

EMERGENCY RESPONSE REFERRAL INFORMATION

Referral Name: Conseco, Maria

Screening Decision: Screen in, immediate

Screener Information

- Name: Student 10
- Title: Social worker
- Date: 8/22/2015
- Time: 9:43 a.m.
- Caseload#: 1111
- Phone number: 999-999-9999
- Location: Central
- Alerts:
- Law enforcement agency: Big City PD
- Police report number: 7777777

Home Address: 888 N. Main

- Phone number: 888-888-8888
- Address comments:
- Current location of children: Victim is in school, Big City Elementary.

Victim Information

- Name: Madelyn Velasquez
- AKA:
- Social Security #:
- DOB: 6/4/2007
- Age: 8
- Age code:
- Sex: F
- Ethnicity: Hispanic
- Language: English
- ICWA eligibility: Not ICWA
- School/day care name/address: Big City Elementary
- Abuse category/alleged perpetrator name: Physical abuse/Tommy Carbona
- Case worker name (for open case):
- Phone (for open case):
- Caseload #:

Others In Home

Person 1

- Name: Peter Carbona
- Social Security #:
- Sex: M
- Date of birth/age: 7/1/2013 (2)
- Language: English
- Work phone:
- Role: Son
- For/to: Maria, Peter
- Case worker name:
- Phone #:
- Caseload #:

Person 2

- Name: Maria Conseco
- Social Security #:
- Sex: F
- Date of birth/age: 30
- Language: English
- Work phone:
- Role: Mother
- For/to: Madelyn, Peter
- Case worker name:
- Phone #:
- Caseload #:

Person 3

- Name: Tommy Carbona
- Social Security #:
- Sex: M
- Date of birth/age: 28
- Language: English
- Work phone:
- Role: Father
- For/to: Peter
- Case worker name:
- Phone #:
- Caseload #:

Collateral Information

- Name:
- Role:
- For/to:
- Address:
- Primary phone:
- Contact date:
- Contact method:
- Description:

Cross Report Information

- Agency: Big City PD
- Official contacted: J. T. Fact
- Title: Sgt.
- Address:
- Phone number:
- Badge number:
- Cross reported by: Student 10
- Date & time of report: 8/22/2015, 10:00 a.m.

Reporter Information

- Name: Lerna Lot
- Agency or organization: Big City Elementary School
- Relationship: Teacher to Madelyn
- Address: 444 South Street
- Primary/secondary phone: 555-555-5555
- Contact date: 8/22/2015
- Contact method: Phone
- Description:

- Reporter type: Mandated reporter/feedback required

Referral History

Person 1

- Referral ID: 1111-1111-1111-11111111
- Client name: Maria Conseco
- Referral role: Perpetrator
- Referral date: 7/14/2013
- Allegation type: Neglect
- Allegation disposition: Substantiated

Person 2

- Referral ID: 1111-1111-1111-11111111
- Client name: Madelyn Velasquez
- Referral role: Victim
- Referral date: 7/14/2013
- Allegation type: Neglect
- Allegation disposition: Substantiated

Person 3

- Referral ID: 2222-2222-2222-22222222
- Client name: Tommy Carbona
- Referral role: Perpetrator
- Referral date: 9/5/2014
- Allegation type: Physical abuse
- Allegation disposition: Substantiated

Person 4

- Referral ID: 2222-2222-2222-22222222
- Client name: William Carbona
- Referral role: Victim
- Referral date: 9/5/2014
- Allegation type: Physical abuse
- Allegation disposition: Substantiated

Screener Narrative

School reports that 8-year-old Madelyn arrived at school today and was observed to have lots of bruises on her arms and face. She said, "My daddy hurt me last night." She is pretty tearful and not able to sit in class. She is in the principal's office. No further information provided.

EMERGENCY RESPONSE REFERRAL INFORMATION

Referral Name: Conseco, Maria

Screening Decision: Screen in, immediate

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- Title: Social worker
- Date: 8/22/2015
- Time: 10:00 a.m.
- Caseload #: 1111
- Phone number: 999-999-9999
- Location: Central
- Alerts:
- Law enforcement agency: Big City PD
- Police report number: 7777777

Home Address: 888 N. Main

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- Ethnicity: Hispanic
- Language: English
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- Abuse category/alleged perpetrator name: Physical abuse/Tommy Carbona
- Case worker name (for open case):
- Phone (for open case):
- Caseload #:

Others In Home

Person 1

- Name: Peter Carbona
- Social Security #:
- Sex: M
- Date of birth/age: 7/1/2013 (2)
- Language: English
- Work phone:
- Role: Son
- For/to: Maria, Peter
- Case worker name:
- Phone #:
- Caseload #:

Person 2

- Name: Maria Conseco
- Social Security #:
- Sex: F
- Date of birth/age: 30
- Language: English
- Work phone:
- Role: Mother
- For/to: Madelyn, Peter
- Case worker name:
- Phone #:
- Caseload #:

Person 3

- Name: Tommy Carbona
- Social Security #:
- Sex: M
- Date of birth/age: 28
- Language: English
- Work phone:
- Role: Father
- For/to: Peter
- Case worker name:
- Phone #:
- Caseload #:

Collateral Information

- Name:
- Role:
- For/to:
- Address:
- Primary phone:
- Contact date:
- Contact method:
- Description:

Cross Report Information

- Agency: Big City PD
- Official contacted: J. T. Fact
- Title: Sgt.
- Address:
- Phone number:
- Badge number:
- Cross reported by: Student 10
- Date & time of report: 8/22/2015, 10:00 a.m.

Reporter Information

- Name: M. D. Boss
- Agency or organization: Big City Elementary School
- Relationship: Principal to Madelyn
- Address: 444 South Street
- Primary/secondary phone: 555-555-5555
- Contact date: 8/22/2015
- Contact method: Phone
- Description:

- Reporter type: Mandated reporter/feedback required

Referral History

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Person 4

- Referral ID: 2222-2222-2222-22222222
- Client name: William Carbona
- Referral role: Victim
- Referral date: 9/5/2014
- Allegation type: Physical abuse
- Allegation disposition: Substantiated

Person 2

- Referral ID: 3274-9660-1704-7000036
- Client name: Madelyn Velasquez
- Referral role: Victim
- Referral date: 8/22/2015
- Allegation type: Physical abuse, neglect
- Allegation disposition: Pending

Screener Narrative

School principal called to advise that Madelyn arrived at school “pretty bruised up” on arms and face. She was in the principal’s office but started to look “pretty pale and shock-y,” so they called an ambulance. Madelyn is on the way to General Hospital.



Hotline Tools

| | | | |
|-------------------------|-----------------------------|------------------------------|-----------------------------|
| Referral ID: | 3274-9660-1704-7000036 | Assessment Date: | 8/22/2015 |
| Referral Name: | Conseco, Maria | County of Completion: | Orange |
| Approval Status: | Not Required | Approval Unit: | |
| Created by: | Student 10, SDM (8/22/2015) | Last Update by: | Student 10, SDM (8/22/2015) |

Step I: Preliminary Screening

Review of screening criteria is not required if:

Evaluate out

- No child under age 18
- Duplicate referral that contains no new information
- Referred to another county
- Allegations of harm in a group home, residential treatment facility, or other institution
- Safely surrendered baby

Step II: Appropriateness of a Child Abuse/Neglect Report for Response

Part A: Screening Criteria

Instructions: Elicit reporter's concerns and mark all that apply.

Physical Abuse

Non-accidental or suspicious injury

- Death of a child due to abuse AND there is another child in the home
- Severe
- Other injury (other than very minor unless child is under 1 year old)
- Caregiver action that likely caused or will cause injury (other than very minor unless child is under 1 year old)
- Prior death of a child due to abuse AND there is a new child, of any age, in the home

Emotional Abuse

- Caregiver actions have led or are likely to lead to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others
- Exposure to domestic violence

Neglect

Severe Neglect

- Diagnosed malnutrition
- Non-organic failure to thrive
- Child's health/safety is endangered
- Death of a child due to neglect AND there is another child in the home

General Neglect

- Inadequate food
- Inadequate clothing/hygiene
- Inadequate/hazardous shelter
- Inadequate supervision
- Inadequate medical/mental health care
- Caregiver absence/abandonment
- Involving child in criminal activity
- Failure to protect
 - Family sexual exploitation
 - Commercial sexual exploitation

- Child has been commercially sexually exploited and/or sex trafficked while **in placement** (notify worker for immediate response and notify licensing)
- Child has been commercially sexually exploited and/or sex trafficked (**not in placement**) -- provide immediate placement support

Threat of Neglect

- Prior failed reunification or severe neglect, and new child in household
- Allowing child to use alcohol or other drugs
- Prior death of a child due to neglect AND there is a new child, of any age, in the home
- Prenatal substance use
- Other high risk birth

Sexual Abuse

- Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator
- Physical, behavioral, or suspicious indicators consistent with sexual abuse
- Sexual act(s) among siblings or other children living in the home
- Family sexual exploitation

Commercial sexual exploitation

- Child has been commercially sexually exploited and/or sex trafficked while **in placement** (notify worker for immediate response and notify licensing)
- Child has been commercially sexually exploited and/or sex trafficked (**not in placement**) -- provide immediate placement support

Threat of sexual abuse

- Known or highly suspected sexual abuse perpetrator lives with child
- Severely inappropriate sexual boundaries

Part B: Screening Decision

Recommended Screening Decision

Recommended Screening Decision: In-Person Response

Screening Criteria Allegation Type(s): Physical Abuse, Neglect

Overrides

Instructions: Select the appropriate override below. If there are no overrides, select "No Override," and the screening decision will remain the same.

No Override

No override

Override to In-Person Response

In-person response. No criteria are marked, but report will be opened as a referral. No further SDM assessments required. Mark any that apply:

- Courtesy interview at law enforcement's request
- Residency verification
- Response required by court order
- Local protocol (*explain in comments below*)
- Other (*explain in comments below*)

Comments:

Override to Evaluate Out

- Evaluate out. One or more criteria are marked, but referral will be evaluated out. No further SDM assessments required. Mark all that apply:
 - Insufficient information to locate child/family
 - Another community agency has jurisdiction
 - Historical information only

Final Screening Decision

Final Screening Decision: In-Person Response

Step III: Response Priority**Part A: Decision Trees**

- Allegation concerns maltreatment by SCP AND county policy requires response within 24 hours
- Child is already in custody

Physical Abuse**Within 24 Hours**Do **any** of the following apply?

- Medical care currently required due to alleged abuse
- Caregiver's behavior is alleged to be dangerous or threatening to child's health or safety (reasonable person standard)
- Allegation of physical injury to non-mobile child or any child under age 2 (or capability equivalent)
- Is there a nonperpetrating caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?
- Child is vulnerable or fearful
- There is prior history of physical abuse
- There is current concern that domestic violence will impact the safety of the child within the next 10 days
- None of the above

Neglect**Within 24 Hours**Do **any** of the following apply?

- Child requires immediate medical/mental health evaluation or care
- Child's physical living conditions are immediately hazardous to health or safety
- Child is currently unsupervised and in need of supervision
- Substance-exposed newborn will be discharged within 10 days AND no caregiver appears willing and able to provide for the infant upon discharge
- None of the above

Part B: Response Priority Overrides**Recommended Response Priority****Recommended Response Priority:** Within 24 Hours**Overrides****Instructions:** Select the appropriate override below. If there are no overrides, select "No Override," and the screening decision will remain the same.**No Override (no change to response priority)**

- No override

Policy Overrides*Increase to 24 hours whenever:*

- Law enforcement is requesting immediate response
- Forensic considerations would be compromised by slower response
- There is reason to believe that the family may flee

Decrease to ten days whenever:

- Child safety requires a strategically slower response
- The child is in an alternative safe environment
- The alleged incident occurred more than six months ago AND no maltreatment is alleged to have occurred in the intervening time period

Discretionary Override

- Discretionary override

Override Response Priority:**Discretionary Override Reason:**

Final Response Priority**Final Response Priority:** Within 24 Hours

Comments

Staff Person Comments:

Supervisor Comments:

CONTACT NOTES

Date: 8/22/15

Staff person: Student 10

Method: In-person

Clients: Madelyn, Maria

On behalf of: Madelyn

Worker went to General Hospital. Dr. Bones has examined Madelyn and says in addition to the bruises, she may also have a ruptured spleen. Mother told Dr. Bones she had no idea how this happened. Madelyn has just said she is sorry she made her daddy so mad. Dr. Bones states that given Madelyn's bruising and spleen injury, he is concerned that this may be as a result of non-accidental trauma. Madelyn will need to be sedated for a test, and may need to have surgery so she can't be interviewed today.

Spoke to mother. She is really upset and says that if her boyfriend did this, he is "out of there." Madelyn is from a previous relationship. She and boyfriend, Tommy Carbona, have one child together, 2-year-old Peter. Mother says that Peter has Down Syndrome. Tommy is at work. He builds houses and she probably can't reach him today. His boss is really unreasonable about not having cell phones on job sites. This is exactly why he ought to let his workers carry cell phones.

Peter is at home with a neighbor. The neighbor is a retired school teacher and is pretty helpful, but does get a little nosy.

Spoke to Officer Blue. He will interview Tommy. He interviewed Maria at the hospital and says she denied having any knowledge of how injuries were caused. She was out with friends last night and Tommy was taking care of the children. They were in bed when Maria came home. Tommy got Madelyn up and ready for the school bus this morning. Maria said she never hits the children, ever. She said Tommy spanks them and sometimes uses a belt or paddle, but she has never seen an injury because of it.

Went to home with mother. The home is pretty nice and reasonably furnished. There are a couch and two chairs in the living room, which is carpeted. It was pretty well picked up except for quite a few toys and games laying around. Tommy had lots of tools and power tools out in living room.

Worker explained to Maria that, due to seriousness of the injury, we would be placing a protective hold and would need to place Madelyn and Peter. Maria said she had no relatives in the area, so Madelyn will be placed in foster care. Maria was pretty upset by this, and this worker told her it was really the best thing, given the circumstances. She needs to focus on the future and think about what she has to do to get Madelyn back.

Madelyn will be discharged to the home of licensed foster mother Libby Edwards.

Date: 8/23/2015

Staff person: Student 10

Method: Phone

Clients: Officer Blue

On behalf of: Madelyn

Worker spoke with Officer Blue. Tommy confessed to beating Madelyn last night. He "lost it" when Madelyn picked up his power nailer and it went off, sending a nail that flew within inches of his head and landed in the wall behind him. He said he has warned her to not touch his things because they are dangerous, and she could have killed him. Tommy was arrested and is in jail.

Date: 8/23/2015

Staff person: Student 10

Method: Phone

Clients: Dr. Bones

On behalf of: Madelyn

Doctor states Madelyn's surgery was successful. She is recovering well and can be discharged in the next few days.

Date: 8/24/15 Investigate referral

Staff person: Student 10

Method: In-person—court

Clients: Maria

On behalf of: Madelyn

Detention hearing. Court order for continued placement. Peter and Madelyn will be placed in the same foster home when she is discharged. Talked to Maria and told her she was going to have to make a decision. She also needs to get the tools out of the house if the kids are going to go home. Maria's mother was there as well and told the worker that she knew something like this would happen. She told Maria to dump Tommy a long time ago. She never liked him; she thinks he gambles, and he doesn't ever go to church. MGM states that Maria is a good mother when she wants to be but is often led astray by her bad choices in men. MGM wishes that Maria would have stuck with Jim, whom she dated in high school. Jim is now a manager at Target and making pretty good money, and he could have made a nice father and given them a nice home.



Safety Assessment

| | | | |
|-------------------------|-----------------------------|------------------------------|-----------------------------|
| Referral ID: | 3274-9660-1704-7000036 | Assessment Date: | 8/23/2015 |
| Referral Name: | Conseco, Maria | County of Completion: | Orange |
| Approval Status: | Not Submitted | Approval Unit: | |
| Created by: | Student 10, SDM (8/23/2015) | Last Update by: | Student 10, SDM (8/23/2015) |

Household Name: **Were there allegations in this household?** Yes No

Assessment Type: Initial Review/Update Referral Closing

Is either caregiver Native American or a person with Indian ancestry?

Yes No Parent not available Parent unsure

Factors Influencing Child Vulnerability

- Age 0 - 5 years Diminished mental capacity (e.g., developmental delay, non-verbal)
- Significant diagnosed medical or mental disorder Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
- Not readily accessible to community oversight

Section 1: Safety Threats and Protective Capacities

Part A: Safety Threats

Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

- Yes No

Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:

 - Serious injury or abuse to child other than accidental.
 - Caregiver fears he/she will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Domestic violence likely to injure child.
 - Excessive discipline or physical force.
 - Drug-/alcohol-exposed infant.
- Yes No

Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
- Yes No

Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
- Yes No

The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- Yes No

Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- Yes No

Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
- Yes No

Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
- Yes No

The family refuses access to the child, or there is reason to believe that the family is about to flee.
- Yes No

Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.

10. Yes No Other (specify):

Section 1A: Caregiver Complicating Behaviors

Instructions: If any safety threats above are marked yes, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Mark all that apply to the household.

- Substance abuse Developmental/cognitive impairment
 Domestic violence Physical condition
 Mental health Other (specify):

Section 2: Household Strengths and Protective Actions

Household Strengths: These are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats.

Protective Actions: These are specific actions, taken by one of the child's current caregivers or by the child, that mitigate identified safety threats in the household.

Household strengths and protective actions should be assessed, considered, and built upon when creating a safety plan. Mark all that apply to the household.

Caregiver problem solving

Household Strengths: At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions.

Protective Actions: At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s).

Caregiver support network

Household Strengths: At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network.

At least one non-offending caregiver exists and is willing and able to protect the child from future harm.

At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.

Protective Actions: At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to take action to protect the child.

Child problem solving

Household Strengths: At least one child is emotionally/intellectually capable of acting to protect him/herself from a safety threat.

Protective Actions: At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s).

Child support network

Household Strengths: At least one child is aware of his/her support network members and knows how to contact these individuals when needed.

Protective Actions: At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was able to help the child.

Other

Household Strengths: Other (specify):

Protective Actions: Other (specify):

Section 3: Safety Interventions

Instructions: For each identified safety threat, review available protective capacities. With these protective capacities in place, can the following interventions control the threat to safety? Consider whether the threat to safety appears related to the caregiver's knowledge, skill, or motivational issue.

If one or more safety threats are present, consider whether safety interventions 1-8 will allow the child to remain in the home for the present time. If protective capacities 2, 3, and/or 7 are not marked, carefully consider whether any safety interventions 1-8 are appropriate to immediately protect the child. Mark the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by marking item 9 or 10, and follow procedures for initiating a voluntary agreement for taking the child into protective custody. A safety plan form is provided to systematically capture interventions and facilitate follow-through.

Safe With Plan

One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protective interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats. Mark all in-home interventions used in the safety plan.

1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as safety resources.
4. Use of tribal, Indian community service agency, and/or ICWA program resources.
5. Have the caregiver appropriately protect the victim from the alleged perpetrator.
6. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
7. Have the non-offending caregiver move to a safe environment with the child.
8. Legal action planned or initiated - the child remains in the home.
9. Other (specify:)

Unsafe

One or more safety threats are present, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. Check one response only.

10. Have the caregiver voluntarily place the child outside the home, consistent with WIC 11400(o) and (p).
11. Child placed in protective custody because interventions 1-9 do not adequately ensure the child's safety.

Section 4: Safety Decision

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

- Safe With Plan. One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protecting interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats.

Unsafe. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

Comments

Staff Person Comments:

Supervisor Comments:



Risk Assessment

| | | | |
|-------------------------|-----------------------------|------------------------------|-----------------------------|
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| Approval Status: | Not Submitted | Approval Unit: | |
| Created by: | Student 10, SDM (8/23/2015) | Last Update by: | Student 10, SDM (8/23/2015) |

Prior Investigations

| | Neglect | Abuse |
|--|----------|----------|
| 1. Prior neglect investigations | 1 | 1 |
| <input type="radio"/> a. No prior neglect investigations | 0 | 0 |
| <input type="radio"/> b. One prior neglect investigation | 0 | 1 |
| <input checked="" type="radio"/> c. Two prior neglect investigations | 1 | 1 |
| <input type="radio"/> d. Three or more prior neglect investigations | 2 | 1 |
| 2. Prior abuse investigations | 0 | 0 |
| <input checked="" type="radio"/> a. No prior abuse investigations | 0 | 0 |
| <input type="radio"/> b. One prior abuse investigation | 1 | 0 |
| <input type="radio"/> c. Two prior abuse investigations | 1 | 1 |
| <input type="radio"/> d. Three or more prior abuse investigations | 1 | 2 |
| 3. Household has previous or current open ongoing CPS case (voluntary/court-ordered) | 1 | 1 |
| <input type="radio"/> a. No | 0 | 0 |
| <input checked="" type="radio"/> b. Yes, but not open at the time of this referral | 1 | 1 |
| <input type="radio"/> c. Yes, household has open CPS case at the time of this referral | 2 | 2 |
| 4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child | 0 | 1 |
| <input type="radio"/> a. None/not applicable | 0 | 0 |
| <input checked="" type="radio"/> b. One or more apply (mark all applicable): | 0 | 1 |
| <input type="radio"/> Prior physical injury to a child resulting from child abuse/neglect | | |
| <input checked="" type="radio"/> Prior substantiated physical abuse of a child | | |

Current Investigations

| | Neglect | Abuse |
|---|----------|----------|
| 5. Current report maltreatment type (mark all applicable): | | |
| <input checked="" type="checkbox"/> a. Neglect | 1 | 0 |
| <input type="checkbox"/> b. Physical and/or emotional abuse | 0 | 1 |
| <input type="checkbox"/> c. None of the above | 0 | 0 |
| 6. Number of children involved in the child abuse/neglect incident | 0 | 0 |
| <input checked="" type="checkbox"/> a. One, two, or three | 0 | 0 |
| <input type="checkbox"/> b. Four or more | 1 | 1 |
| 7. Primary caregiver assessment of the incident | 0 | 0 |
| <input checked="" type="checkbox"/> a. Caregiver does not blame the child | 0 | 0 |
| <input type="checkbox"/> b. Caregiver blames the child | 0 | 1 |

Family Characteristics

Neglect Abuse

| | | |
|--|----------|----------|
| 8. Age of youngest child in the home | 1 | 0 |
| <input type="radio"/> a. 2 Years or older | 0 | 0 |
| <input checked="" type="radio"/> b. Under 2 | 1 | 0 |
| 9. Characteristics of children in the household | 1 | 1 |
| <input type="radio"/> a. Not applicable | 0 | 0 |
| <input checked="" type="radio"/> b. One or more present (mark all applicable): | 1 | * |
| <input type="radio"/> Mental health or behavioral problems | | |
| <input checked="" type="radio"/> Developmental disability | | |
| <input type="radio"/> Learning disability | | |
| <input type="radio"/> Physical disability | | |
| <input type="radio"/> Medically fragile or failure to thrive | | |
| 10. Housing | 0 | 0 |
| <input checked="" type="radio"/> a. Household has physically safe housing | 0 | 0 |
| <input type="radio"/> b. One or more apply (mark all applicable): | 1 | 0 |
| <input type="radio"/> Physically unsafe; AND/OR | | |
| <input type="radio"/> Family homeless | | |
| 11. Incidents of domestic violence in the household in the past year | 0 | 1 |
| <input type="radio"/> a. None or one incident of domestic violence | 0 | 0 |
| <input checked="" type="radio"/> b. Two or more incidents of domestic violence | 0 | 1 |
| 12. Primary caregiver disciplinary practices | 0 | 0 |
| <input checked="" type="radio"/> a. Employs appropriate discipline | 0 | 0 |
| <input type="radio"/> b. Employs excessive/inappropriate discipline | 0 | 1 |
| 13. Primary or secondary caregiver history of abuse or neglect as a child | 1 | 1 |
| <input type="radio"/> a. No history of abuse or neglect for either caregiver | 0 | 0 |
| <input checked="" type="radio"/> b. One or both caregivers have a history of abuse or neglect as a child | 1 | 1 |
| 14. Primary or secondary caregiver mental health | 0 | 0 |
| <input checked="" type="radio"/> a. No past or current mental health problem | 0 | 0 |
| <input type="radio"/> b. Past or current mental health problem (mark all applicable): | 1 | 1 |
| <input type="radio"/> During the past 12 months | | |
| <input type="radio"/> Prior to the last 12 months | | |
| 15. Primary or secondary caregiver alcohol and/or drug use | 0 | 0 |
| <input checked="" type="radio"/> a. No past or current alcohol/drug use that interferes with family functioning | 0 | 0 |
| <input type="radio"/> b. Past or current alcohol drug use that interferes with family functioning (mark all applicable): | 1 | 1 |
| Alcohol | | |
| <input type="radio"/> During the past 12 months | | |
| <input type="radio"/> Prior to the last 12 months | | |
| Drugs | | |
| <input type="radio"/> During the past 12 months | | |
| <input type="radio"/> Prior to the last 12 months | | |
| 16. Primary or secondary caregiver criminal arrest history | 0 | 0 |
| <input checked="" type="radio"/> a. Does not have criminal arrests | 0 | 0 |
| <input type="radio"/> b. Either caregiver has one or more criminal arrests | 1 | 0 |
| Total Score: | 6 | 6 |

Scoring and Overrides

Scored Risk Level

Neglect Risk Level: High**Abuse Risk Level: High****Scored Risk Level: High****Overrides**

Instructions: If there are no overrides, select "No override"; the risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If you select a discretionary override, the risk level will increase one level, and you must enter a reason in the box provided.

Policy Overrides (increases risk level to Very High)

- Policy override
- Sexual abuse case AND the perpetrator is likely to have access to the child
 - Non-accidental injury to a child under age 2
 - Severe non-accidental injury
 - Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current)

Discretionary Overrides (increases risk level one level)

- Discretionary override

Override Risk Level:

Discretionary Override Reason:

No Overrides (no change to risk level)

- No override

Final Risk LevelThe final risk level is: **High****Recommended Decision**The recommended decision is: **Promote**Planned action: **Promote** **Do not promote**

If recommended decision and planned action do not match, explain why:

Supplemental Questions**1. Either caregiver demonstrates difficulty accepting one or more children's gender or sexual orientation.**

- a. No
- b. Yes

2. Alleged perpetrator is an unmarried partner of the primary caregiver.

- a. No
- b. Yes

3. Another adult in the household provides unsupervised child care to a child under the age of 3.

- a. Not applicable
- b. No
- c. Yes

Is the other adult in the household employed? No Yes**4. Either caregiver is isolated in the community.**

- a. No
- b. Yes

5. Caregiver has provided safe and stable housing for at least the past 12 months.

a. No

b. Yes

Comments

Staff Person Comments:

Supervisor Comments:



Family Strengths and Needs

Assessment Date: 12/09/2016

Household Name: Maria Conseco

County of Completion: Administration

Approval Status: Incomplete

Approval Unit:

Created by: Student 10 (12/09/2016)

Last Update by: Student 10 (12/09/2016)

Clients

| Assessed? | Name | Client ID | Age | Has Case | Role |
|-----------|--------------------|-----------|-----|----------|---------------------|
| Y ✓ | Velasquez, Madelyn | | 8 | ✓ | Child |
| ✓ | Conseco, Maria | | 30 | | Primary Caregiver |
| ✓ | Carbona, Tommy | | 28 | | Secondary Caregiver |
| ✓ | Carbona, Peter | | 2 | | Child |

Primary Caregiver Information

Primary Caregiver: Conseco, Maria

Race: African American/Black Latino/a Multiracial
 Asian/Pacific Islander White Other
 American Indian/Alaska Native

Ethnicity:

Tribal Affiliation: Yes No

Tribe Name:

Federally Recognized: Yes No

Sexual Orientation: Heterosexual Lesbian Other
 Gay Bisexual Not discussed

Gender Identity and Expression: Male Transgender
 Female Other

Religious and/or Spiritual Affiliation:

Other Cultural Identity Important to Caregiver (e.g., immigration status, disability status):

Secondary Caregiver Information

Secondary Caregiver: Carbona, Tommy

Race: African American/Black Latino/a Multiracial
 Asian/Pacific Islander White Other
 American Indian/Alaska Native

Ethnicity:

Tribal Affiliation: Yes No

Tribe Name:

Federally Recognized: Yes No

Sexual Orientation: Heterosexual Lesbian Other
 Gay Bisexual Not discussed

Gender Identity and Expression: Male Transgender
 Female Other

Religious and/or Spiritual Affiliation:

Other Cultural Identity Important to Caregiver (e.g., immigration status, disability status):

Section 1: Caregiver Strengths and Needs

A. Household Context

| | Primary | Secondary |
|---|----------------------------------|----------------------------------|
| The caregiver's perspective of culture and cultural identity: | | |
| a. Actively helps create safety, permanency, and child/youth/young adult well-being. | <input type="radio"/> | <input type="radio"/> |
| b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being. | <input checked="" type="radio"/> | <input type="radio"/> |
| c. Is a barrier to safety, permanency, or child/youth/young adult well-being. | <input type="radio"/> | <input checked="" type="radio"/> |
| d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult. | <input type="radio"/> | <input type="radio"/> |

Consider how the family's culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence or shape parenting and caregiving. Are there contacts or services within this culture that can be mobilized in the case plan to enhance safety now or over time?

B. Caregiver Domains

Indicate whether the caregiver's behaviors in each domain:

- a:** Actively help create safety, permanency, or well-being for the child/youth/young adult;
- b:** Are neither a strength nor a barrier for child/youth/young adult safety, permanency, or well-being;
- c:** Make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or
- d:** Directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if caregiver actions fit definitions "a" and "b," select "b."

Domains and behaviors identified as "c" on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as "c."

| | Primary | Secondary |
|--|----------------------------------|----------------------------------|
| SN1. Resource Management/Basic Needs | | |
| The caregiver's resources and management of resources: | | |
| a. Actively help create safety, permanency, and child/youth/young adult well-being. | <input type="radio"/> | <input type="radio"/> |
| b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being. | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c. Are barriers to safety, permanency, or child/youth/young adult well-being. | <input type="radio"/> | <input type="radio"/> |
| d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult. | <input type="radio"/> | <input type="radio"/> |

SN2. Physical Health

The caregiver's physical health:

- a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- c. Is barrier to safety, permanency, or child/youth/young adult well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

| | |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

SN3. Parenting Practices

The caregiver's parenting practices:

- a. Actively help create safety, permanency, and child/youth/young adult well-being.
- b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
- c. Are barriers to safety, permanency, or child/youth/young adult well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Primary Secondary

SN4. Social Support System

The caregiver's social support system:

- a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- c. Is barrier to safety, permanency, or child/youth/young adult well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

SN5. Household and Family Relationships

The caregiver's relationships with other adult household members:

- a. Actively help create safety, permanency, and child/youth/young adult well-being.
- b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
- c. Are barriers to safety, permanency, or child/youth/young adult well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

SN6. Domestic Violence

The caregiver's intimate relationships:

- a. Actively help create safety, permanency, and child/youth/young adult well-being.
- b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
- c. Are barriers to safety, permanency, or child/youth/young adult well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Primary Secondary

SN7. Substance Use

The caregiver's actions regarding substance use:

- a. Actively help create safety, permanency, and child/youth/young adult well-being.
- b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
- c. Are barriers to safety, permanency, or child/youth/young adult well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

SN8. Mental Health

The caregiver's mental health:

- a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- c. Is barrier to safety, permanency, or child/youth/young adult well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

SN9. Prior Adverse Experiences/Trauma

The caregiver's response to prior adverse experiences/trauma:

- a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- c. Is barrier to safety, permanency, or child/youth/young adult well-being.

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|-----------------------|-----------------------|
| d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult. | <input type="radio"/> | <input type="radio"/> |
| | Primary | Secondary |

SN10. Cognitive/Developmental Abilities

The caregiver's developmental and cognitive abilities:

| | | |
|--|-------------------------------------|-------------------------------------|
| a. Actively help create safety, permanency, and child/youth/young adult well-being. | <input type="radio"/> | <input type="radio"/> |
| b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Are barriers to safety, permanency, or child/youth/young adult well-being. | <input type="radio"/> | <input type="radio"/> |
| d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult. | <input type="radio"/> | <input type="radio"/> |

SN11. Other Identified Caregiver Strength or Need (not covered in SN1-SN10)

An additional need or strength has been identified that:

| | | |
|---|-------------------------------------|-------------------------------------|
| Not applicable | <input type="radio"/> | <input type="radio"/> |
| a. Actively helps create safety, permanency, and child/youth/young adult well-being. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being. | <input type="radio"/> | <input type="radio"/> |
| c. Is barrier to safety, permanency, or child/youth/young adult well-being. | <input type="radio"/> | <input type="radio"/> |
| d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult. | <input type="radio"/> | <input type="radio"/> |

Description of behaviors:

C. Priority Needs and Strengths

| Needs | | | | Strengths | | |
|----------|------------------------------------|-----------|-----------|-----------|-----------------|-----------|
| Response | Domain | Caregiver | Priority? | Response | Domain | Caregiver |
| c | Parenting Practices | Secondary | | a | Physical Health | Secondary |
| c | Social Support System | Primary | ✓ | a | Other | Both |
| c | Household and Family Relationships | Both | ✓ | | | |
| c | Domestic Violence | Both | | | | |
| c | Substance Abuse/Use | Both | ✓ | | | |

Section 2: Child Strengths and Needs

CSNA: Carbona, Peter

Child Information

Race:

African American/Black
 Latino/a
 Multiracial
 Asian/Pacific Islander
 White
 Other
 American Indian/Alaska Native

Ethnicity:

Tribal Affiliation:
 Yes
 No
 Parent not available
 Parent unsure

Tribe Name:

Federally Recognized:
 Yes
 No

Sexual Orientation:
 Heterosexual
 Lesbian
 Other
 Gay
 Bisexual
 Not discussed

Gender Identity/Expression: Male

- Female
- Transgender
- Other

Religious/Spiritual Affiliation:

Other Cultural Identity Important to Child/Youth/Young Adult(e.g., immigration status, disability status):

A. Household Context

The child/youth/young adult's perspective of culture, cultural identity, norms, and past/current experiences of discrimination:

- a. Help him/her create safety, permanency, and well-being for him/herself.
- b. Have no effect on his/her safety, permanency, or well-being.
- c. Make it difficult for him/her to experience long-term safety, permanency, or well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Consider how the child/youth/young adult's culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence him/her. Are there contacts or services within this culture that can be mobilized in the case plan?

B. Child/Youth/Young Adult Domains

Indicate whether the behaviors of the child/youth/young adult in each domain:

- a:** Actively help create safety, permanency, or well-being for him/herself;
- b:** Are neither a strength nor a barrier for his/her safety, permanency, or well-being;
- c:** Make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or
- d:** Directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if child/youth/young adult actions fit definitions "a" and "b," select "a."

Domains and behaviors identified as "c" on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as "c."

CSN1. Emotional/ Behavioral Health

- a. The child/youth/young adult's emotional/behavioral health contributes to his/her safety.
- b. No emotional/behavioral concern OR an emotional/behavioral health concern is present, but no additional intervention is needed.
- c. An emotional/behavioral health concern is present, AND it is an ongoing unmet need.
- d. An emotional/behavioral health concern directly contributes to danger to the child/youth/young adult.

CSN2. Trauma

- a. The child/youth/young adult's response to prior trauma contributes to his/her safety.
- b. The child/youth/young adult has not experienced trauma OR the child/youth/young adult has experienced trauma but no additional intervention is needed.
- c. The child/youth/young adult's response to prior trauma is a concern AND it is an ongoing unmet need.
- d. The child/youth/young adult's response to prior trauma is a concern that directly contributes to danger to the child/youth/young adult.

CSN3. Child Development

- a. The child/youth/young adult's development is advanced.
- b. The child/youth/young adult's development is age-appropriate.
- c. The child/youth/young adult's development is limited.
- d. The child/youth/young adult's development is severely limited.
 - A regional center referral has been completed.

CSN4. Education

- a. The child/youth/young adult has outstanding academic achievement.
- b. The child/youth/young adult has satisfactory academic achievement OR the child/youth/young adult is not of school age.
- c. The child/youth/young adult has academic difficulty.
- d. The child/youth/young adult has severe academic difficulty.
 - The child/youth/young adult has an individualized education plan.
 - The child/youth/young adult has an educational surrogate parent.
 - The child/youth/young adult needs an educational surrogate parent.
 - The child/youth/young adult is required by law to attend school but is not attending.

CSN5. Social Relationships

- a. The child/youth/young adult has strong social relationships.
- b. The child/youth/young adult has adequate social relationships.
- c. The child/youth/young adult has limited social relationships.
- d. The child/youth/young adult has poor social relationships.

CSN6. Family Relationships

- a. The child/youth/young adult's relationships within his/her family contribute to his/her safety.
- b. The child/youth/young adult's relationships within his/her family do not impact his/her safety.
- c. The child/youth/young adult's relationships within his/her family interfere with long-term safety.
- d. The child/youth/young adult's relationships within his/her family contribute to danger of serious physical or emotional harm to the child/youth/young adult.

CSN7. Physical Health/Disability

- The child/youth/young adult's immunizations are current.*
- a. The child/youth/young adult has no health care needs or disabilities.
- b. The child/youth/young adult has minor health problems or disabilities that are being addressed with minimal intervention and/or medication.
- c. The child/youth/young adult has health care needs or disabilities that require routine interventions.
- d. The child/youth/young adult has serious health/disability needs that require ongoing treatment and interventions by professionals or trained caregivers AND/OR the child/youth/young adult has an unmet medical need.

CSN8. Alcohol/Drugs

- a. The child/youth/young adult actively chooses an alcohol- and drug-free lifestyle.
- b. The child/youth/young adult does not use or experiment with alcohol/drugs.
- c. The child/youth/young adult's alcohol and/or other drug use results in disruptive behavior and conflict.
- d. The child/youth/young adult's chronic alcohol and/or other drug use results in severe disruption of functioning.

CSN9. Delinquency

- a. The child/youth/young adult has no delinquent behavior. There is no indication of delinquent history or behavior.
- b. The child/youth/young adult has no delinquent behavior in the past two years.
- c. The child/youth/young adult is/has engaged in delinquent behavior and may have been arrested or placed on probation in the past two years.
- d. The child/youth/young adult is or has been involved in any violent, or repeated nonviolent, delinquent behavior.
 - The child/youth/young adult has been adjudicated a WIC Section 602 ward.
 - The child/youth/young adult is in need of a WIC Section 241.1 hearing.

CSN10. Relationship With Substitute Care Provider (if child/youth/young adult is in care)

- Not applicable; child/youth/young adult is not in care.
- a. The child/youth/young adult has developed a strong attachment to at least one substitute care provider.
- b. The child/youth/young adult has no conflicts with the substitute care provider.
- c. The child/youth/young adult has some conflicts with the substitute care provider that have resulted or may result in the child/youth/young adult feeling unsafe or unaccepted in the placement; however, with support, these issues can be mitigated.
- d. The child/youth/young adult has serious conflicts with one or more members of the current substitute care provider's household.

CSN1.1. Independent Living (if age 15.5 or older)

- Not applicable.
- a. The youth/young adult is prepared to function as an adult.
- b. The youth/young adult is making progress toward being prepared for adulthood.
- c. The youth/young adult is attempting to prepare for adulthood but lacks the confidence, emotional maturity, and/or sufficient skills to live independently.
- d. The youth/young adult is not prepared or is refusing to prepare for adulthood.

For youth/young adult age 15.5 and older, check all that apply to preparation for adulthood.

- The youth/young adult is receiving assistance from a regional center.
- The 15.5-year-old assessment has been completed.
- For youth/young adults age 16 or older, a referral to formal services and a credit check application have been completed.
- For youth/young adults age 17 and older, an independent living plan has been completed.
- An exit plan meeting has been held.
- An exit from foster care meeting has been held.
- The youth/young adult is participating in the extension foster care program (AB 12).

CSN1.2. Other Identified Child/Youth/Young Adult Strength or Need (not covered in CSN1-CSN1.1)

An additional need or strength has been identified that:

- Not applicable.
- a. Actively helps him/her create safety, permanency, and well-being for him/herself.
- b. Is not a strength or barrier for safety, permanency, or well-being.
- c. Is a barrier to his/her safety, permanency, or well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:

CSNA: Velasquez, Madelyn

Child Information

| | | | |
|---|---|---|--|
| Race: | <input type="radio"/> African American/Black <input type="radio"/> Asian/Pacific Islander <input type="radio"/> American Indian/Alaska Native | <input checked="" type="checkbox"/> Latino/a <input type="radio"/> White | <input type="radio"/> Multiracial <input type="radio"/> Other |
| Ethnicity: | <input style="width: 100%;" type="text"/> | | |
| Tribal Affiliation: | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/> Parent not available <input type="radio"/> Parent unsure | | |
| Tribe Name: | <input style="width: 100%;" type="text"/> | | |
| Federally Recognized: | <input type="radio"/> Yes <input type="radio"/> No | | |
| Sexual Orientation: | <input type="radio"/> Heterosexual <input type="radio"/> Gay | <input type="radio"/> Lesbian <input type="radio"/> Bisexual | <input type="radio"/> Other <input checked="" type="checkbox"/> Not discussed |
| Gender Identity/Expression: | <input type="radio"/> Male <input checked="" type="checkbox"/> Female <input type="radio"/> Transgender <input type="radio"/> Other | | |
| Religious/Spiritual Affiliation: | <input style="width: 100%;" type="text"/> | | |

Other Cultural Identity Important to Child/Youth/Young Adult(e.g., immigration status, disability status):

A. Household Context

The child/youth/young adult's perspective of culture, cultural identity, norms, and past/current experiences of discrimination:

- a. Help him/her create safety, permanency, and well-being for him/herself.
- b. Have no effect on his/her safety, permanency, or well-being.
- c. Make it difficult for him/her to experience long-term safety, permanency, or well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Consider how the child/youth/young adult's culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence him/her. Are there contacts or services within this culture that can be mobilized in the case plan?

B. Child/Youth/Young Adult Domains

Indicate whether the behaviors of the child/youth/young adult in each domain:

- a:** Actively help create safety, permanency, or well-being for him/herself;
- b:** Are neither a strength nor a barrier for his/her safety, permanency, or well-being;
- c:** Make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or
- d:** Directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if child/youth/young adult actions fit definitions "a" and "c," select "c."

Domains and behaviors identified as "d" on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as "d."

CSNI. Emotional/ Behavioral Health

- a. The child/youth/young adult's emotional/behavioral health contributes to his/her safety.
- b. No emotional/behavioral concern OR an emotional/behavioral health concern is present, but no additional intervention is needed.
- c. An emotional/behavioral health concern is present, AND it is an ongoing unmet need.

- d. An emotional/behavioral health concern directly contributes to danger to the child/youth/young adult.

CSN2. Trauma

- a. The child/youth/young adult's response to prior trauma contributes to his/her safety.
- b. The child/youth/young adult has not experienced trauma OR the child/youth/young adult has experienced trauma but no additional intervention is needed.
- c. The child/youth/young adult's response to prior trauma is a concern AND it is an ongoing unmet need.
- d. The child/youth/young adult's response to prior trauma is a concern that directly contributes to danger to the child/youth/young adult.

CSN3. Child Development

- a. The child/youth/young adult's development is advanced.
- b. The child/youth/young adult's development is age-appropriate.
- c. The child/youth/young adult's development is limited.
- d. The child/youth/young adult's development is severely limited.
 - A regional center referral has been completed.

CSN4. Education

- a. The child/youth/young adult has outstanding academic achievement.
- b. The child/youth/young adult has satisfactory academic achievement OR the child/youth/young adult is not of school age.
- c. The child/youth/young adult has academic difficulty.
- d. The child/youth/young adult has severe academic difficulty.
 - The child/youth/young adult has an individualized education plan.
 - The child/youth/young adult has an educational surrogate parent.
 - The child/youth/young adult needs an educational surrogate parent.
 - The child/youth/young adult is required by law to attend school but is not attending.

CSN5. Social Relationships

- a. The child/youth/young adult has strong social relationships.
- b. The child/youth/young adult has adequate social relationships.
- c. The child/youth/young adult has limited social relationships.
- d. The child/youth/young adult has poor social relationships.

CSN6. Family Relationships

- a. The child/youth/young adult's relationships within his/her family contribute to his/her safety.
- b. The child/youth/young adult's relationships within his/her family do not impact his/her safety.
- c. The child/youth/young adult's relationships within his/her family interfere with long-term safety.
- d. The child/youth/young adult's relationships within his/her family contribute to danger of serious physical or emotional harm to the child/youth/young adult.

CSN7. Physical Health/Disability

- The child/youth/young adult's immunizations are current.*
- a. The child/youth/young adult has no health care needs or disabilities.
- b. The child/youth/young adult has minor health problems or disabilities that are being addressed with minimal intervention and/or medication.
- c. The child/youth/young adult has health care needs or disabilities that require routine interventions.
- d. The child/youth/young adult has serious health/disability needs that require ongoing treatment and interventions by professionals or trained caregivers AND/OR the child/youth/young adult has an unmet medical need.

CSN8. Alcohol/Drugs

- a. The child/youth/young adult actively chooses an alcohol- and drug-free lifestyle.
- b. The child/youth/young adult does not use or experiment with alcohol/drugs.
- c. The child/youth/young adult's alcohol and/or other drug use results in disruptive behavior and conflict.
- d. The child/youth/young adult's chronic alcohol and/or other drug use results in severe disruption of functioning.

CSN9. Delinquency

- a. The child/youth/young adult has no delinquent behavior. There is no indication of delinquent history or behavior.
- b. The child/youth/young adult has no delinquent behavior in the past two years.
- c. The child/youth/young adult is/has engaged in delinquent behavior and may have been arrested or placed on probation in the past two years.
- d. The child/youth/young adult is or has been involved in any violent, or repeated nonviolent, delinquent behavior.
 - The child/youth/young adult has been adjudicated a WIC Section 602 ward.
 - The child/youth/young adult is in need of a WIC Section 241.1 hearing.

CSN10. Relationship With Substitute Care Provider (if child/youth/young adult is in care)

- Not applicable; child/youth/young adult is not in care.
- a. The child/youth/young adult has developed a strong attachment to at least one substitute care provider.
- b. The child/youth/young adult has no conflicts with the substitute care provider.
- c. The child/youth/young adult has some conflicts with the substitute care provider that have resulted or may result in the child/youth/young adult feeling unsafe or unaccepted in the placement; however, with support, these issues can be mitigated.
- d. The child/youth/young adult has serious conflicts with one or more members of the current substitute care provider's household.

CSN11. Independent Living (if age 15.5 or older)

- Not applicable.
- a. The youth/young adult is prepared to function as an adult.
- b. The youth/young adult is making progress toward being prepared for adulthood.
- c. The youth/young adult is attempting to prepare for adulthood but lacks the confidence, emotional maturity, and/or sufficient skills to live independently.
- d. The youth/young adult is not prepared or is refusing to prepare for adulthood.

For youth/young adult age 15.5 and older, check all that apply to preparation for adulthood.

- The youth/young adult is receiving assistance from a regional center.
- The 15.5-year-old assessment has been completed.
- For youth/young adults age 16 or older, a referral to formal services and a credit check application have been completed.
- For youth/young adults age 17 and older, an independent living plan has been completed.
- An exit plan meeting has been held.
- An exit from foster care meeting has been held.
- The youth/young adult is participating in the extension foster care program (AB 12).

CSN12. Other Identified Child/Youth/Young Adult Strength or Need (not covered in CSN1-CSN11)

An additional need or strength has been identified that:

- Not applicable.
- a. Actively helps him/her create safety, permanency, and well-being for him/herself.
- b. Is not a strength or barrier for safety, permanency, or well-being.
- c. Is a barrier to his/her safety, permanency, or well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:

C. Priority Needs and Strengths

Carbona, Peter

Needs

| Response | Domain | Priority? |
|----------|----------------------------|-----------|
| d | Child Development | ✓ |
| c | Emotional/Behavioral | |
| c | Social Relationships | |
| c | Family Relationships | |
| c | Physical Health/Disability | |

Strengths

| Response | Domain |
|--------------------------------|--------|
| <i>No strengths identified</i> | |

Velasquez, Madelyn

Needs

| Response | Domain | Priority? |
|----------|----------------------------|-----------|
| c | Emotional/Behavioral | |
| c | Child Development | |
| c | Social Relationships | |
| c | Family Relationships | |
| c | Physical Health/Disability | |

Strengths

| Response | Domain |
|--------------------------------|--------|
| <i>No strengths identified</i> | |

Comments

Staff Person Comments:

Supervisor Comments:

Date: 8/25/15 Investigate referral

Staff person: Student 10

Method: In-person—home

Clients: Maria

On behalf of: Madelyn

Met with Maria and went over what she and worker would have to do in case plan. Maria is really interested in getting help with child care subsidy. Worker explained that she may not be eligible, but will check into it. The home was picked up better than the first time. Maria said she is kicking Tommy out. He is in jail because he can't make bail, so he'll probably be in until his trial. She said he is pleading not guilty even though he confessed. She's really afraid because he made decent money so they could afford their apartment. Now she doesn't know what they are going to do. She used to waitress, so maybe she'll get a job, but with Peter having Down Syndrome, she had wanted to stay home with him. She said she was up all night cleaning the house and getting rid of Tommy's tools and everything else.

Maria really wants the kids home with her. She doesn't want them in foster care. She said she grew up in foster care and doesn't want that for her kids. She says she will do whatever she has to. She agreed that Tommy would not be let back in the house even if he bails out. Maria's mother called while worker was at the home. Maria was telling her that she would do whatever she had to. Maria sounded sort of angry at times.

Maria is agreeable to attending parenting classes and support group for parents of children with Down syndrome. She is interested in continuing to receive services. The decision was made to let children return home, and the case will be transferred to FM.

Date: 9/14/15 Conduct client evaluation

Staff person: Student 10

Method: In-person—home

Clients: Maria

On behalf of: Madelyn

Worker introduced self to client. She was just coming home from the grocery store and was putting food away during the conversation. Madelyn was resting on the couch in the living room. She is doing well post-surgery. Her stitches were removed and she does not need any follow-up care but should take it easy. Her bruises are all healed. Maria is very happy to have her children home with her. Peter was playing on the floor with some soft blocks. He does have a Down syndrome appearance. Maria thinks it is because Tommy drank a lot and smoked pot. Maria was not working when this all happened, but she plans to get a job. This worker provided some information on child care. Worker also provided information on parenting classes, and Maria said she would go. She plans to continue seeing her counselor, Toc Toumme. She signed a release of information. Worker encouraged mother to think of the future for herself and her children. She is a strong woman and is working hard to provide properly for her children. Peter has an appointment for a 0–3 evaluation next week. Worker noticed a man's pair of shoes, and Maria said she has a boyfriend now but he is not living in the house.

The house was pretty clean and there was ample food in the refrigerator.

Maria talked about her relationship with Tommy. They met at a bar, and Maria says that it "rarely works out well" when she meets a man in a bar. They moved in together after just a few weeks of dating. Tommy has a brother who is dying of AIDS, and Maria said that made Tommy always want to do everything now because "You never know if there is going to be a tomorrow." He was in a really bad accident once and had to spend about a month in the hospital and then have physical therapy for a long time. She doesn't know if that affected him too.

Date: 10/6/15 Deliver services

Staff person: Student 10

Method: In-person—home

Clients: Maria

On behalf of: Madelyn

Maria has been working at the convenience store down the block. She works from 7:00 a.m. to 3:00 p.m. She is able to drop Madelyn and Peter off at the daycare before work, and then Madelyn goes to school and Peter stays at

daycare. Maria picks Peter up on the way home and is home before Madelyn comes home from school. She is going to move to a smaller apartment that requires less rent. She is making ends meet now, but it's tight. Everything is going pretty well. Madelyn says she likes school and is doing pretty well. Peter is very happy and loving. Maria seemed sad today, but said she was okay.

Worker talked to Maria about getting her GED. She would like to do that but isn't sure how to go about it. Worker went over a couple of ways she could register for classes. Ben, her new boyfriend, said he thought it would be good for her and he'd help out taking care of the kids.

Maria was upset about a problem she is having with a co-worker who is stealing and Maria found out about it. She doesn't know if she should tell her boss or not. She thinks she will, but she is a little afraid of this co-worker. We talked about the pros and cons of reporting to her boss. Maria will decide in the next couple of days.

Date: 11/19/15 Deliver services
Staff person: Student 10
Method: Attempted in-person

Clients: Maria
On behalf of: Madelyn

Date: 11/30/15 Deliver services
Staff person: Student 10
Method: In-person—home

Clients: Maria
On behalf of: Madelyn

Maria had a few days off for Thanksgiving and took the children to visit her parents. They had a nice visit and Maria said she got along pretty well. The car had a flat tire on the way home and Maria is worried about the cost of getting a new tire. She hopes they can just patch it. Tommy plea bargained, so he isn't going to trial. Maria is very happy because she didn't want Madelyn to have to testify. She remembers having to testify against her stepfather when she was little and that was almost as hard as the abuse itself. Maria had the certificate from finishing the parenting class. She said it was really helpful.

Maria said the next-door neighbor has been really getting on her nerves, calling and complaining all the time about the noise the children make. Maria does not believe they are being unusually loud. The children do not seem particularly loud during visits. Maria is afraid the neighbor will call in a report to CPS. Maria got worked up about this but the worker assured her that if she isn't doing anything to hurt or neglect the kids, even if someone called and someone had to come out to investigate, it didn't mean the kids would be removed.

Worker checked and there is plenty of food in the house. Maria has been making good, balanced meals for the kids, including vegetables, though Peter really doesn't like any vegetables except cooked carrots.

Date: 12/15/15
Staff person: Student 10
Method: In-person—school

Clients: Madelyn
On behalf of: Madelyn

Madelyn states that she enjoys school. She was neat and well-groomed and looked healed from her injuries. She said things are good at home now that Tommy is gone, and she likes Fernando, who she says is mommy's new friend. He is going to get them a puppy for Christmas and Madelyn is very excited about this.

Madelyn had a lot of questions about what she calls "Downer's." She wanted to know why Peter wasn't talking yet and why he "looks funny." We talked for a little while about it and Madelyn seemed to understand.

Madelyn is happy her mommy is home more. She said her mommy is not working at the store anymore and that is good because she didn't like it when she was gone.

Madelyn showed the worker a book she was reading at school. She read a little bit from the book and she seems to be reading pretty well.

Date: 12/15/15
Staff person: Student 10
Method: In-person—home

Clients: Maria
On behalf of: Madelyn

Maria is having a hard time getting excited about Christmas. She is trying to be happy for her children. Worker offered to connect her to a Secret Santa program so that she can get some Christmas gifts for the children and she was very happy about that. Madelyn was doing some homework at the table. She said she really likes school.

Madelyn is home from school today with a sore throat. She said she likes school and she showed the worker a picture she drew on Monday.

Madelyn talked about her visit to her granny's. She didn't know she had a granny. Madelyn said that she now knows that her granny is her mommy's mommy. She also learned about cousins and she liked her cousins a lot. They had a really nice yard with a swing set. Madelyn fell off the swing once and skinned her knee. She showed worker, and it looked like just a skinned knee.

Maria has been seeing a boyfriend. He is a delivery person for an electronics store. They might go away for the weekend, and Maria assured the worker that she has a friend who will stay at the apartment and watch the children. She is pretty excited about this relationship and says this guy is really different from her prior boyfriends and really treats her nice. He even sent her some flowers on her birthday last week.

Date: 1/27/16
Staff person: Student 10
Method: In-person

Clients: Maria
On behalf of: Madelyn

Maria's mother had a heart attack and is in the hospital. Maria is really upset about it. She hasn't always gotten along well with her mother, but she is upset at this. The whole family has been gathering and Maria doesn't know whether her mother will live or not. The worker encouraged her to talk to the doctor and hospital staff to get more information.

Worker began discussing closing the case. Maria said she is happy to close the case. She won't let anything like this happen again. The children continue to do fine. Tommy is in prison. Maria is certain that her new boyfriend will be good to the children, and it will make things much easier when she doesn't have to work full time and have all the responsibility on her shoulders.



Risk Reassessment

Assessment Date: 12/09/2016

Household Name: Carbona

County of Completion: Administration

Approval Status: Not Submitted

Approval Unit:

Created by: Student 10 (12/09/2016)

Last Update by: Student 10 (12/09/2016)

Clients

| Assessed? | Name | Client ID | Age | Has Case | Role |
|-----------|--------------------|-----------|-----|----------|---------------------|
| Y ✓ | Velasquez, Madelyn | | 8 | ✓ | Child |
| ✓ | Conseco, Maria | | 30 | | Primary Caregiver |
| ✓ | Carbona, Tommy | | 28 | | Secondary Caregiver |
| ✓ | Carbona, Peter | | 2 | | Child |

Section 1: Risk Reassessment

Instructions: The first four items are scored based on conditions present at the time of the referral that resulted in the case opening. Unless new information has been learned, these should be scored the same as on the initial risk assessment.

| | Score |
|--|----------|
| R1. Number of prior neglect or abuse CPS investigations | 1 |
| <input type="radio"/> a. None | 0 |
| <input checked="" type="radio"/> b. One | 1 |
| <input type="radio"/> c. Two or more | 2 |
| R2. Household has previous open ongoing CPS case (voluntary/court-ordered) | 0 |
| <input checked="" type="radio"/> a. No | 0 |
| <input type="radio"/> b. Yes | 1 |
| R3. Primary caregiver has a history of abuse and/or neglect as a child | 1 |
| <input type="radio"/> a. No | 0 |
| <input checked="" type="radio"/> b. Yes | 1 |
| R4. Characteristics of children in the household | 1 |
| <input type="radio"/> a. Not applicable | 0 |
| <input checked="" type="checkbox"/> b. One or more present (mark all applicable for any child) | 1 |
| <input checked="" type="checkbox"/> Developmental disability | |
| <input type="checkbox"/> Learning disability | |
| <input type="checkbox"/> Physical disability | |
| <input type="checkbox"/> Medically fragile or failure to thrive | |

Instructions: The following case observations pertain to the period since the last assessment/reassessment.

| | Score |
|--|----------|
| R5. New investigation of abuse or neglect since the initial risk assessment or the last reassessment | 0 |
| <input checked="" type="radio"/> a. No | 0 |
| <input type="radio"/> b. Yes | 2 |
| R6. Primary/secondary caregiver alcohol and/or drug use since the last assessment/reassessment (mark one) | 1 |

P S

- a. No history of alcohol or drug abuse 0
- b. No current alcohol or drug abuse; no intervention needed 0
- c. Yes, alcohol or drug abuse; problem is being addressed 0
- d. Yes, alcohol or drug abuse; problem is not being addressed 1

R7. Adult relationships in the home 0

- a. None applicable 0
- b. Yes (mark all that apply) 1
 - Harmful/tumultuous relationships
 - Domestic violence

R8. Primary caregiver mental health since the last assessment/reassessment (mark one) 0

- a. No history of mental health problem 0
- b. No current mental health problem; no intervention needed 0
- c. Yes, mental health problem; problem is being addressed 0
- d. Yes, mental health problem; problem is not being addressed 1

R9. Primary caregiver provides physical care of the child that is: 0

- a. Consistent with child needs 0
- b. Not consistent with child needs 1

R10. Caregiver's progress with case plan objectives (as indicated by behavioral change) 1

P S

- a. Demonstrates new skills consistent with all family case plan objectives and is actively engaged to maintain objectives 0
- b. Demonstrates some new skills consistent with family case plan objectives and is actively engaged in activities to achieve objectives 0
- c. Minimally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in obtaining the objectives specified in the case plan 0
- d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement 1

Total Abuse Risk Score: 5

Section 3: Scoring and Overrides

Scored Risk Level

Risk Level: High

Overrides

Policy Overrides (increases risk level to very high)

- Policy override
 - Sexual abuse case AND the perpetrator is likely to have access to the child.
 - Non-accidental injury to a child under age 2.
 - Severe non-accidental injury.
 - Caregiver action or inaction resulted in death of a child due to abuse or neglect.

Discretionary Overrides (risk level may be adjusted up or down one level)

- Discretionary override
- Override Risk Level: Low Moderate High Very high

Discretionary Override Reason:

Empty text box for discretionary override reason.

No Overrides (no change to risk level)

- No override

Final Risk Level

The final risk level is: **High**

Recommended Decision

The recommended decision is: **Continue Services**

Planned action: **Continue services** **Close**

If recommended decision and planned action do not match, explain why:

Comments

Staff Person Comments:

Supervisor Comments:

COURT RESULTS

| Date | Type | Subtype | Results |
|-----------|---------------|------------|--|
| 8/24/2015 | Detention | 300 | Finding: Paternity Finding Finding: Other Finding: Child Does Not Come Under ICWA Finding: Notice Given as Required by Law Finding: Reasonable Efforts Made Order: Detained From Mother Order: Legal Authority for Placement Ordered—Initial |
| 9/28/15 | Juris/dispo | None found | Finding: Notice Given as Required by Law Finding: Child Described by Section 300 Order: Other Court Order Order: Care and Custody to Mother Order: FM Services Ordered Order: Dependency Declared |
| 2/15/16 | 364 FM Review | None found | Finding: Notice Given as Required by Law Finding: Other Order: Dependency Terminated Order: Jurisdiction Terminated Order: Other Court Order |

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF**

DETENTION REPORT

| <u>Hearing Date</u> | <u>Hearing Time</u> | <u>Dept./Room</u> | <u>Hearing Type/Subtype</u> |
|---------------------|---------------------|-------------------|-----------------------------|
| 8/25/2015 | 9:00 a.m. | 1A | Detention |

IN THE MATTER OF

| <u>Name</u> | <u>Date of Birth</u> | <u>Age</u> | <u>Sex</u> | <u>Court Number</u> |
|-------------------|----------------------|------------|------------|---------------------|
| Madelyn Velasquez | 6/4/2007 | 8 | F | 666666 |
| Peter Carbona | 7/1/2013 | 2 | M | 555555 |

SUMMARY RECOMMENDATION

The children are unsafe due to serious physical abuse of Madelyn by her mother's live-in-boyfriend, Tommy Carbona, causing significant bruising on the arms, face, and torso and a ruptured spleen.

CHILD(REN)'S WHEREABOUTS

Madelyn is in General Hospital. She will go to the foster home with her brother when she is discharged. Peter is in a licensed foster home.

PARENTS/LEGAL GUARDIANS

| <u>Name/ Birthdate</u> | <u>Address/ Phone</u> | <u>Relationship/ To Whom</u> |
|----------------------------|---------------------------|----------------------------------|
| Maria Conseco | 888 N. Main | Mother |
| Tommy Carbona | 888 N. Main | Father |

OTHERS

| <u>Name/ Birthdate</u> | <u>Address/ Phone</u> | <u>Relationship/ To Whom</u> |
|----------------------------|---------------------------|----------------------------------|
| Mike Velasquez | Unknown | Father to Madelyn |

INTERPRETER

| <u>Interpreter Required</u> | <u>Language</u> | <u>For Whom</u> |
|-----------------------------|-----------------|-----------------|
|-----------------------------|-----------------|-----------------|

ATTORNEYS

| <u>Name</u> | <u>Address/ Phone</u> | <u>Representing</u> |
|--------------------|----------------------------------|----------------------------|
| Sue Yew | 444 Torte St. | Maria |

INDIAN CHILD WELFARE ACT STATUS

The Indian Child Welfare Act does not apply.

The Indian Child Welfare Act does or may apply.

The child(ren), Enter Name(s) of Child(ren), is/are/may be a(n) Indian child(ren) with the Enter Name(s) of Tribe(s), if known tribe(s).

| <u>Child's Name</u> | <u>Indian Child</u> | <u>Tribe (If Known)</u> | <u>ICWA Eligible</u> |
|----------------------------|----------------------------|--------------------------------|-----------------------------|
|----------------------------|----------------------------|--------------------------------|-----------------------------|

NOTICES

| <u>Name</u> | <u>Relationship</u> | <u>Method</u> | <u>Notice Date</u> |
|--------------------|----------------------------|----------------------|---------------------------|
|--------------------|----------------------------|----------------------|---------------------------|

LEGAL HISTORY

LEGAL HISTORY

300 WIC Subsection(s)

| | | |
|------------------------|--------------------------------|-------------------------------------|
| Initial Removal | Initial Detention Order | Initial Jurisdiction Finding |
|------------------------|--------------------------------|-------------------------------------|

| | | |
|----------------------------------|------------------------------|-----------------------------|
| Initial Disposition Order | Initial 364 FM Review | Second 364 FM Review |
|----------------------------------|------------------------------|-----------------------------|

| | | |
|---|--|---|
| <u>Initial 366.21(e) – 6 Month FR Review</u> | <u>Initial 366.21(f) – 12 Month FR Review</u> | <u>Initial 366.22 – 18 Month FR Review</u> |
|---|--|---|

| | |
|--------------------------------------|---|
| <u>FR Services Terminated</u> | <u>Non-Reunification Ordered</u> |
|--------------------------------------|---|

Initial Permanent Plan: Type/ Date Ordered

Current Permanent Plan: Type/Date Ordered

Additional Legal History

SUMMARY RECOMMENDATION

Continue protective placement

RECOMMENDATION

Respectfully Submitted,

By

_____ **Date**

_____ **Date**

I have read and considered the above report.

Judicial Officer

Date

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF**

JURISDICTION/DISPOSITION REPORT

| <u>Hearing Date</u> | <u>Hearing Time</u> | <u>Dept./Room</u> | <u>Hearing Type/Subtype</u> |
|---------------------|---------------------|-------------------|-----------------------------|
| 9/28/2015 | | | |

IN THE MATTER OF

| <u>Name</u> | <u>Date of Birth</u> | <u>Age</u> | <u>Sex</u> | <u>Court Number</u> |
|-------------------|----------------------|------------|------------|---------------------|
| Madelyn Velasquez | 6/4/2007 | 8 | F | |

SUMMARY RECOMMENDATION

This 8-year-old female was the victim of severe physical abuse by mother's live-in boyfriend, Tommy Carbona on 8/22/15. Mr. Carbona was angry that Madelyn picked up and fired a power nailer, causing a nail to fly past Mr. Carbona's head. He proceeded to hit Madelyn numerous times with an open hand and closed fist, resulting in bruising on the arms, head, and torso and a ruptured spleen. Madelyn's spleen required surgical repair. Mr. Carbona was arrested and remains in jail awaiting trial. He confessed to the police the day following the incident but has subsequently pled not guilty.

Mother, Maria, has determined that she will not let Mr. Carbona back into the house even if he is released from jail. She has one child with him, 2-year-old Peter, who has Down syndrome.

There has been a history of domestic violence between mother and Tommy, and she has had trouble with domestic violence in the past. Maria has been a good provider for Madelyn and Tommy, and loves them very much; there is evidence of good bonding between them.

We recommend court-ordered FM to help support Maria as she recovers from this incident and tries to make a life for herself and her children.

CHILD(REN)'S WHEREABOUTS

Home with mother

PARENTS/LEGAL GUARDIANS

| <u>Name/ Birthdate</u> | <u>Address/ Phone</u> | <u>Relationship/ To Whom</u> |
|----------------------------|---------------------------|----------------------------------|
|----------------------------|---------------------------|----------------------------------|

OTHERS

**Name/
Birthdate**

**Address/
Phone**

**Relationship/
To Whom**

INTERPRETER

Interpreter Required

Language

For Whom

ATTORNEYS

Name

**Address/
Phone**

Representing

INDIAN CHILD WELFARE ACT STATUS

The Indian Child Welfare Act does not apply.

The Indian Child Welfare Act does or may apply.

The child(ren), Enter Name(s) of Child(ren), is/are/may be a(n) Indian child(ren) with the Enter Name(s) of Tribe(s), if known tribe(s).

Child's Name

Indian Child

Tribe (If Known)

ICWA Eligible

NOTICES

Name

Relationship

Method

Notice Date

LEGAL HISTORY

LEGAL HISTORY

300 WIC Subsection(s)

Initial Removal
8/22/15

Initial Detention Order
8/24/15

Initial Jurisdiction Finding
9/25/15

Initial Disposition Order

Initial 364 FM Review

Second 364 FM Review

Initial 366.21(e) – 6 Month FR Review

Initial 366.21(f) – 12 Month FR Review

Initial 366.22 – 18 Month FR Review

FR Services Terminated

Non-Reunification Ordered

Initial Permanent Plan: Type/Date Ordered

Current Permanent Plan: Type/Date Ordered

Additional Legal History

SUMMARY RECOMMENDATION

RECOMMENDATION

Respectfully Submitted,

By

Date

Date

I have read and considered the above report.

Judicial Officer

Date

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF**

STATUS REVIEW REPORT

| | | | |
|---------------------|---------------------|-------------------|-----------------------------|
| <u>Hearing Date</u> | <u>Hearing Time</u> | <u>Dept./Room</u> | <u>Hearing Type/Subtype</u> |
| 2/15/16 | | | FM review |

IN THE MATTER OF

| | | | | |
|-------------------|----------------------|------------|------------|---------------------|
| <u>Name</u> | <u>Date of Birth</u> | <u>Age</u> | <u>Sex</u> | <u>Court Number</u> |
| Madelyn Velasquez | 6/4/2007 | 8 | F | |

SUMMARY RECOMMENDATION

Maria has complied with all requirements of the case plan. Tommy Carbona, the perpetrator, was convicted of felony child abuse and sentenced to 18 months in prison. The children are doing well. Recommend termination of dependency and FM services.

CHILD(REN)'S WHEREABOUTS

Home with mother

PARENTS/LEGAL GUARDIANS

| | | |
|----------------------------|---------------------------|----------------------------------|
| <u>Name/ Birthdate</u> | <u>Address/ Phone</u> | <u>Relationship/ To Whom</u> |
| Maria Velasquez | | |

OTHERS

| | | |
|----------------------------|---------------------------|----------------------------------|
| <u>Name/ Birthdate</u> | <u>Address/ Phone</u> | <u>Relationship/ To Whom</u> |
| | | |

INTERPRETER

| | | |
|-----------------------------|-----------------|-----------------|
| <u>Interpreter Required</u> | <u>Language</u> | <u>For Whom</u> |
| | | |

ATTORNEYS

| <u>Name</u> | <u>Address/ Phone</u> | <u>Representing</u> |
|--------------------|----------------------------------|----------------------------|
|--------------------|----------------------------------|----------------------------|

INDIAN CHILD WELFARE ACT STATUS

The Indian Child Welfare Act does not apply.

The Indian Child Welfare Act does or may apply.

The child(ren), Enter Name(s) of Child(ren), is/are/may be a(n) Indian child(ren) with the Enter Name(s) of Tribe(s), if known tribe(s).

| <u>Child's Name</u> | <u>Indian Child</u> | <u>Tribe (If Known)</u> | <u>ICWA Eligible</u> |
|----------------------------|----------------------------|--------------------------------|-----------------------------|
|----------------------------|----------------------------|--------------------------------|-----------------------------|

NOTICES

| <u>Name</u> | <u>Relationship</u> | <u>Method</u> | <u>Notice Date</u> |
|--------------------|----------------------------|----------------------|---------------------------|
|--------------------|----------------------------|----------------------|---------------------------|

LEGAL HISTORY

LEGAL HISTORY

300 WIC Subsection(s)

Initial Removal

Initial Detention Order

Initial Jurisdiction Finding

Initial Disposition Order

Initial 364 FM Review

Second 364 FM Review

Initial 366.21(e) – 6 Month FR Review

Initial 366.21(f) – 12 Month FR Review

Initial 366.22 – 18 Month FR Review

FR Services Terminated

Non-Reunification Ordered

Initial Permanent Plan: Type/ Date Ordered

Current Permanent Plan: Type/ Date Ordered

Additional Legal History

SUMMARY RECOMMENDATION

RECOMMENDATION

Respectfully Submitted,

By

Date

Date

I have read and considered the above report.

Judicial Officer

Date

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

| <u>Name</u> | <u>Date Of Birth</u> | <u>Relationship</u> | <u>To</u> |
|-----------------|----------------------|---------------------|----------------------------------|
| Maria Velasquez | 5/2/1985 | Mother | Madelyn Velasquez, Peter Carbona |

CHILD(REN)

| <u>Name</u> | <u>Date Of Birth</u> | <u>Age</u> | <u>Sex</u> | <u>Court Number</u> |
|------------------------------------|----------------------|------------|------------|---------------------|
| Madelyn Velasquez Peter Carbona | | | | |

CASE PLAN GOAL

| <u>Name</u> | <u>Case Plan Goal</u> | <u>Projected Completion Date</u> | <u>Projected Date for Termination of Child Welfare Services</u> |
|-------------|--------------------------|----------------------------------|---|
| Maria | Remain Home | 2/28/16 | 2/28/16 |
| Madelyn | Age appropriate services | | |

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

1. Mother will attend and successfully complete parenting classes.
2. Mother will attend support group for parents of children with Down syndrome.
3. Mother will get her GED.
4. Mother will provide a safe home for the children.
5. Mother will continue counseling.
6. Able and willing to have custody
7. Acquire adequate resources
8. Do not neglect your child's needs
9. Do not physically abuse your child
10. Monitor child's health, safety, and well-being
11. Protect child from contact with abuser
12. Provide emotional support for child
13. Ensure school attendance

VISITATION SCHEDULE

CHILD(REN) – PARENT(S)/GUARDIAN(S) VISITATION

Children live with mother. Father in prison, no visits.

CHILD(REN) – SIBLING(S) VISITATION

CHILD(REN) – GRANDPARENT(S) VISITATION

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

PLACEMENT SERVICES

CONCURRENT SERVICES PLANNING

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

Monthly

SOCIAL WORKER – PARENT(S)/GUARDIAN(S) CONTACTS

Monthly

SOCIAL WORKER – CARE PROVIDER CONTACTS

**ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)
IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:**

- Participated in the case plan development. • Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.

SIGNATURE OF MOTHER/GUARDIAN **DATE**

SIGNATURE OF FATHER/GUARDIAN **DATE**

SIGNATURE OF OTHER **DATE**

SIGNATURE OF OTHER **DATE**

| |
|----------------------------------|
| NON-SIGNATURE EXPLANATION |
|----------------------------------|

SIGNATURE OF INTERPRETER (1) **DATE**

SIGNATURE OF INTERPRETER (2) **DATE**

| | | | |
|----------------------|-----------------|---------------------|-------------|
| SOCIAL WORKER | Caseload | Phone Number | DATE |
|----------------------|-----------------|---------------------|-------------|

| | | |
|-------------------|---------------------|-------------|
| SUPERVISOR | Phone Number | DATE |
|-------------------|---------------------|-------------|