Comprehensive Assessment Tool (CAT)  

USER GUIDE

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Introduction

The Comprehensive Assessment Tools (CAT) support child welfare safety and risk assessment practice by:

- guiding social workers’ consideration of factors related to three core elements of assessment - safety, risk and protective capacity - as they conduct safety and risk assessments through the life of a child welfare case
- creating a record of assessment results at critical decision points through the life of a child welfare case

Each CAT tool helps guide safety and risk assessment by directing a social worker’s attention toward observations regarding the presence or absence of family characteristics and environmental circumstances associated with maltreatment. The tools also require the social worker to document the decisions that follow from these observations, thereby creating a record of the assessment results, and the actions taken by the child welfare agency to ensure a child’s safety. The record of assessment results appearing in completed tools can be used by all social workers who may work with the family through the life of a case, to inform ongoing safety and risk assessment and track changes in the family’s status over time.

The tools are not intended to be prescriptive; they are intended to supplement a social worker’s knowledge and skill in applying risk assessment principles, by serving as instruments to focus and record the outcomes of a social worker’s decision-making process, which is based on the exercise of sound professional judgment. They are also intended to promote consistency among child welfare workers in the practice they use to conduct assessments, a goal aligned with the State’s objectives in constructing a
framework for a Statewide Safety Assessment System. This guide serves three main purposes: to orient users to the content in each tool, explain how each tool should be completed, and to promote consistency in the practical and technical application of each tool.

This guide is organized into separate sections for each tool. In each section, you will find instructions outlining:

- Phase(s) of case activity at which the tool should be completed
- Decision outcome(s) that correspond to the phase(s) of case activity
- Who should complete the tool
- How to record responses in the tool
- FAQs
- How to use electronic templates of the tools

The guide concludes with appendices containing the Recommended Statewide Safety Assessment System matrix developed by the State Assessment Workgroup, a glossary of terms, and information on whom to contact for technical assistance should you have questions or problems in using the tools.

**General Instructions**

A. **Social workers should complete each tool using the best information available at the time decisions are made and assessment results recorded.**

Safety and risk assessment requires that social workers collect and interpret specific information about a family, as authorized by laws and regulations that govern child safety and welfare, and then make decisions that form the basis of a response by the child welfare agency, which is appropriate to the child’s and family’s circumstances. It is to be expected that new information will be obtained during the course of an assessment, and as additional assessments are conducted through the life of a child welfare case; and, further, that changes in the nature of the information recorded at each assessment may lead to decisions and actions which depart from previously recorded assessment results and service interventions. It is always a social worker’s professional judgment, based on the best information available at the time each assessment is conducted, that should guide assessment decisions and corresponding interventions undertaken to protect children and strengthen families.

B. **Social workers should complete each tool following the instructions in this guide.**

Each tool has been designed to be maximally useful in the context of social work assessment practice and minimally burdensome with respect to data entry requirements. For this reason, the tools used at each phase of case activity differ in their structure, data entry fields, and saving requirements. In addition, some
tools have been customized to meet specific county practice needs or to be compatible with the technical capacity of existing county data systems. Therefore, instructions for each tool may vary, and should be followed closely.

The tools can be completed in paper and/or electronic format. When social workers use the tools in paper format, an electronic copy must also be created. Forms for each tool can be loaded into CWS/CMS as county templates, or can be completed as Word documents. Because the workflow and technical capacity in each county is unique, it is very important that social workers follow county-specific instructions on how to enter and save data in electronic format.

C. It is important to complete the entire tool.

Each tool has a section labeled “Standard Areas for Review” (SAR), which includes specific questions that address the standard content areas outlined in the State’s Standardized Safety Assessment Matrix (see appendix A). This is not the only section in each tool that contains information which addresses the State’s standard content areas, so it is important to complete the tool following the specific instructions in this guide. The terms in the SAR section, however, may seem somewhat unfamiliar to many social workers, as they have been recently developed in an effort to better define and make explicit the comprehensive and strength-based aspects of family assessment that traditionally have not been documented as part of social work safety and risk assessment practice. Definitions and instructions are provided for each question in the SAR section to facilitate consistent understanding and application of the terms in assessment practice and in completion of the tools.
RESPONSE DETERMINATION ASSESSMENT TOOL

I. Phases of Case Activity at which the Tool should be Completed

The tool is to be completed for all referrals of child abuse and neglect to determine the child welfare agency response. Specifically, the tool is to be used to determine:

- whether a child abuse report is appropriate for a response,
- the urgency of response required, and
- who will respond.

II. Decision Outcome

Determine appropriate child welfare agency response to referral of child abuse and neglect.

III. Who should Complete the Tool

All staff who are responsible for receiving and evaluating reports of child abuse and neglect.

IV. How to Complete the Tool

This tool has been customized to meet each County’s specific phone screening requirements. The instructions provided below apply to all versions of the tool; however, please note that the sections on your form (headings in grey banners) may appear in a slightly different sequence than that of the instructions presented below.

If the forms are available in CWS/CMS: Please note, when the forms are first created, it can take up to a full minute or two before they are ready for use and can be accessed. During this time, the system may appear to have “locked-up” (this is especially true in the case of referral forms, since a dialog box does not pop-up to indicate the form is being auto-populated). Please wait until the small message in the lower left of the CWS/CMS window switches from “Creating [form name]...” to “New [form name]” before attempting to click to the form.

A. Referral ID

This field is located in the upper left corner of the tool (in the grey banner) and must be completed to indicate an assessment has been conducted. If your county has made templates of the tools available in CWS/CMS, this field will auto-
populate. If your county is using electronic templates of the tools outside of CWS/CMS, the first step you must take is to bring up a new form and enter the appropriate Referral ID number from CWS/CMS. Please refer to the technical instructions below for information on how to enter the Referral ID.

B. **Reporter and Referral Information**

The date, time and screener’s name must be completed; the remaining fields in these sections of the tool should be completed as fully as possible.

*Auto-Population of Child and Parent/Guardian Information for templates available in CWS/CMS:* This form will auto-populate information on a single Child and any associated Mother, Father, and Guardian that has been entered in CWS/CMS, when the form is created as a county-specific template in the system. CWS/CMS will display a dialog box when the form is first created to allow the user to select the focus child to auto-populate. The Mother, Father, and Guardian rows will then auto-populate to correspond to the focus child that has been selected. The social worker must enter information on the other adults in the home and the foster caregiver, which the system did not auto-populate, manually in the blank rows d, e, and f; row “d” should always be used to record information on a foster caregiver included in the referral.

*Foster caregivers:* The identity of foster caregivers is protected by confidentiality laws. For this reason, when a foster caregiver is included as a participant in the assessment, the social worker should enter only the first name and first letter of the last name of the caregiver in the tool.

C. **Screener Narrative**

This section is to be used by the social worker to record information about the allegations, and factors affecting safety, risk, and protective capacity, that are contained in the standard areas for review.

- Allegations - who, what, where, when, how, who else knows, why now?
- Precipitating incident - location and description of injury; severity, frequency; history of abuse
- Child characteristics - age, vulnerability, special circumstances; perpetrator’s access; behavior, interaction with caretakers, sibling and peers
- Caretaker characteristics - capacity to care for child, interaction with child(ren); skill, knowledge, mental health; substance abuse, criminal behavior
- Family characteristics - history of abuse, relationships, support systems, presence of parent substitute; physical condition of home, community; family strengths
D. **Allegations, CWS Involvement and History**

1. **Allegations (County option)**

   This section should be used to record the type of allegation reported, at the conclusion of the referral screening process.

2. **CWS Involvement and History**

   It is important that the social worker check CWS/CMS before completing other sections of this tool. Checking CWS/CMS, other databases and records will allow the social worker to verify information provided by the reporter and answer subsequent questions that could not be completed solely using information in the reporter’s account.

   Complete information in both these sections by checking/clicking in the appropriate boxes, and entering dates and comments in the appropriate fields.

E. **Standard Areas for Review**

   The responses to questions in this section reflect the social worker’s knowledge at the time the tool is completed. They reflect the social worker’s conclusion, which is based on knowledge obtained from the reporter and other data sources. The check boxes in this section should be completed based on the information provided by the reporter, CWS/CMS and, as appropriate, all other data sources reviewed prior to determining the appropriate response.

1. **Using the Tool While on the Phone**

   If, after taking the reporter’s initial account, the social worker determines s/he is able to record an answer to each question based on the information volunteered, there is no need to ask the specific questions. If the answer to any question can not be recorded based on the reporter’s initial account, the questions should be used as a probe. For example, when the reporter has finished providing her or his initial account, the social worker can state: “I will now ask you a set of questions, and I would like you to answer yes, no, or I don’t know.”

2. **Checking CWS/CMS and Other Sources of Information**

   It is important that the social worker check all appropriate information sources before completing the check boxes following each question. Checking CWS/CMS, other databases and records will allow the social worker to verify information provided by the reporter and answer
questions that could not be completed solely using information in the reporter’s account.

3. Interpreting and Recording Responses to the Questions

The questions in this section are based on factors that help define the three core elements of child welfare assessment practice: safety, risk and protective capacity. This section provides a definition of the assessment factor addressed by each question. The social worker should answer every question by checking the box following the question which indicates the appropriate response. Only when the social worker is unable to obtain sufficient information to answer a question from the reporter’s account, CWS/CMS and all other data sources should the box labeled “UNK” (unknown) be checked.

1. Do you know where to locate the child/family?

   Ability to locate: Refers to ability to physically locate child and/or family.

   This includes information that will facilitate the ability of the responding ER social worker/team to locate the child, such as the school the child attends, a day care provider address, etc. Specifics regarding hard-to-find locations should be gathered as part of this assessment.

   If the child can not be located, complete the “N” check box and skip to the Response Determination section.

2. Does the alleged perpetrator have ongoing access to the child?

   Perpetrator access to the child: Refers to the perpetrator’s relationship to the child, and frequency and intimacy of contact with the child.

3. Do you have any concerns about the home that might present a health and safety hazard to the child?

   Home environment: Refers to the physical condition of the home, including safety hazards and health concerns.

4. Does the child have any physical or developmental disabilities?

   Child’s vulnerability: Refers to the child’s susceptibility to suffer abuse or neglect based on age and developmental status, including cognitive and language ability, special needs related to hearing or vision impairment, and general health, size, or mobility.
5. **Does the child have any medical conditions/concerns?**

   Child’s vulnerability: Refers to the child’s susceptibility to suffer abuse or neglect based on health.

6. **Does the child have any mental health or behavioral problems that affect her/his ability to form positive relationships?**

   Child’s vulnerability: Refers to the child’s susceptibility to suffer abuse or neglect based on social/emotional state, social isolation.

   A positive relationship is any that demonstrates the child’s age-appropriate, pro-social and mutual attachment to adult family members, siblings, other adults or peers.

7. **Does the child have supportive relationships?**

   Child’s strengths and vulnerability: Refers to the child’s behaviors and attitude that support her/his own safety, or relate to the child’s susceptibility to suffer abuse or neglect, including social development and social/emotional state, and social isolation.

   A supportive relationship is any that demonstrates the child has attachments to adult family members, siblings, other adults or peers who actively and positively influence the child’s physical, social and emotional development, and safety, health and well-being.

8. **Is the parent/guardian protecting the child?**

   Protective capacity: Refers to the parent/guardian’s ability to utilize internal and external resources to correct the identified concerns and to support the child’s continuing safety.

   Such capacities include, but are not limited to, a clear demonstration of bonding and attachment to the child, parental caretaking skills, awareness of and ability to interpret the child’s needs, positive motivation to nurture or meet the child’s needs, willingness to seek and use help, and willingness/ability to act protectively when the child is threatened with harm.

9. **Is the parent/guardian meeting the child’s basic needs (minimum level of care)?**

   Ability to meet child’s needs: Refers to the parent’s/guardian’s ability to provide a safe, stable home and meet the basic needs of children in her/his care.
This includes the ability to respond to a child’s age and condition by providing care that supports the child’s health, mental health, education, development, and physical and emotional well-being.

10. Do any family members appear to be engaging in or have a history of criminal behavior?

Criminal behavior: Refers to previous or current illegal activity as defined by federal and state law that may impact the protective capacity of the parent/guardian.

This question asks about the appearance of current illegal activity as well as criminal history. A reporter’s expressed concern about behavior that appears to be criminal (e.g., heavy traffic in and out of home) should be recorded by checking “Y.” Typical sources of historical information include reporter’s knowledge based on self-report, and law enforcement records.

11. Is there any violence in the home? (DV, pattern of threatening, aggressive behavior, etc.)

Violence propensity/capability: Refers to a current pattern of aggressive, coercive, threatening or potentially harmful behavior, or a history of such, demonstrated by a parent or household member.

A pattern means a repeated, regular or consistent display of aggressive, coercive, threatening or potentially harmful behavior.

12. Does the family have relationships with others that compromise the child’s health and safety?

Social environment: Refers to the social interactions of those living in or having significant contact with those living in the home that support or compromise the child’s health and safety.

This term includes communications, interactions and relationship networks of those in the home, which surround the child and support or compromise the child’s health and safety. Also included are current and historical conditions in the home associated with the parent’s or guardian’s ability to rely on an appropriate social network, solve problems, and communicate effectively.

13. Has the family received any services?

Current or previous social services: Refers to any social services currently or previously provided by a public child welfare agency or
any other public or private social services agency. These services may include CalWORKs, mental health, family counseling, family resource center services, food, rental or clothing assistance, etc.

F. Vulnerable Populations

Certain child and family characteristics are considered to place a child at a heightened risk of maltreatment. When these characteristics are present, a child is considered vulnerable. The check boxes in this section should be completed as appropriate.

Age 0 – 5 – from birth up to the child’s 5th birthday

Substance Abuse – substance abuse by child’s parents/guardians

Chronic Neglect: A subset of neglect cases are often described as involving “chronic neglect.” Chronic means to exist or last for a long time, and implies an unchanged condition. The field of child welfare has not developed a settled definition of what circumstances constitute chronic neglect.

Researchers have characterized the subset of cases involving chronic neglect in terms of their:

• long-term involvement with family support and child protective services (two to three years)
• lack of cognitive and/or physical stimulation and emotional nurturance for the child
• chaotic and unpredictable circumstances
• lengthy pattern of actions or incidents which place the child at some level of risk, none of which in itself may be sufficient to trigger intervention
• numerous problems that pose risk to the child(ren), which typically include low parental functioning, parenting problems, a lack of social networks or community support, and financial, housing and other resource difficulties

As these criteria indicate, both the duration, and the level or degree of neglect, are core elements of the definition of chronic neglect.

Duration can be considered in two ways:

• the length of time the child has been the alleged victim of neglect prior to CWS involvement, as relayed in the reporter’s account of the family’s circumstances and the child’s cognitive, social, emotional and physical development

1 See neglect bibliography in Appendix D.
• the length of time the family has been known to, or involved with, the child welfare or other social service agency, which some studies have defined as involvement existing over two or three years

**Level or degree** can be considered as the intensity or number of the family challenges that pose risk to the child’s safety and healthy development.

**Homeless** – family is homeless at time referral is made

**G. Response Determination**

In this section of the tool, social workers should record their conclusion for this phase of activity. Their conclusion indicates whether report of suspected abuse or neglect is appropriate for a response, the type of response required and who will respond.

1. The column on the left reflects traditional child welfare agency responses to reports of suspected abuse or neglect. This column should be used if the referral does not meet the county’s Differential Response pilot criteria (e.g., age, geographic region, etc.). Social workers should complete this section by checking the box that appears immediately before the appropriate type of response.

2. **Differential Response** – the column on the right should be used to record the appropriate type of response to referrals that fall within each County’s Differential Response pilot criteria.

**E/O** – referrals that are not appropriate for Path 1 Community Response and will receive no services.

**Path 1** – Community Response - is selected when a family is referred to CWS for child maltreatment and the Hotline/Pre-contact activities result in a determination that the allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. The referral is routed to the community for further action.

**Path 2** - CWS and Partners Response path – is selected when the Hotline/Pre-contact activities result in a determination that the family circumstances place the children at low to medium risk of abuse and neglect. Safety factors may not be immediately manifested in all cases, but risk is present. This path focuses on voluntary involvement in services through engagement of families, but in the interests of
protecting the child, the authority of the juvenile court may be utilized. The response in this path involves teamwork between CWS, other public agencies and community partners.

Path 3 - Child Welfare High Priority Response - is always selected, in locations where differential response has been implemented, when the referral has been determined to involve the likelihood that the children are unsafe, risk is moderate to high for recurring child maltreatment, and actions must be taken to protect the child, with the family’s agreement whenever possible. CWS will be responsible for the first face-to-face visit and other community partners may be included depending on the circumstances. Law enforcement may also be involved.

3. **Rationale:** The rationale text box should be used by the social worker to record the factors that form the basis of her/his decision to select the response type noted in the section above. The rationale should focus on the presence or absence of specific safety, risk and protective capacity factors that guided the social worker’s selection of the response type.

**H. Completing the Tool**

When the assessment has been concluded and all information has been entered in the tool, the social work supervisor should review, sign and date each completed Response Determination form. In addition, it is important that the social worker check her or his work:

1. Perform a spell check by clicking the link at the end of the form.

2. Validate the information in the tool. This form is programmed to check that the questions in the Standard Areas for Review have been filled in correctly (i.e., single choice per question, all questions filled in). Clicking the “Form Completed” or “Validate Form” links at the bottom of the last page will result in an error message if any information is missing or incorrect.

**V. FAQs**

1. What if there is no question in the section on Standard Areas for Review that addresses important information provided by the reporter?

   **A** – Information provided by the reporter should be included in the screener narrative, as is consistent with current practice. The Standard Area questions are broad content areas that serve as guidelines for sound assessment practice, and are not exhaustive.
VI. Technical Instructions

A. General Use

1. Spell Checking the Form

   Since this form is “protected,” the spell-check feature in Word is unavailable (grayed-out). To spell check the document, please click the link labeled “Spell Check” that appears at the bottom of most forms (shown below).

   ![Spell Check Button]

   Clicking this button will perform a spell-check on the narrative text fields in the document.

2. Selecting Text in a Narrative Section

   We suggest that you use the mouse to move the cursor to a specific location in the text of a narrative field, then “left click,” drag, and release to select the text. You can use the mouse this way to quickly select multiple lines or sections of text. Important: if you wish to select text using only the keyboard, do not use the up and down arrow keys while holding down the shift key, as this will cause the cursor to move to a different field instead of selecting the desired text.

B. Using the Form Inside CWS/CMS

1. Creating a New Form for a Referral

   If your County has made CAT forms available inside CWS/CMS, they appear as county-specific templates. To attach and fill out a blank form for a referral, open the appropriate referral folder and click: Referral Folder -> Referral Management Section (green button) -> Create New Document – Referral (highlighted in red below).
The “Generate New Documents” dialog box will appear. Select your county from the “County” drop-down box, and select the form you want from the list. Click “OK” to bring up the blank form. Note that a dialog box will first appear asking you to select a child from the referral. Selecting a child will auto-populate that child’s name and birth date on the blank form. Note that the system may take up to a full minute or two before it completes auto-populating the form. Please wait until the system is done before clicking to the new form.

The Referral ID field at the top left of the CAT form, as well as child and associated parent information will be auto-populated by the system. You can save and close this form using the save function on the CWS/CMS toolbar, then reopen it later through the “Document – Referral” notebook if more than one data entry session is needed to complete the form.

2. Auto-Population of Child and Parent/Guardian Information

The form will auto-populate information on a single Child and any associated Mother, Father, and Guardian in CWS/CMS when created as a county-specific template in the system. CWS/CMS will display a dialog box when the form is first created to allow the user to select the focus child to auto-populate. The Mother, Father, and Guardian rows will auto-populate according to the focus child that has been selected.

The first three rows in the Parent section of the form are reserved for the Mother, Father, and Guardian. If the focus child does not have an associated Mother, Father, or Guardian, then the associated row will remain blank. Do not manually fill in these reserved rows, even if a row has been left blank because the system could not find an appropriate adult to auto-populate. Instead, use the next two rows to manually enter information about the adults that have been missed by the CWS/CMS auto-population feature.

Please note that CWS/CMS uses a defined search order to select associated adults for children who have multiple Mothers and Fathers. The system uses the following order, as described in the CWS/CMS documentation:

- Since a child can have several types of Fathers, use the following search hierarchy: Birth, Alleged, Step, Presumed, Adoptive. Foster parent should not be used (meaning foster parent will not auto-populate).

- Since a child can have several types of Mothers, use the following search hierarchy: Birth, Alleged, Step, Adoptive. Foster parent should not be used (meaning foster parent will not auto-populate).
*** Important Note Regarding Auto-Population and CWS/CMS ***

When the forms are first created, it can take up to a full minute or two before they are ready for use. During this time, the system may appear to have “locked-up” (this is especially true in the case of referral forms, since a dialog box does not pop-up to indicate the form is being auto-populated). Please wait until the small message in the lower left of the CWS/CMS window switches from “Creating [form name]...” to “New [form name]” before attempting to click to the form.

3. Validating the SAR Questions

This form is programmed to check that the questions in the Standard Areas for Review have been filled correctly (i.e., single choice per question, all questions filled in). This feature has been placed in the “Form Completed” functionality (see below); if any input is missing or incorrect, the form will not be saved, and an error message is displayed. If your county does not use the “Form Completed” functionality, a link has been added to the tool that reads “Validate Form.” A click on the “Validate Form” link will cause the form to check all of the SAR questions and display an error message if an error is found. If no errors are found, the user will be returned to the form with no message.

4. Saving a Completed Form Outside of CWS/CMS*

*NOTE: This section may not apply to all County workflows

Every CAT form needs to be accessible for two purposes: 1) Other County/State staff must be able to access the form for review and 2) the information on the form must be collected by SPHERE and aggregated for analysis and evaluation purposes.

To achieve the first purpose, CAT forms must be stored in the appropriate Document - Referral notebook in CWS/CMS. Other appropriate staff can then view the assessment results in CWS/CMS by opening the referral in question, and then opening the CAT form in the Document – Referral notebook.

To achieve the second purpose, SPHERE must have electronic access to the data stored in the forms that you complete. Unfortunately, due to IBM’s construction of the CWS/CMS system and existing contractual issues, SPHERE cannot access the forms through CWS/CMS (even though the forms will be stored in the system to achieve the first purpose). Thus, copies of the completed forms must also be saved and collected *outside* of CWS/CMS.

To simplify this process, every form has a link labeled “Form Completed” at the very bottom of the last page (shown below).
This button will automatically save the document in CWS/CMS and in a separate location your County has designated in which to store all CAT forms. When you have entered all data in the form, you must click the “Form Completed” button to save the entered data inside and outside CWS/CMS for future analysis and evaluation.

C. Using the Form Outside of CWS/CMS

The Response Determination form may also be filled in outside of CWS/CMS as a standard Word document. These forms will not auto-populate any fields. Importantly, forms that are created outside of CWS/CMS must have the correct Referral ID copied and pasted into the form and then imported into CWS/CMS.

1. Obtaining and Entering the Referral ID

If you enter information into the Response Determination Assessment form before the referral is entered into CWS/CMS, the Referral ID must be entered before the form is considered complete and saved for analysis. The following instructions should be followed to obtain the Referral ID after the data are entered in CWS/CMS and before the form is saved.

You can enter data in CAT forms stored on your computer or County network. If you fill in forms outside CWS/CMS, the first step you must take is to bring up a new form and enter the appropriate Referral ID number from CWS/CMS (except as noted above). At the top left of the Response Determination Assessment (Screener) there is a form field for the Referral ID number (see below).

![Referral ID field in CAT form](image)

This field refers to the Referral ID number created in CWS/CMS that uniquely identifies the referral in the system. In order to link the data entered on the CAT forms with data entered separately in CWS/CMS, this Referral ID field must be filled in. The Referral ID is available in CWS/CMS under: Referral Folder -> Referral Management Section (green button) -> Summary Page -> Referral ID field (highlighted in red below).
Select the entire 22 character Referral ID number, and copy the text by using the mouse or typing and holding Ctrl-C simultaneously. Pull up the CAT form, and paste the referral ID number (“left click” the mouse, or type Ctrl-V) into the Referral ID field on the CAT form, as shown above.

2. Validating the SAR Questions

This form is programmed to check that the questions in the Standard Areas for Review have been filled correctly (i.e., single choice per question, all questions filled in). This feature has been placed in the “Form Completed” functionality (see below); if any input is missing or incorrect, the form will not be saved, and an error message is displayed. If your county does not use the “Form Completed” functionality, a link has been added to the tool that reads “Validate Form.” A click on the “Validate Form” link will cause the form to check all of the SAR questions and display an error message if an error is found. If no errors are found, the user will be returned to the form with no message.

3. Saving a Completed Form*

*NOTE: This section may not apply to all County workflows

Every CAT form needs to be accessible for two purposes: 1) Other County/State staff must be able to access the form for review and 2) the information on the form must be collected by SPHERE and aggregated for analysis and evaluation purposes.

To achieve the first purpose, CAT forms must be stored in the appropriate Document - Referral notebook in CWS/CMS. Other appropriate staff can then view the assessment results in CWS/CMS by opening the referral in question, and then opening the CAT form in the Document – Referral notebook. If you enter
information in CAT forms outside CWS/CMS, the form must be attached to the referral in CWS/CMS by following the process described in the next section.

To achieve the second purpose, SPHERE must have electronic access to the data stored in the forms that you complete. Unfortunately, due to IBM’s construction of the CWS/CMS system and existing contractual issues, SPHERE cannot access the forms through CWS/CMS (even though the forms will be stored in the system to achieve the first purpose). Thus, copies of the completed forms must also be saved and collected *outside* of CWS/CMS.

To simplify this process, every form has a button labeled “Form Completed” at the very bottom of the last page (to the immediate right of the “Spell Check” button). This button will automatically save the document to a location your County has designated to store all CAT forms. When you have filled all of the necessary fields in the form, you must click the “Form Completed” button to save the entered data outside CWS/CMS for future analysis and evaluation.

4. Attaching a Form Saved Outside of CWS/CMS to a Referral

Once the CAT form is completed and saved, it must be attached to the referral in CWS/CMS so other staff can view the assessment as necessary. To do this, click on: Referral Folder -> Referral Management Section (green button) -> Create New Document – Referral (highlighted in red below).

A “Generate New Documents” dialog box will appear. Click on the “Import” button on the right (highlighted below).
The “Import External Document” dialog box then appears (see below).

Browse your computer’s files to select the completed CAT form document, and enter an appropriate title under the mandatory “File Title” field. Click “OK” to complete the process.
D. **Modifying the Form**

1. **Changing a Saved Form**

   Certain circumstances may require that a form that was previously approved as completed and properly saved (by using the “Form Completed” functionality) needs to be edited. In these circumstances, it is acceptable to make the necessary changes to the form stored in CWS/CMS and re-save it by again clicking the “Form Completed’ link. If you change a form, you must remember to change the date the form is considered complete.

   In general, it is permissible to save and submit multiple copies of a form for analysis. Duplicate forms will be automatically resolved by only including the last-modified copy in the analysis.

2. **Never “un-protect” and “re-protect” a Form**

   The contents of all fields that have been completed on the CAT form are cleared when a form is “unprotected” and then “re-protected.” A common reason people “unprotect” a form is to perform a spell check on the document. To spell check the CAT forms, please remember to use the “Spell Check” link at the bottom of the form as described above.
EMERGENCY RESPONSE ASSESSMENT TOOL

I. Phases of Case Activity at which Tool should be Completed

The tool is to be completed for all referrals assigned for a child welfare agency response, to determine the Initial Safety Intervention and Referral Disposition.

A. At the Initial Safety Determination

- To determine the child’s immediate safety is ensured.
- To begin the process of helping the family, through engagement in the assessment process and, if appropriate, emergency services.
- To begin to identify risk factors of concern in the family.

B. At the Referral Disposition

- To begin the process of helping the family through engagement in the assessment process and, if appropriate, emergency services.
- To identify the conditions and behaviors that may result in child maltreatment.
- To determine if a family needs continuing public child welfare or community services, or has no current service needs.

II. Decision Outcomes

A. The immediate safety of the child is ensured by an appropriate safety intervention.

B. The appropriate level of child welfare service is determined and secured.

III. Who should Complete the Tool

All child welfare agency staff who are responsible for responding to referrals of child abuse and neglect.

IV. How to Complete the Tool

If the forms are available in CWS/CMS: Please note, when the forms are first created, it can take up to a full minute or two before they are ready for use and can be accessed. During this time, the system may appear to have “locked-up” (this is especially true in the case of ER Assessment forms, since a dialog box
does not pop-up to indicate the form is being auto-populated). Please wait until the small message in the lower left of the CWS/CMS window switches from “Creating [form name]...” to “New [form name]” before attempting to click to the form.

A. **Referral ID and Participant Information**

1. **Auto-population**

If your County has made CAT forms available inside CWS/CMS, they appear as county-specific templates. The system will auto-populate the Referral ID field located at the top left of the CAT form, as well as information on a single Child and any associated Mother, Father, and Guardian entered in CWS/CMS when created as a county-specific template in the system. CWS/CMS will display a dialog box when the form is first created to allow the user to select the focus child to auto-populate. The Mother, Father, and Guardian rows will auto-populate according to the focus child that has been selected.

The form will automatically auto-populate information on the focus child into row “1” and that child’s associated parents / guardians in rows “a”, “b”, and “c”. The social worker must enter information on the other adults in the home and the foster caregiver, which the system did not auto-populate, manually in the blank rows “d”, “e”, and “f”; row “d” should always be used to record information about a foster caregiver. The social worker must also enter information for the other children in the home who participate in the assessment in the rows underneath row “1”.

Social workers can save and close this form using the save function on the CWS/CMS toolbar, then re-open it later through the “Document – Referral” notebook if more than one data entry session is needed to complete the form. For specific instructions on how to enter data and save the form, see the technical instruction section below.

2. **Referral ID**

This field is located in the upper left corner of the tool (in the grey banner) and **must** be completed to indicate an assessment has been conducted. If your county has made templates of the tools available in CWS/CMS, this field will auto-populate. If your county is using electronic templates of the tools outside of CWS/CMS, the first step you **must** take is to bring up a new form and enter the appropriate Referral ID number from CWS/CMS. Please refer to the technical instructions below for information on how to enter the Referral ID.
3. Participant Letters and Numbers

Each family member and caregiver that is assessed by the social worker in the course of responding to the referral is assigned either a participant letter or number.

**Adults are assigned a participant letter.** The mother will always be “a”, the father “b”, and the guardian “c”. All other adults in the home listed on the first page of the tool as participants in the continuing services assessment are assigned the participant letter that appears in the column to the left of their first names. Foster caregivers should always be listed in row “d”. These letters should be used to record assessment results for a particular adult, according to the instructions provided for each section of this tool.

*Special Instructions for Absent Parents:* A parent may only be considered absent when a due diligence search has been completed and his or her whereabouts are unknown. Any parent who is the subject of a service plan or who appears in a child’s service plan must be listed as a participant in the assessment.

*Special Instructions for Foster Caregivers:* The identity of foster caregivers is protected by confidentiality laws. For this reason, when a foster caregiver is included as a participant in the assessment, the social worker should enter only the first name and first letter of the last name of the caregiver in the tool.

**Children are assigned a participant number.** The focus child selected by the user will always be assigned the number “1.” All other children in the home listed on the first page as participants in the emergency response assessment are assigned the participant number that appears in the column to the left of their first names. These numbers should be used to record assessment results for a particular child, according to the instructions provided for each section of this tool.

**Coding Responses:** Each section of the tool has instructions as to whether an adult participant letter, child participant number, or both should be recorded in order to indicate the social worker’s assessment conclusion. When coding responses, the social worker can disregard the participant letters for rows that were left blank by the auto-population feature, or that may have been auto-populated with information on parents who are absent. Please follow the specific coding instructions in this manual.

*Coding Responses for Children in Out-of-Home Care:* Responses for siblings can be recorded on one assessment tool. A separate
assessment tool must be completed for each unrelated child in a foster or group home.

**Entering Responses in Electronic Forms**: The tools are not case sensitive, so responses can be recorded using capital or lower case letters. Participant letters and numbers must be separated by commas in all fields that accept responses for multiple individuals. It does not matter whether the numbers and letters are also separated by spaces.

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### B. Referral Allegations

This section lists all allegations that are the subject of the Emergency Response Assessment. The columns that follow the list of allegation types are used to indicate the status of referral allegations at three possible times during the course of the Emergency Response Assessment:

1. **Original Allegations**

   These are the allegations listed at the conclusion of the Response Determination Assessment and forwarded to the Emergency Response Assessment worker.

2. **Added by Social Worker**

   Allegations that should be recorded in this column include:

   a. a new allegation for a child named in the referral, when the social worker determines that the original allegation does not adequately describe the nature of abuse/neglect that presents a risk of harm to the identified victim(s)

   b. an additional allegation for a child named in the referral, when the social worker determines that, in addition to the circumstances described by the original allegation, a different type of abuse also presents a risk of harm to the identified victim(s), or learns as the result of a victim’s self-report of abuse/neglect of a different type than was listed in the original allegation

   c. an allegation for a child who was not named in the referral and was discovered to live in the home at the time of the Emergency Response Assessment
3. **Substantiated**

The allegations that are substantiated at the time the Response Determination assessment is concluded.

**Coding Responses:** This section of the tool applies to the identified victim(s) and other children in the home who are assessed for safety and risk. Determine what types of allegations apply to each child, and record the participant number of each child in the appropriate row and column. Note: it is possible that all children assessed for safety and risk may not have allegations recorded in each column. If the same answer applies to all children, record “all.”

**C. Response Assignment**

This section applies to referrals that fall within each county’s Differential Response target area criteria. It is used to indicate whether a service partner has been contacted to join the social worker’s effort to assist the family by participating in the assessment process. This section is to be completed by checking the appropriate box for a Path 2 or Path 3 response, and entering the name of the community partner organization which has participated in the assessment process.

**Path 2 - CWS and Partners Response path** – is selected when the family’s circumstances place the children at low to medium risk of abuse and neglect. Safety factors may not be immediately manifested in all cases, but risk is present. This path focuses on voluntary involvement in services through engagement of families, but in the interests of protecting the child, the authority of the juvenile court may be utilized. The response in this path involves teamwork between CWS, other public agencies and community partners.

**Path 3 - Child Welfare High Priority Response** - is always selected when the referral involves the likelihood that the children are unsafe, risk is moderate to high for recurring child maltreatment, and actions must be taken to protect the child, with the family’s agreement whenever possible. CWS will be responsible for the first face-to-face visit and other community partners may be included depending on the circumstances. Law enforcement may also be involved.

**D. Standard Areas for Review**

The questions in this section are to be answered at the time the Initial Safety Determination and Referral Disposition assessments are completed. Assessment results for each of these two phases of case activity should be recorded separately in the appropriate column. At the time of the Initial Safety Determination, each question should be answered by recording participant letters and numbers in the
appropriate row following the question, in the column labeled “Initial Safety.” If the assessment results recorded at the Initial Safety Determination do not change at the time the Referral Disposition is completed, the social worker need not enter participant codes in the Referral Dispo column. The social worker should record the assessment results for all participants in the Referral Dispo column when there is a change in the assessment result for any participant in the Referral Disposition assessment. Specific instructions that describe how to record responses appear below.

A blank text field, in which social workers who complete the tool can make brief notes, is located below each question. Notes recorded in these fields are for social workers’ use in forming assessment conclusions, future conversations with supervisors, and preparation of narrative statements. Notes will not substitute for participant codes, which must be recorded in the appropriate columns and rows in order to document assessment results.

Responses to questions in this section reflect the social worker’s knowledge at the time the tool is completed. The questions in this section should be completed based on information provided by the identified victim(s) and perpetrator(s), other family members participating in the assessment and, as appropriate, all other collateral sources contacted or reviewed prior to concluding the assessment. It is to be expected that new information obtained in subsequent assessments may lead to decisions or responses that depart from previously recorded assessment results or service interventions. It is always the social workers’ professional judgment, based on the best information available at the time each assessment is conducted, that should guide assessment decisions and service interventions.

1. Response Columns and Rows

This tool covers two phases of case activity – Initial Safety Determination and Referral Disposition. The two columns on the right side of the page labeled “Initial Safety” and “Referral Dispo” should be used to separately record the assessment results for these two phases of case activity. Record assessment results for each phase of case activity in the corresponding column.

However, if the assessment results recorded at the Initial Safety Determination remain unchanged for all participants at the time of the Referral Disposition, no data need be entered in this column. When the assessment result recorded at the Initial Safety Determination changes for any participant at the time the Referral Disposition assessment is conducted, assessment responses for all participants must be recorded in the Referral Dispo column.

Answers, or assessment findings, should be recorded in either the “Yes” or “No” row following each question. Results should be recorded by listing
the participant letter or number, or by writing/entering the word “all”, in the appropriate row.

Do not record assessment results by circling the “Y” or “N” in the column following each question. It will not be possible for other social workers who may review the tool through the life of the case or data analysts to interpret assessment findings for responses recorded in this manner. If these letters are circled, the social work supervisor will instruct the social worker to complete the form correctly before approving the assessment conclusions by signing the form.

2. Participant Letters and Numbers

Each individual assessed in the course of responding to the referral is assigned either a participant letter or number. Please refer to section IV. A. 3 above and the technical instructions in section VI of this guide to determine how to identify family members and foster caregivers who participate in the continuing services assessment by their participant code.

3. Interpreting and Recording Responses to the Questions

The questions in this section are based on factors that help define the three core elements of child welfare assessment practice: safety, risk and protective capacity. This section defines the factor addressed in each question. It also provides instructions on how to code a response for each question.

1. Is there child welfare history?

CWS history: Refers to information gathered from CWS/CMS and other available documentation to determine whether or not the child and/or any other member of the family have past involvement with the public child welfare agency.

Coding Responses: Determine whether there is a child welfare history for every adult and child in the family, and record the participant letter or number in the appropriate row and column. If the same answer applies to all participants, record “all.”

2. Is there currently an open child welfare case?

Current CWS activity: Refers to information gathered from CWS/CMS and other available documentation to determine whether or
not the child and family have current involvement with the public child welfare agency.

**Coding Responses:** Determine whether there is an open child welfare case for every adult and child in the family, and record the participant letter or number in the appropriate row and column. If the same answer applies to all participants, record “all.”

3. **Are you able to locate the child and family?**

Ability to locate: Refers to the social worker’s ability to physically locate the child and/or family.

**Coding Responses:** Determine whether it is possible to locate every adult and child in the family, and record the participant letter or number in the appropriate row and column. If the same answer applies to all participants, record “all.”

**If the parent/guardian refuses access to the child,** the child can not be located. Record the participant number in the “No” row in the appropriate column(s) and continue the assessment.

**If the entire family can not be located,** it is not necessary to complete the rest of the questions in this section. Record “all” in the “No” row in both columns. Skip to the sections for Initial Safety Intervention and Referral Disposition Conclusion and Rationale.

4. **Are there prior concerns of maltreatment (other than the current referrals)?**

Prior maltreatment: Refers to an act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which has resulted in, or has placed the child at risk of, developmental, physical or psychological harm.

Maltreatment here is distinguished from CWS history and current CWS involvement. The referral allegation to which the social worker is responding is an expression of concern about current maltreatment. This question asks the social worker to record whether or not, in the course of the assessment, the child, family members, reporter or collateral contacts provide information about previous concerns of child maltreatment which have not yet been brought to the child welfare agency’s attention or recorded in CWS/CMS.

**Coding Responses:** Determine whether the assessment surfaces concerns of prior maltreatment with respect to any family member
(either as perpetrator or victim), including the identified victims, parents or adults in the home who may have been abused as children, children related to the family who may have previously lived in the home, and record the participant letter or number assigned to the subject of those concerns in the appropriate row and column. If the answer pertains to an adult who currently resides in the home and who may have abused or neglected a child who previously lived in the home, record the adult participant letter in the appropriate column. If the same answer applies to all participants, record “all.”

5. **Does the social environment pose a risk to the child?**

   **Social Environment:** Refers to the social interactions of those living in or having significant contact with those living in the home that support or compromise the child’s health and safety.

   This term includes communications, interactions and relationship networks of those in the home, which surround the child and support or compromise the child’s health and safety. Also included are current and historical conditions in the home associated with the parent’s or guardian’s ability to rely on an appropriate social network, solve problems, and communicate effectively.

   **Coding Responses:** Determine whether the social environment created by the adults poses a risk to the child, and record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

6. **Do you have any concerns about the home that might present a health and safety hazard to the child?**

   **Home Environment:** Refers to the physical condition of the home, including safety hazards and health concerns.

   **Coding Responses:** Determine whether the home environment created by the adults poses a risk to the child, and record the child’s participant number in the appropriate row and column. If the child spends time in more than one home, assess whether the child is unsafe in any home environment, and record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

   If the home environment is not seen at the time the Initial Safety Determination and Referral Disposition are made (e.g., access is denied or the child is removed immediately upon assessment at Initial Safety Determination and/or Referral Disposition), record the child’s
participant number in the “NO” row in the appropriate column. If the same answer applies to all children, record “all.”

7. **Does the alleged perpetrator have ongoing access to the child?**

Perpetrator access to the child: Refers to the perpetrator’s relationship to the child, and frequency and intimacy of contact with the child.

**Coding Responses:** This question applies to the identified victim(s) and other child(ren) in the home who are assessed for safety and risk. Determine whether the alleged perpetrator has ongoing access to the child(ren) and record each child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

8. **Is the parent/guardian protecting the child?**

Protective capacity: Refers to the parent/guardian’s ability to utilize internal and external resources to correct the identified concerns and to support the child’s continuing safety.

Such capacities include, but are not limited to, a clear demonstration of bonding and attachment to the child, parental caretaking skills, awareness of and ability to interpret the child’s needs, positive motivation to nurture or meet the child’s needs, willingness to seek and use help, and willingness/ability to act protectively when the child is threatened with harm.

**Coding Responses:** This question applies to adult parent/guardians in the home who participate in the assessment. If the adult parent/guardian is unable to protect any child in the home, record the adult’s participant letter in the appropriate row and column. If the same answer applies to all parent/guardian participants, record “all.” Information about the child(ren) affected can be noted in the text row beneath the question.

9. **Does the parent/guardian exhibit a propensity for violence?**

Violence propensity/capability: Refers to a current pattern of aggressive, coercive, threatening or potentially harmful behavior, or a history of such, demonstrated by a parent or guardian.

A pattern means a repeated, regular or consistent display of aggressive, coercive, threatening or potentially harmful behavior.
10. Does the parent/guardian interact safely with the children?

Caregiver/child interaction: Refers to the verbal and non-verbal communication and behavior between a caregiver and child which reflects the quality of the relationship and the degree to which it is reciprocal.

This includes behavior indicating the degree to which a child’s parent or guardian demonstrates awareness of the child’s emotional state, empathy, bonding, and appropriate responses to the child. This includes behaviors that are associated with child discipline.

Coding Responses: This question applies to adult parent/guardians in the home who participate in the assessment. Assess whether or not the adult parent’s or guardian’s behavior demonstrates the ability to foster a reciprocal positive attachment and responds to the child in an appropriate and safe manner, then record the participant letter in the appropriate row and column. If necessary, information about the child(ren) affected can be noted in the text row beneath the question.

11. Is the child vulnerable?

Child vulnerability: Refers to the child’s susceptibility to suffer abuse or neglect based on age, health, size, mobility, social/emotional state, and the ability of the parent/guardian to provide protection.

Key characteristics indicating increased vulnerability include:
- age (0 – 5)
- developmental disability
- mental illness, including withdrawn, fearful or anxious behavior
- lack of self protection skills
- substance abusing parents
- homelessness
- chronic neglect

Coding Responses: This question applies to the identified victim(s) and other child(ren) in the home who are assessed for safety and risk. Determine whether the child is vulnerable, and record the child’s
participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

12. Is the parent/guardian meeting the child’s basic needs?

Ability to meet child’s needs: Refers to the parent’s/guardian’s ability to provide a safe, stable home and meet the basic needs of children in her/his care.

This includes the ability to respond to a child’s age and condition by providing care in a way that supports the child’s health, mental health, education, development, and physical and emotional well-being.

**Coding Responses:** This question applies to adult parent/guardians in the home who participate in the assessment. Assess whether or not the adult parent or guardian can meet each child’s needs; if the adult participant can not meet the needs of any child in her, his care, record the participant letter in the appropriate row and column. If the same answer applies to all parents/guardians, record “all.” Information about the child(ren) affected can be noted in the text row beneath the question.

13. Have cultural and language issues been considered?

Cultural and language considerations: Refers to consideration and exploration of the family’s cultural framework in the assessment and the development of safety plans and case plans.

This includes social work intervention, services and assessments that are culturally competent and linguistically sensitive, including the provision of services in the language of the client population served.

**Coding Responses:** This question applies to all family members participating in the assessment. Record the participant letter and number in the appropriate rows and columns. If the same answer applies to all participants, record “all.”

14. Does the parent/guardian’s behavior demonstrate willingness to change?

Parent’s/guardian’s willingness to change: Refers to the parent’s/guardian’s motivation to change those conditions that threaten child safety, and/or ineffective/inappropriate behaviors that were identified in the initial assessment.
Coding Responses: This question applies to adult parent/guardians in the home who participate in the assessment. Assess whether or not the adult parent or guardian demonstrates willingness and record the participant letter in the appropriate row and column. If the same answer applies to all parents/guardians, record “all.” If the parent or guardian does not need to change her/his behavior, record the participant letter in the “Yes” row in the appropriate column.

15. Can pre-placement preventive services resolve safety concerns?

Pre-placement preventive services: Refers to services designed to help children remain with their families by preventing or eliminating the need for removing the child from the home. These services specifically refer to emergency response services and family maintenance services. Div 31-002 (p) (8).

Coding Responses: This question applies to the identified victim(s) and other child(ren) in the home who are assessed for safety and risk. Determine whether services would assure the child’s safety and prevent the need for removal, and record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

16. Does the child report relevant safety concerns requiring intervention?

Child strengths: Refers to the child’s behaviors and attitude that support their own safety, permanency, and well-being, including health, education, and social development.

Coding Responses: This question applies to the identified victim(s) and other child(ren) in the home who are assessed for safety and risk. Determine whether or not the child reports safety concerns, and record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

E. Child Strengths

This section of the tool is designed to capture information about the types of personal strength the social worker may have observed in each child who participated in the assessment. The rows list broad categories of functioning that describe different types of personal strength. These categories are not mutually exclusive or exhaustive. General examples of observations that fall in these categories include:
Communication: ability to express or convey understanding, feelings, and information in nonverbal, verbal and/or written terms

Physical health: bodily condition of well-being, including general fitness, level of activity, vitality, ability to thrive, nutrition, good health habits

Behavioral health: positive cognitive and emotional development; ability to regulate emotions and behavior; sense of personal identity, personal responsibility and positive self-regard; knowledge of essential life skills, coping and problem-solving skills, good conflict resolution skills; positive achievement motivation; freedom from mental and/or conduct disorders and substance abuse

Social development: ability to engage in mutual inter-personal relationships; “connectedness,” or perception of trusting, positive relationships with family, adults, peers; pro-social and culturally sensitive values; knowledge of skills needed to navigate community and cultural contexts, including the ability to seek help, if needed; attachment to social institutions such as school, church, clubs, youth programs

School performance: attendance, classroom participation, academic progress, academic achievement

Resiliency: ability to spring back from, or successfully adapt to, conditions of adversity, including risks, stress, crises, and trauma

Other: any other type of observation that does not fall into the broad categories listed above

Coding Responses: The responses recorded in this section apply to the identified victim(s) and other child(ren) in the home who are assessed for safety and risk. Determine whether or not the child demonstrates examples of age-appropriate, healthy functioning in one or more area, or add an area describing an area of strength in the row labeled “other,” and record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

F. Initial Safety Intervention

This section should be completed at the conclusion of the Initial Safety Assessment. An assessment conclusion for each child should be recorded by listing the child’s participant number in the column to the left of the appropriate statement.

Assessment Date: The social worker must record the date on which the assessment has been completed for all children in the home.
Rationale: The safety intervention rationale should be recorded by listing the child’s participant number in the column to the left of the appropriate statement.

- If the social worker is unable to locate the child, no rationale need be recorded.

- If the social worker concludes there are no known current safety concerns, and no safety plan is needed, a rationale may be recorded to indicate another agency is involved for follow up (applicable to differential response referrals); the social worker may also select “other” and describe the rationale.

- If a safety intervention has been implemented in response to an identified safety concern (response rows 3 – 7 in the table above), a rationale must also be recorded.

Specific Safety Interventions: The social worker should use this text box to provide details about the specific safety plan in place at the conclusion of the Initial Safety Intervention Assessment.

G. Referral Disposition Conclusion and Rationale

This section should be completed at the time the social worker has reached a determination as to the status of the allegation(s) and the level of service appropriate to the family’s needs. The following information must be recorded to document the assessment results:

Assessment Date: The social worker must record the date on which the assessment has been completed for all children in the home.

Changes to Specific Safety Interventions: Changes to the specific safety interventions developed at the conclusion of the Initial Safety Intervention should be noted in the text box under the assessment date.

Referral Disposition: Indicate whether the assessment concluded in the decision to close the referral or open a case by recording the participant number for each child who participated in the assessment in the column to the left of the appropriate statement.

Rationale: A rationale must be recorded at the conclusion of every assessment in which a safety concern was identified at the time of the Initial Safety Determination. The referral disposition rationale should be
recorded by listing the child’s participant number in the column to the left of the appropriate statement(s).

**TDM and Document Review**: The social worker should check the boxes in this section to indicate what actions had been taken prior to the time the referral disposition was made. For example, if a TDM had been held prior to the conclusion of the referral disposition assessment, the social worker would check the “Y” box.

**H. Mandatory Signature**

The social worker and the social work supervisor must sign and date the form to indicate that the assessment has been completed. If the social worker is using the tool on the computer, it is highly recommended that the supervisor authorize the social worker to click the “Form Completed” button only after signature approval is obtained, or that the supervisor save the form. For information on how to save the form, please see the technical instruction section below.

**V. FAQs**

1. How do I record a response to the first SAR question if an adult’s prior child welfare history is a record of the adult having been abused as a child?

   **A.** It doesn’t matter when, or in what capacity, the adult participant was involved with the child welfare system. This question asks whether the participant has ever been involved with child welfare services, either as a victim or a perpetrator. If there is any documentation that indicates the adult participant has past involvement with the public child welfare agency, record the participant letter in the appropriate column and row.

2. Where should I record information about siblings’ interactions?

   **A.** Sibling’s interactions should be assessed in SAR questions 4, 5, 8, 11, 13, 16, and in the next section labeled Child Strengths. When a sibling is identified as a perpetrator, add questions 1, 2, 4, 7, 15.

3. How do I record the date and results of the Initial Safety Intervention if I see children on different days?

   **A.** The Initial Safety Intervention date that should be recorded in the form is the date on which all children have been seen and the assessment is
concluded. When children are seen on different days, the social worker should record results for each child as they are obtained, and update the results, if necessary, as additional information is obtained from other children, family members and collateral contacts through the course of the assessment process.

4. What if there are no known current safety concerns – for example, if the allegations are unfounded? Do I need to record a rationale?

**A. - If there are no known current safety concerns:**

- At the Initial Safety Determination, record child numbers (or “all”) in the column to the left of the statement “There are no known current safety concerns. No safety plan needed.” No rationale box need be completed.

- At the Referral Disposition, record child numbers (or “all”) in the column to the left of the statement “Close Referral.” No rationale box need be completed, unless it is appropriate to indicate another agency is involved in follow-up activities, or the social worker wishes to list a specific rationale in the row marked “other.”
VI. Technical Instructions

A. General Use

1. Spell Checking the Form

Since this form is “protected,” the spell-check feature in Word is unavailable (grayed-out). To spell check the document, please click the link labeled “Spell Check” that appears at the bottom of most forms (shown below).

Clicking this button will perform a spell-check on the narrative text fields in the document.

2. Selecting Text in a Narrative Section

We suggest that you use the mouse to move the cursor to a specific location in the text of a narrative field, then “left click,” drag, and release to select the text. You can use the mouse this way to quickly select multiple lines or sections of text. Important: if you wish to select text using only the keyboard, do not use the up and down arrow keys while holding down the shift key, as this will cause the cursor to move to a different field instead of selecting the desired text.

B. Using the Form Inside CWS/CMS

1. Creating a New Form

If your County has made CAT forms available inside CWS/CMS, they appear as county-specific templates. To attach and fill out a blank form for a referral, open the appropriate referral folder and click: Referral Folder -> Referral Management Section (green button) -> Create New Document – Referral (highlighted in red below).
The “Generate New Documents” dialog box will appear. Select your county from the “County” drop-down box, and select the form you want from the list. Click “OK” to bring up the blank form. Note that a dialog box will first appear asking you to select a child from the referral. Selecting a child will auto-populate that child’s name and birth date on the blank form. Note that the system may take up to a full minute or two before it completes auto-populating the form. Please wait until the system is done before clicking to the new form.

The Referral ID field at the top left of the CAT form, as well as child and associated parent information will be auto-populated by the system. You can save and close this form using the save function on the CWS/CMS toolbar, then re-open it later through the “Document – Referral” notebook if more than one data entry session is needed to complete the form.

2. Auto-Population of Child and Parent/Guardian Information

The form will auto-populate information on a single Child and any associated Mother, Father, and Guardian in CWS/CMS when created as a county-specific template in the system. CWS/CMS will display a dialog box when the form is first created to allow the user to select the focus child to auto-populate. The Mother, Father, and Guardian rows will auto-populate according to the focus child that has been selected.

The first three rows in the Parent section of the form are reserved for the Mother, Father, and Guardian, as shown below:

<table>
<thead>
<tr>
<th></th>
<th>PARENT/GUARDIAN NAME (F/M/L)</th>
<th>ICWA</th>
<th>Ethnicity</th>
<th>Language</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>John</td>
<td>Doe</td>
<td>White</td>
<td>English</td>
<td>F</td>
<td>1/1/1970</td>
</tr>
<tr>
<td>c</td>
<td>Sam</td>
<td>Doe</td>
<td>White</td>
<td>English</td>
<td>F</td>
<td>1/1/1970</td>
</tr>
</tbody>
</table>

If the focus child does not have an associated Mother, Father, or Guardian, then the associated row will remain blank. **Do not manually fill in these first three reserved rows (a, b, and c),** even if a row has been left blank because the system could not find an appropriate adult to auto-populate. Instead, use the next three rows (d, e, and f) to manually enter information about the adults that have been missed by the CWS/CMS auto-population feature. Information about Foster parents should always be entered in row “d.”

Please note that CWS/CMS uses a defined search order to select associated adults for children who have multiple Mothers and Fathers. The system uses the following order, as described in the CWS/CMS documentation:
Since a child can have several types of Fathers, use the following search hierarchy: Birth, Alleged, Step, Presumed, Adoptive. Foster parent should not be used (meaning foster parent will not auto-populate).

Since a child can have several types of Mothers, use the following search hierarchy: Birth, Alleged, Step, Adoptive. Foster parent should not be used (meaning foster parent will not auto-populate).

*** Important Note Regarding Auto-Population and CWS/CMS ***

When the forms are first created, it can take up to a full minute or two before they are ready for use and can be accessed. During this time, the system may appear to have “locked-up” (this is especially true in the case of referral forms, since a dialog box does not pop-up to indicate the form is being auto-populated). Please wait until the small message in the lower left of the CWS/CMS window switches from “Creating [form name]...” to “New [form name]” before attempting to click to the form.

3. Saving a Completed Form Outside of CWS/CMS*

*NOTE: This section may not apply to all County workflows

Every CAT form needs to be accessible for two purposes: 1) Other County/State staff must be able to access the form for review and 2) the information on the form must be collected by SPHERE and aggregated for analysis and evaluation purposes.

To achieve the first purpose, CAT forms must be stored in the appropriate Document - Referral notebook in CWS/CMS. Other appropriate staff can then view the assessment results in CWS/CMS by opening the referral in question, and then opening the CAT form in the Document – Referral notebook.

To achieve the second purpose, SPHERE must have electronic access to the data stored in the forms that you complete. Unfortunately, due to IBM’s construction of the CWS/CMS system and existing contractual issues, SPHERE cannot access the forms through CWS/CMS (even though the forms will be stored in the system to achieve the first purpose). Thus, copies of the completed forms must also be saved and collected *outside* of CWS/CMS.

To simplify this process, every form has a link labeled “Form Completed” at the very bottom of the last page (shown below).
This button will automatically save the document in CWS/CMS and in a separate location your County has designated in which to store all CAT forms. When you have entered all data in the form, you must click the “Form Completed” button to save the entered data inside and 
outside CWS/CMS for future analysis and evaluation.

C. Using a Form Outside of CWS/CMS

The Emergency Response Assessment form may also be filled in outside of CWS/CMS as a standard Word document. These forms will not auto-populate any fields. Importantly, forms that are created outside of CWS/CMS must have the correct Referral ID copied and pasted into the form and then imported into CWS/CMS.

1. Obtaining and Entering the Referral ID

You can enter data in CAT forms stored on your computer or County network. If you fill in forms outside CWS/CMS, the first step you must take is to bring up a new form and enter the appropriate Referral ID number from CWS/CMS. At the top left of the Response Determination Assessment (Screener) there is a form field for the Referral ID number (see below).

This field refers to the Referral ID number created in CWS/CMS that uniquely identifies the referral in the system. In order to link the data entered on the CAT forms with data entered separately in CWS/CMS, this Referral ID field must be filled in. The Referral ID is available in CWS/CMS under: Referral Folder -> Referral Management Section (green button) -> Summary Page -> Referral ID field (highlighted in red below).
Select the entire 22 character Referral ID number, and copy the text by using the mouse or typing and holding Ctrl-C simultaneously. Pull up the CAT form, and paste the referral ID number (“left click” the mouse, or type Ctrl-V) into the Referral ID field on the CAT form, as shown above.

2. Saving a Completed Form*

*NOTE: This section may not apply to all County workflows

Every CAT form needs to be accessible for two purposes: 1) Other County/State staff must be able to access the form for review and 2) the information on the form must be collected by SPHERE and aggregated for analysis and evaluation purposes.

To achieve the first purpose, CAT forms must be stored in the appropriate Document - Referral notebook in CWS/CMS. Other appropriate staff can then view the assessment results in CWS/CMS by opening the referral in question, and then opening the CAT form in the Document – Referral notebook. If you enter information in CAT forms outside CWS/CMS, the form must be attached to the referral in CWS/CMS by following the process described in the next section.

To achieve the second purpose, SPHERE must have electronic access to the data stored in the forms that you complete. Unfortunately, due to IBM’s construction of the CWS/CMS system and existing contractual issues, SPHERE cannot access the forms through CWS/CMS (even though the forms will be stored in the system to achieve the first purpose). Thus, copies of the completed forms must also be saved and collected *outside* of CWS/CMS.
To simplify this process, every form has a button labeled “Form Completed” at the very bottom of the last page (to the immediate right of the “Spell Check” button). This button will automatically save the document to a location your County has designated to store all CAT forms. When you have filled all of the necessary fields in the form, you must click the “Form Completed” button to save the entered data **outside** CWS/CMS for future analysis and evaluation.

3. **Attaching a Form Saved Outside of CWS/CMS to a Referral**

Once the CAT form is completed and saved, it **must** be attached to the referral in CWS/CMS so other staff can view the assessment as necessary. To do this, click on: Referral Folder -> Referral Management Section (green button) -> Create New Document – Referral (highlighted in red below).

A “Generate New Documents” dialog box will appear. Click on the “Import” button on the right (highlighted below).

The “Import External Document” dialog box then appears (see below).
Browse your computer’s files to select the completed CAT form document, and enter an appropriate title under the mandatory “File Title” field. Click “OK” to complete the process.

D. Modifying the Form

1. Changing a Saved Form

Certain circumstances may require that a form that was previously approved as completed and properly saved (by using the “Form Completed” functionality) needs to be edited. In these circumstances, it is acceptable to make the necessary changes to the form stored in CWS/CMS and re-save it by again clicking the “Form Completed” link.

In general, it is permissible to save and submit multiple copies of a form for analysis. Duplicate forms will be automatically resolved by only including the last-modified copy in the analysis.

**Important Note**

The assessment date should never be changed; the only date it is permissible to change when re-saving a form is the date on which the form was signed by the social worker and supervisor to indicate the assessment is complete.
2. Never “un-protect” and “re-protect” a Form

The contents of all fields that have been completed on the CAT form are cleared when a form is “unprotected” and then “re-protected.” A common reason people “unprotect” a form is to perform a spell check on the document. To spell check the CAT forms, please remember to use the “Spell Check” link at the bottom of the form as described above.
CONTINUING SERVICES ASSESSMENT TOOL

I. Phases of Case Activity at which Tool should be Completed

The tool is to be completed for all open cases:

- to determine the initial case plan,

- at the time of each judicial review hearing, or at least every six months from the initial case plan, and

- at any time a change to the case plan is made while children are in care, including at change of case plan goal, placements, and reunification.

A. At the Initial Case Plan and Through the Life of the Case

- To identify the best possible strategies for changing the conditions and/or behaviors that pose risk of harm to the child.

B. At Reunification

- To determine if it is safe to return a child to his or her home.

- To determine the family’s needs for continuing public child welfare and/or community services.

II. Decision Outcomes

A. The child is in a safe and permanent home.

III. Who should Complete the Tool

The social worker assigned responsibility for ongoing case management.

IV. How to Complete the Tool

The Continuing Services tool may be used in two ways – either by completing a single form for every child/case, or completing a single form for all of the children on a single case plan. Please follow your county’s specific instructions regarding use of this tool. Please refer to the technical instruction section below for more specific detail on completing, saving and storing the form.

If the forms are available in CWS/CMS: Please note, when the forms are first created, it can take up to a full minute or two before they are ready for use and can be accessed. During this time, the system may appear to have “locked-up.”
Please wait until the small message in the lower left of the CWS/CMS window switches from “Creating [form name]...” to “New [form name]” before attempting to click to the form.

Completing a Single Form for each Child - When used as a single form for each child/ case, simply create the form in the desired child’s “Document – Case” notebook as described in the Technical Instructions, below, fill it in, and save the form when it is fully completed by clicking the “Form Completed” link.

Completing a Single Form for Multiple Children - If the Continuing Services tool is to be completed for multiple child cases, the form must first be created and saved under the youngest child, and then imported into the cases of each of the other children listed on the form. Note that all of the children listed on a single form must be members of the same case plan in CWS/CMS. This is the only means by which children’s names on the form can be linked to their respective case information in CWS/CMS. Children who appear on the form, but who do not belong to the same case plan as the focus child (the one listed in row “1”), will not be included in the safety and risk assessment analysis reports that are prepared for social workers’ future use.

A. Case and Participant Information

1. Auto-population

If your County has made CAT forms available inside CWS/CMS, they appear as county-specific templates. The system will auto-populate the Primary Case ID field located at the top left of the CAT form, as well as child and associated parent information when the form is created as a county-specific template in CWS/CMS.

The form will automatically auto-populate information on the focus child (the youngest child when using the multiple children/form option) into row “1” and that child’s associated parents / guardians in rows “a”, “b”, and “c”. The social worker must enter information on the other adults in the home and the foster caregiver, which the system did not auto-populate, manually in the blank rows “d”, “e”, “f” and “g”; row “d” should always be used to record information about a foster caregiver. When using the multiple children/form option, the social worker must also enter information for the other children listed on the case plan in the rows underneath row “1”.

Social workers can save and close this form using the save function on the CWS/CMS toolbar, then re-open it later through the “Document – Case” notebook if more than one data entry session is needed to complete the form. For specific instructions on how to enter data and save the form, see the Technical Instructions, below.
2. **Primary Case ID**

This field is located in the upper left corner of the tool (in the grey banner) and must be completed to indicate an assessment has been conducted. If your county has made templates of the tools available in CWS/CMS, this data field will auto-populate. If your county is using electronic templates of the tools outside of CWS/CMS, the first step you must take is to bring up a new form and enter the appropriate Case ID number from CWS/CMS. Please refer to the Technical Instructions below for information on how to enter the Case ID.

3. **Date and Type of Case Plan**

This tool should be used at the time the initial case plan is developed, and at all subsequent case planning updates through the life of the child welfare case. The social worker should enter either the date on which the tool is generated or the date on which the supervisor signs the form to confirm the assessment is completed, then indicate the type of case planning activity associated with the assessment by checking either the “initial” or “case plan update” box.

In the rare event that information recorded in the tool must be modified after supervisor approval in order for the assessment to be accurate and complete, the social worker should not change the assessment date recorded in the top left corner of the form. This date must stay the same to permit tracking the accurate conclusions for the decision reached at this phase of case activity. The only date it is permissible to change is the date on which the social worker and/or supervisor sign the form.

4. **Participant Letters and Numbers**

Each family member who is assessed by the social worker in the course of the case planning process is assigned either a participant letter or number. Certain questions in this tool are also used to assess a foster caregiver’s interaction with the child in care. A foster caregiver should be included as participant in the assessment whenever the child is in out-of-home care. Please follow the specific instructions that appear below for information on how to record participant information and assessment results for foster caregivers.

Adults are assigned a participant letter. The mother will always be “a”, the father “b”, and the guardian “c”. All other adults in the home listed on the first page of the tool as participants in the continuing services assessment are assigned the participant letter that appears in the column to the left of their first names. Foster caregivers should always be listed in row “d”. These letters should be used to record assessment results for a
particular adult, according to the instructions provided for each section of this tool.

**Special Instructions for Absent Parents:** A parent may only be considered absent when a due diligence search has been completed and his or her whereabouts are unknown. Any parent who is the subject of a service plan or who appears in a child’s service plan must be listed as a participant in the assessment.

**Special Instructions for Foster Caregivers:** The identity of foster caregivers is protected by confidentiality laws. For this reason, when a foster caregiver is included as a participant in the assessment, the social worker should enter only the first name and first letter of the last name of the caregiver in the tool.

Children are assigned a participant number. The focus child or youngest child will always be assigned the number “1.” When completing a single tool for multiple children, all other children in the home listed on the first page as participants in the continuing services assessment are assigned the participant number that appears in the column to the left of their first names. These numbers should be used to record assessment results for a particular child, according to the instructions provided for each section of this tool.

**Coding Responses:** Each section of the tool has instructions as to whether an adult participant letter, child participant number, or both should be recorded in order to indicate the social worker’s assessment conclusion. When coding responses, the social worker can disregard the participant letters for rows that were left blank by the auto-population feature, or that may have been auto-populated with information on parents who are absent. Please follow the specific coding instructions in this manual.

**Entering Responses in Electronic Forms:** The tools are not case sensitive, so responses can be recorded using capital or lower case letters. Participant letters and numbers must be separated by commas in all fields that accept responses for multiple individuals. It does not matter whether the numbers and letters are also separated by spaces.

### B. Contributing Factors Requiring Intervention

Contributing factors requiring intervention: Refers to the circumstances that required child welfare services intervention.

This section lists the allegations that have been substantiated and present risks to the child’s safety, which are to be addressed by the case plan. The social worker should record the allegations that were substantiated at the Referral Disposition.
The box in the column to the left of the appropriate allegation type(s) are used to indicate the factors that require intervention.

Coding Responses: This section of the tool applies to the identified victim(s) and other children in the home who are included in the case plan and assessed for safety and risk. Determine which allegations apply to each child, and either check the appropriate box, or record the participant number of each child in the appropriate row and column. If the same answer applies to all children, record “all.”

C. Standard Areas for Review

The questions in this section are to be answered at the time the continuing services assessment is completed. Assessment results for each question should be answered by recording participant letters and numbers in the appropriate row following the question. In certain instances, it will not be appropriate to record responses to every SAR question for each adult connected with the child’s case. The following instructions apply in these instances:

1. Foster Caregivers

When a foster caregiver is a participant in the assessment, the social worker should record assessment responses for SAR questions 7, 8, 9 by including the participant letter “d” (participant row “d” is designated to record information about foster caregivers) in the appropriate row and column following each question.

2. Parents/Guardians in Permanent Placement Cases

When parents have a service plan and are included in the child’s case plan (e.g., as part of a visitation plan), the social worker should record responses to all SAR questions for the appropriate parent participant(s).

When parents do not have a service plan, but are included in the child’s case plan (e.g., as part of a visitation plan), the social worker should record responses to all SAR questions for the appropriate parent participant(s).

When parents are not involved with the child, that is, when they do not have a service plan and are not included in the child’s case plan (e.g., as part of a visitation plan), the social worker should record responses as indicated by the instructions that follow each SAR question in the tool.

Specific instructions that describe how to record responses to each SAR question appear below.
A blank text field, in which social workers who complete the tool can make brief notes, is located below each question. Notes recorded in these fields are for social workers’ use in forming assessment conclusions, future conversations with supervisors, and preparation of narrative statements. Notes will not substitute for participant codes, which must be recorded in the appropriate columns and rows in order to document assessment results.

Responses to questions in this section reflect the social worker’s knowledge at the time the tool is completed. The questions in this section should be completed based on information provided by the identified victim(s) and perpetrator(s), other family members participating in the assessment and, as appropriate, all other collateral sources contacted or reviewed prior to concluding the assessment. It is to be expected that new information obtained in subsequent assessments may lead to decisions or responses that depart from previously recorded assessment results or service interventions. It is always the social workers’ professional judgment, based on the best information available at the time each assessment is conducted, that should guide assessment decisions and service interventions.

1. Response Column and Rows

This tool should be used for continuing services assessments conducted at the time the initial case plan is prepared, and at all subsequent times the case plan is updated through the life of a child welfare case. The column on the right side of the page under the “Participant” header should be used to record the assessment results. Answers, or assessment findings, should be recorded in either the “Yes” or “No” row following each question. Results should be recorded by listing the participant letter or number, or by writing/entering the word “all”, in the appropriate row. When completing a single tool for each child, the answers to some questions may be recorded by checking a box in the appropriate row. Please follow the specific instructions for coding responses that follow each question.

When using the paper version of the tool, do not record assessment results by circling the “Y” or “N” in the column immediately following each question. It will not be possible for other social workers who may review the tool through the life of the case or data analysts to interpret assessment findings for responses recorded in this manner. If these letters are circled, the social work supervisor will instruct the social worker to complete the form correctly before approving the assessment conclusions by signing the form.

2. Participant Letters and Numbers

Each individual assessed in the course of the case planning process is assigned either a participant letter or number. Please refer to section IV. A. 4 above and the technical instructions in section VI of this guide to
determine how to identify family members and foster caregivers who participate in the continuing services assessment by their participant code.

3. Interpreting and Recording Responses to the Questions

The questions in this section are based on factors that help define the three core elements of child welfare assessment practice: safety, risk and protective capacity. This section of the guide defines the factor addressed in each question. It also provides instructions on how to code a response for each question.

Section One: Historical Information

1. Has there been involvement in previous social services?

Current and previous social services: Refers to any social services currently or previously provided by any social services agency (public or private).

These services may include CalWORKs, public mental health, other types of individual or family counseling, family resource center services, alcohol and other drug treatment, etc. This information is used by the social worker throughout the life of the case, to assess the family’s receptiveness to, and utilization of, services offered, to identify appropriate strategies to engage their participation in current and future services, and to integrate services for the family.

Coding Responses: Determine whether any family member has previously participated, or is currently participating, in a social service program(s), and record the letter or number assigned to the participant in the appropriate row. If the same answer applies to all participants, record “all.”

2. Are there prior concerns of maltreatment (other than the current intervention)?

Prior maltreatment: Refers to an act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which has resulted in, or has placed the child at risk of, developmental, physical or psychological harm.

Maltreatment here is distinguished from CWS history and current CWS involvement. The allegation that is the subject of the open case for which the assessment is being conducted is an indication of current maltreatment. This question asks the social worker to record whether or not, in the course of the assessment, the child, members of the
family, or other collateral contact, provide information about previous concerns of child maltreatment which have not yet been brought to the attention of the child welfare agency or recorded in CWS/CMS.

**Coding Responses:** Determine whether the assessment surfaces concerns of prior maltreatment since the date the last CAT assessment was completed with respect to any family member (either as perpetrator or victim), including the identified victims, parents or adults in the home who may have been abused as children, children related to the family who may have previously lived in the home, and record the participant letter or number assigned to the subject of those concerns in the appropriate row and column. If the answer pertains to an adult who currently resides in the home and who may have abused or neglected a child who previously lived in the home, record the adult participant letter in the appropriate column. If the same answer applies to all participants, record “all.”

3. **Does the parent/guardian have a known criminal history that affects parental capacity?**

History of criminal behavior: Refers to previous or current illegal activity as defined by federal and state law that may impact the protective capacity of the parent/guardian.

This question asks about the social workers’ knowledge of current illegal activity, as well as criminal history. A concern about behavior that appears to be criminal (e.g., heavy traffic in and out of home) as well as knowledge of previous criminal activity should be recorded by checking “Y.” Typical sources of historical information include self-report, and law enforcement records.

**Coding Responses:** This question applies to adult parent/guardians who participate in the assessment. Assess whether or not the adult parent or guardian has a known criminal history that affects parental protective capacity, and record the participant letter in the appropriate row and column. If the same answer applies to all parents/guardians, record “all.” Information about the child(ren) affected can be noted in the text row beneath the question.

4. **Have there been subsequent concerns about maltreatment (since the current intervention)?**

Subsequent referrals: Reports received by the child welfare agency regarding new allegations after the initial report of child maltreatment.
Subsequent maltreatment: Refers to an act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which has resulted in, or has placed the child at risk of, developmental, physical or psychological harm.

Subsequent maltreatment here is distinguished from CWS history and current CWS involvement. This question asks the social worker to record whether or not, in the course of the assessment, the child, members of the family, or other collateral contacts, provide information about concerns of child maltreatment, which have occurred since the date the last CAT assessment was completed.

**Coding Responses:** Determine whether any adult family member has been the subject of a subsequent referral, and/or whether the assessment surfaces concerns of maltreatment with respect to any child (either as perpetrator or victim), including the identified victim(s) or other children living in the home, since the date the last CAT assessment was completed. Record the participant letter or number assigned to the subject of those concerns in the appropriate row and column. If the same answer applies to all participants, record “all.”

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**Section Two: Current Case Status**

5. **Are the parent/guardian’s parenting skills and practices adequate?**

Parenting skills: Refers to the skills each parent/guardian demonstrates which indicate their capacity to effectively care for, guide and discipline the child(ren) in their custody.

**Coding Responses:** This question applies to adult parent/guardians who participate in the assessment. Assess whether or not the adult parent or guardian demonstrates adequate skill in providing care, guidance and discipline for any child in her, or his care, and record the participant letter in the appropriate row and column. If the same answer applies to all parents/guardians, record “all.” Information about the child(ren) affected can be noted in the text row beneath the question.

6. **Is the interaction between the parent/guardian and child appropriate?**

Caregiver-child interaction: This refers to the verbal and non-verbal communication and behavior between a caregiver and child, which
reflects the quality of the relationship and the degree to which it is reciprocal.

This includes behaviors that are associated with the degree to which the parent caregivers demonstrate an awareness of the child’s emotional state, empathy, bonding, and appropriate responses to the child.

**Coding Responses:** This question applies to adult parent/guardians who participate in the assessment. Assess whether or not the quality of the adult’s interaction with the child is appropriate, and record the participant letter in the appropriate row and column. If the same answer applies to all parents/guardians, record “all.” Information about the child(ren) affected can be noted in the text row beneath the question.

7. **Is the parent/guardian/caregiver meeting the child’s basic needs?**

   Basic needs: Refers to the fundamental needs of a child and family for food, shelter, clothing, medical care, and the child’s need for supervision.

   **Coding Responses:** This question applies to the adult parent/guardian and/or caregiver(s), including foster parents, who participate in the assessment. Assess whether or not the adult parent/guardian can meet, and the caregiver is meeting, the needs of each child in her, or his care, and record the participant letter in the appropriate row and column. If the same answer applies to all parents/guardians/caregivers, including foster parents, record “all.” Information about the child(ren) affected can be noted in the text row beneath the question.

8. **Is the parent/guardian/caregiver meeting the child’s medical and dental care needs?**

   Medical/dental care: Refers to the needs of a child and family for basic medical care, including routine examination, diagnosis, treatment, and hospital care to be rendered by, or under the advice, or general or special supervision of a licensed physician; and the needs of a child and family for basic dental care, including routine examination, diagnosis or treatment by a licensed dentist.

   **Coding Responses:** This question applies to the adult parent/guardian and caregiver(s), including foster parents, who participate in the assessment. Assess whether or not the adult parent/guardian can meet, and the caregiver is meeting the medical and dental care needs of each child in her, or his care, and record the participant letter in the
appropriate row and column. If the same answer applies to all parents/guardians/caregivers, including foster parents, record “all.” Information about the child(ren) affected can be noted in the text row beneath the question.

9. **Is the parent/guardian/caregiver meeting the child’s educational needs?**

Educational needs: Refers to the level of the child’s academic performance, which takes into account the child’s age relative to assigned grade level, the child’s performance as recorded, monitored, and measured by the child’s educational institution, and any barriers that are identified that may interfere with the child’s successful academic performance.

**Coding Responses:** This question applies to the adult parent/guardian and caregiver(s), including foster parents, who participate in the assessment. Assess whether or not the adult parent/guardian can meet, and the caregiver is meeting, the medical and dental care needs of each child in her, or his care, and record the participant letter in the appropriate row and column. If the same answer applies to all parents/guardians/caregivers, including foster parents, record “all.” Information about the child(ren) affected can be noted in the text row beneath the question.

10. **Is the pattern and quality of visitation appropriate?**

Visitation: Refers to the formalized face to face contact between a child and the parents/guardians, siblings, grandparents, or others, deemed appropriate by the county or juvenile court, to promote the continuity of parent-child relationships and permanency. (Div 31-002 (v)(1)(B)).

This includes the duration, frequency, location and supervision of the contacts, based on the safety goals of the case plan, the child’s developmental needs and the parents’ strengths and needs. Regular and frequent contacts between parent and child and/or between the child and his or her siblings help to maintain family relationships, empower parents, minimize separation trauma, and provide an opportunity for family members to learn and practice new skills and interactive behaviors.

**Coding Responses:** This question applies to adult parent/guardians who participate in the assessment. Assess whether or not the adult parent or guardian demonstrates appropriate behavior concerning the pattern and quality of visitation, as indicated by the case plan, and
11. Is the parent/guardian in compliance with and making progress toward the case plan objectives?

Parent/guardian compliance/progress toward case plan objectives:
Refers to the parent’s progress in achieving the objectives of the change-oriented interventions specified in the case plan.

This includes the frequency and extent of the parent’s participation in case plan activities, and the degree to which the parent demonstrates that these activities have resulted in change consistent with case plan objectives. Compliance is not the sole basis for considering preservation/restoration, but is one element in assessing the parent’s success in achieving the objectives of the case plan and preparedness to act as a responsible parent.

Coding Responses: This question applies to adult parent/guardians who participate in the assessment. Assess whether or not the adult parent or guardian demonstrates progress toward the case plan objectives, and record the participant letter in the appropriate row and column. If the same answer applies to all parents/guardians, record “all.” Information about the child(ren) affected can be noted in the text row beneath the question.

12. Are the parent’s/guardian’s mental health and coping skills appropriate?

Mental health/coping skills: Refers to a condition of emotional and psychological well-being, including the ability of an individual to use his or her cognitive and emotional capabilities to handle day to day stressors of life and function effectively in society.

Coding Responses: This question applies to adult parent/guardians who participate in the assessment. Assess whether or not the adult parent or guardian demonstrates appropriate mental health/coping skills, and record the participant letter in the appropriate row and column. If the same answer applies to all parents/guardians, record “all.” Information about the child(ren) affected can be noted in the text row beneath the question.
13. Are the homes of the parents/guardians free from substance abuse?

Substance abuse: Refers to the abuse of alcohol or other drugs (AOD) by the parent/guardian, or the child.

Consideration of substance abuse in the course of assessing safety and risk includes the severity and impact of the AOD use on each member of the family. Some cases will require differentiating between substance use, abuse or dependence for the adult or adolescent family members.

Coding Responses: This question applies to all adults and children who participate in the assessment. Determine whether any participant in the assessment engages in behavior that presents a concern regarding substance abuse, and record the letter or number assigned to the participant in the appropriate row. If the same answer applies to all participants, record “all.”

14. Does the social environment in the home of the parents/guardians pose a risk to the child?

Social Environment: Refers to the social interactions of those living in or having significant contact with those living in the home that support or compromise the child’s health and safety.

This term includes communications, interactions and relationship networks of those in the parents’ home(s), which surround the child and support or compromise the child’s health and safety. Also included are current and historical conditions in the home associated with the parent’s or guardian’s ability to rely on an appropriate social network, solve problems, and communicate effectively.

Coding Responses: Determine whether the social environment created by the adults poses a risk to the child, and check the appropriate box (single child tool), or record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

15. Is the parent/guardian’s home free from domestic violence?

Domestic Violence: Refer to a pattern of assault, and coercive behaviors used against an intimate partner(s), including physical, sexual, and psychological attacks, as well as economic coercion.
This refers to behavior that falls within the legal definitions in Family Code Section 6211. It is also recommended that social workers reference the National Council of Juvenile and Family Court Judges’ “Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice (Green Book Project).

Coding Responses: This question applies to adult parent/guardians who participate in the assessment. Determine whether the behavior of the adults indicates domestic violence, and record the adult’s participant letter in the appropriate row and column. If the same answer applies to all adults, record “all.”

16. Is the child vulnerable?

Child vulnerability: Refers to the child’s susceptibility to suffer abuse or neglect based on age, health, size, mobility, social/emotional state, and the ability of the parent/guardian to provide protection.

Key characteristics indicating increased vulnerability include:

- age (0 – 5)
- developmental disability
- mental illness, including withdrawn, fearful or anxious behavior
- lack of self protection skills
- substance abusing parents
- homelessness
- chronic neglect

Coding Responses: This question applies to the identified victim(s) and other child(ren) who are assessed for safety and risk. Determine whether the child is vulnerable, and check the appropriate box (single child tool), or record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

17. Is the child’s development appropriate?

Child development: Refers to the child’s language, cognitive, social/emotional, sensory and motor development. The social worker should note any diagnosed developmental problems or apparent need for developmental testing.

Coding Responses: This question applies to the identified victim(s) and other child(ren) who are assessed for safety and risk. Determine whether the child has achieved appropriate developmental milestones, and check the appropriate box (single child tool), or record the child’s
participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

18. Does the child form supportive relationships with peers and adults?

Child’s relationship with peers and adults: Refers to the quality of connectedness (defined as close and positive attachment) by the child to significant adults or peers in his or her life.

This quality is measured by the degree in which these relationships meet or enhance the child’s emotional, developmental, social, mental, and/or educational needs. These significant relationships may include immediate or extended family, friends, or professionals, but can include anyone who has an impact on the child’s life, and cannot be measured solely by frequency of contact with the child.

Coding Responses: This question applies to the identified victim(s) and other child(ren) who are assessed for safety and risk. Determine whether the child has formed supportive relationships, and check the appropriate box (single child tool), or record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

19. Is the child free from delinquent behavior?

Delinquent Behavior: Refers to behavior by a person under the age of 18 that is persistently or habitually in conflict with the reasonable orders of his guardians and/or is in violation of any laws of this state or the United States (Welfare & Institutions Code Sections 601, 602).

Coding Responses: This question applies to the identified victim(s) and other child(ren) who are assessed for safety and risk. Determine whether the child is free from delinquent behavior, and check the appropriate box (single child tool), or record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

20. Does the case plan address the child’s permanency needs?

Child’s permanency needs: Refers to the maintenance and/or establishment of enduring family attachments. This includes a broad array of individualized permanency options, including Reunification, Adoption, Legal Guardianship and alternative permanent living arrangements, to promote the safety, permanence and well-being of children and youth.
Permanency is both a process and a result, that includes involvement of the child/youth as a participant or leader (when possible) in finding a permanent connection with at least one committed adult, who provides:

- a safe, stable and secure parenting relationship
- love
- unconditional commitment
- lifelong support in the context of reunification, a legal adoption, or guardianship, where possible
- and in which the child/youth has the opportunity to maintain contacts with important persons, including brothers and sisters

A broad array of individualized permanency options exist: reunification and adoption are an important two among many that may be appropriate (California Permanency for Youth Task Force).

**Coding Responses:** This question applies to the identified victim(s) and other child(ren) who are assessed for safety and risk. Determine whether the case plan addresses the child’s permanency needs, and check the appropriate box (single child tool), or record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

**21. Have cultural and language issues been considered?**

Cultural and language considerations: Refers to consideration and exploration of the family’s cultural framework in the assessment and the development of safety plans and case plans.

This includes social work intervention, services and assessments that are culturally competent and linguistically sensitive, including the provision of services in the language of the client population served.

**Coding Responses:** This question applies to all family members participating in the assessment. Record the participant letter and number in the appropriate row and column. If the same answer applies to all participants, record “all.”
**Child Strengths**

This section of the tool is designed to capture information about the types of personal strength the social worker may have observed in each child who participated in the assessment. The rows list broad categories of functioning that describe different types of personal strength. These categories are not mutually exclusive or exhaustive. General examples of observations that fall in these categories include:

- **Communication**: ability to express or convey understanding, feelings, and information in nonverbal, verbal and/or written terms

- **Physical health**: bodily condition of well-being, including general fitness, level of activity, vitality, ability to thrive, nutrition, good health habits

- **Behavioral health**: positive cognitive and emotional development; ability to regulate emotions and behavior; sense of personal identity, personal responsibility and positive self-regard; knowledge of essential life skills, coping and problem-solving skills, good conflict resolution skills; positive achievement motivation; freedom from mental and/or conduct disorders and substance abuse

- **Social development**: ability to engage in mutual inter-personal relationships; “connectedness,” or perception of trusting, positive relationships with family, adults, peers; pro-social and culturally sensitive values; knowledge of skills needed to navigate community and cultural contexts, including the ability to seek help, if needed; attachment to social institutions such as school, church, clubs, youth programs

- **School performance**: attendance, classroom participation, academic progress, academic achievement

- **Resiliency**: ability to spring back from, or successfully adapt to, conditions of adversity, including risks, stress, crises, and trauma

- **Other**: any other type of observation that does not fall into the broad categories listed above.

**Coding Responses**: When a child is observed to demonstrate examples of age-appropriate, healthy functioning in one or more area, the appropriate box should be checked (single child/form option) or the child’s participant number should be recorded in the column to the left of the type of strength listed (multiple children/form option).
Section Three: Reunification Readiness Assessment

22. Is there child welfare history?

CWS history: Refers to information gathered from CWS/CMS and other available documentation to determine whether or not the child and/or any other member of the family have past involvement with the public child welfare agency.

Coding Responses: Determine whether there is a child welfare history for every adult and child in the family, and record the participant letter or number in the appropriate row and column. If the same answer applies to all participants, record “all.”

23. Have there been any subsequent referrals on any parent/guardian since this intervention started?

Subsequent referrals: Refers to reports received by the child welfare agency regarding new allegations after the initial report of child maltreatment.

Coding Responses: This question applies to adult parent/guardians in the home who participate in the assessment. Determine whether the adults have been the subject of a referral of abuse/neglect since the date the last CAT assessment was completed, and record the participant letter in the appropriate row and column. If necessary, information about the child(ren) affected can be noted in the text row beneath the question.

24. Does the parent/guardian interact safely with the children?

Caregiver/child interaction: Refers to the verbal and non-verbal communication and behavior between a caregiver and child which reflects the quality of the relationship and the degree to which it is reciprocal.

This includes behavior indicating the degree to which a child’s parent or guardian demonstrates awareness of the child’s emotional state, empathy, bonding, and appropriate responses to the child. This includes behaviors that are associated with child discipline.

Coding Responses: This question applies to adult parent/guardians in the home who participate in the assessment. Assess whether or not the adult parent’s or guardian’s behavior demonstrates the ability to foster a reciprocal positive attachment and responds to the child in an appropriate and safe manner, then record the participant letter in the
appropriate row and column. If necessary, information about the child(ren) affected can be noted in the text row beneath the question.

25. Is the parent/guardian protecting the child?

Protective capacity: Refers to the parent/guardian’s ability to utilize internal and external resources to correct the identified concerns and to support the child’s continuing safety.

Such capacities include, but are not limited to, a clear demonstration of bonding and attachment to the child, parental caretaking skills, awareness of and ability to interpret the child’s needs, positive motivation to nurture or meet the child’s needs, willingness to seek and use help, and willingness/ability to act protectively when the child is threatened with harm.

Coding Responses: This question applies to adult parent/guardians in the home who participate in the assessment. If the adult parent/guardian is unable to protect any child in their care and custody, record the adult’s participant letter in the appropriate row and column. If the same answer applies to all parent/guardian participants, record “all.” Information about the child(ren) affected can be noted in the text row beneath the question.

26. Does the parent/guardian exhibit a propensity for violence?

Violence propensity/capability: Refers to a current pattern of aggressive, coercive, threatening or potentially harmful behavior, or a history of such, demonstrated by a parent or guardian.

A pattern means a repeated, regular or consistent display of aggressive, coercive, threatening or potentially harmful behavior.

Coding Responses: This question applies to adult parent/guardians who participate in the assessment. If the adult parent/guardian demonstrates behavior consistent with a propensity or capacity for violence, record the participant letter in the appropriate row and column. Information about the child(ren) affected can be noted in the text row beneath the question.

27. Does the perpetrator have ongoing access to the child?

Perpetrator access to the child: Refers to the perpetrator’s relationship to the child, and frequency and intimacy of contact with the child.
Coding Responses: This question applies to the identified victim(s) and other child(ren) in the home who are assessed for safety and risk. Determine whether the perpetrator has ongoing access to the child(ren) and check the appropriate box (single child tool), or record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

28. **Do you have any concerns about the home that might present a health and safety hazard to the child?**

Home Environment: Refers to the physical condition of the home, including safety hazards and health concerns.

Coding Responses: Determine whether the home environment created by the adults poses a risk to the child, and check the appropriate box (single child tool), or record the child’s participant number in the appropriate row and column. If the same answer applies to all children, record “all.”

**D. Assessment Conclusion**

This section should be completed at the conclusion of the continuing services assessment. An assessment conclusion should be recorded by checking the appropriate box (single child/form option) or by listing each child’s participant number in the column to the left of the appropriate statement (multiple children/form option).

**Change to case plan goal:** This section should be completed at the initial case plan and all case plan updates.

**Family reunification cases:** this section should be completed when a change is made to a case plan goal for FR cases.

**E. Mandatory Signature**

The social worker and the social work supervisor must sign and date the form to indicate that the assessment has been completed. If the social worker is using the tool on the computer, it is highly recommended that the supervisor authorize the social worker to click the “Form Completed” button only after signature approval is obtained. For information on how to save the form, please see the technical instruction section below.
V. FAQs

1. How do we use the tool on PP cases where there is no parental interaction with the child?

   A. - When parents are not involved with the child, that is, when they do not have a service plan and are not included in the child’s case plan (e.g., as part of a visitation plan), the social worker should record responses as indicated by the instructions that follow each SAR question in the tool. These questions are clearly marked with instructions that read “Answer no if parental rights have been terminated or the parents are not involved.”
VI. Technical Instructions

A. General Use

1. Spell Checking the Form

Since these forms are “protected” the spell-check feature is unavailable (grayed-out) in Word. To spell check the document, please click the link labeled “Spell Check” that appears at the bottom of most forms (shown below).

Clicking this button will perform a spell-check on the narrative text fields of the document.

2. Obtaining and Entering the Case ID

At the top left of the three continuing tools there is a form field for the Case ID number (see below). This field must be filled in order for the form to be considered complete.

This field refers to the Case ID number created in CWS/CMS that uniquely identifies the case in the system. In order to link the data entered on the CAT forms with data entered separately in CWS/CMS, this Case ID field must be filled in. The Case ID is available in CWS/CMS under: Case Folder -> Case Management Section (green button) -> ID Page -> Case Number field (highlighted in red below).
Select the entire 22 character Case ID number, and copy the text by using the mouse or typing and holding Ctrl-C simultaneously. Pull up the CAT form, and paste the Case ID number (“left click” the mouse, or type Ctrl-V) into the Case ID field on the CAT form, as shown above.

3. Auto-Population of Child and Parent/Guardian Information

The form will auto-populate information on a single Child and any associated Mother, Father, and Guardian in CWS/CMS when created as a county-specific template in the system. The Mother, Father, and Guardian rows will auto-populate according to the focus child that has been selected in the case.

The first three rows in the Parent section of the form are reserved for the Mother, Father, and Guardian, as shown below:

If the focus child does not have an associated Mother, Father, or Guardian, then the associated row will remain blank. Do not manually fill in these first three reserved rows (a, b, and c), even if a row has been left blank because the system could not find an appropriate adult to auto-populate. Instead, use the next three rows (d, e, f and g) to manually enter information about the adults that have been missed by the CWS/CMS auto-population feature. Row “d” should always be used to record information about foster parents.
Please note that CWS/CMS uses a defined search order to select associated adults for children who have multiple Mothers and Fathers. The system uses the following order, as described in the CWS/CMS documentation:

- Since a child can have several types of Fathers, use the following search hierarchy: Birth, Alleged, Step, Presumed, Adoptive. Foster parent should not be used (meaning foster parents will not auto-populate).

- Since a child can have several types of Mothers, use the following search hierarchy: Birth, Alleged, Step, Adoptive. Foster parent should not be used (meaning foster parents will not auto-populate).

*** Important Note Regarding Auto-Population and CWS/CMS ***

When the forms are first created, it can take up to a full minute or two before they are ready for use and can be accessed. During this time, the system may appear to have “locked-up.” Please wait until the small message in the lower left of the CWS/CMS window switches from “Creating [form name]...” to “New [form name]” before attempting to click to the form.

4. Entering Participant Letters and Numbers

Participant letters and numbers entered in the tool must be separated by commas (it does not matter whether they are also separated by a space).

5. Selecting Text in a Narrative Section

We suggest that you use the mouse to move the cursor to a specific location in the text of a narrative field, then “left click,” drag, and release to select the text. You can use the mouse this way to quickly select multiple lines or sections of text. Important: if you wish to select text using only the keyboard, do not use the up and down arrow keys while holding down the shift key, as this will cause the cursor to move to a different field instead of selecting the desired text.

B. Creating and Filling in Forms

1. Creating the form

The continuing services form is available as a county-specific template inside CWS/CMS. The form should be created and saved in the Document – Case notebook of the child / case being assessed. To attach and fill out a blank form for a case, open the appropriate case folder and click: Case Folder -> Case Management Section (green button) -> Create New Document – Case (highlighted in red below).
The “Generate New Documents” dialog box will appear. Select your county from the “County” drop-down box, and select the form you want from the list. Click “OK” to bring up the blank form. Note that a dialog box will appear while the system auto-populates the form. Please wait until the form has completed auto-populating before attempting to click to the form.

The Case ID field at the top left of the CAT form, as well as child and associated parent information will be auto-populated by the system. You can save and close this form using the save function on the CWS/CMS toolbar, then re-open it later through the “Document – Case” notebook if more than one data entry session is needed to complete the form.

*** Important Note ***

Forms created and saved in the Case Plan documents notebook will not remain there and will instead appear in the Document – Case notebook.

2. Saving Completed Forms Outside of CWS/CMS*

*NOTE: The details of this section may not apply to all County workflows

Every CAT form needs to be accessible for two purposes: 1) Other County/State staff must be able to access the form for review and 2) the information on the form must be collected by SPHERE and aggregated for analysis and evaluation purposes.

To achieve the first purpose, CAT forms must be stored in the appropriate Document – Case notebook in CWS/CMS. Other appropriate staff can then view the assessment results in CWS/CMS by opening the case in question, and then opening the CAT form in the Document – Case notebook.

To achieve the second purpose, SPHERE must have electronic access to the data stored in the forms that you complete. Unfortunately, due to IBM’s construction of the CWS/CMS system and existing contractual issues, SPHERE cannot access the forms through CWS/CMS (even though the forms will be stored in the system to achieve the first purpose). Thus, copies of the completed forms must also be saved and collected *outside* of CWS/CMS.
To simplify this process, every form has a link labeled “Form Completed” at the very bottom of the last page (shown below).

This button will automatically save the document in CWS/CMS and in a separate location your County has designated to store all CAT forms. When you have entered all data in the form, you must click the “Form Completed” button to save the entered data inside and outside CWS/CMS for future analysis and evaluation.

C. Options for Completing the Continuing Services Form

The Continuing Services tool may be used in two ways – either by completing a single form for every child/case, or completing a single form for all of the children on a single case plan. Please follow your county’s specific instructions regarding use of this tool.

1. Completing a Form for a Single Child

When used as a single form for each child/case, simply create the form in the desired child’s “Document – Case” notebook as described above, fill it, and save the form when fully completed by clicking the “Form Completed” link.

2. Completing a Form for Multiple Children

If one continuing services tool is to be completed for multiple children’s cases, the form must first be created and saved under the youngest child, and then imported into the cases of each of the other children listed on the form, as detailed below. Note that all of the children listed on a single form must be members of the same case plan in CWS/CMS. This is the only means by which children’s names on the form can be linked to their respective case information in CWS/CMS. Children who appear on the form but who do not belong to the same case plan as the focus child (the one listed in row “1”) will not be included in the safety and risk assessment analysis reports that are prepared for social workers’ future use.

For example, in the case plan shown below the Continuing Services form would be created under Bobby’s case, filled out for both Marcia and Bobby, saved and then imported into Marcia’s case.
In other words, after the form is fully completed and saved, a copy of it should also appear in the Document – Case notebook of every case for each child listed on the form. However, note that SPHERE need only receive one copy of the form – there is no need to click “Form Completed” for every single copy of it.

Practically, this requires the following steps when creating and filling out a Continuing Services form for multiple children:

1. Open the Case Folder for the youngest child listed on the case plan.
2. Create a new Continuing Services form in the “Document – Case” notebook as described in the section “Creating and Filling out Forms” above.
3. The form will automatically auto-populate information on the youngest child into row “1” and that child’s associated parents/guardians in rows a, b, and c. Enter in information for the other children listed on the case plan in the rows underneath row “1”. Also, enter in any adults that may have been missed by the auto-population features in the rows d, e, f, and g.
4. Complete the form by filling out the rest of the fields as appropriate, saving and reopening the form in multiple data entry sessions as necessary as a document attached to the youngest child’s case in CWS/CMS.
5. When the form is completed, save the form for analysis (by clicking the “Form Completed” link) and import it into the cases of all of the children listed on the case plan (detailed below).

3. Saving and Importing the Continuing Services Form into Multiple Cases

Once the continuing services form is completed and saved under the case of the youngest child, it must be imported into the other cases/children listed on the form. To do this:

First open the form (if it is not already open) in the Document – Case notebook of the case of the youngest child. With the form open, click on the File Menu -> Save As... menu option to bring up the “Save As” dialog box in Word. Save the form onto your local workstation, remembering the directory and file name that it is saved under (each county may have specific procedures regarding directories and filenames for each form). Close Word to return to the CWS/CMS application.
Next, repeat the following steps for each of the children listed below row 1 (where the youngest child should be listed) to ensure that the form is properly imported into all associated cases:

First, open the case folder of the child under consideration. Then, click on: Case Folder -> Case Management Section (green button) -> Create New Document – Case (highlighted in red below).

A “Generate New Documents” dialog box will appear. Click on the “Import” button on the right (highlighted below).

The “Import External Document” dialog box then appears (see below).
Browse to the directory where you have saved the completed Continuing Services form, select the filename of the completed document, and enter an appropriate title under the mandatory “File Title” field. Click “OK” to complete the process. Repeat this import process for the other children listed on the form.

D. Modifying the Form

1. Changing a Saved Form

Certain circumstances may require that a form that was previously approved as completed and properly saved (by using the “Form Completed” functionality) needs to be edited. In these circumstances, it is acceptable to make the necessary changes to the form stored in CWS/CMS and re-save it by again clicking the “Form Completed” link.

In general, it is permissible to save and submit multiple copies of a form for analysis. Duplicate forms will be automatically resolved by only including the last-modified copy in the analysis.

**Important Note**

The assessment date should never be changed; the only date it is permissible to change when re-saving a form is the date on which the form was signed by the social worker and supervisor to indicate the assessment is complete.
2. Never “un-protect” and “re-protect” a Form

The contents of all fields that have been completed on the CAT form are cleared when a form is “unprotected” and then “re-protected.” A common reason people “unprotect” a form is to perform a spell check on the document. To spell check the CAT forms, please remember to use the “Spell Check” link at the bottom of the form as described above.
I. Phases of Case Activity at which Tool should be Completed

The tool is to be completed when a child must be placed outside the family home to ensure her or his safety, and at any time the placement of a child in out of home care is changed, for the purpose of assuring the child is provided the least-restrictive alternative to the home environment. Specifically, the tool is to be used to determine:

- the child’s immediate and ongoing permanency needs
- the type of placement that will provide the child with the least restrictive setting appropriate to her or his needs

II. Decision Outcomes

The placement meets the child’s needs in the least restrictive setting which is safe and consistent with the case plan goals.

III. Who should Complete the Tool

The social worker assigned responsibility for ongoing case management.

IV. How to Complete the Tool

A placement assessment form must be completed for each child who is placed outside the family home.

If the forms are available in CWS/CMS: Please note, when the forms are first created, it can take up to a full minute or two before they are ready for use and can be accessed. During this time, the system may appear to have “locked-up.” Please wait until the small message in the lower left of the CWS/CMS window switches from “Creating [form name]...” to “New [form name]” before attempting to click to the form.

A. Assessment and Participant Information

1. Participant Information

If your County has made CAT forms available inside CWS/CMS, they appear as county-specific templates. The system will auto-populate the Primary Case ID field located at the top left of the CAT form, as well as child and associated parent information when the form is created as a county-specific template in CWS/CMS.
The form will automatically auto-populate information on the focus child and that child's associated parents / guardians in rows “a”, “b”, and “c”. The social worker must enter information on the other adults in the home who participate in the assessment and the foster caregiver, which the system did not auto-populate, manually in the blank rows “d”, “e”, “f” and “g”; row “d” should always be used to record information about a foster caregiver. The social worker can disregard the participant letters for rows that were left blank by the auto-population feature, or that may have been auto-populated with information on parents who are absent.

Special Instructions for Absent Parents: A parent may only be considered absent when a due diligence search has been completed and his or her whereabouts are unknown. Any parent who is the subject of a service plan or who appears in a child’s service plan must be listed as a participant in the assessment.

Special Instructions for Foster Caregivers: The identity of foster caregivers is protected by confidentiality laws. For this reason, when a foster caregiver is included as a participant in the assessment, the social worker should enter only the first name and first letter of the last name of the caregiver in the tool.

Social workers can save and close this form using the save function on the CWS/CMS toolbar, then re-open it later through the “Document – Case” notebook if more than one data entry session is needed to complete the form. For specific instructions on how to enter data and save the form, see the technical instruction section below.

2. Primary Case ID

This field is located in the upper left corner of the tool (in the grey banner) and must be completed to indicate an assessment has been conducted. If your county has made templates of the tools available in CWS/CMS, this data field will auto-populate. If your county is using electronic templates of the tools outside of CWS/CMS, the first step you must take is to bring up a new form and enter the appropriate Case ID number from CWS/CMS. Please refer to the technical instructions below for information on how to enter the Case ID.

3. Assessment and Initial Placement Dates

The social worker should enter either the date on which the tool is generated or the date on which the supervisor signs the form to confirm the assessment is completed, as well as the date on which the child’s first placement in out of home care began.
In the rare event that information recorded in the tool must be modified after supervisor approval in order for the assessment to be accurate and complete, the social worker **should not** change the assessment date recorded in the top left corner of the form. This date must stay the same to permit tracking the accurate conclusions for the decision reached at this phase of case activity. The only date it is permissible to change is the date on which the social worker and/or supervisor sign the form.

4. **Current Placement Type**

The social worker should indicate the type of placement in which the child is located at the time the assessment is conducted. Options include:

- Small family home (Regional Center)
- County foster home
- Group home
- Guardian home
- Medical facility
- Relative home
- Non-relative home
- Tribe specified home
- Foster family agency certified home
- Other (specify)

5. **Contributing Factors Requiring Intervention**

Contributing factors requiring intervention: Refers to the circumstances that required child welfare services intervention. This section lists the allegations that have been substantiated and present risks to the child’s safety, which are to be addressed by the case plan. The social worker should record the allegations that were substantiated at the Referral Disposition. The box in the column to the left of the appropriate allegation type(s) are used to indicate the factors that require intervention.

**Coding Responses:** Determine which allegations apply to the child, and check the appropriate box.

B. **Placement History**

Questions in this section are intended to assist the social worker(s) assigned to the case to create a record of the child’s experience in alternative family settings.
1. Is there prior CWS case history which included placement?

Prior CWS history: Refers to the information gathered by the social worker from reviews of the CWS/CMS and other available documentation to determine whether or not the child has past involvement with the public child welfare agency which included placement outside the family home.

**Coding Responses:** Determine whether the child has had an open case which involved placement outside the family home, and check the appropriate box.

2. How many times has placement changed in the current case?

Determine the number of placement changes the child has experienced from the date of initial placement, and enter the number in the column to the right of the question.

3. Indicate the type of placements previously made in the current case:

Determine the type of placement(s) the child has experienced from the date of initial placement, and check the box in the column to the left of the appropriate placement type. Check all boxes that apply.

C. Information Gathered from the Child and Family

This section of the tool is designed to obtain information from the child and family that will assist the social worker in identifying a placement that best meets the child’s needs.

The social worker should indicate the adult participants who participated in the assessment by recording the appropriate participant letters in the text field in the grey banner under the section header. The date on which this portion of the assessment was conducted should be entered to the right of the section header. This date may precede the date which appears at the top of page one if the assessment date is recorded as the date on which the supervisor signs the form.

4. What does the child see as his/her strengths?

This question is designed to capture information about the types of personal strength that the child believes her or himself to possess, and that the parents and social worker have observed in the child. The social worker should record brief statements of the child’s and parents’ responses in the text fields provided, and complete this section by recording her/his assessment conclusion.
The following is a list of broad categories of functioning that can be used to describe different types of personal strength. These categories are not mutually exclusive or exhaustive. General examples of observations that fall in these categories include:

**Communication**: ability to express or convey understanding, feelings, and information in nonverbal, verbal and/or written terms

**Physical health**: bodily condition of well-being, including general fitness, level of activity, vitality, ability to thrive, nutrition, good health habits

**Behavioral health**: positive cognitive and emotional development; ability to regulate emotions and behavior; sense of personal identity, personal responsibility and positive self-regard; knowledge of essential life skills, coping and problem-solving skills, good conflict resolution skills; positive achievement motivation; freedom from mental and/or conduct disorders and substance abuse

**Social development**: ability to engage in mutual inter-personal relationships; “connectedness,” or perception of trusting, positive relationships with family, adults, peers; pro-social and culturally sensitive values; knowledge of skills needed to navigate community and cultural contexts, including the ability to seek help, if needed; attachment to social institutions such as school, church, clubs, youth programs

**School performance**: attendance, classroom participation, academic progress, academic achievement

**Resiliency**: ability to spring back from, or successfully adapt to, conditions of adversity, including risks, stress, crises, and trauma

**Other**: any other type of observation that does not fall into the broad categories listed above

5. **What are the child’s concerns about placement?**

This question is designed to capture information about the concerns the child may have about placement outside the family home, and the parents’ concern for the well-being of their child while placed outside the family home. The social worker should record brief statements of the child’s and parents’ responses in the text fields provided, and complete this section by recording her/his assessment conclusion.
6. **Indicate the child’s cultural priorities related to placement:**

Cultural and language considerations: Refers to consideration and exploration of the family’s cultural framework.

This question is designed to capture information about the child’s and parents’ cultural priorities that should be addressed in order to provide the child with a culturally competent placement outside the family home. This includes social work intervention, services and assessments that are culturally competent and linguistically sensitive, including the provision of services in the language of the client population served.

**Coding Responses:**
The social worker should record the child’s responses by checking the box to the left of all statements that apply and, if necessary, record a brief statement of the child’s response in the “other” field.

Parents’ responses should be recorded in the text fields provided, and the social worker should complete this section by recording her/his assessment conclusion.

7. **What are the child’s immediate needs related to placement?**

Child’s immediate needs: Refers to the identified developmental, behavioral, cultural and physical needs of a child, including the immediate needs for safety and security/permanency.

This includes ensuring that the child receives sufficient support and services when and where needed in order to maintain all aspects of functioning that may be compromised by risk factors associated with abuse and neglect. Immediate needs for safety, permanency and well-being include medical, dental, mental health and developmental needs; housing, food, clothing, education and emotional support (i.e. healthy family, adult and peer relationships).

**Coding Responses:**
The social worker should record the child’s responses by checking the box to the left of all statements that apply and, if necessary, record a brief statement of the child’s response in the “other” field.

Parents’ responses should be recorded in the text fields provided, and the social worker should complete this section by recording her/his assessment conclusion.
8. What are the child’s ongoing needs related to placement?

Child’s ongoing needs: Refers to the identified developmental, behavioral, cultural and physical needs of a child, including ongoing needs for safety and security/permanency.

This includes ensuring that the child receives sufficient support and services when and where needed in order to maintain all aspects of functioning that may be compromised by risk factors associated with abuse and neglect. Ongoing needs for safety, permanency and well-being include medical, dental, mental health and developmental needs; housing, food, clothing, education and emotional support (i.e. healthy family, adult and peer relationships).

Coding Responses:
The social worker should record the child’s responses by checking the box to the left of all statements that apply and, if necessary, record a brief statement of the child’s response in the “other” field.

Parents’ responses should be recorded in the text fields provided, and the social worker should complete this section by recording her/his assessment conclusion.

9. What is the child’s identified permanency goal?

The permanency goal should be consistent with the child’s permanency needs.

Child’s permanency needs: Refers to the maintenance and/or establishment of enduring family attachments. This includes a broad array of individualized permanency options, including Reunification, Adoption, Legal Guardianship and alternative permanent living arrangements, to promote the safety, permanence and well-being of children and youth.

Permanency is both a process and a result, that includes involvement of the child/youth as a participant or leader (when possible) in finding a permanent connection with at least one committed adult, who provides:

- a safe, stable and secure parenting relationship
- love
- unconditional commitment
- lifelong support in the context of reunification, a legal adoption, or guardianship, where possible
- and in which the child/youth has the opportunity to maintain contacts with important persons, including brothers and sisters
A broad array of individualized permanency options exist: reunification and adoption are an important two among many that may be appropriate (California Permanency for Youth Task Force).

Coding Responses:
The social worker should record the child’s responses by checking the box to the left of all statements that apply, and noting the child’s comments in the text field provided.

Parents’ responses should be recorded in the text fields provided, and the social worker should complete this section by recording her/his assessment conclusion.

D. Social Worker Conclusions

This section of the tool is designed to record the social worker’s decisions with respect to identifying a placement that best meets the child’s needs. The date on which this portion of the assessment was concluded should be entered to the right of the section header. This date may or may not precede the date on which the assessment is concluded (or, the date on which the supervisor signs the form, and which appears at the top of page one).

10. Did the social worker consider sibling placement?

Sibling placement: Refers to the efforts made in all out of home placements, including those with relatives, to place siblings together in order to maintain the continuity of the family unit.

Sibling is defined as a person related to the child by blood, adoption, or affinity through a common legal or biological parent (Welfare & Institutions Code Section 16002(a)(b)).

Coding Responses: The social worker should check the appropriate box to the right of this question to indicate the desired response. Check “Yes” if the child has no siblings.

11. What is the placement decision?

Level of care to meet child’s needs: Refers to the assessment and determination of the appropriate services and placement type that best meets the child’s physical and emotional needs.

This includes considerations of placing the child in the least restrictive, most family like setting; that adequately addresses the child’s personal characteristics and cultural background; maintaining the child’s
connections to family and siblings whenever possible, allows the child to remain in current school if possible, allows for reasonable visitation, reunification and permanency planning; and provides for any special needs of the child (Div 31-400 et. seq.).

Coding Responses: The social worker should check the box in the column to the left of the statement that indicates the appropriate response. Check “other” and enter a brief narrative statement, as necessary.

12. For this placement decision, indicate the type of placement:

Determine the type of placement that best meets the child’s needs, and check the box in the column to the left of the appropriate placement type. Check “other” and enter a brief narrative statement, as necessary.

13. Visitation plans are established for:

Visitation: Refers to the formalized face to face contact between a child and the parents/guardians, siblings, grandparents, or others, deemed appropriate by the county or juvenile court, to promote the continuity of parent-child relationships and permanency. (Div 31-002 (v)(1)(B)).

This includes the duration, frequency, location and supervision of the contacts, based on the safety goals of the case plan, the child’s developmental needs and the parents’ strengths and needs. Regular and frequent contacts between parent and child and/or between the child and his or her siblings help to maintain family relationships, empower parents, minimize separation trauma, and provide an opportunity for family members to learn and practice new skills and interactive behaviors.

Coding Response: Determine the type of visitation plan that best meets the child’s needs, and check the box in the column to the left of all persons included in the visitation plan. Check “other” and enter a brief narrative statement, as necessary to describe other individuals the child will visit as part of the plan.

E. Information Gathered from the Substitute Care Provider (SCP)

This section of the tool is designed to record information about the substitute care provider’s ability and willingness to provide the child in her/his care with support that can assist the child and family to meet the child’s permanency needs, as identified in the child’s case plan. The date on which this portion of the assessment was concluded should be entered to the right of the section header. This date may or may not precede the date on which the assessment is concluded (or, the date on which the supervisor signs the form, and which appears at the top of page one).
14. What strengths does the prospective SCP bring to the relationship with the child in placement?

Substitute care provider’s strength and willingness to support the child’s case plan: Refers to the active participation of the caregiver in activities that promote and support the child’s safety, permanency, and well-being, including those that address the child’s health, education and social development.

Coding Response: Determine the caregiver’s personal strengths that bear upon activities which support the child’s needs, and enter a brief narrative statement.

15. What permanent commitment is the prospective SCP able to make to the child in placement?

Determine the type of commitment the caregiver is able to make, and check the box in the column to the left of the appropriate statement. Check all boxes that apply. Check “other” and enter a brief narrative statement, as necessary to describe a type of commitment not listed in the form.

16. The prospective SCP will support visitation in the following ways:

Substitute care provider’s willingness to support the child’s case plan: Refers to the active participation of the caregiver in activities that promote and support the child’s safety, permanency, and well-being, including those that address the child’s health, education and social development.

Coding Response: Determine the caregiver’s commitment to support the child’s visitation plan, and check the box in the column to the left of the appropriate statement. Check all boxes that apply. Check “other” and enter a brief narrative statement, as necessary to describe a type of commitment not listed in the form.

F. TDM Recommendations

This section of the tool is designed to record information about the placement recommendations that result from a Team Decision-Making meeting. The date on which the TDM was held to discuss the placement for which the current assessment is being completed should be entered to the right of the section header. This date may or may not precede the date on which the assessment is concluded (or, the date on which the supervisor signs the form, and which appears at the top of page one).
G. **Substitute Care Provider Agreement**

Substitute care provider’s willingness/ability to provide care and ensure safety: Refers to the substitute care provider’s ability and commitment to the care and safety of the child. This includes the willingness to accept the child into their home and provide for the child’s daily care and maintenance.

The social worker should check this box only after determining the care provider has signed an agreement with the child welfare agency. This box **must** be checked before the form is signed by the social worker and approved by the social work supervisor.

H. **Mandatory Signature**

The social worker and the social work supervisor must sign and date the form to indicate that the assessment has been completed. If the social worker is using the tool on the computer, it is highly recommended that the supervisor authorize the social worker to click the “Form Completed” button only after signature approval is obtained, or that the supervisor save the form. For information on how to save the form, please see the Technical Instructions below.

V. **FAQs**
VI. Technical Instructions

A. General Use

1. Spell Checking the Form

Since these forms are “protected” the spell-check feature is unavailable (grayed-out) in Word. To spell check the document, please click the link labeled “Spell Check” that appears at the bottom of most forms (shown below).

Clicking this button will perform a spell-check on the narrative text fields of the document.

2. Obtaining and Entering the Case ID

At the top left of the three continuing tools there is a form field for the Case ID number (see below). This field must be filled in order for the form to be considered complete.

This field refers to the Case ID number created in CWS/CMS that uniquely identifies the case in the system. In order to link the data entered on the CAT forms with data entered separately in CWS/CMS, this Case ID field must be filled in. The Case ID is available in CWS/CMS under: Case Folder -> Case Management Section (green button) -> ID Page -> Case Number field (highlighted in red below).
Select the entire 22 character Case ID number, and copy the text by using the mouse or typing and holding Ctrl-C simultaneously. Pull up the CAT form, and paste the Case ID number (“left click” the mouse, or type Ctrl-V) into the Case ID field on the CAT form, as shown above.

3. Auto-Population of Child and Parent/Guardian Information

The form will auto-populate information on a single Child and any associated Mother, Father, and Guardian in CWS/CMS when created as a county-specific template in the system. The Mother, Father, and Guardian rows will auto-populate according to the focus child that has been selected in the case.

The first three rows in the Parent section of the form are reserved for the Mother, Father, and Guardian, as shown below:

If the focus child does not have an associated Mother, Father, or Guardian, then the associated row will remain blank. Do not manually fill in these first three reserved rows (a, b, and c), even if a row has been left blank because the system could not find an appropriate adult to auto-populate. Instead, use the next three rows (d, e, f and g) to manually enter information about the adults that have been missed by the CWS/CMS auto-population feature. Row “d” should always be used to record information about foster parents.
Please note that CWS/CMS uses a defined search order to select associated adults for children who have multiple Mothers and Fathers. The system uses the following order, as described in the CWS/CMS documentation:

- Since a child can have several types of Fathers, use the following search hierarchy: Birth, Alleged, Step, Presumed, Adoptive. Foster parent should not be used (meaning foster parents will not auto-populate).

- Since a child can have several types of Mothers, use the following search hierarchy: Birth, Alleged, Step, Adoptive. Foster parent should not be used (meaning foster parents will not auto-populate).

*** Important Note Regarding Auto-Population and CWS/CMS ***

When the forms are first created, it can take up to a full minute or two before they are ready for use and can be accessed. During this time, the system may appear to have “locked-up.” Please wait until the small message in the lower left of the CWS/CMS window switches from “Creating [form name]...” to “New [form name]” before attempting to click to the form.

4. Selecting Text in a Narrative Section

We suggest that you use the mouse to move the cursor to a specific location in the text of a narrative field, then “left click,” drag, and release to select the text. You can use the mouse this way to quickly select multiple lines or sections of text. Important: if you wish to select text using only the keyboard, do not use the up and down arrow keys while holding down the shift key, as this will cause the cursor to move to a different field instead of selecting the desired text.

B. Creating and Filling in Forms

1. Creating the form

The Placement Assessment form is available as a county-specific template inside CWS/CMS. The form should be created and saved in the Document – Case notebook of the child / case being assessed. To attach and fill out a blank form for a case, open the appropriate case folder and click: Case Folder -> Case Management Section (green button) -> Create New Document – Case (highlighted in red below).
The “Generate New Documents” dialog box will appear. Select your county from the “County” drop-down box, and select the form you want from the list. Click “OK” to bring up the blank form. Note that a dialog box will appear while the system auto-populates the form. Please wait until the form has completed auto-populating before attempting to click to the form.

The Case ID field at the top left of the CAT form, as well as child information will be auto-populated by the system. You can save and close this form using the save function on the CWS/CMS toolbar, then re-open it later through the “Document – Case” notebook if more than one data entry session is needed to complete the form.

*** Important Note ***

Forms created and saved in the Placement document notebook will not remain there and will instead appear in the Document – Case notebook.

2. Saving Completed Forms Outside of CWS/CMS*

*NOTE: The details of this section may not apply to all County workflows

Every CAT form needs to be accessible for two purposes: 1) Other County/State staff must be able to access the form for review and 2) the information on the form must be collected by SPHERE and aggregated for analysis and evaluation purposes.

To achieve the first purpose, CAT form must be stored in the appropriate Document – Case notebook in CWS/CMS. Other appropriate staff can then view the assessment results in CWS/CMS by opening the case in question, and then opening the CAT form in the Document – Case notebook.

To achieve the second purpose, SPHERE must have electronic access to the data stored in the forms that you complete. Unfortunately, due to IBM’s construction of the CWS/CMS system and existing contractual issues, SPHERE cannot access the forms through CWS/CMS (even though the forms will be stored in the system to achieve the first purpose). Thus, copies of the completed forms must also be saved and collected *outside* of CWS/CMS.

To simplify this process, every form has a link labeled “Form Completed” at the very bottom of the last page (shown below).
This button will automatically save the document in CWS/CMS and in a separate location your County has designated to store all CAT forms. When you have entered all data in the form, you must click the “Form Completed” button to save the entered data inside and outside CWS/CMS for future analysis and evaluation.

C. Modifying the Form

1. Changing a Saved Form

Certain circumstances may require that a form that was previously approved as completed and properly saved (by using the “Form Completed” functionality) needs to be edited. In these circumstances, it is acceptable to make the necessary changes to the form stored in CWS/CMS and re-save it by again clicking the “Form Completed” link.

In general, it is permissible to save and submit multiple copies of a form for analysis. Duplicate forms will be automatically resolved by only including the last-modified copy in the analysis.

**Important Note**

The assessment date should never be changed; the only date it is permissible to change when re-saving a form is the date on which the form was signed by the social worker and supervisor to indicate the assessment is complete.

2. Never “un-protect” and “re-protect” a Form

The contents of all fields that have been completed on the CAT form are cleared when a form is “unprotected” and then “re-protected.” A common reason people “unprotect” a form is to perform a spell check on the document. To spell check the CAT forms, please remember to use the “Spell Check” link at the bottom of the form as described above.
CASE CLOSURE ASSESSMENT TOOL

I. Phases of Case Activity at which Tool should be Completed

The tool is to be completed when the case plan goal for the child has been achieved. Specifically, the tool is to be used to determine whether the social worker can safely terminate public CWS involvement.

II. Decision Outcomes

The child is in a safe and permanent home.

III. Who should Complete the Tool

The social worker assigned responsibility for ongoing case management.

IV. How to Complete the Tool

A case closure assessment form must be completed to assess whether it is appropriate to terminate CWS involvement.

If the forms are available in CWS/CMS: Please note, when the forms are first created, it can take up to a full minute or two before they are ready for use and can be accessed. During this time, the system may appear to have “locked-up.” Please wait until the small message in the lower left of the CWS/CMS window switches from “Creating [form name]...” to “New [form name]” before attempting to click to the form.

A. Participant and Case Information

1. Auto-population

If your County has made CAT forms available inside CWS/CMS, they appear as county-specific templates. The system will auto-populate the Primary Case ID field located at the top left of the CAT form, as well as child and associated parent information when the form is created as a county-specific template in CWS/CMS.

The form will automatically auto-populate information on the focus child and that child’s associated parents / guardians in rows “a”, “b”, and “c”. The social worker must enter information on the other adults in the home who participate in the assessment, which the system did not auto-populate, manually in the blank rows “d”, “e”, “f” and “g”. The social worker can disregard the participant letters for rows that were left blank by the auto-
population feature, or that may have been auto-populated with information on parents who are absent.

Social workers can save and close this form using the save function on the CWS/CMS toolbar, then re-open it later through the “Document – Case” notebook if more than one data entry session is needed to complete the form. For specific instructions on how to enter data and save the form, see the technical instruction section below.

2. Primary Case ID

This field is located in the upper left corner of the tool (in the grey banner) and **must** be completed to indicate an assessment has been conducted. If your county has made templates of the tools available in CWS/CMS, this data field will auto-populate. If your county is using electronic templates of the tools outside of CWS/CMS, the first step you **must** take is to bring up a new form and enter the appropriate Case ID number from CWS/CMS. Please refer to the technical instructions below for information on how to enter the Case ID.

3. Assessment Date

The social worker should enter either the date on which the tool is generated or the date on which the supervisor signs the form to confirm the assessment is completed.

In the rare event that information recorded in the tool must be modified after supervisor approval in order for the assessment to be accurate and complete, the social worker **should not** change the assessment date recorded in the top left corner of the form. This date must stay the same to permit tracking the accurate conclusions for the decision reached at this phase of case activity. The only date it is permissible to change is the date on which the social worker and/or supervisor sign the form.

4. Participant Letters and Number

Each family member who is assessed by the social worker in the course of conducting the case closure assessment is assigned either a participant letter or number. A foster caregiver should be included as participant in the assessment, if appropriate. Please follow the specific instructions that appear below for information on how to record participant information and assessment results for foster caregivers.

**Adults are assigned a participant letter.** The mother will always be “a”, the father “b”, and the guardian “c”. All other adults in the home listed on the first page of the tool as participants in the continuing services
assessment are assigned the participant letter that appears in the column to the left of their first names. Foster caregivers should always be listed in row “d”. These letters should be used to record assessment results for a particular adult, according to the instructions provided for each section of this tool.

**Special Instructions for Absent Parents:** A parent may only be considered absent when a due diligence search has been completed and his or her whereabouts are unknown. Any parent who is the subject of a service plan or who appears in a child’s service plan must be listed as a participant in the assessment.

**Special Instructions for Foster Caregivers:** The identity of foster caregivers is protected by confidentiality laws. For this reason, when a foster caregiver is included as a participant in the assessment, the social worker should enter only the first name and first letter of the last name of the caregiver in the tool.

Children are assigned a participant number. The focus child will always be assigned the number “1.” This number should be used to record assessment results for the child, according to the instructions provided for each section of this tool.

**Coding Responses:** Each section of the tool has instructions as to whether an adult participant letter, child participant number, or both should be recorded in order to indicate the social worker’s assessment conclusion. When coding responses, the social worker can disregard the participant letters for rows that were left blank by the auto-population feature, or that may have been auto-populated with information on parents who are absent. Some questions may be answered by checking a box to record a response for the child. Please follow the specific coding instructions in this manual.

**Entering Responses in Electronic Forms:** The tools are not case sensitive, so responses can be recorded using capital or lower case letters. Participant letters and numbers must be separated by commas in all fields that accept responses for multiple individuals. It does not matter whether the numbers and letters are also separated by spaces.

5. **Contributing Factors Requiring Intervention**

Contributing factors requiring intervention: Refers to the circumstances that required child welfare services intervention.

This section lists the allegations that have been substantiated and present risks to the child’s safety, which are to be addressed by the case plan. The
social worker should record the allegations that were substantiated at the Referral Disposition, and/or founded by the court. The box in the column to the left of the appropriate allegation type is used to indicate the factor that requires intervention.

**Coding Responses:** This section of the tool applies to the child participant listed in the case plan and who is assessed for safety and risk to determine whether it is appropriate to terminate CWS involvement. Determine which allegations apply to the child, and check the box in the column to the left of the appropriate response.

6. **Case Closed due to Adoption Finalization or Emancipation**

The social worker should record a response to this question by checking the box to the left of the statement, only when the child welfare case is closed because the child’s adoption has been finalized or the child is emancipated. When a response is recorded in this section, the social worker should enter the date the case is closed and proceed directly to record assessment results that pertain to the Services Provided at Case Closure on the last page of the tool.

B. **Standard Areas for Review**

The questions in this section are to be answered at the time the case closure assessment is completed. Assessment results for each question should be answered by recording participant letters and numbers in the appropriate row following the question. Specific instructions that describe how to record responses appear below.

A blank text field, in which social workers who complete the tool can make brief notes, is located below each question. Notes recorded in these fields are for social workers’ use in forming assessment conclusions, future conversations with supervisors, and preparation of narrative statements. Notes will not substitute for participant codes, which must be recorded in the appropriate columns and rows in order to document assessment results.

Responses to questions in this section reflect the social worker’s knowledge at the time the tool is completed. The questions in this section should be completed based on information provided by the identified victim(s) and perpetrator(s), other family members participating in the assessment and, as appropriate, all other collateral sources contacted or reviewed prior to concluding the assessment. It is to be expected that new information obtained in subsequent assessments may lead to decisions or responses that depart from previously recorded assessment results or service interventions. It is always the social workers’ professional judgment, based on the best information available at the time each assessment is conducted, that should guide assessment decisions and service interventions.
1. Response Column and Rows

This tool should be used for assessments conducted at the time public child welfare services are to be terminated. The column on the right side of the page under the “Participant” header should be used to record the assessment results. Answers, or assessment findings, should be recorded in either the “Yes” or “No” row following each question. Results should be recorded by listing the participant letter or number, or by writing/entering the word “all”, in the appropriate row.

When using the paper version of the tool, do not record assessment results by circling the “Y” or “N” in the column immediately following each question. It will not be possible for other social workers who may review the tool through the life of the case or data analysts to interpret assessment findings for responses recorded in this manner. If these letters are circled, the social work supervisor will instruct the social worker to complete the form correctly before approving the assessment conclusions by signing the form.

2. Participant Letters and Number

Each family member assessed in the course of responding to the referral is assigned either a participant letter or number. Please refer to Section A.4, above, and the Technical Instructions in section VI of this guide to determine how to identify family members who participate in the case closure assessment by their participant letters and numbers.

3. Interpreting and Recording Responses to the Questions

The questions in this section are based on factors that help define the three core elements of child welfare assessment practice: safety, risk and protective capacity. This section of the guide defines the factor addressed in each question. It also provides instructions on how to code a response for each question.

1. Is the social worker currently able to locate the family?

Ability to locate: Refers to the social worker’s ability to physically locate the child and/or family.

Coding Responses: Determine whether it is possible to locate every adult and child in the focus child’s family, and record the participant letter or number in the appropriate row and column. If the same answer applies to all participants, record “all.”
If the parent/guardian refuses access to the child, the child can not be located. Record the participant number in the “No” row in the appropriate column(s) and continue the assessment.

If the entire family can not be located, it is not necessary to complete the rest of the questions in this section. Record “all” in the “No” row in both columns. Skip to the Case Closure Reason section at the end of the tool.

2. Have there been subsequent concerns about maltreatment (since the current intervention)?

Subsequent maltreatment: Refers to an act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which has resulted in, or has placed the child at risk of, developmental, physical or psychological harm.

Subsequent maltreatment here is distinguished from CWS history and current CWS involvement. This question asks the social worker to record whether or not, in the course of the assessment, the child, members of the family, or other collateral contact, provide information about concerns of child maltreatment that have occurred since the date the last CAT assessment was completed.

Coding Responses: Determine whether the assessment surfaces concerns of prior maltreatment since the date the last CAT assessment was completed with respect to any family member (either as perpetrator or victim), including the identified victims, parents or adults in the home who may have been abused as children, children related to the family who may have previously lived in the home, and record the participant letter or number assigned to the subject of those concerns in the appropriate row and column. If the answer pertains to an adult who currently resides in the home and who may have abused or neglected a child who previously lived in the home, record the adult participant letter in the appropriate column. If the same answer applies to all participants, record “all.”

3. Have there been any subsequent referrals on any parent/guardian since this intervention started?

Subsequent referrals: Refers to reports received by the child welfare agency regarding new allegations after the initial report of child maltreatment.
Coding Responses: This question applies to adult parent/guardians in the home who participate in the assessment. Determine whether the adults have been the subject of a referral of abuse/neglect since the current intervention began, and record the participant letter in the appropriate row and column. If necessary, information about the child affected can be noted in the text row beneath the question.

4. **Have there been previous concerns of maltreatment (other than the current intervention)?**

Prior maltreatment: Refers to an act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which has resulted in, or has placed the child at risk of, developmental, physical or psychological harm.

Maltreatment here is distinguished from CWS history and current CWS involvement. The allegation that is the subject of the open case for which the assessment is being conducted is an indication of current maltreatment. This question asks the social worker to record whether or not, in the course of the assessment, the child, members of the family, or other collateral contact, provide information about previous concerns of child maltreatment which have not yet been brought to the attention of the child welfare agency or recorded in CWS/CMS.

Coding Responses: Determine whether the assessment surfaces concerns of prior maltreatment with respect to any family member (either as perpetrator or victim), including the identified victims, parents and adults in the home who may have been abused as children, or children related to the family who may have previously lived in the home. Record the participant letter or number assigned to the subject of those concerns in the appropriate row and column. If the same answer applies to all participants, record “all.”

5. **Is the child vulnerable?**

Child vulnerability: Refers to the child’s susceptibility to suffer abuse or neglect based on age, health, size, mobility, social/emotional state, and the ability of the parent/guardian to provide protection.

Key characteristics indicating increased vulnerability include:

- age (0 – 5)
- developmental disability
- mental illness, including withdrawn, fearful or anxious behavior
- lack of self protection skills
- substance abusing parents
• homelessness
• chronic neglect

Coding Responses: This question applies to the child assessed for safety and risk. Determine whether the child is vulnerable, and record the child’s participant number in the appropriate row and column.

6. Do you have any concerns about the home that might present a health and safety hazard to the child?

Home Environment: Refers to the physical condition of the home, including safety hazards and health concerns.

Coding Responses: Determine whether the home environment created by the adults poses a risk to the child, and record the adult’s participant letter in the appropriate row and column. If the same answer applies to all adults, record “all.”

7. Does the perpetrator have ongoing access to the child?

Perpetrator access to the child: Refers to the perpetrator’s relationship to the child, including frequency and intimacy of contact with the child.

Coding Responses: This question applies to the identified victim(s) and other child(ren) in the home who are assessed for safety and risk. Determine whether the perpetrator has ongoing access to the child(ren) and record the child’s participant number in the appropriate row and column.

8. Does the social environment pose a risk to the child?

Social Environment: Refers to the social interactions of those living in or having significant contact with those living in the home that support or compromise the child’s health and safety.

This term includes communications, interactions and relationship networks of those in the home, which surround the child and support or compromise the child’s health and safety. Also included are current and historical conditions in the home associated with the parent’s or guardian’s ability to rely on an appropriate social network, solve problems, and communicate effectively.

Coding Responses: Determine whether the social environment created by the adults poses a risk to the child, and record the child’s participant number in the appropriate row and column.
9. Have the child’s permanency needs been addressed?

Child’s permanency needs: Refers to the maintenance and/or establishment of enduring family attachments. This includes a broad array of individualized permanency options, including Reunification, Adoption, Legal Guardianship and alternative permanent living arrangements, to promote the safety, permanence and well-being of children and youth.

Permanency is both a process and a result, that includes involvement of the child/youth as a participant or leader (when possible) in finding a permanent connection with at least one committed adult, who provides:
- a safe, stable and secure parenting relationship
- love
- unconditional commitment
- lifelong support in the context of reunification, a legal adoption, or guardianship, where possible
- and in which the child/youth has the opportunity to maintain contacts with important persons, including brothers and sisters

A broad array of individualized permanency options exist: reunification and adoption are an important two among many that may be appropriate (California Permanency for Youth Task Force).

Coding Responses: This question applies to the identified victim(s) and other child(ren) who are assessed for safety and risk. Determine whether the child is free from delinquent behavior, and record the child’s participant number in the appropriate row and column.

10. Does the parent/guardian interact safely with the children?

Caregiver/child interaction: Refers to the verbal and non-verbal communication and behavior between a caregiver and child which reflects the quality of the relationship and the degree to which it is reciprocal.

This includes behavior indicating the degree to which a child’s parent or guardian demonstrates awareness of the child’s emotional state, empathy, bonding, and appropriate responses to the child. This includes behaviors that are associated with child discipline.

Coding Responses: This question applies to adult parent/guardians in the home who participate in the assessment. Assess whether or not the adult parent’s or guardian’s behavior demonstrates the ability to foster a reciprocal positive attachment and responds to the child in an
appropriate and safe manner, then record the participant letter in the appropriate row and column. If necessary, information about the child affected can be noted in the text row beneath the question.

11. **Is the parent/guardian meeting the child’s basic needs?**

Basic needs: Refers to the fundamental needs of a child and family for food, shelter, clothing, medical care, and the child’s need for supervision.

**Coding Responses:** This question applies to the adult parent/guardian(s) who participate in the assessment. Assess whether or not the adult parent/guardian is meeting the needs of the child being assessed, and record the participant letter in the appropriate row and column. If the same answer applies to all parents/guardians, record “all.” Information about the child affected can be noted in the text row beneath the question.

12. **Is the parent/guardian protecting the child?**

Protective capacity: Refers to the parent/guardian’s ability to utilize internal and external resources to correct the identified concerns and to support the child’s continuing safety.

Such capacities include, but are not limited to, a clear demonstration of bonding and attachment to the child, parental caretaking skills, awareness of and ability to interpret the child’s needs, positive motivation to nurture or meet the child’s needs, willingness to seek and use help, and willingness/ability to act protectively when the child is threatened with harm.

**Coding Responses:** This question applies to adult parent/guardians in the home who participate in the assessment. Determine whether the adult parent/guardian is protecting the child, and record the adult’s participant letter in the appropriate row and column. If the same answer applies to all parent/guardian participants, record “all.” Information about the child affected can be noted in the text row beneath the question.

13. **Does the parent/guardian exhibit a propensity for violence?**

Violence propensity/capability: Refers to a current pattern of aggressive, coercive, threatening or potentially harmful behavior, or a history of such, demonstrated by a parent or guardian.
A *pattern* means a repeated, regular or consistent display of aggressive, coercive, threatening or potentially harmful behavior.

**Coding Responses:** This question applies to adult parent/guardians who participate in the assessment. If the adult parent/guardian demonstrates behavior consistent with a propensity or capacity for violence, record the participant letter in the appropriate row and column. Information about the child affected can be noted in the text row beneath the question.

**14. Did the parent/guardian comply with and make substantial progress toward the case plan objectives?**

Caregiver’s compliance/progress toward case plan objectives: Refers to the parent’s progress in achieving the objectives of the change-oriented interventions specified in the case plan.

This includes the frequency and extent of the parent’s participation in case plan activities, and the degree to which the parent demonstrates that these activities have resulted in change consistent with case plan objectives. Compliance is not the sole basis for considering preservation/restoration, but is one element in assessing the parent’s success in achieving the objectives of the case plan and preparedness to act as a responsible parent.

**Coding Responses:** This question applies to adult parent/guardians who participate in the assessment. Assess whether or not the adult parents or guardians have demonstrated progress toward the case plan objectives, and record the participant letter in the appropriate row and column. If the same answer applies to all parents/guardians, record “all.” Information about the child affected can be noted in the text row beneath the question.

**15. Have cultural and language issues been considered?**

Cultural and language considerations: Refers to consideration and exploration of the family’s cultural framework in the assessment and the development of safety plans and case plans.

This includes social work intervention, services and assessments that are culturally competent and linguistically sensitive, including the provision of services in the language of the client population served.

**Coding Responses:** This question applies to all family members participating in the assessment. Record the participant letter and
number in the appropriate row and column. If the same answer applies to all participants, record “all.”

C. **Child Strengths**

This section of the tool is designed to capture information about the types of personal strength the social worker may have observed in the child who participated in the assessment. The rows list broad categories of functioning that describe different types of personal strength. These categories are not mutually exclusive or exhaustive. General examples of observations that fall in these categories include:

- **Communication**: ability to express or convey understanding, feelings, and information in nonverbal, verbal and/or written terms

- **Physical health**: bodily condition of well-being, including general fitness, level of activity, vitality, ability to thrive, nutrition, good health habits

- **Behavioral health**: positive cognitive and emotional development; ability to regulate emotions and behavior; sense of personal identity, personal responsibility and positive self-regard; knowledge of essential life skills, coping and problem-solving skills, good conflict resolution skills; positive achievement motivation; freedom from mental and/or conduct disorders and substance abuse

- **Social development**: ability to engage in mutual inter-personal relationships; “connectedness,” or perception of trusting, positive relationships with family, adults, peers; pro-social and culturally sensitive values; knowledge of skills needed to navigate community and cultural contexts, including the ability to seek help, if needed; attachment to social institutions such as school, church, clubs, youth programs

- **School performance**: attendance, classroom participation, academic progress, academic achievement

- **Resiliency**: ability to spring back from, or successfully adapt to, conditions of adversity, including risks, stress, crises, and trauma

- **Other**: any other type of observation that does not fall into the broad categories listed above.

**Coding Responses**: When a child is observed to demonstrate examples of age-appropriate, healthy functioning in one or more area, the appropriate box(es) should be checked in the column to the left of the type of strength listed.
D. **Case Closure Reason**

The social worker should record the reason the case is being closed by checking the box in the column to the left of the statement that indicates the appropriate response. Check “other” and enter a brief narrative statement, as necessary.

E. **Services Provided at Case Closure**

The social worker should record the services provided at case closure by checking the box(es) in the column to the left of the statement that indicates the appropriate response. Check all that apply.

F. **Comments/Closing Summary**

The social worker should include a narrative statement that indicates the steps taken to link the family to services and specifies the aftercare or follow-up plan, if one is developed.

G. **Mandatory Signature**

The social worker and the social work supervisor must sign and date the form to indicate that the assessment has been completed. If the social worker is using the tool on the computer, it is highly recommended that the supervisor authorize the social worker to click the “Form Completed” button only after signature approval is obtained, or that the supervisor save the form. For information on how to save the form, please see the technical instruction section below.

V. **FAQs**
VI. Technical Instructions

A. General Use

1. Spell Checking the Form

   Since these forms are “protected” the spell-check feature is unavailable (grayed-out) in Word. To spell check the document, please click the link labeled “Spell Check” that appears at the bottom of most forms (shown below).

   ![Spell Check Link](image)

   Clicking this button will perform a spell-check on the narrative text fields of the document.

2. Obtaining and Entering the Case ID

   At the top left of the three continuing tools there is a form field for the Case ID number (see below). This field must be filled in order for the form to be considered complete.

   ![Case ID Field](image)

   This field refers to the Case ID number created in CWS/CMS that uniquely identifies the case in the system. In order to link the data entered on the CAT forms with data entered separately in CWS/CMS, this Case ID field must be filled in. The Case ID is available in CWS/CMS under: Case Folder -> Case Management Section (green button) -> ID Page -> Case Number field (highlighted in red below).
Select the entire 22 character Case ID number, and copy the text by using the mouse or typing and holding Ctrl-C simultaneously. Pull up the CAT form, and paste the Case ID number (“left click” the mouse, or type Ctrl-V) into the Case ID field on the CAT form, as shown above.

3. Auto-Population of Child and Parent/Guardian Information

The form will auto-populate information on the focus Child and any associated Mother, Father, and Guardian in CWS/CMS when created as a county-specific template in the system. The Mother, Father, and Guardian rows will auto-populate for the focus child.

The first three rows in the Parent section of the form are reserved for the Mother, Father, and Guardian, as shown below:

If the focus child does not have an associated Mother, Father, or Guardian, then the associated row will remain blank. Do not manually fill in these first three reserved rows (a, b, and c), even if a row has been left blank because the system could not find an appropriate adult to auto-populate. Instead, use the next three rows (e, d, f and g) to manually enter information about the adults that have been missed by the CWS/CMS auto-population feature.
Please note that CWS/CMS uses a defined search order to select associated adults for children who have multiple Mothers and Fathers. The system uses the following order, as described in the CWS/CMS documentation:

- Since a child can have several types of Fathers, use the following search hierarchy: Birth, Alleged, Step, Presumed, Adoptive. Foster parent should not be used (meaning the foster parent will not auto-populate).

- Since a child can have several types of Mothers, use the following search hierarchy: Birth, Alleged, Step, Adoptive. Foster parent should not be used (meaning the foster parent will not auto-populate).

*** Important Note Regarding Auto-Population and CWS/CMS ***

When the forms are first created, it can take up to a full minute or two before they are ready for use and can be accessed. During this time, the system may appear to have “locked-up” (this is especially true in the case of referral forms, since a dialog box does not pop-up to indicate the form is being auto-populated). Please wait until the small message in the lower left of the CWS/CMS window switches from “Creating [form name]...” to “New [form name]” before attempting to click to the form.

4. Entering Participant Letters and Numbers

Participant letters and numbers entered in the tool must be separated by commas (it does not matter whether they are also separated by a space).

5. Selecting Text in a Narrative Section

We suggest that you use the mouse to move the cursor to a specific location in the text of a narrative field, then “left click,” drag, and release to select the text. You can use the mouse this way to quickly select multiple lines or sections of text. Important: if you wish to select text using only the keyboard, do not use the up and down arrow keys while holding down the shift key, as this will cause the cursor to move to a different field instead of selecting the desired text.

B. Creating and Filling in Forms

1. Creating the form

The Case Closure Assessment form is available as a county-specific template inside CWS/CMS. The form should be created and saved in the Document – Case notebook of the child / case being assessed. To attach and fill out a blank form for a case, open the appropriate case folder and click: Case Folder -> Case
Management Section (green button) -> Create New Document – Case (highlighted in red below).

The “Generate New Documents” dialog box will appear. Select your county from the “County” drop-down box, and select the form you want from the list. Click “OK” to bring up the blank form. Note that a dialog box will appear while the system auto-populates the form. Please wait until the form has completed auto-populating before attempting to click to the form.

The Case ID field at the top left of the CAT form, as well as child information will be auto-populated by the system. You can save and close this form using the save function on the CWS/CMS toolbar, then re-open it later through the “Document – Case” notebook if more than one data entry session is needed to complete the form.

*** Important Note ***

Forms created and saved in the Case Plan document notebook or the Placement document notebook will not remain there and will instead appear in the Document – Case notebook.

2. Saving Completed Forms Outside of CWS/CMS*

*NOTE: The details of this section may not apply to all County workflows

Every CAT form needs to be accessible for two purposes: 1) Other County/State staff must be able to access the form for review and 2) the information on the form must be collected by SPHERE and aggregated for analysis and evaluation purposes.

To achieve the first purpose, CAT form must be stored in the appropriate Document – Case notebook in CWS/CMS. Other appropriate staff can then view the assessment results in CWS/CMS by opening the case in question, and then opening the CAT form in the Document – Case notebook.

To achieve the second purpose, SPHERE must have electronic access to the data stored in the forms that you complete. Unfortunately, due to IBM’s construction of the CWS/CMS system and existing contractual issues, SPHERE cannot access the forms through CWS/CMS (even though the forms will be stored in the system...
to achieve the first purpose). Thus, copies of the completed forms must also be saved and collected *outside* of CWS/CMS.

To simplify this process, every form has a link labeled “Form Completed” at the very bottom of the last page (shown below).

![Form Completed Button](image)

This button will automatically save the document in CWS/CMS and in a separate location your County has designated to store all CAT forms. When you have entered all data in the form, you must click the “Form Completed” button to save the entered data inside and *outside* CWS/CMS for future analysis and evaluation.

C. **Modifying the Form**

1. **Changing a Saved Form**

Certain circumstances may require that a form that was previously approved as completed and properly saved (by using the “Form Completed” functionality) needs to be edited. In these circumstances, it is acceptable to make the necessary changes to the form stored in CWS/CMS and re-save it by again clicking the “Form Completed” link.

In general, it is permissible to save and submit multiple copies of a form for analysis. Duplicate forms will be automatically resolved by only including the last-modified copy in the analysis.

**Important Note**

The assessment date should **never** be changed; the only date it is permissible to change when re-saving a form is the date on which the form was signed by the social worker and supervisor to indicate the assessment is complete.

2. **Never “un-protect” and “re-protect” a Form**

The contents of all fields that have been completed on the CAT form are cleared when a form is “unprotected” and then “re-protected.” A common reason people “unprotect” a form is to perform a spell check on the document. To spell check the CAT forms, please remember to use the “Spell Check” link at the bottom of the form as described above.
Appendix A

If you have questions or experience difficulty in using these tools, please contact:

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APPENDIX B

Bibliography


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<th>DECISION POINTS FOR ASSESSMENT</th>
<th>DETERMINE RESPONSE</th>
<th>INITIAL SAFETY DETERMINATION</th>
<th>PLACEMENT</th>
<th>REFERRAL DISPOSITION</th>
<th>CASE PLANNING: (INITIAL/CHANGE)</th>
<th>REUNIFICATION</th>
<th>CASE CLOSURE</th>
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<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Determine the appropriateness of the Child Abuse Report for a response. Determines the urgency of the response needed &amp; the Response Team (who will respond).</td>
<td>Ensuring the safety of the child. Begin to identify risk factors of concern in the family.</td>
<td>Ensure the safety of the child by providing the least-restrictive alternative to their home environment.</td>
<td>Determine if a family needs continued public child welfare services, community services or has no current service needs. Examine why problems may be present, and what may be causing the symptoms and behaviors that may result in maltreatment and begins the process of helping the family.</td>
<td>To identify the best possible strategies for changing the conditions/behaviors that lead to harm or the risk of harm to the child.</td>
<td>To determine if it is safe to return a child to his or her home.</td>
<td>To safely terminate public CWS involvement.</td>
</tr>
<tr>
<td><strong>Desired Outcome</strong></td>
<td>Determine appropriate response to concern(s) expressed by reporter and/or collateral contacts.</td>
<td>To ensure the immediate safety of the child.</td>
<td>The placement meets the child's needs in the least restrictive setting which is safe and consistent with the case plan goals.</td>
<td>Appropriate level of service is determined.</td>
<td>Child is in a safe and permanent home.</td>
<td>Child is in a safe and permanent home.</td>
<td>Child is in a safe and permanent home.</td>
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<td><strong>Present System</strong></td>
<td>No uniform assessment standards or tools. For example, counties are currently using SDM Response Priority tool and/or ER protocol.</td>
<td>No uniform assessment standards or tools. For example, counties can use SDM Safety Assessment, local protocol, or variation.</td>
<td>No uniform assessment standards or tools.</td>
<td>No uniform assessment standards or tools. For example, counties can use SDM Risk Assessment, Fresno Model, or variation.</td>
<td>No uniform assessment standards or tools. For example, for initial Case plan, counties can use SDM Family Strengths and Needs Assessment tool, and/or CWS/CWS Case Plan.</td>
<td>No uniform assessment standards or tools. For example, some counties use SDM Family Strengths and Needs Assessment tool. Some counties use Reunification Risk Assessment to determine if it is safe for a child to return to their family's home.</td>
<td>No uniform assessment standards or tools. For example, counties use SDM Risk Reassessment, local protocol, or variation.</td>
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<td>DECISION POINTS FOR ASSMNT</td>
<td>DETERMINE RESPONSE</td>
<td>INITIAL SAFETY DETERMINATION</td>
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<td>Standard Areas For Review</td>
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<td>5. Perpetrator access to child.</td>
<td>9. Home environment.</td>
<td>10. Ability to meet child’s needs.</td>
<td>5. Perpetrator access to child.</td>
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<td>WIC 16501.1(f) (Div 31)</td>
<td>Div 31-125</td>
<td>WIC 16501.1(a)-(e) et seq</td>
<td>WIC 16501.1(a)-(e) et seq</td>
<td>WIC 16501.1(a)-(e) et seq</td>
<td>WIC 16501.1(a)-(e) et seq</td>
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Introduction:

The following is a glossary of terms used in the Standardized Safety Assessment Matrix (SSAM) as defined by the California Safety Assessment Workgroup. The terms have been taken from State statutes, Division 31 Regulations, California Stakeholder documents developed for the Redesign/Child Welfare Improvement process, and other child welfare publications when available. The terms in this document have been numbered to correspond with the numbering in the Matrix. The items noted in brackets are provided as training tips to trainers. The Global Terms at the end of the document are intended to provide clarity to the broad, general, commonly used terms imbedded in the SSAM.

It is important to note that this glossary was developed to promote consistency in the interpretation of the terms used in the SSAM. The terms in this glossary are intended to be general and not tied to a specific tool used for conducting a safety assessment (Structured Decision Making Tool (SDM) or the Comprehensive Assessment Tool (CAT)). Therefore, these terms are not intended to supercede or conflict with specified definitions prescribed by the safety assessment tool used by a particular county. Should there appear to be a discrepancy in definitions, defer to the tool instructions. Should there be a significant conflict please contact CDSS' Operations and Evaluation Branch (916-651-1881).

The primary premise of the Standardized Safety Assessment Matrix is that safety assessments will be done at multiple decision points through out the life of a child welfare case.
Standardized Safety Assessment Matrix Terms

1) **Current and prior maltreatment:** Maltreatment refers to an act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which has resulted in, or has placed the child at risk of, developmental, physical or psychological harm.

   [The social worker will gather information provided by reporting parties and collateral contacts (when appropriate) about that person’s knowledge of current maltreatment of a child. The social worker will also gather information about any previous incidents of child maltreatment involving the child or family.]

2) **Current and prior CWS history:** The information gathered by the social worker from reviews of the CWS/CMS and other available documentation to determine whether or not the child and family have current or past involvement with the public child welfare agency.

3) **Child strengths and vulnerability:** The child’s strengths refer to the child’s behaviors and attitude that support their own safety, permanency, and well-being including health, education, and social development. The child’s vulnerability refers to the child’s susceptibility to suffer abuse or neglect based on age, health, size, mobility, social/emotional state, and the ability of the caregiver to provide protection.

   [Key characteristics indicating increased child vulnerability include developmental disability, mental illness, (including withdrawn, fearful or anxious behavior) and lack of self protection skills, children with substance abusing parents, homeless children, and children experiencing chronic neglect.]

4) **Cultural and language considerations:** The consideration and exploration of the family’s cultural framework in the assessment and the development of safety plans and case plans.

   [This includes social work intervention, services and assessments that are culturally competent and linguistically sensitive, including the provision of services in the language of the client population served.]

5) **Perpetrator access:** The perpetrator’s relationship to the child; including frequency and intimacy of their contact with the child.

6) **Violence propensity / capability:** A pattern of aggressive, coercive, threatening or potentially harmful behavior or history on the part of a parent or household member.
[The presence of family violence in the home, social isolation, and prior criminal convictions may indicate safety and/or risk concerns for the child. These include concerns about the child witnessing domestic violence.]

7) **Social environment:** The social interactions of those living in or having significant contact in the home that support or compromise the child’s health and safety.

[This includes the degree to which communications, interactions and relational networks within the home or surrounding the child, support or compromise the child’s health and safety. Also included are the current and historical conditions within the home which are associated with the caregiver’s capability to rely on an appropriate social network, ability to solve problems, and ability to communicate effectively. Positive aspects of the social environment may mitigate risk to the child.]

8) **Caregiver protective capacity:** The ability and willingness to utilize internal and external resources to mitigate or ameliorate the identified safety and risk concerns, and to support the ongoing safety of the child.

[Such capacities include, but are not limited to, attachment to the child, parental caretaking skills, awareness of and ability to interpret the child’s needs, positive motivation to nurture or meet the child’s needs, willingness to seek and use help, and willingness/ability to act protectively when the child is threatened with harm. Protective capacity elements are the focus of both safety plans and case plans for change-oriented intervention. They point to the inherent capacities of the family or the resources that could be mobilized to contribute to the ongoing protection of the child as well as to the ability or motivation of the parents to change.]

9) **Home environment:** The physical condition of the home including safety hazards and health concerns.

10) **Ability to meet child’s needs:** The ability of the caregiver to provide a safe, stable home and meet the basic needs of children in their care.

[This includes the ability to respond to a child’s age and condition by providing care in a way that supports the child’s health, mental health, education, development, and physical and emotional well-being.]

11) **Caregiver-child interaction:** The verbal and non-verbal communication and behavior between a caregiver and child which reflect the quality of the relationship and the degree to which it is reciprocal.

[This includes behaviors that are associated with the degree to which a child’s parent/caregivers demonstrate an awareness of the child’s emotional state,]
empathy, bonding, and appropriate responses to the child. This includes behaviors that are associated with child discipline.

12) **Ability to locate:** The determination of where the child(ren) and/or family are located.

[This includes information gathered as part of the hotline information gathering process and that is essential to facilitate the ability of the responding ER social worker to locate the child. Specifics regarding hard-to-find locations should be gathered as part of this assessment.]

13) **Safety interventions:** The actions, services, arrangements, circumstances intended to mitigate the threat of, or repeat abuse or maltreatment of the child.

[This includes the development of a safety plan for providing services to promote the health and safety of the children in the family. The safety plan addresses what threats of severe harm exist; how they will be managed including by whom, under what circumstances, with what specified time requirements, etc.]

14) **Pre-Placement Preventative Services:** Those services designed to help children remain with their families by preventing or eliminating the need for removing the child from the home.

[These services are emergency response services and family maintenance services. Div 31-002 (p) (8).]

15) **Child’s immediate and ongoing needs:** The identified developmental, behavioral, cultural and physical needs of a child including their immediate and ongoing needs for safety and security/permanency.

[This includes ensuring that children and families receive sufficient support and services when and where they need them in order to maintain all aspects of their functioning that may be compromised by risk factors associated with abuse and neglect. Immediate and ongoing safety, permanency and well-being needs include medical, dental, mental health and developmental needs; housing, food, clothing, education and emotional support (i.e. healthy family and peer relationships).]

16) **Level of care to meet child’s needs:** The assessment and determination of the appropriate services and placement type that best meets the child’s physical and emotional needs.

[This includes considerations of placing the child in the least restrictive, most family-like setting; that addresses the child’s personal characteristics and cultural background; maintains the child’s connections to family and siblings whenever possible, allows the child to remain in current school if possible, allows for]
reasonable visitation, reunification and permanency planning; and provides for any special needs of the child. Based on Div 31-400 in general.]

17) **Substitute care provider’s willingness / ability to provide care, ensure safety:** The substitute care provider’s ability and commitment to the care and safety of the child.

   [This includes the willingness to accept the child into their home and provide for the child’s daily care and maintenance.]

18) **Substitute care provider’s strengths and willingness to support the child’s case plan:** The active participation of the caregiver in activities that promote and support the child’s safety, permanency, and well-being including health, education and social development.

19) **Sibling placement:** The efforts made in all out of home placements, including those with relatives, to place siblings together in order to maintain the continuity of the family unit.

   [Sibling is defined as a person related to the child by blood, adoption, or affinity through a common legal or biological parent. Welfare & Institutions Code Section 16002(a)(b)]

20) **Child’s permanency needs:** The maintenance and/or establishment of enduring family attachments. This includes a broad array of individualized permanency options for all children and youth, including Reunification, Adoption, Legal Guardianship and alternative permanent living arrangements, to promote their safety, permanence and well-being.

   [Permanency is both a process and a result that includes involvement of the child/youth as a participant or leader (when possible) in finding a permanent connection with at least one committed adult, who provides:
   - a safe, stable and secure parenting relationship,
   - love,
   - unconditional commitment,
   - lifelong support in the context of reunification, a legal adoption, or guardianship, where possible,
   - and in which the child/youth has the opportunity to maintain contacts with important persons, including brothers and sisters.

   A broad array of individualized permanency for all children and youth to promote their safety, permanence and well-being options exist: reunification and adoption are an important two among many that may be appropriate. California Permanency for Youth Task Force.]
21) **Visitation:** The formalized face to face contact between a child and a parent(s)/guardian, siblings, grandparents, or others deemed appropriate by the county or juvenile court, to promote the continuity of parent-child relationships and permanency. (Div 31-002 (v)(1)(B))

[The duration, frequency, location and supervision of the contacts will be based on the safety goals of the case plan, the child’s developmental needs and the parents’ strengths and needs. Regular and frequent contacts between parent and child and/or between the child and his or her siblings help to maintain family relationships, empower parents, minimize children’s separation trauma and provide an opportunity for family members to learn and practice new skills and interactive behaviors.]

22) **Caregiver willingness to change:** The caregiver’s motivation to change those conditions and/or those ineffective/inappropriate behaviors that were identified in the initial assessment that threaten child safety.

23) **Contributing factors requiring intervention:** Refers to the circumstances that required child welfare services intervention.

24) **Current and previous social services:** Any social services currently or previously provided by a public child welfare agency or any social services agency.

[These services may include CalWORKS, mental health services, counseling services, family resource services, etc. This information is used by the social worker in determining the response type; and through out the life of the case including in completing the safety assessment; determining whether family maintenance services are appropriate; determining the appropriate placement type if removal is necessary; determining the permanency goals for the child, and in determining the closure of the case.]

25) **History of criminal behavior:** Caregiver’s previous or current illegal activity as defined by federal and state law that may impact the caregiver’s protective capacity.

[Typical sources include self-report, drug test results and law enforcement records.]

26) **Basic needs:** The fundamental needs of a child and family for food, shelter, clothing, medical care, and the child’s need for supervision.

27) **Medical/Dental Care:** The needs of a child and family for basic medical care, including routine examination, diagnosis or treatment, and hospital care under the general or special supervision or advice of, or to be rendered by, a licensed
physician. The needs of a child and family for basic dental care, including routine examination, diagnosis or treatment by a licensed dentist.

28) **Mental health / coping skills:** Emotional and psychological well-being, including the ability of an individual to use his or her cognitive and emotional capabilities to handle day to day stressors of life and function effectively in society.

29) **Child Development:** The child’s language, cognitive, social/emotional, sensory and motor development.

[The social worker will note any diagnosed developmental problems or apparent need for developmental testing.]

30) **Educational needs:** The level of the child’s academic performance which takes into account the child’s age relative to assigned grade level, the child’s performance as recorded, monitored, and measured by the child’s educational institution, and any barriers that are identified that may interfere with the child’s successful academic performance.

31) **Parenting skills:** The skills a parent demonstrates regarding their capacity to effectively care for, guide and discipline the child(ren) in their custody.

32) **Child’s relationship with peers and adults:** The quality of connectedness (defined as close and positive attachment) by the child to significant adults or peers in his or her life.

[This quality is measured by the degree in which these relationships meet or enhance the child’s emotional, developmental, social, mental, and/or educational needs. These significant relationships may include immediate family, friends, professionals, or extended family members but can include anyone who has an impact on the child’s life and cannot be measured solely by frequency of contact with the child.]

33) **Substance abuse:** The abuse of alcohol and other drugs (AOD) by the parent, caregiver, or the child.

[Considering substance abuse in making safety assessments will include the severity and impact of the AOD use on each member of the family. Some cases will require differentiating between substance use, abuse or dependence for the adult or adolescent family members.]

34) **Domestic Violence:** A pattern of assaultive and coercive behaviors used against intimate partners (including physical, sexual, and psychological attacks, as well as economic coercion).
[Refer to the legal definitions in Family Code Section 6211. Also recommend using the National Council of Juvenile and Family Court Judges’ “Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice (Green book Project).”]

35) **Delinquent Behavior:** Behavior by a person under the age of 18 that is persistently or habitually in conflict with the reasonable orders of his guardians and/or is in violation of any laws of this state or the United States. (Welfare & Institutions Code Sections 601, 602)

36) **Subsequent referrals:** Reports received by the child welfare agency regarding new allegations after the initial report of child maltreatment.

37) **Caregiver’s compliance / progress toward case plan objectives:** The parent(s) progress in achieving the objectives of the change-oriented interventions specified in the case plan.

[This includes the frequency and extent of the parent’s participation in case plan activities, and the degree to which the parent demonstrates that these activities have resulted in change consistent with case plan objectives. Compliance is not the sole basis for considering preservation/restoration, but is one element in assessing the parent’s success in achieving the objectives of the case plan and preparation to act as a responsible parent.]
Global Terms

Caregiver: Parent(s), guardian(s), or other adult fulfilling the parental role and entrusted with the responsibility to care for the child(ren).

Caregiver’s personal history of abuse: The information gathered and utilized by the social worker in the assessment process to determine whether the caregiver has ever been a victim of child abuse or neglect him/herself, and whether that history impacts the caregiver’s protective capacity.

Case Plan: The written document which is developed based on an assessment of the circumstances which required child welfare services intervention; and in which the social worker identifies a case plan goal, the objectives to be achieved, the specific services to be provided, and case management activities to be performed. [Div 31-002(c)(2)]

Definitions of physical abuse, sexual abuse, emotional abuse, neglect and/or exploitation: Penal Code 11165 et seq.

External Resources: The formal or informal resources outside the individual or the family, (i.e. community connections, support of friends, church, or community organizations, etc.) that strengthen their capacity to mitigate risk and to support the ongoing safety of a child.

Internal Resources: Those resources that exist within each individual in the family and the family as a whole (i.e. emotional and psychological strengths, etc.) that strengthen their capacity to mitigate risk and to support the on-going safety of a child.

Perpetrator: The person alleged to have committed the abuse and/or against the child.

Risk: The likelihood that a child will be abused, neglected or exploited.

Risk Assessment: The process utilized by a social worker to determine the likelihood that a child will be abused, neglected or exploited.

[This could include the use of a variety of tools and/or experience, training and professional judgment, as well as other research-based tools (including evidence-based decision making tools) to:

- facilitate the interviewing of children, families, and community members,
- gather and evaluate information from collateral contacts,
- gather and evaluate psycho-socio information regarding the parent,
- review and evaluate past history (including use of CWS/CMS data).

Risk elements are the focus of the case plan for change-oriented interventions - they indicate what has to be addressed as the child protection system works with the family to change the conditions that put the child at risk, as well as potential future safety]
challenges. The assessment of risk also incorporates the elements of protective capacity.]

**Safety:** A child is currently free from physical abuse, sexual abuse, emotional abuse, neglect, and/or exploitation.

**Safety Assessment:** The process utilized by a county social worker to determine if a child is currently safe from physical abuse, sexual abuse, emotional abuse, neglect, and/or exploitation.

[This could include the use of a variety of tools and/or experience, training and professional judgment, as well as other research-based tools (including evidence-based decision making tools) to make that determination. The safety assessment is conducted as part of the initial CPS intervention and continues throughout the life of the case. *A safety assessment is not the same thing as a risk assessment.*]

**Substitute care provider:** A foster parent or relative/non-relative extended family member who is responsible for a child’s care during his or her placement in out-of-home care.

[The non-relative extended family member may be a person who has an established familial or mentoring relationship with the child.]