety Assessment

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

- 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.

Henri has identified Ramon on several occasions as causing the marks to his arms, neck, and facial area. He has stated that "Pa" had done it to him at night, and his mother has been sleeping. Henri identified "Pa" to be Ramon Cruz during a home visit. Although an Order of Protection has been obtained, it is believed that the children would be in immediate or impending danger if Ramon is to return to the home.

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

Louisa is aware of an outstanding Order of Protection, in which Ramon is to stay away from the children. This CW has been led to believe in good faith that Ramon has been around the children since the order was granted, however, there is no solid proof at this time. Due to Henri's age and vulnerability, he is unable to enforce the stay away order on his own.

- 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).

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- 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 living 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 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).
- No Safety Factors present at this time.

Assessment of Immediate or Impending Danger of Serious Harm

Document which, if any, safety factors that you have identified as present in the family, either alone or in combination, place a child(ren) in immediate or impending danger of serious harm.

#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).

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TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

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

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

#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).

Safety Decision

Identify the applicable safety decision here.

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 the time.
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.
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).
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).

Note: If safety decision #4 is chosen from the Safety Decision tab, the Placement window asks: "Please document which children were placed or remain in foster care or an alternative placement. Also, if applicable, caseworkers must identify the protecting factors that allow each child(ren), if any, to remain in the home."

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TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

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 Parent(s)/Caretaker(s) has refused access to the child(ren) or fled, or the child(ren)'s whereabouts are unknown.

Placement:

Garayua, Henri

Alberti, Davina

Maldonado - Alberti, Jaslene

Safety Plan Documentation

Parent/Caretaker Actions/Safety Plan:

A safety plan needs to include a description of what, if anything, the parent/caretaker is doing to protect the child(ren) from the identified danger.

You will document this information in the CONNECTIONS Electronic Case Recording System in response to this prompt:

“Describe the specific actions taken by the Parent(s)/Caretaker(s) to protect the child(ren) from the specific identified danger. Describe how these actions fully or partially protect the child(ren); the Parent(s)/Caretaker(s)' ability to keep that protection in place; and how long, and/or under what circumstance(s) the Parent(s)/Caretaker(s) must maintain the specific protective actions.”

At this time, Louisa has not been cooperative with keeping the children safe. She has continually violated Orders of Protection that were granted by family court. She has also attempted to flee the jurisdiction with Melvin Maldonado (aka Ramon Cruz) whom the OOP is granted for.

Controlling interventions/Safety Plan:

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

- Intensive Home Based Family Preservation Services
- Emergency Shelter
- Domestic Violence Shelter
- The Non-Offending Parent/Caretaker has been Moved to a Safe Environment with the Children
- Authorization of Emergency Food, Cash, or Goods
- Judicial Intervention
- Order of Protection
- Law Enforcement Involvement
- Emergency Medical Services
- Crisis Mental Health Services
- Emergency in-patient Mental Health Services
- Immediate Supervision and/or Monitoring
- Emergency Alcohol Services
- Emergency Drug Abuse Services
- Correction or Removal of Hazardous/Unsafe Living Conditions

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- Placement in Foster Care**
- Placement with an Alternative Caregiver**
- Supervised Visitation**
- Use of Family, Neighbors or Other Individuals in the Community as Safety Resources**
- The Alleged Perpetrator has left the Household Voluntarily; the Current Caretaker will Appropriately Protect the Victim or Victims with CPS monitoring**
- The Alleged Perpetrator has left the Household in Response to Legal Action**
- Follow-up to Verify Children’s Whereabouts or Gain Access to the child or children**
- Other**

(You will need to specify here)

Describe how each selected controlling intervention is protecting the child or children from the identified danger. Describe who is responsible for taking and/or maintaining the specific actions and interventions and how the implementation of the safety plan will be monitored.

A final Order of Protection was put in place, valid until August of the following year stating that it is Louisa’s responsibility to keep Henri, Davina, and Jaslene away from Melvin Maldonado (aka Ramon Cruz). The children were placed in foster care after Louisa was located attempting to flee the jurisdiction with Melvin Maldonado and her children. Louisa was granted supervised visitation of her children on a bi-weekly basis. Louisa’s mother, Davina, has come forth and requested custody of the children on a permanent basis. She is currently cooperating with County Department of Social Services so that we can get an interstate compact and Puerto Rican authorities can investigate her home. She is also attending visits of the children.

Thinking Critically About Safety and Casework Practice

5. Were any patterns identified in this case that have a bearing on child safety or the identification of abuse or maltreatment?

6. Do you agree with the selected final safety factors in the case? Provide evidence to support your answer.

Thinking Critically About Safety and Casework Practice: Trainer's Key

With the handout, ALBERTI FAMILY: FINAL SAFETY ASSESSMENT and ALBERTI FAMILY: CPS INVESTIGATION SUMMARY, in mind, answer the following questions:

1. What strengths are present in the worker's practice with this family at this point in the case?

The department attended to the family's language needs (and their legal requirement to do so) to make sure a Spanish language interpreter was available during interviews. Caseworker Burgess recognized the need to protect the children (although not with immediacy) when it became clear that Ramon Cruz had again violated the Order of Protection. Also, the caseworkers investigated the backgrounds of the mother's suggested resources for the children. It also appears that the workers were in regular contact with their attorneys (even though the attorneys didn't appear to have accurate or complete information from the caseworkers). Caseworker Burgess was also able to recognize his own limitations and seek guidance from his supervisor and the senior worker.

2. Are there any judgments that appear to be standing in for facts in the progress notes or safety assessment? Explain your answer.

- ➔ *The judgments that seem most prominent have to do with the assumptions, from the beginning of the case (and without initial confirmation from Louisa) that Ramon was abusing her (even though the worker only focused on her past DV experiences and did not assess her current experience). Although Louisa admits (only after the first removal of the children) that Ramon is abusive to her, it is never fully established how Henri's injuries were received or who caused them all. At the beginning of the case, Louisa and Ramon's explanations are found plausible enough to not lead the workers to put a safety plan in place for the children, despite Henri regularly incurring suspicious marks and alleging Ramon inflicted some of the injuries.*
- ➔ *Repeatedly in the first few months of the case, it is mentioned that Louisa needs to be "cooperating with DV" or the children will be removed (which does happen for one week before they are returned to her and later removed again). The judgment seems to be that Louisa needs to cooperate/comply rather than the workers facilitating change.*
- ➔ *There seems to be a judgment that Ramon Cruz did not need to be engaged in the assessment/investigation. Significant efforts were not made to hold Ramon responsible for the violence he was believed to be inflicting on Henri and Louisa. He was never really*

Thinking Critically About Safety and Casework Practice: Trainer's Key

- ➔ *confronted about it because he was never really interviewed. There appears to have been problems serving him with the stay away order and there was no way meeting to make it clear to him that he had to stay away or what the consequences would be until two months after the initial order.*
 - ➔ *There also seems to be assumptions made that the infant girls are not in need of further assessment or safety interventions.*
 - ➔ *Finally, there seems to be judgment that Ramon or Henri's father (whose identity was never established in the current report and was missed in the prior, as it doesn't appear to have been checked) and their resources should not be engaged or involved in safety planning for their children.*
3. Is there any bias evident in the worker's practice (as summarized on the handout, ALBERTI FAMILY: CPS INVESTIGATION SUMMARY) or the final safety assessment? If so, what is the evidence of bias?
- ➔ *Yes, there's bias. There's a general impression that the workers aren't working with the mother, but are rather telling her what to do (i.e., remove Ramon from her home and protect her children) and threatening removal (and then conducting a removal without sufficient reasonable efforts) when she isn't capable of doing it. This suggests that the worker doesn't think Louisa is motivated enough or capable enough to actually make the changes needed to create a safe environment for the children, even though she is never really offered other resources besides a referral to a DV advocate. Instead, the worker could have partnered with her and a DV advocate to keep her and her children better protected, such as shelter, individual counseling, or police assistance with removing Ramon from the home.*
 - ➔ *There also appears to be strong bias with involving Ramon (as well as Henri's unidentified father) in the investigation/assessment. As the subject of the report, it was crucial to interview Ramon directly, to engage him in a relationship to establish what was going on in his family and how Henri was being injured. It seemed that the workers were highly reluctant to involve Ramon in anything having to do with the case outside of telling Louisa to get him out of the home and away from the children. It is possible that this could be due to worker safety concerns, which would be valid in this case, but that does not justify the apparent refusal to engage him in the investigation.*

Thinking Critically About Safety and Casework Practice: Trainer's Key

4. Identify any other insufficient information, gaps in information, or inconsistencies in either the casework practice or the final safety assessment.
- ➔ *Insufficient information was gathered about how Henri's injuries were acquired. The caseworkers failed to make immediate home visits after some of the reports from the school. They failed to seek additional information from collaterals that could have provided information about the credibility of Louisa's explanations or Henri's explanations for his injuries.*
 - ➔ *The documentation is not often concrete. While it is noted that there are dig marks on Henri, they are not always described in detail regarding shape/size. Louisa is also mentioned to have a fat lip but a more concrete description (what color was it, did it appear to have bled, what side was swollen?) would have been more useful.*
 - ➔ *At what time of day/night was Louisa sleeping when Henri says the injuries occurred? Who, in fact, was "Pa?" Also, was it that "Pa" was coming into his room at night and inflicting injury (could there possibly be inflicted during sexual abuse) or was Ramon disciplining Henri during the day and Louisa was sleeping for some reason on several instances? Not enough information was gathered about Henri's allegations of injury or Louisa's supervision of him along with his interactions with "Pa."*
 - ➔ *The prior history for an unfounded case that was closed less than a month from this intake report was not checked and this included information that would have clearly led to a pattern emerging about marks and bruises on Henri as well as his statements that Ramon hits him while his mother is sleeping. Also, the current worker would have been aware of the previous exposure of Henri to the violence inflicted on Louisa when she was with Henri's father. It would have also provided information about Henri's frequent absences from school, his lack of adequate clothing, and the living conditions in the home. A search on the mother isn't run until many months into the case.*
 - ➔ *There is insufficient information gathered about Ramon and Louisa's relationship and the suspected violence. Despite there being 2 caseworkers and a senior worker at the first visit, Louisa nor Ramon are ever interviewed alone. Louisa herself points out to the worker when she discloses the violence that Ramon was always there standing next to her during interviews with the workers. Even after disclosing the violence, the extent of the violence is not assessed nor the effects on her children. Louisa did disclose that she had previously been involved in a violent relationship with Henri's father back in Puerto Rico. It seems that this contributing factor is a pattern in her relationships but this is*

Thinking Critically About Safety and Casework Practice – Trainer’s Key

never established. It is also never established whether she has tried to leave Ramon, whether there were impediments (besides the violence she experienced) to doing so, e.g., is she financially dependent on him, what she perceives as getting in the way of her ability to protect her children from him, or whether she was even fully aware of how or when Henri was being injured.

- ➔ *Louisa provided information that she had lived in Puerto Rico when Henri was younger but no information is sought to whether there is a prior history on the family with the local child welfare authorities in Puerto Rico or whether the family has lived elsewhere. No connection is mentioned at all to the prior investigation that had just ended before this report was filed. Louisa’s experience of that report could have been elicited to help engage her in the need to change.*
- ➔ *Originally, collateral contacts outside of the school nurse and guidance counselor were not interviewed. The guidance counselor had to prompt the interviews after calling twice to report additional injuries on Henri as the caseworkers failed to put a safety plan in place to prevent them from reoccurring. There is no mention as to whether medical evaluation for Henri’s injuries or the health of the infants occurred. Neighbors are later interviewed but almost always at their prompting by calling the worker.*
- ➔ *There are major gaps related to the safety of the two babies, Davina and Jaslene. The caseworkers document the infants not being appropriately supervised during more than one visit, but other than mentioning it to the mother, nothing is ever done to further assess or promote their safety. There is no mention of either of these children in the safety assessments.*
- ➔ *There is no mention in the case summary, progress notes, or safety assessments in regards to an evaluation of underlying conditions (such as Louisa’s parenting experience, her feelings about the domestic violence, her capability in caring for two young infants and an active 4-year-old) or contributing factors outside of the domestic violence, which was not thoroughly assessed (e.g., was she sleeping during the times Henri was being injured because she was depressed? Does she have a history of using drugs or alcohol? What is her level of education and cognitive functioning?) As Ramon was never interviewed, there is no information about him whatsoever, let alone an examination of his underlying conditions and contributing factors. The prior report (that was not viewed in this case but did exist) suggested reports from Henri that Ramon uses drugs. Confusion about Ramon’s identity and aliases would also have been learned through examination of the prior report.*

Thinking Critically About Safety and Casework Practice – Trainer’s Key

5. Were any patterns identified in this case that have a bearing on child safety or the identification of abuse or maltreatment?

Patterns were generally overlooked by the caseworkers. Although they were aware of Louisa’s past experience with domestic violence in Puerto Rico and suspected that she was being abused by Ramon Cruz/Melvin Maldonado, they don’t appear to have connected these as a potential pattern. It didn’t lead to them interviewing her or Ramon alone about this contributing factor. No other patterns were identified by the caseworkers, although, as already mentioned above, patterns related to Henri’s injuries and the supervision of the children also existed.

6. Do you agree with the selected final safety factors in the case? Provide evidence to support your answer.

Final Safety Assessment:

- ➔ *Selected safety factors here included #1 (prior history of abuse/maltreatment and parent/caretaker unable or unwilling to protect child), #4 (child has experienced or is likely to experience harm from domestic violence in the home) appear to be correct selections.*
- ➔ *Safety factor #6 (parent/caretaker has a recent history of violence or is currently violent and out of control) was also selected. Based on the established fact pattern and looking at the expanded safety factors, it seems like noting Ramon’s treatment of Henri and the alleged inflicted injuries would have been better connected to safety factor #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 children.)*
- ➔ *#10 (parent/caretaker views, describes or acts towards the child in predominantly negative terms or has unrealistic expectations of the child) was also selected, however, the comments are not linked clearly to the factor. This factor could have been selected on the basis of how Ramon acts towards Henri but Ramon’s views and perceptions were not elicited as he was not interviewed.*

The comments that are documented relate to the Order of Protection and whether Ramon has violated it. They do refer to Henri being unable to enforce the stay-away order himself due to his age and vulnerability, but this is not linked to any expectation of either parent/caretaker for him to do so. Additionally, the comments say there is no “solid proof” that Ramon has been around the children even though the caseworker saw Ramon leave

Thinking Critically About Safety and Casework Practice – Trainer’s Key

the home and there were reports from several credible witnesses as well. These comments would have been better connected to safety factor #1, if it had, in fact been established that Ramon was in the home. The mother claimed she and the children were living with her sister at this time.

- ➔ *Safety factor #8 related to supervision of the children should have been checked, as the children were not being adequately supervising. While it may not have risen to immediate/impending danger of harm, it should have at least been “flagged” as a concern.*
- ➔ *Also, other safety factors do not appear to have been assessed at all (such as sex abuse, drugs/alcohol use, etc.) and therefore, it cannot be determined whether checking “No” was accurate.*
- ➔ *Throughout the investigation, none of the children received medical evaluation, even though Henri acquired numerous, suspicious injuries. When asked about why Davina sleeps so much, Louisa said she didn’t know and the caseworkers didn’t think it appropriate to have her or Jaslene evaluated to make sure their growth was developmentally appropriate. It doesn’t appear there was every any contact with the children’s medical providers. Such an examination may have revealed useful information about safety, risk, and abuse/maltreatment.*
- ➔ *The Parent/Caretaker Action section is designed to elicit what actions, if any, the parent has taken to protect the child, fully or partially. The comments provided speak to why Henri is in immediate danger, but not to actions taken to protect.*

7. Do you agree with the selected final safety decision in the case? Provide evidence to support your answer.

Given the current fact pattern and the fact that the family was going to flee to Puerto Rico with the children, removal appears to be the only option at this point to protect the children. However, at this point in the case, the workers should have contacted enough resources that perhaps they could have avoided the second placement in foster care if the children could have been placed with a relative by court order.

Thinking Critically About Safety and Casework Practice – Trainer’s Key

8. Were any multiple hypotheses generated to explain the allegations of maltreatment in the family? If not, what hypotheses could be generated?

- ➔ *No multiple hypotheses were generated. Some hypotheses that could have merited investigation include:*
- ➔ *Ramon is excessively disciplining Henri when Louisa is actually sleeping and therefore, she is not there to immediately protect Henri from injury.*
- ➔ *Louisa isn’t sleeping when the injuries are occurring but is rather passed out from drug or alcohol use.*
- ➔ *Henri has stated that he is afraid of the dark and that Ramon comes into his room at night, and also that the injuries occur when Louisa is sleeping. It may be possible that Ramon is sexually abusing Henri and is inflicting injuries (particularly the dig marks on his neck) during this time.*
- ➔ *Louisa is participating in injuring Henri with Ramon or she injures him separately from Ramon.*
- ➔ *Louisa is unable to protect Henri from Ramon’s violence towards him because she is being severely abused by Ramon as well.*
- ➔ *Someone else entirely could be injuring child. The workers never assessed whether there are baby sitters or other relatives who care for children. Were there other people frequenting the home? By eliminating a variety of hypotheses, they could have deduced the child’s statements to be credible.*

Expanded Safety Factors

(CONNECTIONS Help Screen Contents)

Guidelines

- ➔ Listed below are examples for each safety factor. They are intended to guide the worker's selection of safety factors currently present.
- ➔ The examples should not be considered as an all-inclusive list of possible circumstances, conditions or behaviors related to each safety factor.
- ➔ Consider how recent the circumstance, condition or behavior associated with each safety factor is. Is the circumstance, condition or behavior currently present, likely to occur in the immediate future or has it occurred in the recent past?
- ➔ The identification of safety factors should not automatically be equated with the presence of an "immediate danger of serious harm." Rather, the safety factors should be viewed as "red flag alerts" that the child *may* be in immediate danger of serious harm due to present identified circumstances, conditions or behaviors.
- ➔ Once safety factors have been identified, another level of decision- making occurs that guides the worker in the identification of "immediate danger of serious harm."

Safety Factors/Definitions

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.

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- ➔ 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. As a result, the caretaker(s) is:
 - ✓ unable to care for the child;
 - ✓ likely to become unable to care for the child;
 - ✓ has harmed the child;
 - ✓ has allowed harm to come to the child; or
 - ✓ is likely to harm the child.
 - ➔ 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 a recently used, or has a pattern of using illegal and/or prescription drugs that negatively impacts their decisions and behaviors and their ability to supervise, protect and care for the child. As a result, the parents(s)/caretaker(s) is:
 - ✓ unable to care for the child;
 - ✓ likely to become unable to care for the child;

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- ✓ has harmed the child;
 - ✓ has allowed harm to come to the child; or
 - ✓ is likely to harm the child.
- ➔ 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.**

Examples of direct threats to child(ren):

- ➔ 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 because of fear, intimidation, injury, incapacitation, forced isolation, fear 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

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medication without medical oversight and the parent/caretaker's reasoning, ability to supervise and protect the child 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 or is likely to seriously harm the child 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, angry or hostile outbursts of anger or hostility 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), i.e. 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, medical or mental health care and/or control child's behavior.

- ➔ No food provided or available to child, or child starved or deprived of food or drink for prolonged periods.
- ➔ Child appears malnourished.
- ➔ Child without minimally warm clothing in cold months; clothing extremely dirty.
- ➔ No housing or emergency shelter; child must or is forced to sleep in street, car, etc.
- ➔ Housing is unsafe, without heat, sanitation, windows, etc. or presence of vermin, uncontrolled/excessive number of animals and animal waste.

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- ➔ Parent/Caretaker does not seek treatment for child'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/caretaker 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 to the extent that need for adequate care goes unnoticed or unmet (i.e., although caretaker present, child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge or be exposed to other serious hazards).
- ➔ Parent/Caretaker leaves child 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's care.
- ➔ Parent/Caretaker routinely fails to attempt to provide guidance and set limits, thereby permitting a child 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/caretaker likely caused serious abuse or physical injury, i.e. fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, etc.
- ➔ Parent/Caretaker, directly or indirectly, makes a believable threat to cause serious harm, i.e. kill, starve, lock out of home, etc.

Expanded Safety Factors

- ➔ Parent/Caretaker plans to retaliate against child for CPS investigation or disclosure of abuse or maltreatment.
- ➔ Parent/Caretaker has used torture or physical force that bears no resemblance to reasonable discipline, or punished child beyond the duration of the child'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 as evil, possessed, stupid, ugly or in some other demeaning or degrading manner.
- ➔ Curses and/or repeatedly puts child down.
- ➔ Scapegoats a particular child in the family.
- ➔ Expects a child to perform or act in a way that is impossible or improbable for the child's age (i.e. 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 that 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 from a hospital against medical advice.
- ➔ Family has history of keeping child 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.

Expanded Safety Factors

- ➔ Child 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 abuser to child continues to exist.
- ➔ Child may be sexually exploited online and parent(s)/caretaker(s) may take no action(s) to protect the child.

13. The physical condition of the home is hazardous to the safety of children.

- ➔ Leaking gas from stove or heating unit.
- ➔ Dangerous substances or objects accessible to children.
- ➔ Peeling lead base paint accessible to young children
- ➔ Hot water/steam leaks from radiator or exposed electrical wiring.
- ➔ No guards or open windows/broken/missing windows.
- ➔ Health hazards such as exposed rotting garbage, food, human or animal waste throughout the living quarters.
- ➔ Home hazards are easily accessible to children 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 cries, cowers, cringes, trembles or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
- ➔ Child exhibits severe anxiety related to situation associated with a person(s) in the home, i.e. nightmares, insomnia.
- ➔ Child reasonably expects retribution or retaliation from caretakers.
- ➔ Child 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.

Expanded Safety Factors

16. Child(ren) has significant vulnerability, is developmentally delayed, or 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).

- ➔ Child(ren) is required to be on a sleep apnea monitor, or to use other specialized medical equipment essential to their health and well-being, and the parent/caretaker is unable to 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, etc., 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 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, and prostitution) occurs in the presence of the child(ren).
- ➔ The child(ren) is forced to commit a crime(s) or engage in criminal behavior.
- ➔ Child(ren) exposed to dangerous substances used in the production or use of of illegal drugs, eg. Methamphetamines.
- ➔ Child(ren) exposed to danger of harm from people with violent tendencies, criminal records, people under the influence of drugs.

No Safety Factors present at this time.

PowerPoint slide – Questioning Supervision

- ➔ If you could “do over” the assessment of the worker’s practice at this point, what new expectations would you set going forward?

- ➔ How would you monitor the worker’s attendance to these expectations?

- ➔ How does always considering what the worker missed in the process and “what do we do next” support more thorough safety assessments and effective safety plans?

- ➔ How can you “question your own assessments” of the casework practice you are supervising?

PowerPoint slide – Supervising Risk Assessment

- ➔ Workers will simultaneously gather information that relates to safety, risk, and family functioning. You then have to sort that information with them.
- ➔ You also need to identify what information is still needed in order to complete the risk assessment.
- ➔ The application of critical thinking skills is necessary in order for workers to utilize the Risk Assessment Profile to accurately determine the level of risk present in a family.
- ➔ In order to get an accurate risk score using the RAP, caseworkers must not make assumptions or document their opinions. To achieve an accurate risk rating, responses and comments related to the risk elements must be based on the facts of the case.

RAP Concepts and Risk Element Definitions

The contents of this handout 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.

RAP Concepts and Risk Element Definitions

- ➔ 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.”

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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

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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

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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

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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

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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

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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 all 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.

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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 all 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.

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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

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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 a 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**

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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.

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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/scolding, 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.

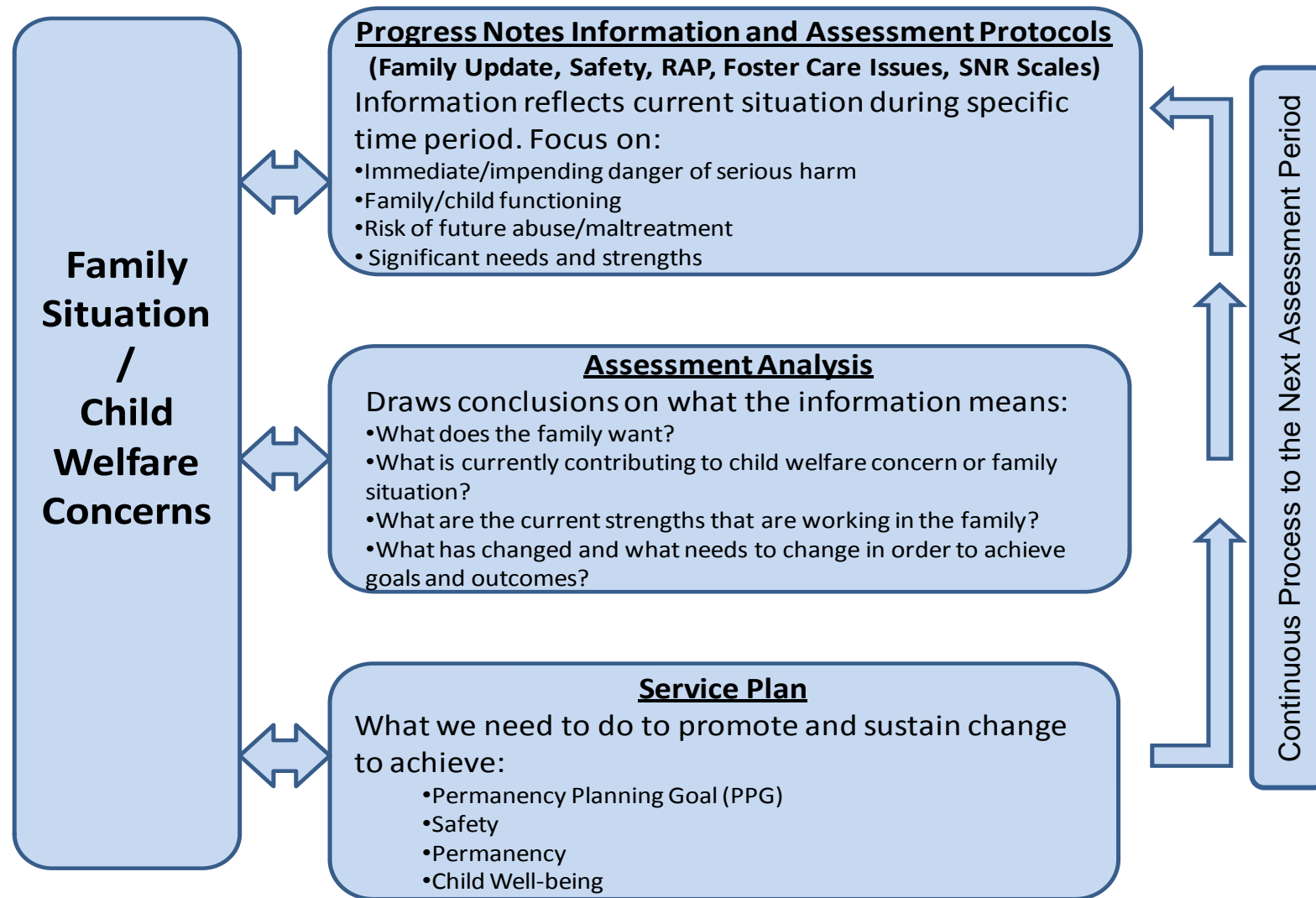
8. **Newborn child has positive child has positive toxicology for alcohol or drugs**

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.

The young age and inherent vulnerability of the newborn child, coupled with any of the circumstances above, implies an increased risk of future harm to the child.

Model for Assessment and Service Planning



PowerPoint slide – Risk Assessment

Read the handout, ALBERTI FAMILY: INITIAL RAP, now.

Alberti Family: Initial RAP

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

RISK ASSESSMENT PROFILE

CONNECTIONS CASE # :		Intake Date: --/--/2009
Case Name (Last, First):	Alberti, Louisa	Local Services Case #:
Primary Caretaker	First Name: Louisa	Last Name: Alberti
Secondary Caretaker	First Name: Cruz	Last Name: Ramon

Questions	Current Responses	Comments
1. Total prior reports for adults and children in RAP family unit.	<input type="checkbox"/> A. No prior determined reports <input checked="" type="checkbox"/> B. Prior unfounded reports only <input type="checkbox"/> C. One to two prior indicated reports <input type="checkbox"/> D. Three to four prior indicated reports <input type="checkbox"/> E. Five or more prior indicated reports	
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Child(ren) under one year old in RAP family unit at time of the current report, and/or new infant since report.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Current or recent history of housing with serious health or safety hazards; extreme overcrowding, unstable housing; or no housing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	In the past the house was seen dirty, cluttered with small objects on the floor and trash. When the previous Caseworkers spoke to Louisa about the home condition, it was instantly cleaned up.

Alberti Family: Initial RAP

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

5. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, and neighbors.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Primary Caretaker</td> <td style="padding: 2px;">Secondary Caretaker</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	Primary Caretaker	Secondary Caretaker	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Louisa has stated on two occasions that she had been a victim of domestic violence in the past, with her boyfriend from Puerto Rico. Louisa stated that she fled Puerto Rico to get away from it.
Primary Caretaker	Secondary Caretaker					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
8. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Primary Caretaker</td> <td style="padding: 2px;">Secondary Caretaker</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	Primary Caretaker	Secondary Caretaker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Primary Caretaker	Secondary Caretaker					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Primary Caretaker</td> <td style="padding: 2px;">Secondary Caretaker</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	Primary Caretaker	Secondary Caretaker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Primary Caretaker	Secondary Caretaker					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
10. Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Primary Caretaker</td> <td style="padding: 2px;">Secondary Caretaker</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	Primary Caretaker	Secondary Caretaker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Primary Caretaker	Secondary Caretaker					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Alberti Family: Initial RAP

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

<p>11. Caretaker(s) has very limited cognitive skills.</p>	<p>Primary Caretaker</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Caretaker</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>12. Caretaker(s) has a debilitating physical illness or physical disability.</p>	<p>Primary Caretaker</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Caretaker</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>13. Caretaker demonstrates developmentally appropriate expectations of <u>all</u> children.</p>	<p>Primary Caretaker</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Caretaker</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Henri has many suspicious marks on different areas of his body, usually in the head, neck and shoulder region. Henri has stated on different interviews that Pa was the one who had inflicted the injuries. Henri said Pa will grab him by the next or hit him when he is bad. Henri is only 4 years old. Henri's age make him extremely vulnerable and susceptible to danger. Ramon has been identified by Henri as Pa. Due to his age and vulnerability, neither Louisa or Ramon are demonstrating appropriately expectations of him.</p>
<p>14. Caretaker attends to needs of <u>all</u> children and prioritizes the children's needs above his/her own needs or desires.</p>	<p>Primary Caretaker</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Caretaker</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Henri is only 4 years old. Due to Henri's age he is extremely vulnerable. Henri has identified Louisa's boyfriend, Ramon, as inflicting injury upon him. Louisa is in the home and has denied the incidences, but Henri has confirmed that Louisa is present or is aware.</p>
<p>15. Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.</p>	<p>Primary Caretaker</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Caretaker</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>The Caseworkers have spoken to Louisa and Ramon about the severity of the recurrent injuries. Louisa has not offered any further explanation for the injuries. Since the Caseworkers have spoken to Louisa, Henri has presented with more injuries, and again named Pa as the one inflicting the injuries.</p>

Alberti Family: Initial RAP

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Preliminary Risk Score: 9
Preliminary Risk Rating: High

Proceed to the elevated risk elements and final risk rating.

HIGH

Elevated Risk Elements	
<p>The Final Risk Rating is based on the presence or absence of the following Elevated Risk Elements</p> <p>*** Please select yes or no for each item below. ***</p> <p>Check the box that indicates whether or not the Elevated Risk Element is present. The presence of any of these risk elements automatically raises the risk rating to Very High Risk</p>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Death of a child as a result of abuse or maltreatment by caretaker(s)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Caretaker(s) has a previous TPR
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Siblings removed from the home prior to current report and remain with foster parents/substitute parents/caretakers
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Repeated incidents of sexual abuse or severe physical abuse by caretaker(s)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sexual abuse of a child and perpetrator is likely to have current access to child
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Physical injury to a child under one year old as a result of abuse or maltreatment by caretaker(s)

Alberti Family: Initial RAP

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Newborn child has a positive toxicology for alcohol or drugs

FINAL RISK RATING:

HIGH

Trainer's Guide: Thinking Critically About Risk Assessment and Casework Practice

Discuss the following questions with all participants.

1. Are there any judgments that appear to be standing in for facts in the RAP?
Explain your answer.

The comments for element #4 note that the home was "dirty." Dirty as a description by itself is subjective, as individual workers' standards may vary. It was helpful that the worker then became more concrete and stated there were small objects on the floor and the house was cluttered.

Note: *This element was incorrectly checked as a RAP element. Based on the information in the record, the small objects on the floor should have been "flagged" as a safety factor in the safety assessment instead. There is nothing in the fact pattern to suggest ongoing instability with housing, extreme overcrowding, etc. that would warrant it being selected in the RAP.*

2. Is there any bias evident in the worker's RAP? If so, what is the evidence of bias?

No bias evident in the RAP.

3. Identify any other insufficient information, gaps in information, or inconsistencies in the RAP.

➔ *As mentioned, it is not clear why item #4 was selected. If there are larger housing issues that would indicate selection of this element, the comments are not linked to it.*

➔ *There is insufficient information and inconsistencies documented in the record to select "No" for element #5 (limited financial resources). There is information documented to suggest that Henri is going to school in the same outfit, which could indicate a problem with financial resources (or not, but enough information is not gathered to accurately identify this element).*

➔ *For element #7, "No" is marked for the secondary caretaker, Ramon, even though he is the alleged perpetrator of the violence against Louisa.*

➔ *There is no information documented in the progress notes that suggests the worker assessed with the parents whether there is any drug or alcohol use in the home or any history of mental illness, cognitive limitations, or physical disability (elements #8-12).*

Trainer's Guide: Thinking Critically About Risk Assessment and Casework Practice

#13 – the comments are not linked to expectations. Why is Ramon hitting Henri? Is it due to discipline over unrealistic expectations? This is not established, therefore, it doesn't seem this element should be checked.

#14 – the comments are not linked to Louisa's needs. They need to be more concrete (e.g., Louisa is choosing to meet the needs that are fulfilled by her relationship with Ramon over meeting her children's needs for safety and well-being).

4. Were any patterns identified in this case that have a bearing on risk or service planning?

No, patterns were not identified by the worker, although they should have been. For example, Louisa has been involved at least two known abusive relationships (the current one with Ramon and the one she mentioned in Puerto Rico with Henri's father). While the latter relationship is identified in the RAP element on domestic violence, it is not related to her current experience of abuse by Ramon.

5. Do you believe the RAP was accurate? Provide evidence to support your answer.

No, see aforementioned points that indicate the inaccuracies in the information gathered and documented.

6. Was the workers' use of interpersonal skills and core conditions sufficient? If not, describe how the interpersonal skills or core conditions could have been better used to gather information from this family.

There is nothing in the documentation that suggests interpersonal skills were used in any strategic manner for the purpose of gathering information in this case. For example, the parents/caretakers should have been strategically confronted regarding the plausibility of their explanations for Henri's injuries. There appears to have been no joining of the family (e.g., there is no documentation of even speaking to Ramon). There is nothing that suggests respect, empathy, or genuineness was transmitted to this family. Using reflections could have deepened understanding of the information that Louisa was sharing. If there were incongruencies about what Louisa was saying regarding domestic violence with Ramon but how she was acting, attending to the nonverbal through reflection of them might have created an opening for further assessment. Using strengths-based questions could also have provided

Trainer's Guide: Thinking Critically About Risk Assessment and Casework Practice

more information (e.g., "Louisa, what does Ramon say about what happens when he is alone with the children while you are sleeping?")

Ask only the supervisor the following question:

If you could "do over" the supervision in this case through application of critical thinking skills, what else would you have done differently?

Answers should include questioning the worker's assessments (such as the confusion between safety factors/red flags and risk being made on the RAP, thereby making it inaccurate), providing feedback about the insufficient information and engagement in the case, setting expectations about the need to gather the identified insufficient information from the parent, further contact with collaterals, and providing coaching to the worker as to how to engage Louisa and Ramon and assess how Henri's injuries were acquired and whether domestic violence is occurring and how it is effecting the children.

PowerPoint slide – Investigation Conclusion

Read the handout, ALBERTI FAMILY: INVESTIGATION CONCLUSION, now.

Alberti Family: Investigation Conclusion

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

CPS Investigation Summary

Intake Received: 3/17/xx
 Investigation Began: 3/17/xx
 Investigation Completed: 9/8/xx
 Investigation Approved: 9/12/xx
 Determination: Indicated
 Closure Reason: Case open – CPS required
 Family Assessment Response:
 Supervisor: Jordan Dudley
 Primary Worker: Anthony Burgess

Allegation Information

MA/AB Child	Allegation(s)	Subject of Report	Decision
Garayua, Henri	Inadequate Guardianship	Cruz, Ramon	Substantiated
Maldonado-Alberti, Jaslene	Inadequate Guardianship	Alberti, Louisa	Substantiated
Garayua, Henri	Inadequate Guardianship	Alberti, Louisa	Substantiated
Alberti, Davina	Inadequate Guardianship	Cruz, Ramon	Substantiated
Alberti, Davina	Inadequate Guardianship	Alberti, Louisa	Substantiated
Maldonado-Alberti, Jaslene	Inadequate Guardianship	Cruz, Ramon	Substantiated
Garayua, Henri	Lacerations, Bruises, Welts	Cruz, Ramon	Substantiated

Alberti Family: Investigation Conclusion

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

Investigation Conclusion Narrative

For each substantiated allegation of maltreatment, please describe how the evidence gathered supports the finding of maltreatment:

For each unsubstantiated allegation, please describe how the evidence gathered does not support a finding of abuse or maltreatment as defined in the elements above . Please be sure to address each allegation for each child and subject:

*The allegation against Louisa Alberti and Ramon Cruz are being **Founded**.*

From March to May, 20xx, Henri has continually presented with suspicious injuries and bruising. He had scratch marks which appeared to be caused by human nails on the back of his neck, and on the side of his neck as well. He has scratch marks on his back and his stomach. Henri had two suspicious bruises on his face, one to each cheek. Henri also had small bruising to his arms. Louisa's explanations were not consistent with the injuries. On several occasions Henri identified "Pa" as the one inflicting injuries to him. This Caseworker asked Louisa if her boyfriend, Ramon Cruz, was referred to as "Pa" by Henri. She denied this. Both this Caseworker and Senior Caseworker Feingold overheard Henri refer to Ramon as "Pa" while leaving the residence. This Caseworker and Senior Caseworker Feingold had explained to Louisa several times that if the bruising persisted, with no valid explanation, DSS may have to take further action. On May 9th, 20xx, This Caseworker obtained an Order of Protection stating that Ramon Cruz was to comply with a complete stay away from Henri, Davina Alberti, and Jaslene Maldonado-Alberti. Louisa was served that evening. Ramon was not in the home at the time according to Louisa, and he was not served. The next day Henri was not in school. This Caseworker, a senior caseworker, and an officer from the Uptown Police Department went to the home address. Henri was seen with another mark to his face. He had disclosed to the officer that Pa had been in the home, and caused the injury to him. A removal was conducted on May 16th, 20xx of all three children. After one week, the children were returned. Louisa was compliant and had filed her own Order of Protection, and was working with Domestic Violence. On 07/5/20xx, this Caseworker observed Ramon coming

Alberti Family: Investigation Conclusion

TEACHING CASE – NOT FOR USE AS A PRACTICE MODEL

*out of the residence. He stood outside for a few moments and went back into the home. A final Order of Protection was received on 07/7/20xx, stating it was Louisa's responsibility to ensure that Ramon Cruz was kept away from the children. Although the Orders of Protection have been granted, there is still reason to believe that Louisa is not willing to keep Ramon from her children and protect them from harm. A trial date was set for August 15th. Louisa did not show for the trial, and was attempting to flee the jurisdiction with Henri, Davina, and Jaslene. It is believed that she was with Ramon Cruz. This Caseworker learned that Ramon Cruz was actually Melvin Maldonado, the father of Davina and Jaslene Alberti. This case is being **indicated** because it is clear that Louisa is unable to protect her children. Court matters are pending and CPS will continue to monitor the case.*

PowerPoint slide – My Needs

Complete the worksheet, MY NEEDS FOR TECHNICAL ASSISTANCE, now.

My Needs for Technical Assistance

Use the space below to identify any technical assistance needs you or your unit has in regards to strengthening your ability to apply critical thinking to your work in child welfare.

PowerPoint slide – Summary

- ➔ An informed decision-making process includes being objective, considering all possibilities, gathering information, evaluating and analyzing all available information, and drawing logical conclusions.

- ➔ The identified critical thinking skills alongside use of the SET principles support your ability to guide your workers in making informed decisions related to assessing safety and risk, identifying abuse and maltreatment, and planning for services with the family.

- ➔ When an *informed* decision making process is not followed, unfortunately, errors occur.

Summary

- ➔ An informed decision-making process includes being objective, considering all possibilities, gathering information, evaluating and analyzing all available information, and drawing logical conclusions.

- ➔ The identified critical thinking skills alongside use of the SET principles support your ability to guide your workers in making informed decisions related to assessing safety and risk, identifying abuse and maltreatment, and planning for services with the family.

- ➔ When an *informed* decision making process is not followed, unfortunately, errors occur.