

**IN THE SUPREME COURT OF OHIO**

|                                   |   |  |
|-----------------------------------|---|--|
| MATERNAL GRANDMOTHER,             | : |  |
| as Administrator of the Estate of | : | Case No. 2020-0705                         |
| G.B., a deceased minor,           | : |  |
|                                   | : | Appeal from the Hamilton County            |
| and                               | : | Court of Appeals, First Appellate District |
|                                   | : |  |
| MATERNAL GRANDMOTHER,             | : | Court of Appeals Case No. C-180662         |
| Individually,                     | : |  |
|                                   | : |  |
| Plaintiffs-Appellants,            | : |  |
|                                   | : |  |
| v.                                | : |  |
|                                   | : |  |
| SHAMARA STEPHENS a.k.a.           | : |  |
| SHAMARA HOOKS-WARE,               | : |  |
|                                   | : |  |
| and                               | : |  |
|                                   | : |  |
| KASSIE SETTY,                     | : |  |
|                                   | : |  |
| and                               | : |  |
|                                   | : |  |
| LUMADI LAVUSA,                    | : |  |
|                                   | : |  |
| Defendants-Appellees.             | : |  |

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**MEMORANDUM OF AMICUS CURIAE JUSTICE FOR CHILDREN CLINIC IN  
SUPPORT OF PLAINTIFFS-APPELLANTS**

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## STATEMENT OF THE CASE AND FACTS

Amicus curiae hereby adopts the facts as contained in the statement of facts in Plaintiffs-Appellants' merit brief.

## STATEMENT OF INTEREST OF AMICUS CURIAE

The **Justice for Children Clinic** at The Ohio State University Moritz College of Law affords third-year law students with the opportunity to learn and zealously advocate for the rights of children across a variety of systems.

## ARGUMENT

The family unit is highly valued in Ohio; for that reason, public children services agencies must make all reasonable efforts to prevent the removal of a child from his or her home and family. R.C. 5153.16(A)(18). Removal is tragic, but sometimes necessary to prevent the serious injury or death of a child. Here, the worst of two tragedies occurred—and still worse, a review of Ohio law shows that it likely could have been avoided.

Ohio counties have control over the organization of their children services agencies, but all 88 counties must follow certain clear mandates in the Ohio Administrative Code. R.C. 5153.02. In a case like G.B.'s, a report (or "referral call") from a hospital to the children services agency should have led to: 1) a visit from caseworkers; 2) an evaluation of G.B.'s safety in light of her Failure to Thrive diagnosis; 3) a clear determination about her safety; 4) an explanation of the choice to return her home; and 5) extensive documentation of these actions. There is no evidence that any of these mandated actions occurred in G.B.'s case. Instead, the record shows the following: the caseworkers visited G.B. nearly three months after her 11-day hospital stay and found her to be "happy and healthy." (First Am. Compl., ¶ 29.) Three weeks later, she died as a result of her parents' abuse.

Ohio has created extensive and detailed mandates for children services caseworkers to prevent exactly this kind of tragedy. If these mandates had been followed, perhaps the outcome here would have been different. There are many holes in the record due to a lack of discovery, but with those facts available, it is reasonable to infer that G.B.'s grandmother could prove the allegations in her amended complaint. She should have the chance to do so.

**I. G.B.'s case demonstrates a total disregard of the Ohio Administrative Code requirements for PCSA caseworkers.**

Accepting all allegations in the Appellant grandmother's ("Grandmother") amended complaint as true, and construing all reasonable inferences in Grandmother's favor, as is required in evaluating a motion for judgment on the pleadings, Civ.R. 12(C); *Corporex Dev. & Constr. Mgmt. v. Shook, Inc.*, 106 Ohio St.3d 412, 2005-Ohio-5409, 835 N.E.2d 701, ¶ 2, the lower court erred in finding that Grandmother cannot prove any set of facts entitling her to relief. Specifically, the amended complaint and reasonable inferences drawn from it suggest that the Appellee caseworkers ("the caseworkers") failed to adhere to Ohio law in conducting an investigation into the hospital's report of G.B.'s neglect.

**A. The Ohio Administrative Code sets out clear requirements for investigating allegations of intra-familial child abuse and neglect.**

The rules for intervention in child welfare cases are state supervised and county administered. R.C. 5153.02. In other words, the procedures for intervention in a family's life following a report of abuse or neglect are set forth in the Ohio Administrative Code (OAC) and are implemented by county agencies, like the Hamilton County Department of Job and Family Services (HCJFS). The OAC refers to these departments as public children services agencies (PCSA).

1. *Caseworkers must conduct an investigation after receiving a report of suspected intra-familial child abuse or neglect.*

The OAC clearly delineates the steps that must be taken by a public children services agency, like HCJFS, upon receipt of a report of intra-familial child abuse or neglect. Ohio Adm.Code 5101:2-36-03. When a PCSA receives a report of child abuse or neglect that names a member of the child's family as an alleged perpetrator, the assigned caseworkers must conduct an investigation. Ohio Adm.Code 5101:2-36-03(A). The OAC divides these reports into two categories: emergency and non-emergency. Ohio Adm.Code 5101:2-36-03(D).

When the report of abuse or neglect is classified as an emergency, the agency must attempt to make face-to-face contact with the child within one hour of receipt of the report. Ohio Adm.Code 5101:2-36-03(D)(1). For non-emergency reports, the agency must attempt face-to-face contact or complete phone contact with someone who can provide information about the child's condition and safety within 24 hours of receiving the report. Ohio Adm.Code 5101:2-36-03(D)(2). If the agency does not attempt to contact the child in the 24-hour time frame as well, it must attempt to contact the child within 72 hours of receiving the report. Ohio Adm.Code 5101:2-36-03(D)(3). Unsuccessful attempts to contact the referral source or the child do not toll the clock: the caseworkers have 45 days *from the date the report was received* to complete the initial case disposition, which will determine the children services agency's longterm involvement. Ohio Adm.Code 5101:2-36-03(V).

When G.B. was admitted to Cincinnati Children's Hospital Medical Center ("Children's Hospital") on December 4, 2014, her doctors noted that she was presenting Failure to Thrive (FTT) symptoms. (First Am. Compl., Exh. 3.) A diagnosis of FTT indicates that a child's "weight for age is below the fifth percentile or crosses two major percentile lines." Scott D. Krugman & Howard Dubowitz, *Failure to Thrive*, 68 Am. Family Physician 879, 879 (2003).

One of G.B.'s doctors, Dr. Katherine F. Sweeney, noted that G.B.'s FTT was "most likely social." (First Am. Compl., Exh. 3.) Social factors that can lead to an FTT diagnosis include "environmental issues, most commonly family factors such as neglect, indifference, or other failures of parenting." Arthur C. Jaffe, *Failure to Thrive: Current Clinical Concepts*, 32 *Pediatrics in Rev.* 100, 100 (2011). Social FTT is contrasted with biological FTT, which is caused by an underlying medical condition. *Id.* Biological FTT is rare. *Id.* In other words, social FTT suggests that a child's caregivers are not feeding her properly or are otherwise neglecting her basic needs.

We do not know how HCJFS classified the December hospital call in its system. Giving the caseworkers the benefit of the doubt, the call about G.B. and her FTT symptoms was likely classified as non-emergency because G.B. was in the hospital's care. Ohio Department of Job and Family Services *Ohio's CAPMIS Manual: Intake and Investigation*, 14 (<https://jfskb.com/sacwis/index.php/cpspolicy/145-field-guides/508-blue-book-revised>) (accessed Nov. 1, 2020) (providing guidelines to supervisors and caseworkers on the process of assessing a family). If that is accurate, the caseworkers were required to, at the very least, complete phone contact with hospital personnel within 24 hours of receiving the report, and attempt contact with G.B. within 72 hours. If the caseworkers followed the Ohio Department of Job and Family Services' Screening Guidelines for Child Neglect, G.B.'s FTT diagnosis would have been an immediate reason to screen the case in as suspected neglect. Ohio Department of Job and Family Services e-Manuals, *Screening Guidelines For Child Neglect* 100, 105 (<https://emanuals.jfs.ohio.gov/FamChild/CPSWM/Appendix/>) (accessed Nov. 1, 2020) (providing examples for caseworkers of when a case should be screened in for neglect). R.C. 2151.03 defines a neglected child as one whose caregiver "neglects the child or refuses to



provide proper or necessary subsistence.” That kind of treatment is the key component of socially-caused, non-organic FTT. Neglect seems to be an obvious conclusion from G.B.’s diagnosis; however, Grandmother has no evidence, and no access to evidence without discovery, that the caseworkers acted appropriately upon evidence of neglect.

2. *Caseworkers must complete a Safety Assessment for the alleged child victim after screening in a report of intra-familial child abuse or neglect.*

After making the initial contact required by Ohio Adm.Code 5101:2-36-03(D), the caseworkers then must complete JFS 01401, or the “Comprehensive Assessment Planning Model - I.S., Safety Assessment” (Safety Assessment) within 45 days of receiving the initial referral. Ohio Adm.Code 5101:2-36-03(F). As part of the Safety Assessment, the agency must *at least* complete an in-person interview with the child and at least one parent within four working days after the report was received. Ohio Adm.Code 5101:2-37-01(D). If a caseworker is unable to complete the required face-to-face contacts with the child or relevant family members, she must make further attempts at least every five working days until the party is seen, or until the 45 day count is up and a final disposition is required. Ohio Adm.Code 5101:2-36-03 (G); Ohio Adm.Code 5101:2-37-01(G), (H). The agency is required to record the Safety Assessment in the statewide automated child welfare information system (SACWIS) within ten business days of receipt of the report. Ohio Adm.Code 5101:2-37-01(F).

Section 2 of the Safety Assessment requires the caseworkers to determine whether any of 15 specific statements apply to the child. Appendix A. The caseworker must mark “yes” after a statement as long as there is “some credible information to support” it. *Id.* The OAC and the Ohio Department of Job and Family Services do not define “credible information,” but the Safety Assessment requires a written explanation of the caseworker’s choice to mark “yes” or “no,” so they must document their reasoning. *Id.* One of these statements reads: “[c]aretaker is

unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm." *Id.* This aligns closely with Ohio's definition of a neglected child: one "[w]hose parents, guardian, or custodian neglects the child or refuses to provide proper or necessary subsistence, education, medical or surgical care or treatment, or other care necessary for the child's health, morals, or well being." R.C. 2151.03(A)(3).

Section 3 of the Safety Assessment requires the caseworker to "[d]escribe if the caretaker or other person having access to the child has or may have previously seriously abused or neglected a child." Appendix A. The Safety Assessment does not explain how the caseworkers must determine historical information, but it would most likely come from two sources: the required interview with the family, and any other documentation the children services agency had regarding the family. In this case, HCJFS should have had documentation of its own prior removal of G.B. and her older siblings from their parents' home. Ohio Adm.Code 5101:2-33-23(A) ("The public children services agency (PCSA) shall record case information in the statewide automated child welfare information system (SACWIS). Case information that cannot be recorded in SACWIS shall be maintained as hard copy files, electronic files or as a combination of both.").

Section 4 of the Safety Assessment asks the caseworker to "[d]escribe how each child's age, physical, intellectual and social development, emotional/behavioral functioning, role in the family and ability to protect him/herself contribute to or decrease the likelihood of serious harm." Appendix A. G.B.'s FTT diagnosis would likely fall into the "physical development" category, and her abnormally small size and weight suggest that the caseworkers should have found that she had safety vulnerabilities. Here, the caseworkers would have had information

about G.B.'s shockingly low weight. G.B.'s hospital records from the December 2014 visit reflected that she gained only 300 grams in the ten months following her first birthday. (First Am. Compl., Ex. 3.) At 22 months old, she weighed a mere 17.4 pounds. *Id.* G.B. was in the 90th percentile when she was born, and was in the 0.16th percentile at 22 months. *Id.* By the time of her death, the already undernourished G.B. had lost another four pounds. (First Am. Compl., ¶ 30.) Section 5 of the Safety Assessment asks the caseworker to describe the strengths and resources the family has to control threats to the child. The caseworkers would most likely have elicited this information from the required interview with G.B.'s parents.

Finally, the caseworker must choose one of four Safety Responses that is appropriate for the child. Appendix A. If the child is marked "safe," this means that "there are no current active safety threats present OR the protective capacities of the family are controlling any identified threats," and children services intervention would end there. *Id.* Given G.B.'s physical condition and the doctors' concerns that G.B. looked to her mother as if asking for permission to eat (First Am. Compl., Ex. 3), it seems unlikely that the caseworkers felt confident in marking G.B. "safe" without further investigation.

According to the amended complaint, Children's Hospital called HCJFS during G.B.'s 11-day stay and reported suspicions that G.B. was being abused, and HCJFS caseworkers were called to the hospital. (First Am. Compl., ¶ 27.) The caseworkers did not make contact again—if they did in fact make initial contact at the hospital—with G.B.'s family for almost three months, until they allegedly visited G.B.'s home on March 4, 2015 and found her to be "happy and healthy." (First Am. Compl., ¶ 29.) There is no evidence that the caseworkers completed a Safety Assessment, in any way evaluated the risk of G.B. returning home with her parents despite her serious symptoms, or had an interview with her parents. Without discovery, Grandmother could

not know if the caseworkers fulfilled or recorded these duties as required. The child simply went home.

Based on the information provided in the amended complaint, a completed Safety Assessment for G.B. would likely have indicated the following: 1) G.B. and her siblings had previously been placed in foster care due to parental abuse; 2) G.B. was especially vulnerable given her very young age; and 3) G.B.'s social FTT diagnosis suggested that her caregivers were not meeting her food needs. Regardless of the specific decisions made by G.B.'s caseworkers, the OAC does not provide for any situation where it would be appropriate, after receiving a report from a hospital, for caseworkers to take more than two months to visit the alleged child victim and her family.

If the caseworker determines that a child "is in immediate danger of serious harm due to an active safety threat," as opposed to marking the child "safe," then the caseworker must immediately craft a JFS 01409, or "Comprehensive Assessment Planning Model - I.S., Safety Plan for Children" (Safety Plan) by working with the child's parent or guardian. Ohio Adm.Code 5101:2-37-02(A), (B). The Safety Plan can allow the child to remain in the home, or be placed outside of the home. Appendix B. In either situation, the caseworker must have weekly contact with the child and other responsible parties. *See* Ohio Adm.Code 5101:2-37-02(G). If a caseworker creates a Safety Plan and later determines that there is no longer a safety threat to the child, then she must discontinue the Safety Plan and notify the parent or guardian within two working days. Ohio Adm.Code 5101:2-37-02(I). In G.B.'s case, there is no evidence that the caseworkers ever put a Safety Plan in place, or even determined whether a Safety Plan was necessary.

Given the child's health concerns, it seems unlikely that G.B.'s caseworkers would have marked her "safe" within *four days* of receiving the hospital's report. Because G.B. was in her parents' care when she died, it is also unlikely that G.B. was placed in an out-of-home placement. Thus, assuming the caseworkers actually completed the required Safety Assessment, the only remaining option for G.B. would have been an in-home Safety Plan. Thus, the caseworkers would have been required to visit G.B.'s home weekly.

Despite all of these requirements, the amended complaint alleges that the caseworkers took no action from the time they were called to Children's Hospital in December, 2014, until March 4, 2015. (First Am. Compl., ¶¶ 27-29.) HCJFS is in sole possession of the documentation that would show that its caseworkers complied with the law. If Grandmother is denied discovery, she cannot prove that the caseworkers ignored her granddaughter's abuse.

3. *Caseworkers must use a Family Assessment to make a final decision about the child's case.*

A caseworker must make a decision about continued involvement in a child's life within 45 days of the initial report. Ohio Adm.Code 5101:2-36-03(V). She must then describe this decision in JFS 01400, or the "Comprehensive Planning Model – I.S. Family Assessment" (Family Assessment). *Id.*; Appendix C. If the caseworker cannot meet that deadline, "the PCSA may extend the time frame by a maximum of fifteen days if information needed to determine the report disposition and final case decision cannot be obtained within forty-five days and the reasons are documented in the case record." Ohio Adm.Code 5101:2-36-03(V). The agency cannot waive the requirement of determining a disposition. Ohio Adm.Code 5101:2:36-03(X).

Completion of the Family Assessment requires a caseworker to reassess a case to determine whether there is currently an ongoing and active safety threat facing the child. Appendix C. From this finding, the caseworker must determine whether the Safety Response

chosen after the Safety Assessment should be maintained, modified, or discontinued. *Id.* If there was no Safety Response to begin with, the caseworker must determine if one should be created for the first time. *Id.*

Finally, the caseworker must decide whether to close the case or transfer it to an ongoing caseworker who would then take over the child’s case and develop a more longterm case plan. *Id.* If the caseworker determines that the family is in need of ongoing agency services, the type of services (voluntary in-home supportive services, protective supervision, or out-of-home placement) must be indicated in the Family Assessment.

Again, the amended complaint alleges that the caseworkers did not make contact with G.B.’s family for more than two months after the hospital visit and found her to be “happy and healthy.” (First Am. Compl., ¶ 29.) Even if the caseworkers got the report from the hospital on the day G.B. was discharged—December 15, 2014—the 45-day window in which to complete the Family Assessment would have closed on or about January 29, 2015. A 15-day extension would have put the deadline at February 13, 2015. Grandmother has no evidence, and no access to evidence without discovery, that the caseworkers completed a Family Assessment within these state-mandated deadlines.

**B. Failing to follow the clear requirements of the Ohio Administrative Code in a case like G.B.’s could amount to recklessness.**

The First District correctly points out that “the amended complaint concedes that some form of an investigation took place, with both a hospital and a home visit.” *Maternal Grandmother v. Hamilton County Dep’t of Job and Family Services*, 2020-Ohio-1580, 2020 WL 1983759 (2020), ¶ 26. However, assuming these two visits in fact took place, that “investigation” does not come close to what the law requires in a case like G.B.’s. The First District also correctly points out that “there is no duty on the part of a children’s services agency to report

suspected abuse to other agencies such as law enforcement” and that, to the contrary, “HCJFS is the agency to which abuse is reported.” *Id.* at ¶ 25. In other words, when caseworkers fail to act on reports of abuse and neglect, no one else acts on them either. The fact that county agencies are the last line of defense for abused and neglected children underscores the need for caseworkers to follow the procedures set forth in the OAC.

While the caseworkers may not have had a duty to report G.B.’s abuse to anyone, they did have a duty to avoid handling her case in a reckless manner. R.C. 2744.03(A)(6)(b). In a case involving a child who suffered a fate tragically similar to G.B.’s, the United States Supreme Court recognized that state legislatures have the ability to statutorily impose liability on state actors for the negligent rendering of services they have undertaken to perform. *DeShaney v. Winnebago Cty. Dept. of Social Serv.*, 489 U.S. 189, 202, 109 S.Ct. 998, 103 L.Ed.2d (1989). The Ohio legislature has chosen to impose such liability on state actors, like the caseworkers, for wantonly or recklessly rendering services they have undertaken to perform in connection with their governmental duties. R.C. 2744.03(A)(6)(b). Cases like G.B.’s illustrate why such liability is warranted. As the dissenting Justices in *DeShaney* recognized, children like G.B. “are made worse off by the existence of [an agency like HCJFS] when the persons and entities charged with carrying it out fail to do their jobs.” *DeShaney*, 489 U.S. 189, at 210 (Brennan, J., dissenting). Reading the facts in the amended complaint in the light most favorable to Grandmother, the caseworkers failed to do their jobs, and tragedy struck as a result.

**II. HCJFS has exclusive access to documentation that caseworkers complied with the Ohio Administrative Code, and Grandmother had no way to know this without discovery.**

Taking the facts in the amended complaint as true, Grandmother knows two things:

- the caseworkers saw G.B. while she was in the care of Children’s Hospital in December 2014; and
- the caseworkers visited G.B. at home on March 4, 2015 and determined she was “happy and healthy.”

Grandmother does not know the following, and has no way of finding out without discovery from HCJFS:

- whether the caseworkers met face-to-face with G.B. and her mother after receiving the report from the Children’s Hospital;
- whether the caseworkers completed a Safety Assessment;
- whether the caseworkers put a Safety Plan in place for G.B.;
- whether the caseworkers visited G.B. pursuant to a Safety Plan if one was put in place;
- whether the caseworkers completed a Family Assessment;
- whether the caseworkers conducted interviews with all household members as required prior to completing the Family Assessment;
- whether the caseworkers reached an ultimate disposition in G.B.’s case; and
- whether the caseworkers reviewed the case plan as required.

Each of these steps were required by law, and each one would be recorded in SACWIS if it happened. However, Grandmother could not find out whether any of these legally required steps were taken, because her complaint was dismissed before she had an opportunity to conduct discovery. From the available information, the caseworkers paid no attention to G.B.’s case for two and a half months, rather than following the procedures that Ohio law requires of public children services agencies. Grandmother should have the opportunity to learn fully how the



caseworkers handled—or did not handle—her granddaughter’s case, in order to determine if the caseworkers’ failure to act amounted to wanton or reckless conduct.

### CONCLUSION

Based solely on the facts laid out in the amended complaint, one can infer that the caseworkers simply ignored G.B.’s case for over two months, disregarding the obvious risk of harm facing a two-year-old child diagnosed with Failure to Thrive, possibly suffering from medical neglect, and living with parents from whom she was taken at birth due to the abuse they had inflicted on her older siblings. While this is not the only possible explanation for what happened in G.B.’s case, Grandmother was denied access to any information that could prove otherwise. This case should be reversed and remanded to the trial court so Grandmother can develop the record fully and determine what went wrong in her granddaughter’s case.

Respectfully submitted,

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## **APPENDIX A: SAFETY ASSESSMENT AND INSTRUCTIONS**

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

|                          |                                    |                                  |
|--------------------------|------------------------------------|----------------------------------|
| <b>CASE NAME:</b>        | <b>AGENCY:</b>                     | <b>CASEWORKER NAME:</b>          |
| <b>CASE NUMBER:</b>      | <b>DATE(S) REPORT(S) RECEIVED:</b> | <b>TYPE(S) OF ALLEGATION(S):</b> |
| <b>REPORT NUMBER(S):</b> |                                    |                                  |

**Section 1: Identifying Information**

List each child in the family and his/her date of birth. Indicate which child(ren) is/are the ACV(s). List parent(s) or caretaker(s) and other adult(s) in the family and their relationship to the child(ren). Identify the type(s) of contact(s) made with all members of the family.

**Children in the Family**

| <b>ACV</b>               | <b>NAME</b> | <b>DATE OF BIRTH</b> | <b>TYPE OF CONTACT<br/>(Face to Face or Telephone)</b> |
|--------------------------|-------------|----------------------|--|
| <input type="checkbox"/> |             |                      |  |
| <input type="checkbox"/> |             |                      |  |
| <input type="checkbox"/> |             |                      |  |
| <input type="checkbox"/> |             |                      |  |
| <input type="checkbox"/> |             |                      |  |
| <input type="checkbox"/> |             |                      |  |

**All Adults in the Family**

| <b>NAME</b> | <b>RELATIONSHIP TO CHILD(REN)</b> | <b>TYPE OF CONTACT<br/>(Face to Face or Telephone)</b> |
|-------------|-----------------------------------|--|
|             |                                   |  |
|             |                                   |  |
|             |                                   |  |
|             |                                   |  |

For those adults and/or children in the family who were not contacted for the Safety Assessment, explain the next steps for contact.

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**Section 2: Safety Factors**

**Mark the response to each safety factor and include a brief statement to support the response. The response should be made based on information available at the time of the Safety Assessment. A “YES” response would indicate there is some credible information to support the safety factor and a “NO” response would indicate there is a lack of credible information.**

|  |  |
|--|--|
| 1. A child has received serious, inflicted, physical harm.   |  |
| Explain:   |  |
| 2. Caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.  |  |
| Explain:   |  |
| 3. Caretaker or other person having access to the child has made a credible threat which would result in serious harm to a child.  |  |
| Explain:   |  |
| 4. The behavior of any member of the family or other person having access to the child is violent and/or out of control.   |  |
| Explain:   |  |
| 5. Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.  |  |
| Explain:   |  |
| 6. Drug and/or alcohol use by any member of the family or other person having access to the child suggests that the child is in immediate danger of serious harm.  |  |
| Explain:   |  |
| 7. Behavior(s) of any member of the family or any person having access to the child is symptomatic of mental or physical illness or disability that suggests the child is in immediate danger of serious harm. |  |
| Explain:   |  |
| 8. Caretaker is unwilling or unable to meet the child’s immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.                     |  |
| Explain:   |  |
| 9. Household environmental hazards suggest that the child is in immediate danger of serious harm.  |  |
| Explain:   |  |

|   |  |
|---|--|
| 10. Any member of the family or other person having access to the child describes or acts toward the child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the child. |  |
| Explain:  |  |
| 11. The family refuses access to the child or there is reason to believe the family will flee.  |  |
| Explain:  |  |
| 12. Caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.   |  |
| Explain:  |  |
| 13. Caretaker is unwilling or unable to meet the child's immediate and serious physical or mental health needs.   |  |
| Explain:  |  |
| 14. Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.  |  |
| Explain:  |  |
| 15. Other Safety Factors (Specify)  |  |
| Explain:  |  |

Describe, if necessary, the plans for further assessment of any unknown information regarding any safety factors.

|  |
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|  |
|--|

**Section 3: Historical Information**

Describe if the caretaker or other person having access to the child has or may have previously seriously abused or neglected a child. Also describe if any child in the household has previously been seriously abused and/or neglected.

|  |
|--|
|  |
|--|

**Section 4: Child Vulnerability**

Describe how each child's age, physical, intellectual and social development, emotional/behavioral functioning, role in the family and ability to protect him/herself contribute to or decrease the likelihood of serious harm.

|  |
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|  |
|--|

**Section 5: Protective Capacities**

What strengths and resources does the family have that can reduce, control, and/or prevent threats of serious harm? How does the family utilize these protective capacities to ensure child safety? Include the consideration of each caretaker's cognitive, emotional and behavioral abilities available to protect a child.

**Section 6: Safety Response**

Check the appropriate safety response box below. This decision should be based on the assessment of all available information related to the identified safety factors, vulnerabilities of the child(ren) and family's protective capacities.

- Safe** (For all children assessed, there are no current active safety threats present **OR** the protective capacities of the family are controlling any identified threats.)

For at least one child, the protective capacities of the family cannot manage currently active safety threats, therefore, one or more of the following responses are necessary:

- In-Home Safety Plan**
- Out-of-Home Safety Plan**
- Legally Authorized Out-of-Home Placement** (Completion of the JFS 01409 is NOT required)

If more than one safety response is indicated, explain to whom each safety response applies and why. If a safety response is needed, identify any children not included in a safety plan or out-of-home placement and explain why their protection from immediate danger of serious harm is not necessary.

**Section 7: Signatures**

\_\_\_\_\_

**Caseworker****Date**

\_\_\_\_\_

**Supervisor****Date**

**Supervisor Comments regarding the safety assessment, decision and/or plan (optional):**

**COMPREHENSIVE ASSESSMENT PLANNING MODEL – I.S.  
SAFETY ASSESSMENT INSTRUCTIONS**

**GENERAL INFORMATION**

A Safety Assessment tool is a decision-making and documentation process conducted in response to a child abuse and/or neglect report, a dependency report or any other instances in which safety needs to be assessed throughout the life of a case. It is a point in time documentation of safety. The safety assessment documents the evaluation of safety factors or signs of present danger, past history, child vulnerability and family protective capacities to determine the necessary safety response.

The Safety Assessment tool shall be completed for:

- Intra-familial Child Abuse/Neglect Reports, including those which are Third Party
- Dependency Reports
- Stranger Danger Investigations

The Safety Assessment tool is optional for the all of the Intake Types under the Family in Need of Services Intake Category with the exception of Stranger Danger.

The Safety Assessment is completed on the family who is subject of the report. For the purpose of completion of the Safety Assessment, family includes the following individuals, as applicable:

- ACV(s)
- Siblings of ACV(s)
- The parent(s) or caretaker(s) of the ACV(s)
- Step/Half siblings of the ACV(s) living within the ACV's home
- Paramour of the parent/caretaker
- Children of the paramour residing in the home
- Other children residing in the home of whom the parent/caretaker has custody/guardianship
- A related or unrelated adult residing in the home who has routine responsibility for care of the ACV(s) and his/her sibling(s) (e.g., provides supervision or assists in meeting basic needs, such as feeding and/or bathing child)

“Others” residing in the home, but not included within the definition of family are other adults residing in the household who have no responsibilities for the care of the ACV(s) and his/her sibling(s) and/or other children residing in the home regardless of their parent/caretaker’s status or involvement in the report. These identified “others” will be interviewed and assessed but will not be listed as members of the family on the Safety Assessment. Instead, their presence and impact on the family will be recorded within the rationales in Section 2 of this tool.

To document the assessment of safety, at a minimum, the alleged child victim(s) and at least one of his/her caretakers must be interviewed face-to-face. The tool is completed within four (4) working days from the receipt of the report. If the initial attempt to make face-to-face contact is unsuccessful, the caseworker shall make an additional attempt within the first four (4) working days of the assessment/investigation. The requirement to see the ACV(s) and minimally, one caretaker face-to-face may be extended beyond the first four (4) working days if attempts to complete face-to-face contact have been unsuccessful and documented in the case record. If these attempts are unsuccessful, the caseworker shall continue to attempt face-to-face contact at least every five (5) working days until the child and minimally, one caretaker, is seen, or until the PCSA is required to make a case disposition. Once face-to-face contact is made with the ACV(s) and a caretaker, the Safety Assessment shall be completed the next working day.



If the tool cannot be completed within four (4) working days from receipt of the report, the caseworker must submit a request for the extension of the timeframe and the supervisor shall approve or disapprove the request by the end of the 4<sup>th</sup> working day.

A Safety Assessment can be waived if the case disposition is "Unable to Locate," "Family Moved- Unable to Complete Assessment/Investigation," or "Family Moved Out of County- Refer to Appropriate PCSA."

Completion of an additional Safety Assessment in response to a subsequent report of child abuse, neglect or dependency received during the assessment/investigative phase is dependent upon the time the subsequent report is received and whether the initial Safety Assessment has been completed. When a subsequent report is received within the first four (4) working days of an assessment/investigation, the assessment of safety in response to both reports may be documented on one Safety Assessment if:

- The caseworker conducted all required interviews to complete a Safety Assessment for both reports within four (4) working days as triggered by the receipt of the initial report.
- The Safety Assessment based upon the initial report was not complete (i.e., supervisor has not signed the initial assessment)

Another Safety Assessment is necessary if:

- All interviews necessary to complete a Safety Assessment on the subsequent report were not completed or were unresolved when the four (4) working day trigger of the initial report expired.
- If the initial Safety Assessment has been completed as evidenced by the supervisor's signature.

## **SAFETY ASSESSMENT INSTRUCTIONS**

Enter the case name, agency name, caseworker name, case number, date(s) report(s) received, type(s) of allegation(s), and report number(s).

### **Section 1: Identifying Information**

**List each child in the family and his/her date of birth. Indicate which child(ren) is/are the ACV(s). List parent(s) or caretaker(s) and other adult(s) in the family and their relationship to the child(ren). Identify the type(s) of contact(s) made with all members of the family.**

List the names and dates of birth of each child chronologically, oldest to youngest. Check the box identifying the alleged child victim(s). Enter the type of contact made with each child (face-to-face or telephone).

List the names of all adults in the family. Enter each adult's relationship to the child(ren). Enter the type of contact made with each adult (face-to-face or telephone).

If contact was not made with a child or adult in the family (excluding the ACV and one caretaker), do not enter a type of contact for that individual.

**For those adults and/or children in the family who were not contacted for the Safety Assessment, explain the next steps for contact.**

List the names of adult(s) and child(ren) who were not contacted and the plans to contact each individual. The plans should be specific, including when, how and with whom contact will be made.

If contact was made with everyone in the family, write N/A.

## **Section 2: Safety Factors**

**Mark the response to each safety factor and include a brief statement to support the response. The response should be made based on information available at the time of the Safety Assessment. A “YES” response would indicate there is some credible information to support the safety factor and a “NO” response would indicate there is a lack of credible information.**

Respond Yes or No to all 15 safety factors. An explanation is required for all responses, regardless if marked “Yes” or “No.” Responses should include information on how the information was obtained (e.g., statements, observations, etc.) and how the information supports the response.

“Other Persons Having Access” includes any individual residing in the home, not included within the definition of family. It also includes other individuals, related or unrelated, who have sanctioned access to a child (e.g., biological father, boyfriend, relative, or friend who resides outside the home.)

If information regarding a particular safety factor is currently unknown or incomplete, a “No” response should be indicated. Include in that response the reasons that this information may be unknown or incomplete.

**Describe, if necessary, the plans for further assessment of any unknown information regarding any safety factors.**

Identify any safety factor for which there is currently unknown or incomplete information. Describe plans to obtain this information for further assessment. The plans should be specific, including who needs to be interviewed and when he/she will be interviewed.

Write N/A if all the safety factors were assessed.

## **Section 3: Historical Information**

**Describe if the caretaker or other person having access to the child has or may have previously seriously abused or neglected a child. Also describe if any child in the family has previously been seriously abused and/or neglected.**

Discuss any history whereby the parent, caretaker or any person who has access to the child has seriously abused and/or neglected a child. Also, include the history of any child who has been seriously abused and/or neglected in the past.

## **Section 4: Child Vulnerability**

**Describe how each child’s age, physical, intellectual and social development, emotional/behavioral functioning, role in the family and ability to protect him/herself contribute to or decrease the likelihood of serious harm.**

Describe each child’s ability to avoid, negate or alter the impact of threats of harm to him/herself. Include in this description each child’s age, physical, intellectual and social development, emotional/behavioral functioning, role in the family and ability to protect him/herself.

## **Section 5: Protective Capacities**

**What strengths and resources does the family have that can reduce, control and/or prevent threats of serious harm? How does the family utilize these protective capacities to ensure child safety? Include the consideration of each caretaker’s cognitive, emotional and behavioral abilities available to protect a child.**

Discuss whether a family has any strengths and resources available that reduce, control and/or prevent threats of serious harm from arising or having an unsafe impact on the child. Discuss how each caretaker utilizes these protective capacities, including how he/she demonstrates an understanding of the need to protect the child and the willingness to do so. Consider the cognitive, behavioral and emotional abilities of each caretaker available to protect a child. Describe each caretaker's awareness of resources available to keep the child safe.

## **Section 6: Safety Response**

**Check the appropriate safety response box below. This decision should be based on the assessment of all available information related to the identified safety factors, vulnerabilities of the child(ren) and family's protective capacities.**

Select the appropriate Safety Response box. More than one safety response can be chosen. A "Safe" response cannot be selected unless all children are assessed as safe.

**"Safe"**- for all children assessed, there are no current active safety threats present or the protective capacities of the family are controlling any identified threats. Safety interventions are not needed at this time.

**"In-Home Safety Plan"**- for at least one child, the protective capacities of the family cannot manage current active safety threats. A written safety plan will be developed to provide interventions/services necessary to immediately protect the child(ren) while the child(ren) remains in the home.

**"Out-of-Home Safety Plan"**- for at least one child, the protective capacities of the family cannot manage current active safety threats. A written safety plan will be developed to provide interventions/services necessary to immediately protect the child(ren) while the child(ren) is voluntarily placed out of the home (e.g., with relative/kin). With this type of safety plan, custody of the child(ren) remains with the parent/caretaker.

**"Legally Authorized Out-of-Home Placement"**- for at least one child, the protective capacities of the family cannot manage current active safety threats. The children are legally removed from the home and custody is given to the PCSA or relative/kin. A written safety plan is not required to be completed. Court motions, entries and complaint will provide justification of how this safety response will immediately protect the child(ren).

**If more than one safety response is indicated, explain to whom each safety response applies and why. If a safety response is needed, identify any child not included in a safety plan or out-of-home placement and explain why their protection from immediate danger of serious harm is not necessary.**

If different safety responses are applied to different children in the family, explain to whom each safety response applies and explain why.

List the name of each child who is not included in the in-home or out-of-home safety plan or legally authorized out-of-home placement. Discuss the reason why his/her protection from immediate danger of serious harm is not necessary, including whether another safety intervention is already in place.

## **Section 7: Signatures**

The Safety Assessment is not complete until the Supervisor has reviewed, signed and dated the tool. Caseworker and Supervisor sign and date the tool by the 4<sup>th</sup> working day triggered from the date/time the PCSA accepted the report, unless an extension of the time frame has been approved by the supervisor.

Caseworker and Supervisor sign and date the tool where indicated.

**Supervisor Comments regarding the safety assessment, decision and/or plan (optional):**

Optional: Supervisor may provide comments in the space indicated.

## **APPENDIX B: SAFETY PLAN AND INSTRUCTIONS**

**COMPREHENSIVE ASSESSMENT PLANNING MODEL – I.S.  
SAFETY PLAN FOR CHILDREN**

**Section 1: Identifying Information**

|            |             |                     |
|------------|-------------|---------------------|
| Case Name  | Case Number | Date                |
| Caseworker | Supervisor  | Agency Phone Number |

**Names of the child(ren) included in this safety plan**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

**Names of the parent/guardian/custodian(s)**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**IMPORTANT INFORMATION ABOUT SAFETY PLANS**

This safety plan is a specific agreement to help ensure your child(ren)'s safety. Your decision to sign this safety plan is voluntary. The custody of your child(ren) does not change under this safety plan. Children Services is here to help you protect your child(ren) when you may not be able to do it on your own.

Signing this safety plan shows your agreement to follow the safety plan. You will be notified by the caseworker when the safety plan ends. The safety plan may also be changed if new or different activities are necessary.

You must contact your caseworker immediately if you decide that you will not or cannot continue following the plan. If you cannot or will not continue following the plan, Children Services may have to take other action(s) to keep your child(ren) safe.

You may contact \_\_\_\_\_ (Worker Name) at \_\_\_\_\_ (Phone Number) if you have any questions about this safety plan.

**Parent/Guardian/Custodian(s) Initial**  
(Initial all that apply):

\_\_\_\_\_ I (We) have read the above information about safety plans.

\_\_\_\_\_ The above information has been read to me (us).

Check here if Parent/Guardian/Custodian(s) provided verbal approval of the safety plan

\_\_\_\_\_ Worker initials and Date/Time

|            |                                       |
|------------|---------------------------------------|
| Case Name: | Date of Safety Assessment (Optional): |
|------------|---------------------------------------|

**Section 2: Safety Plan Activities**

Identify the safety threat(s) and serious harm from which the child(ren) needs protection.

**ACTION STEP(S)**

| Describe specific activity(ies) necessary to protect the child(ren) | Who will be responsible for the activity(ies): |
|---|--|
|   |  |
| Phone   |  |
|   | Name   |
|   | Phone  |
|   | Name   |
|   | Phone  |

Explain how each activity will control the occurrence of serious harm.

**Monitoring Plan**

| How will the activity(ies) be monitored? | How often will the activity(ies) be monitored? | Who will monitor the activity(ies)? |
|--|--|-------------------------------------|
|  |  |                                     |

**Section 3: Signatures**

Any questions I had about this safety plan were answered by Children Services. I understand and agree to follow the safety plan and have received a copy of the plan.

|                                       |      |                        |      |
|---------------------------------------|------|------------------------|------|
| Parent/Guardian/Custodian's Signature | Date | Other's Signature      | Date |
| Parent/Guardian/Custodian's Signature | Date | Caseworker's Signature | Date |
| Other's Signature                     | Date | Supervisor's Signature | Date |

Date Safety Plan Discontinued \_\_\_\_\_  
Date of Notification to Parent/Guardian/Custodian(s) \_\_\_\_\_

## **COMPREHENSIVE ASSESSMENT PLANNING MODEL – I.S. SAFETY PLAN FOR CHILDREN INSTRUCTIONS**

### **GENERAL INFORMATION**

A child is safe when there are no immediate threats of serious harm present or the protective capacities in the family can control any identified threats. A safety plan is required when the protective capacities of the family cannot control current active safety threats and safety interventions must be implemented. The safety plan identifies specific activities to secure the safety of the child(ren), the person(s) responsible for each activity, how the activities will control the identified safety threats, and how the plan will be monitored. NOTE: Completion of the JFS 01510 T is not required for a child whose safety response is legally authorized out of home placement.

The philosophy of the CAPMIS model is that the assessment of safety drives the development of the safety plan. The assessment of safety includes the identification of safety threats, child vulnerability, and protective capacities which specifies the need for a safety response. For reports of child abuse, neglect, or dependency, the assessment of safety is documented on the Safety Assessment tool. For "Family in Need of Services," a Safety Assessment shall be completed if through interviews with the family, it is determined that a safety plan is needed.

If, through the ongoing assessment of safety (e.g., through home visits and/or family contacts which are not done in conjunction with a child abuse/neglect report), a Safety Plan is required to be executed, the Safety Re-Assessment contained in the Case Review tool (Section 2A and B) will be completed. However, in this situation, nothing prohibits a caseworker from completing the Safety Assessment instead of the Safety Re-Assessment.

It is understood that because social work practice occurs in the field, the assessment of safety may result in the need to immediately execute a Safety Plan prior to documentation of the assessment of safety on the Safety Assessment or Safety Re-Assessment. In these instances, execution of a Safety Plan will precede the completion of the Safety Assessment or Safety Re-Assessment.

If an existing safety plan requires modification or is being discontinued, completion of a Safety Assessment or Safety Re-Assessment (Section 2A and B) is not required, although nothing prohibits one from completing either of these tools. If a Safety Assessment or Safety Re-Assessment is not completed, the justification for modifying or discontinuing an existing safety plan will be documented at the time of the Family Assessment or Case Review.

### **SAFETY PLAN GUIDELINES**

Ensuring child safety is an ongoing process that begins at intake and continues through case closure. Safety plans are implemented to immediately control active safety threats. In order to determine the degree of intervention necessary to protect the child, consider the safety threats which were identified in the Safety Assessment or Safety Re-Assessment, the child's vulnerability, and the protective capacities of the family.

- The safety plan is a specific and concrete control strategy implemented immediately when a family's protective capacities are not sufficient to manage the immediate threats of serious harm to a child.

- The parents or caregivers are an integral part of the safety plan and should have a prominent role in its development and implementation.
- The safety plan should employ the least restrictive (least disruptive to the children) strategies possible while assuring the safety of the child.
- The safety plan should build on the protective capacities of the family and include community and extended family supports that are available or are already in place.
- The agency must continually evaluate the effectiveness of the safety plan.
- The safety plan can be terminated only when the child is no longer in immediate danger of serious harm or the protective capacities in the family can control any identified threats of serious harm to a child.
- Cases with an active safety plan cannot be terminated.

### **SAFETY PLAN INSTRUCTIONS**

Enter the total number of pages where indicated.

#### **Section 1: Identifying Information**

Enter the case name, case number, date, caseworker, supervisor, and agency phone number.

#### **Names of the child(ren) included in this safety plan**

List the name(s) of all child(ren) who are included in the safety plan.

#### **Names of the parent/guardian/custodian(s)**

List the name(s) of the parent/guardian/custodian(s)

### **IMPORTANT INFORMATION ABOUT SAFETY PLANS**

Parent/Guardian/Custodian(s) participating in the development of the safety plan must be informed of the "Important Information about Safety Plans" section. Parent/Guardian/Custodian(s) may either read this section of the safety plan or it may be read to them by the worker.

Enter contact information (worker name and telephone number) in the spaces indicated.

#### **Parent(s)/Guardian(s)/Custodian(s) Initials:**

Parent/Guardian/Custodian(s) participating in the safety plan must initial the appropriate line as to whether the parent/guardian/custodian(s) read the "Important Information About Safety Plans" section or the section was read to them. The worker must inform parent/guardian/custodian(s) that initialing this section means that they understand the terms of the safety plan.

#### **9 Check here if Parent/Guardian/Custodian(s) provided verbal approval of the safety plan**



The worker will check this box if the parent/guardian/custodian(s) was physically unavailable but provided verbal agreement of the safety plan. Worker will initial this section and write the date and time of when verbal approval was obtained.

The worker must obtain signature(s) of the parent/guardian/custodian(s) within 24 hours of safety plan implementation. If there are extenuating circumstances in which a parental signature cannot be obtained within 24 hours from verbal agreement, a five (5) working day extension may be requested. Attempts to gain signature on the safety plan may include home visits, office visits, phone contact to make arrangements or faxing of safety plan (e.g., parent is in jail and gave verbal approval of safety plan). Only one (1) extension can be granted.

If the PCSA does not obtain the signature of the parent/guardian/custodian within 24 hours from the verbal agreement and an extension of the timeframe is not approved or the five (5) working day extension expires, the safety plan cannot be continued and the PCSA shall explore alternative safety interventions.

**Section 2: Safety Plan Activities** (use additional pages as needed)

Enter the page number and total number of pages where indicated.

Enter Case Name.

Optional: enter the date of the most recent safety assessment.

**Identify the safety threat(s) and serious harm from which the child(ren) needs protection.**

Describe the specific acts or conditions that have created/are creating a threat of immediate and serious harm to the child(ren). Identify the person(s) responsible for the threat of harm.

**ACTION STEP(S)**

**Describe specific activity(ies) necessary to protect the child(ren):**

Identify the specific activity(ies) that must occur to control the safety threat and to keep the child safe. Each action step must specify the child(ren) to whom the action step applies.

**Who will be responsible for the activity(ies)**

**Name** Enter the name(s) of each person(s) responsible for carrying out the action step activity(ies).

**Phone** Enter the phone number(s) of or contact information for the responsible person(s).

**Explain how each activity will control the occurrence of serious harm:**

Explain how each safety plan activity will control immediate safety threats that place the child(ren) in danger of serious harm.

## **MONITORING PLAN**

The PCSA is responsible to monitor safety plans to ensure that the action steps are controlling the identified safety threat(s). If an in-home safety plan is active, the caseworker must make weekly home visits with the family to monitor the safety plan. An out-of-home safety plan requires weekly contact with the children or the persons responsible for the action steps by either phone or face-to-face contact to monitor the safety plan. Face-to-face contact is also required every other week to monitor an out-of-home safety plan.

During the home visits the caseworker will, at a minimum, see all children involved and the persons responsible for the action steps identified on the Safety Plan. Others can assist in monitoring the Safety Plan. However, the caseworker must maintain frequent contact with this individual to ensure compliance with the Safety Plan activities. Others participating in monitoring the safety plan does not relieve the caseworker from the required home visits and contacts.

If the safety plan for the child(ren) is legally authorized out-of-home placement, including custody to a relative or an Agreement for Temporary Custody of Child, the caseworker would follow the guidelines for contact with the child(ren) and parent/guardian/custodian as outlined in Ohio Administrative Code (OAC).

### **How will the activity(ies) be monitored?**

Describe what will occur to monitor compliance with the safety plan activities.

### **How often will the activity(ies) be monitored?**

State how frequent the monitoring will occur.

### **Who will monitor the activity(ies)?**

Describe who will complete the monitoring activities. The agency is responsible to ensure the safety plan is being enacted as written. If other agencies or individuals are participating in the monitoring plan, state how the caseworker will communicate with those agencies or individuals to ensure that the safety plan is controlling the safety threat(s).

## **Section 3: Signatures**

The PCSA shall receive authorization for a Safety Plan from the ACV's parent(s), guardian(s), and/or custodian(s). If the ACV's parents are married, reside in the same household or there is a custody order for shared parenting, both parents must authorize the Safety Plan. However, in this situation, if one parent is unavailable (e.g., traveling or working out of town) to authorize the safety plan, the PCSA shall accept the available parent's authorization to implement the Safety Plan. Attempts shall be made to contact the unavailable parent to obtain agreement. The PCSA shall obtain the signature of the unavailable parent within 24 hours of availability.

Parent/Guardian/Custodian(s) and others participating in the safety plan must read or have the statement read to them confirming:

- they were able to ask questions about the safety plan,
- their questions were fully answered,
- they understand and agree to the terms of the safety plan, and
- they received a copy of the safety plan.

Obtain signatures and dates for each Parent/Guardian/Custodian and all other responsible person(s) named in an action step of the safety plan.

Each action step page must be signed by all identified responsible person(s). If a responsible person is unwilling to sign the applicable action step, that action step cannot be implemented.

A safety plan may be implemented if a parent/guardian/custodian who is unavailable to sign the safety plan grants verbal authorization. Their signature(s) must be obtained within 24 hours from the verbal agreement or an extension of five (5) working days must be requested and approved. Documentation of verbal agreement is on the first page of the safety plan.

When the responsible person(s) is unavailable to sign, the safety plan may be implemented with a verbal commitment that must be verified with a signature within one working day. A verbal commitment should be documented as such with specific date and time of the verbal commitment.

#### **Notification to Discontinue or Modify the Safety Plan**

All participants of the safety plan, including parent/guardian/custodian and responsible parties, should be notified in writing of the Safety Plan discontinuation within one (1) working day of the safety plan being discontinued. These parties may be notified verbally if the decision to discontinue the Safety Plan occurs during face-to-face contact with the parent/guardian/custodian. The verbal notification must be followed up in writing with one (1) working day.

The date the safety plan was discontinued and the date the parent/guardian/custodian(s) were notified must be documented on the safety plan.

If a Safety Plan is modified, all parties shall be notified. Their signature on the modified safety plan documents notification. However, if a responsible party and/or his/her action step is being discontinued in the modified Safety Plan, this individual should be notified in writing of the modification of the Safety Plan and the discontinuation of the action step.

**APPENDIX C: FAMILY ASSESSMENT AND INSTRUCTIONS**

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

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

**Section 1: Identifying Information**

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

**Children in the Family**

| NAME | ROLE | DATE OF BIRTH | AGE |
|------|------|---------------|-----|
|      |      |               |     |
|      |      |               |     |
|      |      |               |     |
|      |      |               |     |
|      |      |               |     |
|      |      |               |     |

**Adults in the Family**

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

## Section 2: Safety Re-Assessment

### A. Safety Review

Check and complete whichever case circumstance applies:

1. A safety threat is not currently active:

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

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

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

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

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

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

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

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

**B. Safety Response Review**

|                                   |                                 |                                 |                                      |       |  |
|-----------------------------------|---------------------------------|---------------------------------|--------------------------------------|-------|--|
| <input type="checkbox"/> Maintain | <input type="checkbox"/> Create | <input type="checkbox"/> Modify | <input type="checkbox"/> Discontinue | Date: | <input type="checkbox"/> Previously Discontinued |
|-----------------------------------|---------------------------------|---------------------------------|--------------------------------------|-------|--|

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

**Section 3: Child Harm Description**

**A. Current Harm**

For each child, identify and describe the type, degree and frequency of actual harm or threatened harm that does not reach the threshold of serious harm OR does reach the threshold of serious harm and was not identified in the safety assessment. Include the information obtained regarding the allegations of child abuse, neglect and/or dependency.

**B. Historical Harm**

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

## Section 4: Strengths and Needs

### Category 1: Child Functioning

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

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

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



**Category 2: Adult Functioning**

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

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

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

**Category 3: Family Functioning**

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

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

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

**Category 4: Historical**

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

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

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

**Section 5: Family's Perception**

Describe how the family views their own strengths and problems.

## Section 6: Family Risk Assessment of Abuse/Neglect

N/A- Non-Abuse/Neglect Case

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

**TOTAL NEGLECT RISK SCORE** \_\_\_\_\_

### ACTUAL RISK LEVEL

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

| Neglect Score | Abuse Score | Risk Level    |
|---------------|-------------|---------------|
| ___ 0 - 3     | ___ 0 - 2   | ___ Low       |
| ___ 4 - 5     | ___ 3 - 4   | ___ Moderate  |
| ___ 6 - 9     | ___ 5 - 7   | ___ High      |
| ___ 10 - 17   | ___ 8 - 12  | ___ Intensive |

### OVERRIDES

Policy: Override to Intensive. Check appropriate reason.

- \_\_\_ 1. An in-home or out-of-home safety plan is still active.
- \_\_\_ 2. Non-accidental physical injury to any age child requiring medical treatment.
- \_\_\_ 3. Death (previous or current) of a caregiver's child or any other child in their care as a result of abuse or neglect.
- \_\_\_ 4. Sexual abuse cases where the alleged perpetrator is likely to have immediate access to the child victim.
- \_\_\_ 5. Cases with non-accidental physical injury to an infant.
- \_\_\_ 6. Positive toxicology screen of child at birth.

Policy Overrides: Describe reasons for any mandatory policy override.

**Description:**

**OVERRIDE/FINAL RISK LEVEL:**      \_\_\_\_\_ Low      \_\_\_\_\_ Moderate      \_\_\_\_\_ High      \_\_\_\_\_ Intensive

**Section 7: Case Analysis**

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

**1. Case Disposition**

Record the allegation type(s):

- Physical Abuse     
  Sexual Abuse     
  Emotional Maltreatment     
  Neglect

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

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

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

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

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>NEGLECT<br/>(ORC 2151.03 (A)(1- 6))</b>   | <input type="checkbox"/> Substantiated | <input type="checkbox"/> Indicated | <input type="checkbox"/> Unsubstantiated |
| <input type="checkbox"/> Lacks Parental Care<br><input type="checkbox"/> Is Abandoned<br><input type="checkbox"/> Refuses to provide the special care made necessary by the child's mental condition<br><input type="checkbox"/> Refuses to provide proper or necessary subsistence, education, medical or surgical care or treatment or other care necessary for the child's health, morals, or well being<br><input type="checkbox"/> Because of omission of the child's parents, guardian or custodian, suffers physical or mental injury that harms or threatens to harm the child's health or welfare |  |                                    |  |

**2. Preliminary Matrix-Indicated Case Decision**

Check appropriate cell based on disposition/risk level.

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

**3. Final Case Decision**

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

**Evaluation:**

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

No     Yes

If yes, reason:

\_\_\_\_\_ Discretionary override based on unique case circumstances as described above

\_\_\_\_\_ Other: \_\_\_\_\_

- c.) The final case decision is:

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

**B. Service Planning**

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

Family Referred for Community Services

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

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

**Description:**

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

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

**Description:**

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

**Description:**

- Family in Need of PCSA Services-** Services are not provided for one or more of the following reasons:

- Family Moved/Unable to Locate
  - Protective Services Alert Issued      Date: \_\_\_\_\_
- Family Refused Services      Date: \_\_\_\_\_
- Court Petition Denied      Date: \_\_\_\_\_      County: \_\_\_\_\_
- Case Referred to Other PCSA      Date: \_\_\_\_\_      County: \_\_\_\_\_

**Section 8: Signatures**

**Completion Date :** \_\_\_\_\_

|                                    |              |                    |              |
|------------------------------------|--------------|--------------------|--------------|
| <b>CASEWORKER:</b>                 | <b>DATE:</b> | <b>SUPERVISOR:</b> | <b>DATE:</b> |
| <b>OTHER AGENCY ADMINISTRATOR:</b> |              |                    | <b>DATE:</b> |
| <b>OTHER:</b>                      |              |                    | <b>DATE:</b> |

Supervisor Comments:

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
**COMPREHENSIVE ASSESSMENT PLANNING MODEL- I.S.**  
**FAMILY ASSESSMENT INSTRUCTIONS**

**GENERAL INFORMATION**

A Family Assessment assists workers to assess risk and to identify the strengths and needs present in the family system to determine what level of service the family needs. Included in the Family Assessment are a review of safety issues, child harm, strengths and needs assessment, family perception, risk assessment and service planning.

The Family Assessment tool shall be completed for:

- Intra-familial Child Abuse/Neglect Reports, including those which are Third Party
- Dependency Reports

The Family Assessment tool may be optionally completed for all intakes opened under Family in Need of Services.

If the agency will be transferring a case for ongoing PCSA involvement (except in Deserted Child or Permanent Surrender cases), a family assessment shall be completed prior to completion of the case plan.

The Family Assessment is completed on the family who is the subject of the report. For the purpose of completion of the Family Assessment, family includes the following individuals, as applicable:

- ACV(s)
- Siblings of ACV(s)
- The parent(s) or caretaker(s) of the ACV(s)
- Step/Half siblings of the ACV(s) living within the ACV's home
- Paramour of the parent/caretaker
- Children of the paramour residing in the home
- Other children residing in the home of whom the parent/caretaker has custody/guardianship
- A related or unrelated adult residing in the home who has routine responsibility for care of the ACV(s) and his/her sibling(s) (e.g., provides supervision or assists in meeting basic needs, such as feeding and/or bathing child)

“Others” residing in the home, but not included within the definition of family are other adults residing in the household who have no responsibilities for the care of the ACV(s) and his/her sibling(s) and/or other children residing in the home regardless of their parent/caretaker’s status or involvement in the report. These identified “others” will be interviewed and assessed but will not be listed as members of the family on the Family Assessment. Instead, their presence and impact on the family will be recorded within the rationales in Section 4 of this tool.

**FAMILY ASSESSMENT INSTRUCTIONS**

- CASE NAME** Enter the name used by the agency to identify the case.
- DATE OF REPORT(S)** Enter the date the report was made. If the assessment is a result of multiple reports, enter the dates of all reports.
- CASE NUMBER** Enter the case number assigned by the agency.



**AGENCY** Enter the name of the agency.

**CASEWORKER NAME** Enter the caseworker's name.

**Section 1: Identifying Information**

**Children in the Family**

Enter the names of all children in the family, role, dates of birth and ages.

**Adults in the Family**

Enter the names of all adults in the family and their role and relationship to the child(ren). Identify the Primary and Secondary Caregiver by writing P or S accordingly.

**Section 2: Safety Re-Assessment**

**A. Safety Review**

**Check and complete whichever case circumstance applies:**

- 1. A safety threat is not currently active.**

Check this box if a safety threat is not currently active.

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

Enter the description of new information, including information obtained from those who were not interviewed for the safety assessment, regarding protective capacities.

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

Enter the description of new information, including information obtained from those who were not interviewed for the safety assessment, regarding child vulnerability.

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

Check this box if a safety threat existed at any time during period under the review, but is currently not active. Respond to the following statement:

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

Describe the safety threat. Summarize how the safety threat was resolved, how the safety threat was sufficiently reduced and/or how protective capacities were utilized to protect the child from serious harm.

**3. A safety threat is active now:**

Check this box if a safety threat is active now and a safety plan (either in-home or out-of-home) is currently in effect and/or child is currently in a legally authorized out-of-home placement, including custody with relative/kin or Agreement for Temporary Custody of Child. Respond to the following statement:

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

Describe what safety threats are currently active and the progress toward alleviating the safety threat(s). Also identify the affected children and involved adults.

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

For each caregiver, describe his/her protective capacities, including any significant changes, whether positive or negative, that may have occurred since the last assessment of safety.

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

For each child, describe his/her vulnerability, including any significant changes, whether positive or negative, that may have occurred since the last assessment of safety.

**B. Safety Response Review**

**Based on the information contained in Part A: Safety Review, specify whether the safety response identified in the Safety Assessment should be maintained, created, modified, discontinued, or previously discontinued.**

|                                   |                                 |                                 |   |   |
|-----------------------------------|---------------------------------|---------------------------------|---|---|
| <input type="checkbox"/> Maintain | <input type="checkbox"/> Create | <input type="checkbox"/> Modify | <input type="checkbox"/> Discontinue<br>Date: | <input type="checkbox"/> Previously<br>Discontinued |
|-----------------------------------|---------------------------------|---------------------------------|---|---|

Check "Maintain" if, based on this safety review, the safety response(s) has/have not changed since the last assessment of safety. Be certain that safety response expectations are understood by all parties and the activities are still adequate to protect all children. If the case circumstance is that safety threat is not currently active, "Maintain" must be the safety response.

Check "Create" if, based on this safety review, there have been changes identified in protective capacities or child vulnerability that place the child(ren) in immediate danger of serious harm and a safety plan must be created. "Create" may only be selected if the case circumstance is "a safety threat is active now."

Check "Modify" if, based on this safety review, an existing safety response must be modified. Changes have been made in safety threats, protective capacities, and/or child vulnerability and an existing safety plan must be modified. If the modification is for a child in a legally authorized out-of-home placement or out-of-home safety plan to return to the home from which the child(ren) were removed, the Reunification Assessment may be completed.

Check "Discontinue" if, based on this safety review, all threats resulting in the safety response have been controlled and/or resolved or there has been adequate change in protective capacities or child vulnerability to protect a child from serious harm. The safety response is no longer needed. If the child(ren) is in a legally authorized out-of-home placement or out-of-home safety plan and the child(ren)

shall be returned to the home from which he/she were removed, the Reunification Assessment may be completed. Ensure that all involved parties are notified and document notification on the previous safety plan (if applicable) or in the case record (if the child is in a legally authorized out-of-home placement).

Check "Previously Discontinued" if, a safety threat is not currently active but has been active at any time since the last assessment of safety and the safety response was discontinued. This option would only be applicable if Section 2(A) has been selected. Be certain that all former involved parties were notified and these actions have been documented on the previous safety plan (if applicable) or in the case record (if the child was in a court ordered out-of-home placement).

### **Section 3: Child Harm Description**

#### **A. Current Harm**

**For each child, identify and describe the type, degree and frequency of actual harm or threatened harm that does not reach the threshold of serious harm OR does reach the threshold of serious harm and was not identified in the safety assessment. Include the information obtained regarding the allegations of child abuse, neglect, and/or dependency.**

Describe all current actual or threatened harm for each child in the family. Include a description of the type, degree, and frequency of actual or threatened harm that does not reach the threshold of serious harm or does reach the threshold of serious harm and was not identified in the safety assessment.

This description may include the extent of physical injury or emotional maltreatment, adequacy of medical care, securement of basic needs, adequacy of supervision, physical hazards in the home, sexual abuse and dangerous acts.

Discuss whether current maltreatment is an isolated incident or if it may be indicative of a pattern of abuse existing in the family.

#### **B. Historical Harm**

**For each child, identify and describe all historical reports of abuse and/or neglect. Include identification of ACV(s) and AP(s), date(s), case disposition(s) and case outcome(s) (e.g., closed, transferred for ongoing services, child was placed into substitute care).**

Identify and describe all historical reports of abuse and/or neglect for each child in the family. Specify the ACV(s), AP(s), case disposition(s) and case outcome(s).

Discuss whether there is a pattern of abuse existing in the family.

### **Section 4: Strengths and Needs Assessment**

**Rate each assessment element:**

#### **RC= Risk Contributor**

A risk contributor is an assessment standard used to identify conditions existing in the individual or family that creates the likelihood of maltreatment to a child.

#### **NRC= No Risk Contributor**

No risk contributor is an assessment standard used to identify the conditions existing in the individual or family that do not increase the likelihood of maltreatment to a child.

### **Category 1: Child Functioning**

Write the name of each child in the columns under the heading, **NAMES OF CHILDREN IN THE FAMILY**. Rate the Child Functioning assessment elements for each child in the family.

Ratings for each child are independent of other conditions existing in the family; e.g., if the child is not able to protect himself, the rating would be Need even if there is a parent who provides protective capacities.

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

Provide a rationale for the ratings for each child. If applicable, describe the impact other household members not included in this assessment has on each child. Also, include a discussion of how the individual elements for each child impact one another and any strengths each child may have.

### **Category 2: Adult Functioning**

Write the name of each involved adult in the columns under the heading, **NAMES OF ADULTS IN THE FAMILY**. Rate the Adult Functioning risk elements for each adult in the family and any other involved adult, if any. Ratings are for each adult independent of other conditions existing in the family.

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

Provide a rationale for the ratings for each adult. If applicable, describe the impact other household members not included in this assessment has on each adult. Also, include a discussion of how the individual elements for each adult impact one another and any strengths each adult may have.

### **Category 3: Family Functioning**

Rate the Family Functioning risk elements for the family.

**Write a rationale that supports the family ratings above. Describe the impact other household members not included in this assessment have on each child. In that rationale, discuss how the individual elements impact one another.**

Provide a rationale for the ratings for each family element. If applicable, describe the impact other household members not included in this assessment has on the family. Also, include a discussion of how the individual family elements impact one another. Identify all strengths the family may have.

### **Category 4: Historical**

Write the name of each involved adult in the columns under the heading, **NAMES OF ADULTS IN THE FAMILY**. Rate the Historical risk elements for each adult in the family. Ratings for each adult are independent of other conditions existing in the family.

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

Provide a rationale for the ratings of each element for each adult. If applicable, describe the impact other household members not included in this assessment has on each adult. Also, include a discussion of how the individual elements for each adult impact one another and any strengths the adult may have.

### **Section 5: Family's Perception**

**Describe how the family views their own strengths and problems.**

This description is from the family's point of view and must be written from the family's perspective. It should only include how the family perceives their strengths, problems and areas the family expressed they need support or assistance to be better able to protect their child(ren).

### **Section 6: Family Risk Assessment of Abuse/Neglect**

Check N/A if Non-Abuse or Neglect Case

Complete both the Neglect Scale and the Abuse Scale is completed regardless of the allegations made at the time of the report.

The worker scores all items in each scale and totals the score for each scale.

#### **Actual Risk Level**

To determine the actual risk level, the worker uses the highest score from either scale. The worker checks the appropriate box in the Actual Risk Level Section.

#### **Policy Overrides**

After completing the risk scales, the worker then determines if any of the policy override reasons exist. Policy overrides have been determined to be case situations that warrant the highest level of service from an agency regardless of the risk scale score. If any policy override reasons exist, the risk level is increased to intensive. Check the appropriate policy override reason.

**Describe reasons for any mandatory policy override.**

Describe the policy override as indicated.

#### **Overall/Final Risk Level**

Indicate the Override/Final Risk Level by checking the appropriate risk level.

### **Section 7. Case Analysis**

#### **A. Case Decision**

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

1. **Case Disposition**

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

Check the appropriate case disposition and check the appropriate rationale for this disposition.

2. **Preliminary Matrix-Indicated Case Decision**

**Check the appropriate cell based on the disposition/risk level.**

Based upon the Final Risk Level and the Case Disposition, check the appropriate box indicating the level of service intervention.

3. **Final Case Decision**

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

Write an evaluation of all the assessment variables to support the basis for the case decision.

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

Check Yes or No. If yes, check the reason for the Discretionary Override.

**C. The final case decision is:**

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

Check the appropriate final case decision based upon the Final Risk Level or any discretionary overrides.

**B. Service Planning (Complete applicable section):**

Complete the applicable section. Check all appropriate boxes that apply under one section only; e.g., a family cannot at the same time be "In Need of Agency Services" and "Not In Need of Agency Services."

**Family Not in Need of Agency Services:**

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

List all services and/or interventions that have been provided to the family, including those that were in place prior to CPS involvement, those that were provided during the assessment period, or those that were referred at the time of case closing, if applicable. Discuss how the referred or provided services will address or have addressed identified risk issues and/or underlying conditions in the family.

**Family in Need of Agency Services:**

**Discuss any underlying conditions that have been identified for the family that may contribute to maltreatment of a child (needs of family members, perceptions, beliefs, values, feelings, cultural practices, and/or previous life experiences).**

If underlying conditions have not yet been determined for this family, explain what attempts have been made to obtain this information and what the plans are for further assessment.

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

Discuss what services or interventions are suggested for the family to address safety, risk and/or child and family needs to be included in the case plan.

**Family in Need of PCSA Services- Services not provided for one or more of the following reasons:**

Check the appropriate reason and if appropriate, date when Protective Services Alert was issued, the court petition was denied or the case was referred to other PCSA.

**Section 8: Signatures**

Enter completion date of the JFS 01400 where indicated.

Caseworker, Supervisor and/or any other agency administrator sign and date in the boxes indicated.

**Supervisor Comments:**

Supervisor may provide comments in the space indicated.