A Retrospective Support Assessment Study of Foster and Relative Care Providers

Kristen Johnson

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CHILDREN'S RESEARCH CENTER

A division of the National Council on Crime and Delinquency
426 South Yellowstone Drive, Suite 250
Madison, Wisconsin 53719

voice: (608) 831-1180
fax: (608) 831-6446
www.nccd-crc.org

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EXECUTIVE SUMMARY

The foster care system was designed to provide protection for children who are unsafe in their homes. The maltreatment of a child in foster care by a foster care provider is, therefore, a major concern for county child welfare agencies legally responsible for the safety of children in placement. County child welfare staff must screen and approve foster and relative care providers, place children in homes that meet their needs, and monitor and support each family to ensure that appropriate care is provided to children in placement. These tasks are difficult to accomplish. Improved foster care provider assessment procedures can help county child welfare agencies take preventive measures to increase the safety and well-being of children they place in foster care. The purpose of this research project is to help agencies conduct better assessments of each provider's ability to appropriately care for a child and estimate the likelihood that a caregiver will abuse or neglect a child placed in his/her home. Agencies can then target supportive services for foster and relative care providers at the greatest risk of a negative outcome, which may prevent maltreatment and/or inadequate care of a foster child.

Five California counties (Los Angeles, Fresno, San Diego, Riverside, and San Bernardino) have contracted with the Children's Research Center (CRC) to assist them in developing an assessment system that will result in improved procedures for assessing foster and relative providers. A key component of the system is an actuarial assessment used to classify foster and relative providers by the likelihood that they will provide inadequate care to a child. The focus of this study was to develop such an instrument using data collected from the case files of 560 foster and relative providers who had a child placed in the home[1] between January and May 2003 in one of the five participating counties.

[1] Sampled placements were children newly placed in the home. Both new and experienced providers were sampled.

Findings from this retrospective study indicate that the identified set of provider characteristics can classify providers by their likelihood of maltreatment and/or inadequate care of a foster child.

- The proposed support assessment classified 38.7% of the sampled providers as low, just over half (55.9%) as moderate, and only 5.4% of the providers with a high support classification.
- The 217 providers classified as low by the support assessment had a maltreatment investigation rate of only 3.7%, compared to a rate of 12.1% among moderate providers and 40.0% of high support.
- The proposed assessment also performed well when classifying providers by their risk of subsequent substantiation for maltreatment allegations. While 0.9% of providers classified as low risk were substantiated for child maltreatment, 16.7% of providers classified as high were involved in a maltreatment substantiation.
- Among providers classified as low support, 4.6% had a placement and/or license terminated by the Department of Social Services (DSS) during the follow-up period. The corresponding outcome rate was 13.4% for providers classified as moderate risk and 36.7% for providers classified as high risk. The rate of departmental disapproval of a placement and/or license doubled with each increase in the classification level obtained by applying the support assessment. When the outcome was corrective action taken by the department, the rate at least tripled with each increase in the support level.

This research has limitations that should be considered when determining the policies and procedures to guide use of the assessment. Among the sampled providers from the participating California counties, a significant amount of information was missing.[2] Approximately one fourth (27.3%) of the sampled providers were excluded from analyses because 75.0% or more of the household items solicited during data collection were missing from the file. Foster care provider

[2] The original sample selected for study was 1,200 foster and relative caregivers. At the time of data collection, 770 of these case files were accessible to case readers. Approximately one fourth (27.3%) of the sampled providers were missing 75.0% or more of the household items solicited during data collection, and just over half (57.8%) of the providers were missing half or more of the information. Foster care provider files were missing information less than files for relative care providers; 11.2% of foster care files were missing 75.0% or more items, compared to 46.5% of relative care provider files. Of the 770 care providers, the 210 that were missing 75.0% or more of the household information sought were excluded from analyses. The resulting analysis sample was 560 foster and relative care providers. For further explanation, please see Appendix B.

files contained more information than files for relative care providers. Relative care files were four times more likely to be missing information than were foster care provider files. In addition, information was not consistently available in case files. Because of the limitations of the data, this research should be considered exploratory.

Despite the significant data problems, the study showed that provider characteristics related to future maltreatment or inadequate caregiving can be identified. Although only 5.4% of the providers were classified as high by the support assessment, the rate of negative outcomes among these providers was at least *twice* that of providers classified as moderate, and at least *six times greater* than the rate among those classified as low. This indicates that focusing support efforts on providers with a high support classification is likely to be very effective and has the potential to reduce maltreatment and/or inadequate care of a foster child.

CRC recommends that the counties pilot the proposed support assessment and develop policies focused on the prevention of placement changes due to problems with providers. For example, workers may have more monthly contact with providers classified as high risk, or seek additional training and/or a mentor relationship for these providers. During the follow-up period, only one third of high support providers had a placement or license terminated by the department for problems with care of a child, and less than one fifth had a maltreatment allegation substantiated. Rather than deny placements in high scoring homes at the risk of losing good foster and relative providers, it makes sense to target prevention efforts on providers classified as high by the support assessment. Past research has shown that services to foster providers can prevent placement instability.[3] Assessing the support needs of providers and developing policies that direct support

[3] Enhanced support and access to services increased the rate and duration of foster parent retention (Chamberlain et al., 1992). Education and parent training programs by themselves have been less effective, but when combined with other interventions, they significantly reduced future child maltreatment (Harrison et al., 1999; Daro, 1993).

services to providers classified as high by the support assessment may reduce the number of placement problems and therefore the number of placement changes.

The support assessment has the potential to help DSS workers in pilot counties better ensure the safety and stability of children placed in foster and relative care settings. Despite the limitations of the research, this study resulted in an actuarial assessment that can be piloted in the participating California counties. The next step is to develop policies and procedures to ensure the appropriate use of assessment results. Agency actions determined by a support classification should be supportive in nature, such as increased phone or in-person contacts, more frequent respite, or additional training.

This preliminary support assessment should be validated with a second, prospective study. A prospective validation based on information consistently collected by case workers will help ensure that the assessment is accurately classifying families by the likelihood of inadequate child care. To support this effort, departments participating in the pilot should identify supplemental items to be systematically collected and identify a method of data collection that will enable future validations.

INTRODUCTION

The foster care system was designed to provide protection for children who are unsafe in their homes. The maltreatment of a child in foster care by a foster care provider is, therefore, a major concern for county child welfare agencies legally responsible for the safety of children in placement. County child welfare staff must screen and approve foster and relative care providers, place children in homes that meet their needs, and monitor and support each family to ensure that appropriate care is provided to children in placement. These tasks are difficult to accomplish. Improved foster care provider assessment procedures can help county child welfare agencies take preventive measures to increase the safety and well-being of children they place in foster care. The purpose of this research project is to help agencies conduct better assessments of each provider's ability to appropriately care for a child and estimate the likelihood that a caregiver will abuse or neglect a child placed in his/her home. Agencies can then target supportive services for foster and relative care providers at the greatest risk of a negative outcome, which may prevent maltreatment and/or inadequate care of a foster child.

Five California counties (Los Angeles, Fresno, San Diego, Riverside, and San Bernardino) have contracted with the Children's Research Center (CRC) to assist them in developing an assessment system that will result in improved procedures for assessing foster and relative providers. A key component of the system is a risk assessment used to classify foster and relative providers by the likelihood that they will provide inadequate care to a child. New Mexico's Children Youth and Families Department developed a similar risk assessment in 2003, and this effort builds on the findings of that research.

The current research effort is a retrospective study to determine if New Mexico's risk assessment or a variation of it can accurately classify care providers in the participating California counties. Researchers collected data from case files in order to examine the relationship between

the characteristics of a foster or relative care provider observable at the time a child is placed with them and subsequent child maltreatment and/or inadequate care of a child. The research findings were used to construct an actuarial risk assessment that can identify foster or relative providers with very high and very low probabilities of inadequate care provided to a foster child. This effort began with an examination of New Mexico's risk assessment and its ability to classify providers from the participating counties, followed by an independent analysis to determine if a better actuarial assessment could be developed.

The research effort will also help inform the development of procedures for implementing the assessment in a pilot effort. Participating counties will use the risk assessment to help them identify providers who may need additional support, training, and/or monitoring by child welfare workers. The risk assessment will also be incorporated into agency procedures for reviewing the provider's home prior to placing a child. The counties plan a second, prospective study to re-validate the risk assessment.

BACKGROUND

Actuarial assessment methods were introduced in child protective services approximately 20 years ago. Constructing an actuarial assessment requires a longitudinal study in which a sample of providers are observed for a standardized follow-up period. This effort involves extensive data collection about each child and household from case file reviews and/or caseworkers who served the family and the observation of critical case outcomes such as child maltreatment. This is followed by an analysis to determine which combination of family and case characteristics best assesses the likelihood of future child maltreatment. CRC has conducted studies of large, random samples for child protective services in several California counties as well as in New Mexico, Michigan,

Oklahoma, Rhode Island, New York, and Colorado.[4] These studies focused on a risk assessment procedure completed by a worker at the close of a child maltreatment investigation. Simple actuarial risk indices were designed using easily observable child and family characteristics that can be employed by child protection workers to estimate the likelihood that abuse or neglect will occur in the future. Workers use these assessments to classify families as high, medium, or low risk based upon an actuarial assessment of each jurisdiction's experience with similar cases.

The evidence now available indicates that actuarial risk assessment based on simple, empirically validated instruments is superior to other forms of decision making, including consensus-based assessments and an individual case worker's clinical assessments. A large body of research evidence in experimental psychology, as well as child welfare, supports the conclusion that actuarial instruments can predict future behavior more accurately than individual decision makers, even those who have had extensive clinical training (see Rossi, 1998; Meehl, 1954; Sawyer, 1966; or Dawes, 1989). Research has also shown that actuarial assessments are more reliable and valid than consensus-based risk assessments (Baird et al., 1999; Baird & Wagner, 2000).

A caseworker can, however, sense things that an actuarial instrument would ignore or could not employ. Many characteristics of human subjects simply cannot be quantified empirically and actuarial models cannot easily account for rare events. The point of actuarial assessment in case management is not to substitute an actuarial procedure for the discretionary judgement or skill of child protective service (CPS) workers. It is to assess families more accurately and prioritize them for service more effectively by integrating an actuarial assessment tool into current case assessment procedures (see Shlonsky & Wagner, 2005). This practice may prove more effective because the

[4] These recent research efforts have employed large, random samples (1,800 cases in Michigan; 1,200 in Oklahoma; 1,000 in Rhode Island; 1,400 in New Mexico; 1,200 in New York; 977 in Colorado; and 2,511 in California) of reported abuse and neglect cases and use an 18- to 24-month longitudinal follow up to track case outcomes.

actuarial assessment model helps practitioners focus their initial assessment on the relatively small set of case characteristics that have demonstrated a strong statistical relationship to future child maltreatment. After having made this objective assessment, workers may exercise discretionary judgement more effectively in each case. It is understandable that people are beginning to apply this understanding of decision making to other areas of child protective service.

Researchers have only recently attempted to identify characteristics associated with the maltreatment of children in foster care. Foster and relative care providers are also at risk of physically abusing children who have been placed in their home, and this type of child maltreatment is of particular concern for departments who are legally responsible for the safety of these children. One study found that in comparison with custodial parents who abuse children, foster parents tend to be older, slightly more affluent, and abuse tends to be more related to child discipline (Robin, 1991). These are not very discriminating factors, however, and do not help discern which foster care providers are most likely to maltreat a foster child and/or under what circumstances. Researchers comparing foster parents who maltreated children to those who did not found that the following characteristics increased the risk of maltreatment: a foster child sharing a bedroom with other family members, a younger female caregiver, caseworker reservations about the home, and homes that were restricted for placement (Zuravin et al., 1993).

Other studies have found that some systemic factors under the agency's control are also related to maltreatment of a foster child. These factors include the extent of foster parent training and support and the appropriateness of child placements in the home (i.e., was a child placed with a foster family who requested no placements of this type, such as no children over the age of ten [Carbino, 1980]). Studies also suggest that some child characteristics such as mental or physical health problems increase the risk of maltreatment (Daro, 1993; Robin, 1991).

While caregiver characteristics, child behavior, and agency and/or worker action have been shown to be related to foster placement disruption, recent researchers have been focusing on the characteristics of the child and especially the caregiver(s). Given the evidence supporting actuarial risk assessment in child protective services, it is no surprise that risk research is being applied as a method to assess foster care providers. For example, University of Tennessee researchers are developing assessments that assess both the safety of a foster child in a placement and the quality of care provided to that child (Orme et al., 2002; Ragg et al., 2002).

In 2003, New Mexico's Children, Youth and Families Division contracted with CRC to develop an actuarial risk assessment that would classify foster and relative care providers by their likelihood to provide inadequate care for and/or maltreat a child placed with them. CRC staff sampled foster and relative care providers who applied or reapplied for a license in 1999[5] and collected information about the providers and placement outcomes for a standardized 24-month follow-up period from case files. The research resulted in an actuarial risk assessment with ten factors strongly related to maltreatment of a foster child and/or departmental disapproval of a placement and/or license. The assessment provides a classification of low, moderate, or high risk of maltreatment/inadequate caregiving based on the sum of the item scores. When classified by the risk assessment, the proportion of families with either maltreatment alleged or department disapproval of their license or a placement increased at least 70.0% with each increase in risk level.[6] While the research resulted in a preliminary risk assessment, information in the case files was often inconsistently recorded or missing. In addition, substantiated maltreatment perpetrated by a provider

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[5] The sample size was 642 households who applied between October 1998 and December 1999.

[6] When the outcome is any maltreatment allegation or department disapproval of a placement and/or license, the 261 families classified as low risk had a 17.2% follow-up rate, caregivers classified as moderate risk had a 32.2% rate, and the 42 families classified as high risk had a 54.8% rate of alleged maltreatment or department disapproval.

was not available as an outcome. The study served as starting place, however, and its replication may support the findings.

The participating California counties are improving the assessment of foster care providers by researching and piloting an actuarial tool. The following study replicates the New Mexico research by evaluating the characteristics of families and households at the time of child placement to assess the likelihood of subsequent maltreatment and/or inadequate caregiving. The research concentrated on characteristics of foster and relative care providers, because information about child characteristics and agency response were not consistently available.

METHODOLOGY

The analysis sample consisted of 560 foster and relative providers who had a child placed in the home[7] between January and May 2003 in one of the five participating counties (Los Angeles, Fresno, San Diego, Riverside, and San Bernardino). The sample of providers was stratified by county and by type (relative versus foster care providers) and randomly sampled within the county and caregiver type groups. The participating counties place most children in relative homes; therefore, foster care providers were over-sampled to ensure adequate representation.

Several steps were taken to ensure the accuracy of the data collected. Case readers were trained on how to review the case files and collect identified information item by item. The training included review of a practice file. The second part of training consisted of reading one file, after which case readers traded case files and reviewed a file already read. After two readers had read a file, they met with the trainer and reviewed that case item by item, identifying areas of inconsistency. The trainer reviewed identified areas of inconsistency with all case readers. Case readers made

[7] Sampled placements were children newly placed in the home. Both new and experienced providers were sampled.

copious notes during the case reading, which allowed the analyst to better understand reasons for the coding provided. Case readers searched California's Child Welfare Services/Case Management System (CWS/CMS) for information not found in the paper case file.

This longitudinal study sampled providers at a point in time and then observed placement outcomes for a standardized, 18-month follow-up period. The data collection focused on: 1) observations of the applicant's household made at the time a child was placed or the time a sampled license was granted (which was either an initial or re-licensing application), 2) the applicant's history prior to the sample licensing, and 3) alleged maltreatment or other inappropriate caregiving that occurred after the sample license was granted. Independent variables showing a relationship to abuse/neglect and variables showing a relationship to foster placement disruption in previous studies were collected, such as:

1. Caregiver(s) characteristics–including various measures of parental skill and knowledge of child development (Daro et al., 1993; Wolfe, 1987; Polansky, 1979; Johnson & L'Esperance, 1984), parent-child relationship and personal functioning (Rodriguez & Green, 1997; Kempe & Kempe, 1976; Wolfe, 1985), alcohol/drug use and social isolation/self-esteem (Moncher, 1995; Donnelly, 1997; Moncher, 1995; Whipple, 1991; Polansky, 1981; Anderson & Lauderdale, 1982), age, prior abuse, neglect as a child, or criminal record.

2. Household characteristics – income (Steinberg et al., 1981), address stability, number of children, single or two-parent composition (Webster-Stratton, 1985), and relationship stress among adults including domestic violence (Merrill et al., 1996; Burgess & Conger, 1978; Straus, 1979).

3. Characteristics of the child – including age, sex, special needs or disability, and prior out-of-home placement experience (see Daro, 1993; Robin, 1991; Kadushin & Martin, 1981).

4. Agency staff considerations and/or reservations noted, placement restrictions identified for the home, and foster child sleeping arrangements (Zuravin et al., 1993).

The data collection was limited by the nature of administrative records and case files. While information was obtained from the case file and from CWS/CMS, it is important to note that workers

may not have systematically assessed the same information for each foster or relative care provider. For example, some workers might have noted every motivation provided by an applicant for fostering a child, while other workers noted only the first one mentioned. In addition, a large percentage of cases had missing information.[8] Foster care provider files had less missing information than did files for relative care providers.

The outcomes assessed in the study were various forms of placement and/or license disruption that resulted from inappropriate caregiver behavior. The types of disruption considered were alleged and substantiated maltreatment by a provider, departmental disapproval for inadequate caregiver behavior other than maltreatment, and corrective action taken by the department. The outcomes are defined as:

1. **Alleged Maltreatment by Caregiver(s)**. This includes an allegation of maltreatment by a caregiver (either abuse, neglect, and/or exploitation) that was investigated. This outcome is limited by the possibility of false reports; the rate of substantiated maltreatment is likely lower than the rate of alleged maltreatment.

2. **Substantiated Maltreatment by Caregiver(s)**. This includes an investigated allegation of maltreatment in which the perpetrator was a caregiver and substantiated. This outcome is limited to the degree that some maltreatment occurs but is never substantiated, and some substantiations are made in error.

3. **Departmental Disapproval of Placement/License**. The department took action to terminate a provider's placement and/or license. This includes revocations (which were infrequent) and other action taken because of concerns about new family members, concerns about parenting skills or discipline practices, concerns about compliance with departmental policies and/or the foster child(ren)'s treatment plan, concerns about caregiver's ability to care for a child (e.g., due to physical or mental health). This outcome may not have been consistently recorded by workers and excludes incidents when the reason for a placement termination was noted as "child

[8] The original sample selected for study was 1,200 foster and relative caregivers. At the time of data collection, 770 of these case files were accessible to case readers. Approximately one-fourth (27.3%) of the sampled providers were missing 75% or more of the household items solicited during data collection, and just over half (57.8%) of the providers were missing half or more of the information. Foster care provider files had less missing information than did files for relative care providers; 11.2% of foster care files were missing 75% or more items, compared to 46.5% of relative care provider files. Of the 770 care providers, the 210 that were missing 75.0% or more of the household information sought were excluded from analyses. For further explanation, please see Appendix B.

behavior" with no other explanation and other placement terminations that were not well explained.

4. **Corrective Action by the Department**. The department implemented a corrective action plan to address concerns about the provision of care in the home. This may include, for example, additional training and changes in the level of supervision or other parenting practices.

5. **Alleged Maltreatment by Caregiver(s), Departmental Disapproval of Placement/License, or Corrective Action Taken**. This combined measure reflects any investigated report of maltreatment received for the provider(s), departmental termination of a placement or license for the provider(s), or corrective action assigned by the department (see above for more detailed definitions). Alleged maltreatment was used rather than substantiated maltreatment because the base rate was higher among relative care providers.

As mentioned previously, case characteristics available for this research were limited to information routinely reported by agency staff either in the case file or CWS/CMS.

CRC staff first analyzed the data in several stages using bivariate and multi-variate statistical techniques to see if an actuarial model could be developed.[9] The first analytic stage was to aggregate data obtained from CWS/CMS and the case files and compute correlations between all independent variables and the outcome measures. The next step was to run least squares and logistic regressions using independent variables significantly related to one or more outcomes. Lastly, item weights were determined by examining regression results.

[9] A variety of statistical methods could be used to conduct the analyses described. Prior studies by Simon (1971), Wainer (1976), and Gottfredson & Gottfredson (1979), later confirmed by other researchers (see Wilbanks, 1985; and Benda, 1987), found that less precise methods of statistical evaluations (including bivariate analyses or least squares regression) often produce the best overall result. These findings were more recently confirmed by other researchers (Silver & Chow-Martin, 2002; Silver, Smith & Banks, 2000). These procedures were employed in this analysis.

Staff also assessed the classification results when New Mexico's actuarial risk assessment was applied to sampled foster and relative care providers from the participating California counties. Results are shown in Appendix A.

FINDINGS

Description of the Sample

The characteristics of the 560 sampled households at the time of assessment are shown in Table 1. More than half (61.4%) of the households consisted of a married couple or live-together partners. One third (29.6%) were single adult households. Additionally, 28.9% did not have a child living in the home at the time of assessment.

Table 2 shows that most primary caregivers in the sample were female (94.6%), 30 to 49 years of age (46.8%), and White or Caucasian (28.6%). Most caregivers had at least some college. Because demographic information was missing for 20.0% to 53.0% of the sample, however, we cannot be certain these characteristics are representative of all care providers.

Table 1 **Characteristics of the Foster/Relative Care Household**			
Household Characteristics		**N**	**%**
Total		**560**	**100.0%**
Household Type	Single female	158	28.2%
	Single male	8	1.4%
	Married couple	313	55.9%
	Live-together partners	19	3.4%
	Single person with extended family	16	2.9%
	Partners with extended family	12	2.1%
	Other	3	0.5%
	Missing	31	5.5%
Number of Adults in Household[10]	One	134	23.9%
	Two	323	57.7%
	Three or more	103	18.4%
Number of Children in Household (includes biological and children placed in home)	None	162	28.9%
	One	121	21.6%
	Two	111	19.8%
	Three or more	166	29.6%
Youngest Child in the Household	One year or less	45	8.0%
	Two - four	36	6.4%
	Five - nine	76	13.6%
	10 - 14	124	22.1%
	15-16	56	10.0%
	17 +	47	8.4%
	Missing	176	31.4%

[10] The distribution of adults in the household differs slightly from the distribution of household types, which suggests the presence of adults not considered to be caregivers (e.g., adult offspring of the primary caregiver).

Table 2

Characteristics of Caregivers in the Foster/Relative Care Households

Caregiver Characteristics		**Primary Caregiver**		**Secondary Caregiver**	
		N	**%**	**N**	**%**
Total		**560**	**100.0%**	**353**	**100.0%**
Gender	Male	28	5.0%	313	88.7%
	Female	530	94.6%	36	10.2%
	Missing	2	0.4%	4	1.1%
Age	29 years or younger	35	6.3%	19	5.4%
	30-39	113	20.2%	82	23.2%
	40-49	149	26.6%	98	27.8%
	50 years or older	148	26.4%	88	24.9%
	Missing	115	20.5%	66	18.7%
Race/Ethnicity	White	160	28.6%	114	32.3%
	Mexican American/Hispanic	90	16.1%	65	18.4%
	Black/African American	111	19.8%	43	12.2%
	Other	39	7.0%	20	5.7%
	Missing	160	28.6%	111	31.4%
Employment	Full-time	147	26.3%	170	48.2%
	Part-time	39	7.0%	6	1.7%
	Self-employed	24	4.3%	12	3.4%
	Homemaker or not employed	116	20.7%	17	4.8%
	Retired	2	0.4%	2	0.6%
	Missing	232	41.4%	146	41.4%
Education	Some high school	23	4.1%	16	4.5%
	High school graduate/GED	66	11.8%	53	15.0%
	Some college/technical	91	16.3%	59	16.7%
	College/technical school graduate	63	11.3%	34	9.6%
	Some graduate or more	20	3.6%	12	3.4%
	Missing	297	53.0%	179	50.7%

Table 3 shows the most prevalent motivation for fostering as recorded by workers in the case file. The most prevalent motivation among foster care providers was a love of children. As one would expect, the most common motivation among relative care providers was a desire to care for a specific child.

Table 3

Worker Identified Primary Motivation for Fostering

Motivations	**Total**		**Foster Care**		**Relative Care**	
	N	**%**	**N**	**%**	**N**	**%**
Total	**560**	**100.0%**	**373**	**100.0%**	**187**	**100.0%**
Applying to care for a particular child; relative care	206	36.8%	28	7.5%	178	95.2%
Wants to help; perceives need for foster homes	218	38.9%	216	57.9%	2	1.1%
Likes or loves children; wants to care for children	266	47.5%	259	69.4%	7	3.7%
Considering adoption	163	29.1%	142	38.1%	21	11.2%
In foster care and/or adopted as a child	9	1.6%	9	2.4%	0	0.0%
Parents were or know foster parents; raised around foster children	27	4.8%	26	7.0%	1	0.5%
Would like a playmate for child	7	1.3%	7	1.9%	0	0.0%
Missing	38	6.8%	30	8.0%	8	4.3%

Note: More than one motivation may be indicated for a household; thus, percentages may total more than 100.0%. Reasons with a total count of five or less are not shown.

Relative care providers composed one third of the sample (see Figure 1). More than half (56.3%) of the caregivers received their first license while the other sampled licenses were either renewals or additional licenses (see Appendix B for more details).

Figure 1

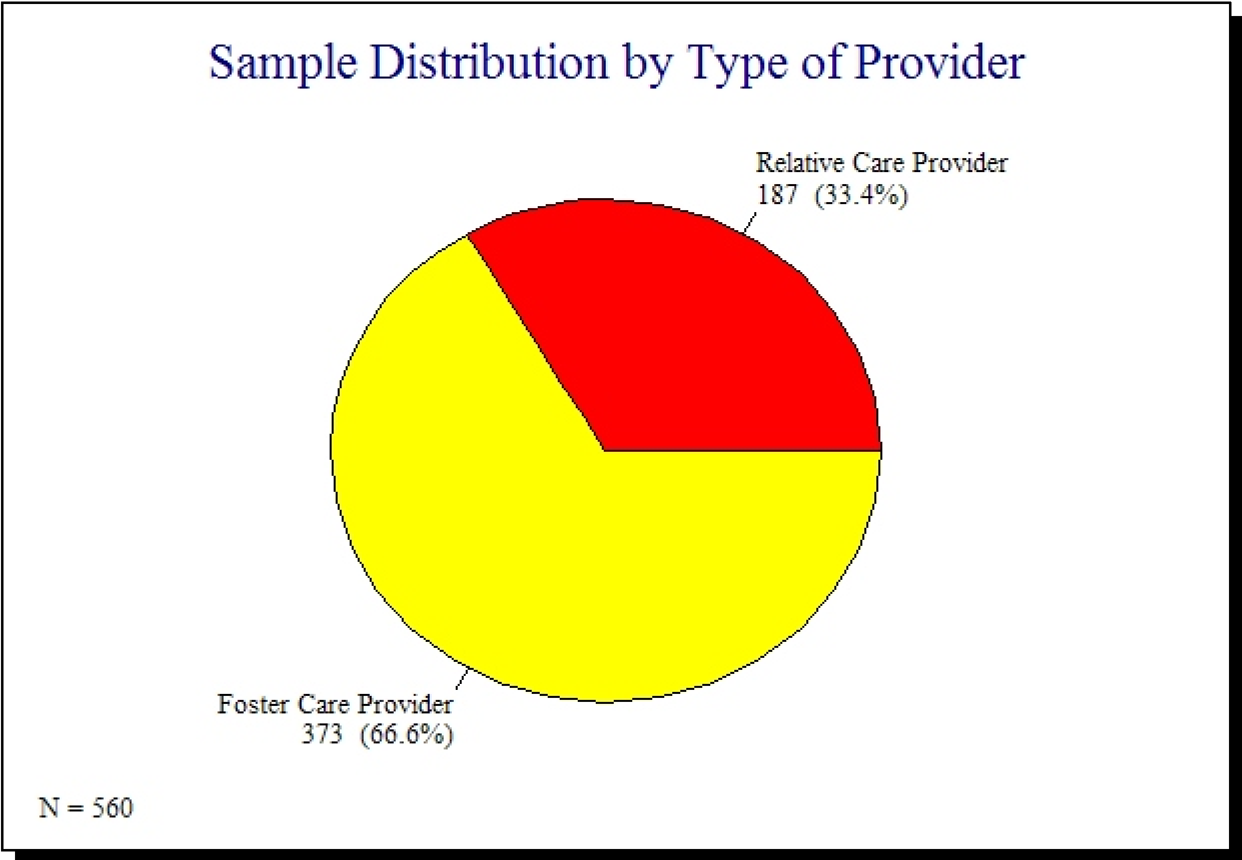

Table 4 shows that 10.4% of the providers in the sample were investigated for allegations of maltreatment during the 18 months following the sampled child placement and 11.3% had a placement and/or license terminated by the department. Maltreatment investigations were less common among relative care providers; just over 5.0% of relative care providers were alleged to have maltreated a child in their care, compared to 12.6% of foster care providers. The percentage of providers for whom the department terminated a placement and/or license was more similar (9.1% of relative care providers and 12.3% of foster care providers).

The summary measure includes any maltreatment investigation, departmental corrective action, or termination of a placement and/or license. Over one fifth (22.5%) of foster care providers had one of these occur during the standardized period. The agency costs associated with actions such as investigations and changes in placement are great. If the pilot program successfully reduces the need for such departmental actions, the cost savings could be significant.

Table 4

Outcome Rates for Foster and Relative Care Providers

Outcomes	**Total**		**Foster**		**Relative**		**Signif. (.05 level)**
	N	**%**	**N**	**%**	**N**	**%**	
Total	560	100.0%	373	100.0%	187	100.0%	
Maltreatment Investigation	58	**10.4%**	47	**12.6%**	11	**5.9%**	*
Maltreatment Substantiation	21	**3.8%**	17	**4.6%**	4	**2.1%**	
Departmental Disapproval of Placement/License[11]	63	**11.3%**	46	**12.3%**	17	**9.1%**	
Corrective Action by Department	28	**5.0%**	26	**7.0%**	2	**1.1%**	*
Summary Measure: Maltreatment Investigation, Departmental Corrective Action, and/or Termination of Placement/License	107	**19.1%**	84	**22.5%**	23	**12.3%**	*

[11] This includes child removals and/or license terminations initiated by the agency for the following reasons: inadequate care provided; noncompliance with policy; conflict with the foster child, foster child's family, or between foster child and other children; caregiver stress and/or ability/interest to provide care; and an identified safety issue.

Findings for New Mexico's Risk of Maltreatment/Inadequate Caregiving Assessment

Because the current study is a replication of New Mexico's, the initial analysis examined how accurately New Mexico's actuarial risk assessment classified foster and relative care providers in participating California counties. New Mexico's assessment (shown in Appendix A) was designed to classify providers by their likelihood to provide inadequate care and/or maltreat a child placed with them. In practice, the assigned case worker would score each provider's household based upon observations made during the initial or recertification licensing process. The worker would complete the ten items and then sum them to reach a classification of low, moderate, or high risk of maltreatment/inadequate caregiving.

Case outcomes were examined for providers sampled from the participating California counties by their scored risk classification after New Mexico's assessment was applied. These outcomes were observed during a standardized 18-month follow-up period for the foster and relative care providers with a child placed in their home during the sampled period.

New Mexico's risk assessment performed well when classifying the overall sample of providers by their likelihood of inadequate caregiving and/or child maltreatment. When New Mexico's risk assessment was applied to the sampled California providers, a risk level increase was associated with a rate increase for almost every outcome. For example, 10.4% of the 560 sampled providers were investigated for child maltreatment within 18 months of the sampled child placement.[12] The 57 providers classified as low risk had a maltreatment investigation rate of only 5.3%, compared to a rate of 10.4% among the 483 moderate risk providers. Among the 20 high risk providers, the rate of alleged maltreatment was 25.0%. In effect, the proportion of providers with maltreatment alleged at least doubled with each increase in the scored risk level. When the outcome

[12] See Appendix A for more details.

is departmental disapproval of a placement and/or license, high risk providers had a rate that was nearly four times greater than the rate for low risk providers.

The findings were not as positive, however, when foster and relative care providers were assessed separately. For example, among relative care providers, an increase in risk corresponded to a rate increase only for the outcome of departmental disapproval of placements and/or licenses. Among foster care providers, the risk assessment performed well when classifying providers by the likelihood of future maltreatment investigations and substantiations, but did not perform well when classifying providers by the likelihood of departmental disapproval.

The distribution of providers by risk was also problematic. The majority (86.3%) of providers were assessed as moderate risk when classified by New Mexico's assessment (see Table A1). Only 3.6% were classified as high risk, and 10.2% were classified as low risk. In addition, an item analysis showed that not all items were significantly related to the outcomes.[13] These findings demonstrated a need for a better actuarial assessment.

Findings for the Proposed Assessment

An independent analysis was then conducted of the relationship between the provider characteristics collected from the California counties' case files and subsequent child maltreatment and/or department actions taken. The first step in development of an alternative assessment was to examine simple correlations and cross tabulations between each potential risk factor available for study and each outcome measure. The outcomes were the same measures used to assess the classification capabilities of New Mexico's risk assessment. Factors which demonstrated a significant statistical association[14] with any outcome were selected for further analysis. Multiple

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[13] Please see Appendix A for more details.

[14] The analysis method was Pearson correlation significant at the .05 level.

linear and logistic regression analyses were then conducted to identify which combination of risk factors to include in the risk assessment. Item weights were determined by assessing their bivariate and multi-variate relationship to maltreatment reoccurrence measures. After a preliminary assessment was developed, it was tested against the outcomes to determine optimal cut-off points for classification categories and to evaluate its classification capabilities.

This effort resulted in an assessment that employs many of the same risk factors as New Mexico (the assessment is shown on the following page). The exclusion of some New Mexico items and the addition of other risk factors, however, improved the risk assessment's ability to classify providers by the likelihood of child maltreatment and/or departmental action taken.[15]

Representative staff from participating counties chose the title of Resource Family Support Assessment to emphasize the purpose of the research. The intention of the research was to develop an assessment that could identify the foster and relative care providers, referred to in California as resource families, most at risk of negative placement outcomes and therefore in need of increased support. These outcomes may result from caregiver stress, inadequate training, supervision or other factors. Once these families are identified, agencies can support them with services and resources that may then prevent placement changes and negative outcomes. The proposed support assessment performed very well when classifying the sampled providers by the likelihood of negative placement outcomes. The following page shows the proposed assessment, followed by tables and figures that review the classification findings among sampled providers when the proposed risk assessment was applied.

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[15] Two risk factors from the New Mexico study were included in the assessment, although they were not significant in the current study. In the prior research, arrest history and no understanding of child development doubled the likelihood of maltreatment/inadequate caregiving. They were included because of their importance in the prior study and the amount of missing data in this study. Their inclusion helped the risk classification of the current sample.

RESOURCE FAMILY SUPPORT ASSESSMENT

c: 09/2005

Provider Name: ______________________ **Provider #:** ______________

Assessment Date: ____/____/____ **County:** __________ **Worker Name:** ______________

Please complete the following and sum for a total score. Refer to the definitions in the policy and procedures manual as needed.

		Score
1. Either caregiver has criminal history as an adult		
No	0	
Yes (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	1	____
2. Either caregiver investigated and/or served by child protective services as an adult		
No	0	
Yes (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	1	____
3. Either caregiver has past substance abuse problem		
No	0	
Yes (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	1	____
___ alcohol ___ marijuana ___ other		
4. Either caregiver has a past mental health diagnosis		
No	0	
Yes (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	1	____
___ medication ___ inpatient treatment/hospitalization		
5. Either caregiver physically disciplined as a child		
No	0	
Yes (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	1	____
6. Number of foster children placed in home during the past 12 months		
None	0	
1-3	1	
4 or more	2	____
7. Either caregiver's primary motivation is to adopt a child		
No	0	
Yes	-1	____
8. Either caregiver believes in physical discipline		
No	0	
Yes (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	1	____
9. Either caregiver demonstrates an understanding of child development issues.		
Demonstrates understanding	0	
Does not demonstrate understanding (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	1	____
10. Primary caregiver has supportive local relationships with relatives/friends/neighbors/church (within two-hour drive)		
No	0	
Yes	-1	____
11. Department received a negative reference for either caregiver		
No	0	
Yes	1	____
12. Primary caregiver accepting of foster child contact with biological family in the home		
No	0	
Yes	-1	____
	TOTAL SCORE	____

Score	Support Level
-3 through -1	____ Low
0 through 2	____ Moderate
3 or above	____ High

Placement Specifications/Restrictions (Please note any specifications noted by caregivers regarding children placed at home):

____

Overrides (Check any that apply. Refer to definitions for more details. If an override is applicable, increase support level ***by one level/high***.)

1. _____ Foster child currently placed in home has emotional/behavioral problems.
2. _____ Characteristics of foster child to be or currently placed in home differ from specifications noted by caregiver(s).
3. _____ Discretionary. Note reason: ______________________

FINAL SUPPORT LEVEL: _____ 1. Low _____ 2. Moderate _____ 3. High

Supervisor's Signature: ______________________ Date: ____/____/____

Preliminary research only: Not to be used without consultation and authorization of CRC.

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Classification Results for the Proposed Support Assessment

The proposed assessment resulted in a better distribution by providers' likelihood of inadequate care and/or child maltreatment than New Mexico's risk assessment. Table 5 shows that just over half (55.9%) of the California providers were classified as moderate under the proposed support assessment, compared to 86.3% under New Mexico's assessment (see Table A1). Only 5.4% of the sampled providers were classified as high.

Table 5 and Figure 2 show the rate of subsequent alleged child maltreatment and substantiated maltreatment for the providers classified by the support assessment as high, moderate, or low. Within 18 months of the sampled child placement, 10.4% of the 560 sampled providers were investigated for child maltreatment and 3.8% were substantiated for child maltreatment. The 217 providers classified as low by the support assessment had a maltreatment investigation rate of only 3.7%, compared to a rate of 12.1% among providers classified as moderate and 40.0% of providers classified as high.

The proposed assessment also performed well when classifying providers by their risk of subsequent substantiation for maltreatment allegations. While 0.9% of providers classified as low were substantiated for child maltreatment, 16.7% of providers classified as high were involved in a maltreatment substantiation. For both outcomes, an increase in the support level corresponded to at least a three-fold increase in the outcome rate.

Table 5 Outcomes by The Proposed Support Classification						
Support Classification	**Total**		**Maltreatment Investigation**		**Maltreatment Substantiation**	
	N	**%**	**N**	**%**	**N**	**%**
Low	217	38.8%	8	**3.7%**	2	**0.9%**
Moderate	313	55.9%	38	**12.1%**	14	**4.5%**
High	30	5.4%	12	**40.0%**	5	**16.7%**
Total Sample	**560**	**100.0%**	**58**	**10.4%**	**21**	**3.8%**

Figure 2

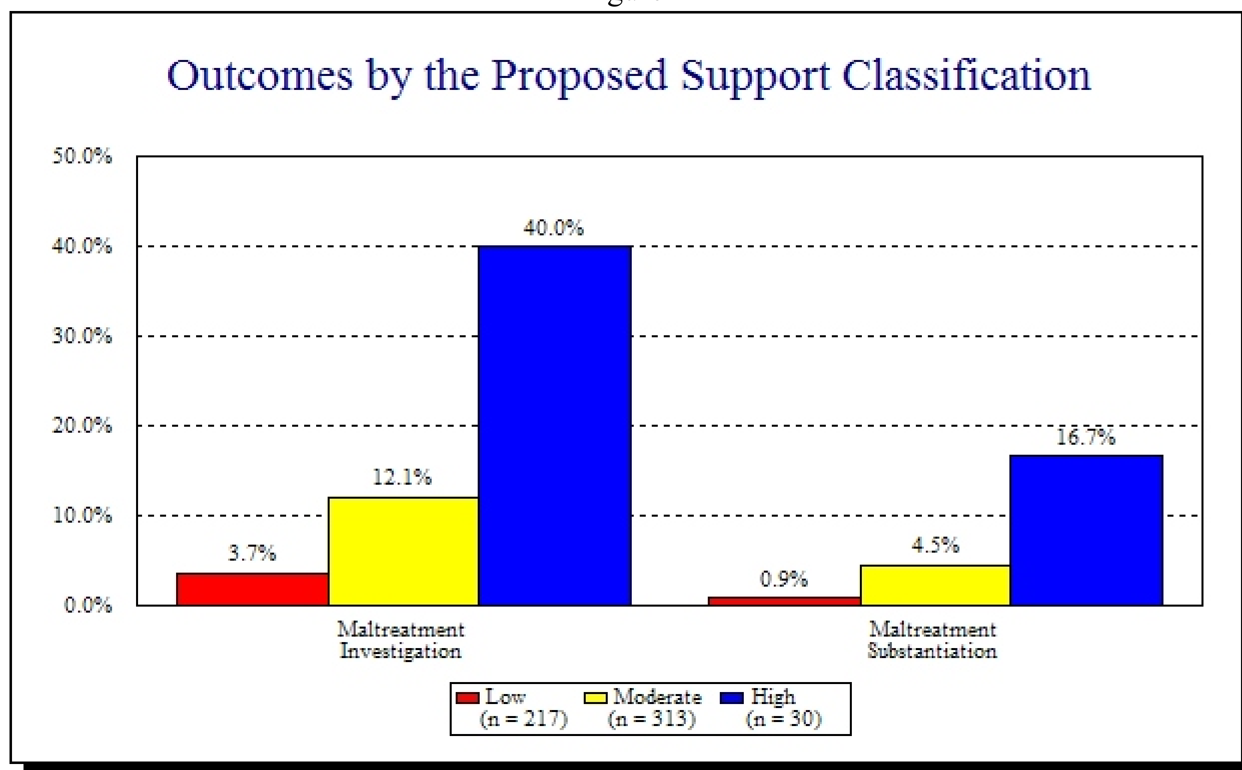


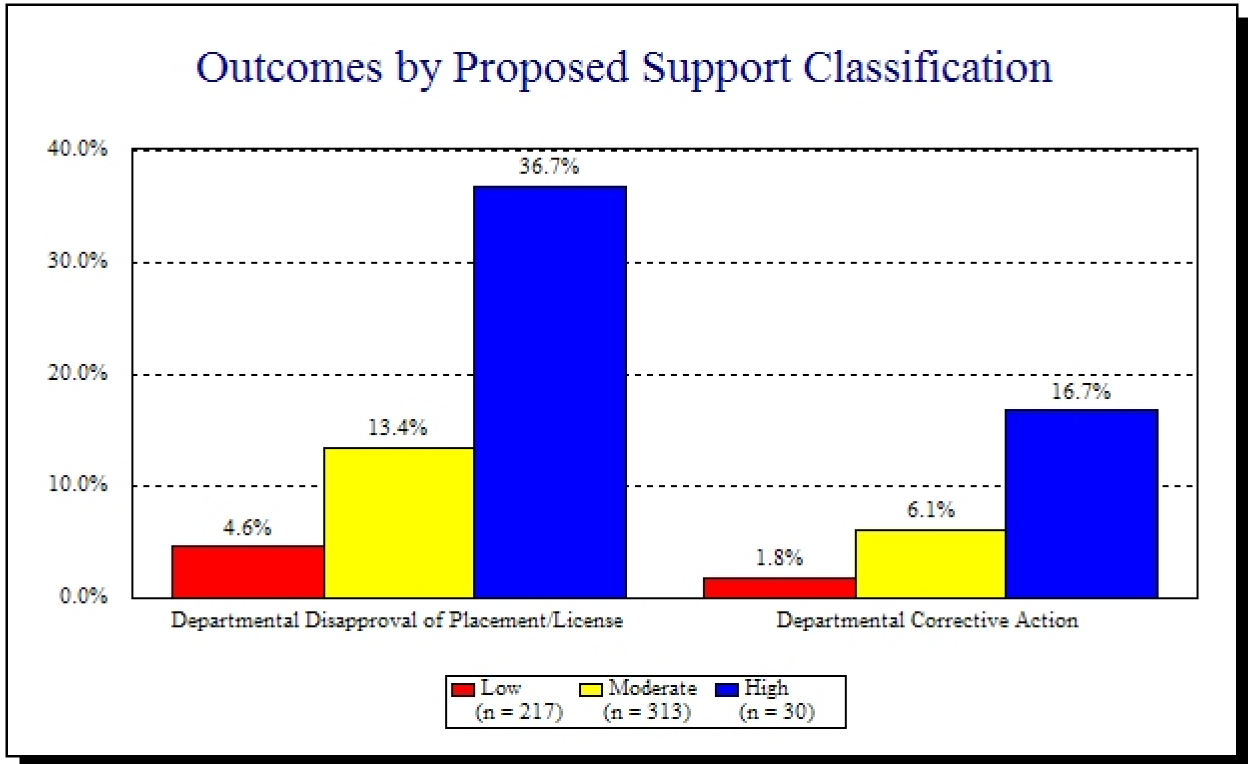
Table 6 and Figure 2 show departmental actions taken for providers by the classification results under the proposed support assessment. Among providers classified as low, 4.6% had a placement and/or license terminated by the Department of Social Services (DSS) during the follow-up period. The corresponding outcome rate was 13.4% for providers classified as moderate and 36.7% for providers classified as high. The rate of departmental disapproval of a placement and/or license doubled with each increase in the classification level obtained by applying the support assessment. When the outcome was corrective action taken by the department, the rate at least tripled with each increase in the support level.

Table 6

Outcomes by Proposed Support Classification

Support Classification	Total		Departmental Disapproval of Placement/License		Departmental Corrective Action Taken	
	N	**%**	**N**	**%**	**N**	**%**
Low	217	38.8%	10	**4.6%**	4	**1.8%**
Moderate	313	55.9%	42	**13.4%**	19	**6.1%**
High	30	5.4%	11	**36.7%**	5	**16.7%**
Total Sample	**560**	**100.0%**	**63**	**11.3%**	**28**	**5.0%**

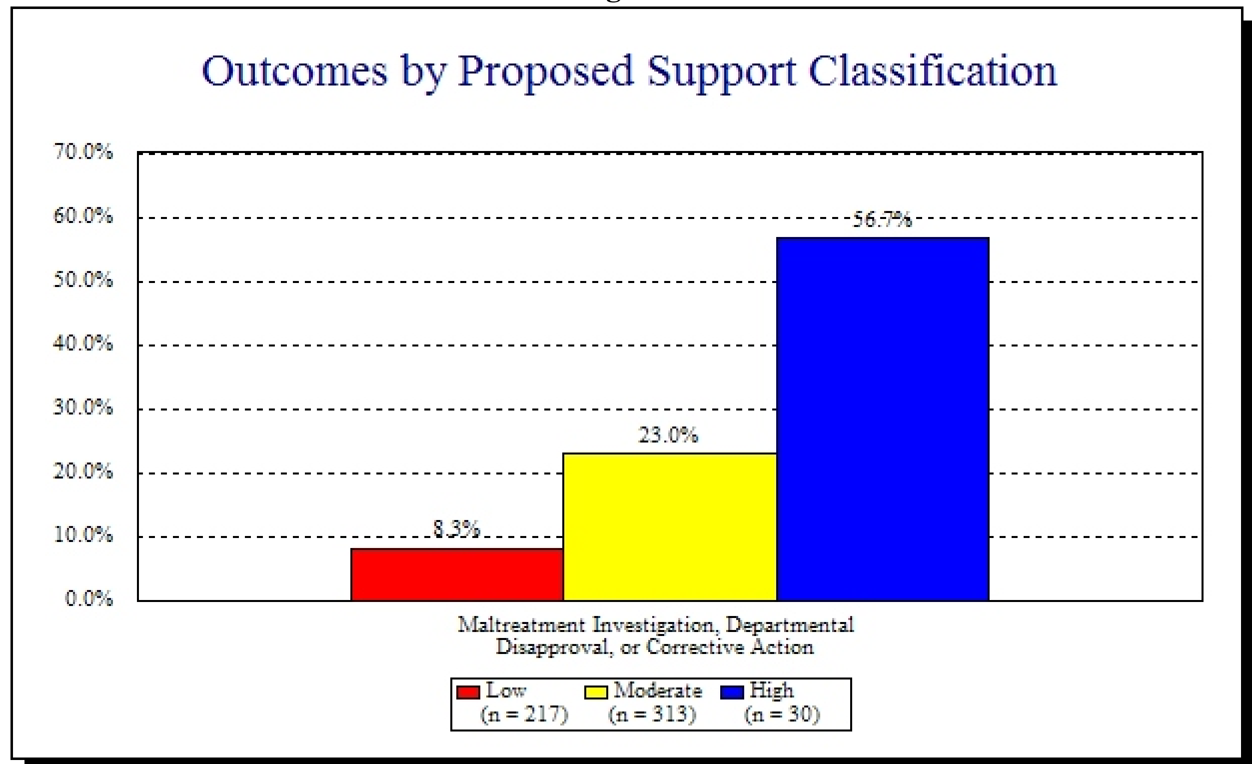
Figure 3



The proposed assessment also classified providers well when the outcome was any negative event during the 18 months subsequent to the sampled child placement (see Table 7 and Figure 4). Negative events included a maltreatment investigation, departmental disapproval of a placement/license, and/or corrective action taken by the department. Only 8.3% of providers classified as low had a negative event during the follow-up period, compared to more than half (56.7%) of providers classified as high by the support assessment. The high rate of negative outcomes among providers classified as high suggests that focusing support efforts on these providers could be very effective and has the potential to reduce maltreatment and/or inadequate care of a foster child.

Table 7 Outcomes by Proposed Support Classification				
Support Classification	Total		Maltreatment Investigation, Departmental Disapproval, or Corrective Action	
	N	%	N	%
Low	217	38.8%	18	**8.3%**
Moderate	313	55.9%	72	**23.0%**
High	30	5.4%	17	**56.7%**
Total	**560**	**100.0%**	**107**	**19.1%**

Figure 4



Classification Results for the Proposed Support Assessment by Provider Type

The proposed support assessment classified a much greater proportion of relative care providers as low compared to foster care providers (see Table 8). Approximately one third (28.2%)

of foster care providers were classified as low, compared to 59.9% of relative care providers. The distribution of sampled relative care providers may not be representative, however, given existing data limitations. Substantially more information was missing for sampled relative care providers than for foster care providers.[16] Availability of the information could affect the classification by support level.

Table 8

Proposed Support Classification Distribution by the Type of Provider

Support Classification	Total		Foster Care Providers		Relative Care Providers	
	N	%	N	%	N	%
Low	217	**38.8%**	105	**28.2%**	112	**59.9%**
Moderate	313	**55.9%**	243	**65.1%**	70	**37.4%**
High	30	**5.4%**	25	**6.7%**	5	**2.7%**
Total	560	100.0%	373	100.0%	187	100.0%

While the proposed assessment performed very well when classifying providers overall by the likelihood of a negative placement outcome, it is important that the support assessment perform equally well for both foster and relative care providers. Table 9 shows classification results for each type of provider when the assessment was applied (also see Figure 5). For almost every outcome, an increase in the support level corresponds to at least a two-fold increase in the outcome rate among foster and relative care providers. The only exception was the classification results among relative care providers when the outcome was corrective action taken by the department. It is reasonable to conclude that this is the result of a low rate (1.1%) of corrective actions imposed on the sampled relative providers and a very small number of relative care providers classified as high in the sample.

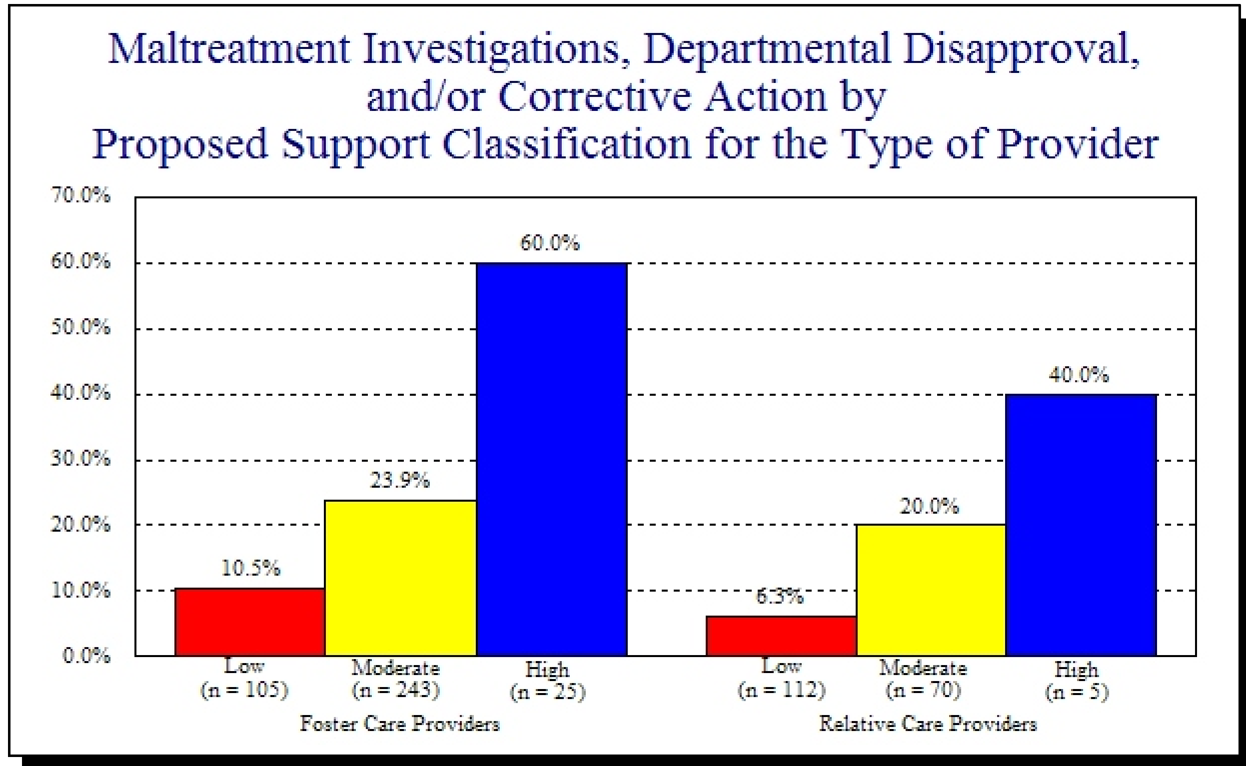
[16] For example, 78 (41.7%) of relative care providers were missing between 36 and 40 household assessment items, compared to 34 (9.1%) of foster care providers. During final analyses, missing information was coded as not true, or zero, so that risk would be underestimated rather than overestimated.

Table 9

Outcomes by Proposed Support Classification by Provider Type

Outcomes by Support Classification	Foster Care Providers		Relative Care Providers	
	Total N	%	Total N	%
Maltreatment Investigation				
Low	105	**3.8%**	112	**3.6%**
Moderate	243	**13.2%**	70	**8.6%**
High	25	**44.0%**	5	**20.0%**
Total	373	12.6%	187	5.9%
Maltreatment Substantiation				
Low	105	**1.0%**	112	**0.9%**
Moderate	243	**4.9%**	70	**2.9%**
High	25	**16.0%**	5	**20.0%**
Total	373	4.6%	187	2.1%
Departmental Disapproval of a Placement/License				
Low	105	**6.7%**	112	**2.7%**
Moderate	243	**12.3%**	70	**17.1%**
High	25	**36.0%**	5	**40.0%**
Total	373	12.3%	187	9.1%
Corrective Action Taken				
Low	105	**2.9%**	112	**0.9%**
Moderate	243	**7.4%**	70	**1.4%**
High	25	**20.0%**	5	**0.0%**
Total	373	7.0%	187	1.1%
Maltreatment Investigation, Departmental Disapproval, or Corrective Action				
Low	105	**10.5%**	112	**6.3%**
Moderate	243	**23.9%**	70	**20.0%**
High	25	**60.0%**	5	**40.0%**
Total	373	22.5%	187	12.3%

Figure 5



SUMMARY

The primary purpose of this research was to identify a valid actuarial assessment that would estimate a provider's likelihood of providing inadequate care of a foster child. Findings from this retrospective study indicate that the identified set of provider characteristics can classify providers by their likelihood of maltreatment and/or inadequate care of a foster child. This support assessment will become part of a new placement decision making model to be piloted by select California counties.

This research has limitations that should be considered when determining the policies and procedures to guide use of the assessment. Among the sampled providers from the participating California counties, a significant amount of information was missing. Approximately one fourth (27.3%) of the sampled providers were excluded from analyses because 75.0% or more of the

household items solicited during data collection were missing from the file. Foster care provider files contained more information than files for relative care providers. Relative care files were four times more likely to be missing information than were foster care provider files. In addition, information was not consistently available in case files. Because of the limitations of the data, this research should be considered as exploratory.

Despite the significant data problems, the study showed that provider characteristics related to future maltreatment or inadequate caregiving can be identified. Although only 5.4% of the providers were classified as high by the support assessment, the rate of negative outcomes among these providers was at least twice that of providers classified as moderate, and at least six times greater than the rate among those classified as low. This indicates that focusing support efforts on providers with a high support classification is likely to be very effective and has the potential to reduce maltreatment and/or inadequate care of a foster child.

CRC recommends that the counties pilot the proposed support assessment and develop policies focused on the prevention of placement changes due to problems with providers. For example, workers may have more monthly contact with providers classified as high, or seek additional training and/or a mentor relationship for these providers. During the follow-up period, only one third of high support providers had a placement or license terminated by the department for problems with care of a child, and less than one fifth had a maltreatment allegation substantiated. Rather than deny placements in higher risk homes at the risk of losing good foster and relative providers, it makes sense to target prevention efforts on providers classified as high by the support assessment.[17] Past research has shown that services to foster providers can prevent placement

[17] Additionally, the complete placement model will include an assessment of resource family safety, which is a more logical basis for denying placement.

instability.[18] Assessing the support needs of providers and developing policies which direct support services to providers classified as high by the support assessment may reduce the number of placement problems and therefore the number of placement changes.

When developing policies and procedures, administrators should consider applying overrides to the support assessment. Actuarial procedures only provide workers with estimates of future behavior based upon a limited set of observable factors; they do not yield infallible predictions for individual providers. Overrides enable workers' professional expertise to complement actuarial assessment. The first override on New Mexico's assessment[19] was whether or not a child placed in the home has severe behavior problems such as aggressive or violent behavior, or severe sexual acting out. Research has shown that child behavior problems are strongly associated with placement instability and child maltreatment (Fisher et al., 2000; McFadden & Ryan, 1991). The second override was applied if the characteristics of child(ren) placed differ from the specifications or restrictions requested by the provider. Placement restrictions have shown to be related to placement disruption (Zuravin et al., 1993). It is also logical that if a child must be placed in a home that has requested no placements of children with such characteristics, then that home may need additional support. In addition, the support assessment should allow case workers and supervisors to make a discretionary override (also shown on the form) that increases the scored classification.

The support assessment has the potential to help DSS workers in pilot counties better ensure the safety and stability of children placed in foster and relative care settings. Despite the limitations of the research, this study resulted in an actuarial assessment that can be piloted in the participating California counties. The next step is to develop policies and procedures to ensure the appropriate

[18] Enhanced support and access to services increased the rate and duration of foster parent retention (Chamberlain et al., 1992). Education and parent training programs by themselves have been less effective, but when combined with other interventions, they significantly reduced future child maltreatment (Harrison et al., 1999; Daro, 1993).

[19] See Appendix A for a copy of the assessment.

use of assessment results. Agency actions determined by a support classification should be supportive in nature, such as increased phone or in-person contacts, more frequent respite, or additional training.

This preliminary support assessment should be validated with a second, prospective study. A prospective validation based on information consistently collected by case workers will help ensure that the assessment is accurately classifying families by the likelihood of inadequate care of a child. To support this effort, departments participating in the pilot should identify supplemental items to be systematically collected and to identify a method of data collection that will enable future validations.

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Appendix A

Classification Findings for New Mexico's Risk of Maltreatment/Inadequate Caregiving Assessment

Findings for New Mexico's Risk of Maltreatment/Inadequate Caregiving Assessment

The initial analysis examined how accurately New Mexico's actuarial risk assessment classified foster and relative care providers in participating California counties. The assessment (shown on the following page) was designed to classify providers by their likelihood to provide inadequate care and/or maltreat a child placed with them. In practice, the assigned case worker would score each provider's household based upon observations made during the initial or recertification licensing process. The worker would complete the ten items and then sum them to reach a classification of low, moderate, or high risk of maltreatment/inadequate caregiving.

NEW MEXICO FOSTER PROVIDER
RISK OF MALTREATMENT/INADEQUATE CAREGIVING ASSESSMENT **01/2003**

Caregiver Name: ______________________ **Provider #:** ____________

Assessment Date: ____/____/____ **County:** ____________ **Worker Name:** ____________

Please complete the following and sum for a total score. Refer to the definitions in the policy and procedures manual as needed.

		Score
1. Caregiver(s) has a criminal arrest history as an adult.		
No	0	
Yes (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	1	____
2. Someone other than primary caregiver (i.e., secondary caregiver and/or child in household) has a physical disability.		
No	0	
Yes	1	____
3. Caregiver(s)' primary motivation for fostering is to determine whether or not they would like to adopt.		
No	0	
Yes	-1	____
4. Caregiver(s) was physically disciplined as a child.		
No	0	
Yes (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	1	____
5. Caregiver(s) was maltreated as a child.		
No	0	
Yes (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	2	____
6. Caregiver(s) was placed in foster care and/or was adopted as a child.		
No	0	
Yes (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	-2	____
7. Caregiver(s) demonstrates an understanding of child development issues.		
Demonstrates understanding	0	
Does not demonstrate understanding (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	2	____
8. Caregiver(s) believes in and/or advocates physical discipline.		
No	0	
Yes (*check all that apply*: ___ primary caregiver ___ secondary caregiver)	1	____
9. Department received a negative reference for the caregiver(s).		
No	0	
Yes (*indicate when*: ___ prior to most recent 12 months ___ during most recent 12 months)	1	____
10. Departmental staff identified issues that might affect caregiver(s)' ability to care for child(ren).		
No	0	
Yes (*indicate when*: ___ prior to most recent 12 months ___ during most recent 12 months)	2	____

Please indicate the nature of reservation or concern relative to ability to care for child *(check all that apply)*:

____ Caregiver(s)' compliance with Department policies
____ Caregiver(s)' relationship with other adults
____ Caregiver(s)' physical health
____ Caregiver(s)' mental health
____ Caregiver(s)' parenting skills
____ Other (specify): ____________

TOTAL SCORE ____

Score	Risk Level
-4 thru 0	____ Low
1 thru 3	____ Moderate
4 or above	____ High

Placement Specifications/Restrictions (Please note any specifications noted by caregivers regarding children placed at home)**:**

____

____

Overrides (Check any that apply. Refer to definitions for more details. If an override is applicable, increase risk ***by one level/high***.)
1. _____ Foster child currently placed in home has emotional/behavioral problems.
2. _____ Characteristics of foster child to be or currently placed in home differ from specifications noted by caregiver(s).
3. _____ Discretionary. Note reason: ____________

FINAL RISK LEVEL: _____ 1. Low _____ 2. Moderate _____ 3. High

Supervisor's Signature: ______________________ Date: ____/____/____

Preliminary research only: Not to be used without consultation and authorization of CRC.

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Classification Results for New Mexico's Risk of Maltreatment/Inadequate Caregiving

The following tables and figures describe case outcomes for providers sampled from the participating California counties by the scored risk classification after New Mexico's assessment was applied. These outcomes were observed during a standardized 18-month follow-up period for the foster and relative care providers with a child placed in their home during the sampled period.

The majority (86.3%) of providers were assessed as moderate risk when classified by New Mexico's assessment (see Table A1). Only 3.6% were classified as high risk, and 10.2% were classified as low risk.

Table A1 also shows the rate of subsequent alleged child maltreatment and substantiated maltreatment for the providers classified by the preceding risk assessment as high, moderate, or low risk. Within 18 months of the sampled child placement, 10.4% of the 560 sampled providers were investigated for child maltreatment and 3.8% were substantiated for child maltreatment. The 57 providers classified as low risk had a maltreatment investigation rate of only 5.3%, compared to a rate of 10.4% among moderate risk providers. Among the 20 high risk providers, the rate of alleged maltreatment was 25.0%. In effect, the proportion of providers with maltreatment alleged at least doubled with each increase in the scored risk level. Similar results were observed when the outcome was substantiated maltreatment of a child.

Table A1

Outcomes by New Mexico's Risk of Maltreatment/Inadequate Caregiving

	Total		**Maltreatment Investigation**		**Maltreatment Substantiation**	
Risk Classification	**N**	**%**	**N**	**%**	**N**	**%**
Low	57	10.2%	3	**5.3%**	1	**1.8%**
Moderate	483	86.3%	50	**10.4%**	18	**3.7%**
High	20	3.6%	5	**25.0%**	2	**10.0%**
Total Sample	**560**	**100.0%**	**58**	**10.4%**	**21**	**3.8%**

Table A2 shows departmental actions taken for providers classified by New Mexico's risk assessment. Among providers classified as low risk, 5.3% had a placement and/or license terminated by DSS during the follow-up period. The corresponding outcome rate was 11.6% for providers classified as moderate risk and 20.0% for providers classified as high risk. When the outcome is departmental disapproval of a placement and/or license, high risk providers have a rate that is nearly four times greater than the rate for low risk providers.

When the outcome is corrective action taken by the department, providers classified as high risk have a rate three times greater than that of low risk providers. The rate among moderate risk providers, however, is essentially the same as the rate among low risk providers (4.6% and 5.3% respectively).

Table A2

Outcomes by New Mexico's Risk of Maltreatment/Inadequate Caregiving

	Total		Departmental Disapproval of Placement/License		Departmental Corrective Action Taken	
Risk Classification	**N**	**%**	**N**	**%**	**N**	**%**
Low	57	10.2%	3	**5.3%**	3	**5.3%**
Moderate	483	86.3%	56	**11.6%**	22	**4.6%**
High	20	3.6%	4	**20.0%**	3	**15.0%**
Total Sample	**560**	**100.0%**	**63**	**11.3%**	**28**	**5.0%**

When the outcome is any maltreatment investigation, departmental corrective action taken, or departmental disapproval of a placement and/or license, providers classified by New Mexico's risk assessment also have rates that increase with each consecutive risk level. As Table A3 indicates, 19.1% of the 560 sampled providers had a negative outcome during the 18-month follow-up period. By comparison, 12.3% of providers classified as low risk and 40.0% of the 20 families classified as high risk had a negative outcome.

Table A3

Outcomes by New Mexico's Risk of Maltreatment/Inadequate Caregiving

Risk Classification	**Total**		**Maltreatment Investigation, Departmental Disapproval, or Corrective Action**	
	N	**%**	**N**	**%**
Low	57	10.2%	7	**12.3%**
Moderate	483	86.3%	92	**19.0%**
High	20	3.6%	8	**40.0%**
Total	**560**	**100.0%**	**107**	**19.1%**

Classification Results for New Mexico's Risk Assessment by Provider Type

The distributions of relative and foster care providers were very similar when classified by New Mexico's assessment (see Table A4). Less than 5.0% of providers were classified as high risk. Only 11.8% of foster care providers and 7.0% of relative care providers were classified as low risk.

Table A4 New Mexico's Risk of Inadequate Care Distribution by the Type of Provider						
	Total		Foster Care Providers		Relative Care Providers	
	N	%	N	%	N	%
Low	57	**10.2%**	44	**11.8%**	13	**7.0%**
Moderate	483	**86.3%**	312	**83.6%**	171	**91.4%**
High	20	**3.6%**	17	**4.6%**	3	**1.6%**
Total	560	100.0%	373	100.0%	187	100.0%

Table A5 compares classification results for foster versus relative care providers. Among foster care providers, New Mexico's risk assessment performed better when classifying providers by the likelihood of future maltreatment than by the likelihood of future departmental corrective action or placement termination. While 6.8% of foster care providers classified as low risk had a maltreatment investigation during the follow-up period, four times as many (29.4%) of high risk providers were subsequently investigated. When the outcome was departmental termination of a placement and/or license, however, providers classified as high risk had the same rate as providers classified as moderate risk (11.8% and 13.1% respectively).

The pattern was reversed among relative care providers. New Mexico's risk assessment did not classify relative care providers well for maltreatment outcomes. The rate of subsequent maltreatment investigations and substantiations among relatives was low, however, which may contribute to the problem. Poor results are also expected, given that almost all (91.4%) relative care providers were classified as moderate risk. Among relative care providers, each increase in risk corresponded to an increase in the outcome rate only when the outcome was departmental disapproval of a placement or license, or any negative event (maltreatment investigation, departmental disapproval, or corrective action taken).

Table A5

Outcomes by New Mexico's Risk of Inadequate Care Classification for Foster versus Relative Care Providers

	Foster Care Providers		Relative Care Providers	
	Total N	**%**	**Total N**	**%**
Maltreatment Investigation				
Low	44	**6.8%**	13	**0.0%**
Moderate	312	**12.5%**	171	**6.4%**
High	17	**29.4%**	3	**0.0%**
Total	373	12.6%	187	5.9%
Maltreatment Substantiation				
Low	44	**2.3%**	13	**0.0%**
Moderate	312	**4.5%**	171	**2.3%**
High	17	**11.8%**	3	**0.0%**
Total	373	4.6%	187	2.1%
Departmental Disapproval of Placement/License				
Low	44	**6.8%**	13	**0.0%**
Moderate	312	**13.1%**	171	**8.8%**
High	17	**11.8%**	3	**66.7%**
Total	373	12.3%	187	9.1%
Departmental Corrective Action Taken				
Low	44	**6.8%**	13	**0.0%**
Moderate	312	**6.4%**	171	**1.2%**
High	17	**17.6%**	3	**0.0%**
Total	373	7.0%	187	1.1%
Maltreatment Investigation, Departmental Disapproval, and/or Corrective Action				
Low	44	**15.9%**	13	**0.0%**
Moderate	312	**22.8%**	171	**12.3%**
High	17	**35.3%**	3	**66.7%**
Total	373	22.5%	187	12.3%

The following tables show findings for individual risk factors when the outcome is maltreatment investigation and departmental disapproval of a placement or license.

Table A6

Item Analysis for New Mexico's Risk of Maltreatment/Inadequate Caregiving Assessment

Item	Distribution		Subsequent Maltreatment Investigation			
	N	%	N	%	Correlation	P Value
Total Sample	560	100.0%	58	10.4%		
1. Caregiver(s) has a criminal arrest history as an adult.					0.016	0.356
No	450	80.4%	43	9.6%		
Yes	78	13.9%	9	11.5%		
Missing	32	5.7%	6	18.8%		
2. Someone other than primary caregiver(s) (i.e., secondary caregiver and/or child in household) has a physical disability.					-0.023	0.293
No	542	96.8%	57	10.5%		
Yes	16	2.9%	1	6.3%		
Missing	2	0.4%	0	0.0%		
3. Caregiver(s)' primary motivation for fostering is to determine whether or not he/she would like to adopt.					-0.076	0.036
Yes	93	16.6%	11	11.8%		
No	163	29.1%	11	6.7%		
Missing	304	54.3%	36	11.8%		
4. Caregiver(s) was physically disciplined as child.					0.098	0.01
No	114	20.4%	5	4.4%		
Yes	185	33.0%	27	14.6%		
Missing	261	46.6%	26	10.0%		
5. Caregiver(s) was maltreated as a child.					0.053	0.106
No	232	41.4%	25	10.8%		
Yes	52	9.3%	8	15.4%		
Missing	276	49.3%	25	9.1%		
6. Caregiver(s) was placed in foster care and/or was adopted as a child.					0.064	0.064
Yes	270	48.2%	29	10.7%		
No	13	2.3%	3	23.1%		
Missing	277	49.5%	26	9.4%		
7. Caregiver(s) demonstrates an understanding of child development issues.					0.029	0.248
Demonstrates understanding	380	67.9%	40	10.5%		
Does not demonstrate understanding	4	0.7%	0	0.0%		
Missing	176	31.4%	18	10.2%		
8. Caregiver(s) believes in and/or advocates physical discipline.					0.082	0.027
No	360	64.3%	34	9.4%		
Yes	35	6.3%	7	20.0%		
Missing	165	29.5%	17	10.3%		
9. Department received a negative reference for caregiver(s).					0.073	0.042
No	452	80.7%	42	9.3%		
Yes	52	9.3%	9	17.3%		
Missing	56	10.0%	7	12.5%		
10. Departmental staff identified issues that might affect caregiver(s)' ability to care for child(ren).					0.09	0.016
No	12	2.1%	5	41.7%		
Yes	46	8.2%	9	19.6%		
Missing	502	89.6%	44	8.8%		

Table A7 Item Analysis for New Mexico's Risk of Maltreatment/Inadequate Caregiving Assessment						
	Distribution		Departmental Disapproval of Placement/License			
Item	**N**	**%**	**N**	**%**	**Correlation**	**P Value**
Total Sample	560	100.0%	63	11.3%		
1. Caregiver(s) has a criminal arrest history as an adult.					0.004	0.465
No	450	80.4%	45	10.0%		
Yes	78	13.9%	9	11.5%		
Missing	32	5.7%	9	28.1%		
2. Someone other than primary caregiver(s) (i.e., secondary caregiver and/or child in household) has a physical disability.					-0.027	0.261
No	542	96.8%	62	11.4%		
Yes	16	2.9%	1	6.3%		
Missing	2	0.4%	0	0.0%		
3. Caregiver(s)' primary motivation for fostering is to determine whether or not he/she would like to adopt.					-0.129	0.001
Yes	93	16.6%	16	17.2%		
No	163	29.1%	8	4.9%		
Missing	304	54.3%	39	12.8%		
4. Caregiver(s) was physically disciplined as child.					0.038	0.183
No	114	20.4%	7	6.1%		
Yes	185	33.0%	24	13.0%		
Missing	261	46.6%	32	12.3%		
5. Caregiver(s) was maltreated as a child.					0.003	0.473
No	232	41.4%	21	9.1%		
Yes	52	9.3%	6	11.5%		
Missing	276	49.3%	36	13.0%		
6. Caregiver(s) was placed in foster care and/or was adopted as a child.					0.02	0.317
Yes	270	48.2%	24	8.9%		
No	13	2.3%	2	15.4%		
Missing	277	49.5%	37	13.4%		
7. Caregiver(s) demonstrates an understanding of child development issues.					0.037	0.192
Demonstrates understanding	380	67.9%	1	0.3%		
Does not demonstrate understanding	4	0.7%	1	25.0%		
Missing	176	31.4%	21	11.9%		
8. Caregiver(s) believes in and/or advocates physical discipline.					0.048	0.128
No	360	64.3%	40	11.1%		
Yes	35	6.3%	6	17.1%		
Missing	165	29.5%	17	10.3%		
9. Department received a negative reference for caregiver(s).					0.12	0.002
No	452	80.7%	46	10.2%		
Yes	52	9.3%	12	23.1%		
Missing	56	10.0%	5	8.9%		
10. Departmental staff identified issues that might affect caregiver(s)' ability to care for child(ren).					-0.004	0.466
No	12	2.1%	4	33.3%		
Yes	46	8.2%	5	10.9%		
Missing	502	89.6%	54	10.8%		

Appendix B

Additional Sample Information/Review of Missing Data

Table B1 Amount of Assessment Information Missing by Provider Type						
	Total		Foster Care		Relative Care	
	N	%	N	%	N	%
Total	**770**	**100.0%**	**420**	**100.0%**	**350**	**100.0%**
Number of Household Assessment Items Missing						
0 - 15	158	20.5%	156	37.1%	2	0.6%
16 - 30	199	25.8%	155	36.9%	44	12.6%
31 - 35	92	11.9%	29	6.9%	63	18.0%
36 - 40	111	14.4%	33	7.9%	78	22.3%
41 - 45	80	10.4%	19	4.5%	61	17.4%
46 - 54	130	16.9%	28	6.7%	102	29.1%

Table B2 Outcome Rates for the Entire Sample of Foster and Relative Care Providers							
	Total		Foster		Relative		
	N	%	N	%	N	%	
Total	**770**	**100.0%**	**420**	**100.0%**	**350**	**100.0%**	**Sig.**
Maltreatment Investigation	69	9.0%	55	13.1%	14	4.0%	*
Maltreatment Substantiation	24	3.1%	20	4.8%	4	1.1%	*
Department Removal of Child[20]	77	10.0%	48	11.4%	29	8.3%	
Department Termination of License	14	1.8%	9	2.1%	5	1.4%	
Either Department Child Removal or License Termination	83	10.8%	52	12.4%	31	8.9%	
Corrective Action by Department	33	4.3%	30	7.1%	3	0.9%	*
Caregiver Requested Removal of Child	53	6.9%	30	7.1%	23	6.6%	
Caregiver Termination of License	26	3.4%	25	6.0%	1	0.3%	*
Caregiver Removal: Child Behavior/Special Placement	82	10.6%	63	15.0%	19	5.4%	*
Department Removal: Child Behavior/Special Placement	81	10.5%	69	16.4%	12	3.4%	*

[20] This includes child removals and/or license terminations initiated by the agency for the following reasons: inadequate care provided; noncompliance with policy; conflict with the foster child, foster child's family, or between foster child and other children; caregiver stress and/or ability/interest to provide care; and an identified safety issue (codes 1,2,3,5,9).

Table B3 Outcome Rates for the Entire Sample by the Amount of Missing Information							
	Total		75% or More of Assessment Information Found		Missing 75% or More of Assessment Information		
	N	%	N	%	N	%	
Total	**770**	**100.0%**	**560**	**100.0%**	**210**	**100.0%**	**Sig.**
Maltreatment Investigation	69	9.0%	58	10.4%	11	5.2%	*
Maltreatment Substantiation	24	3.1%	21	3.8%	3	1.4%	
Department Removal of Child	77	10.0%	57	10.2%	20	9.5%	
Department Termination of License	14	1.8%	12	2.1%	2	1.0%	
Either Department Child Removal or License Termination	83	10.8%	63	11.3%	20	9.5%	
Corrective Action by Department	33	4.3%	28	5.0%	5	2.4%	
Caregiver Requested Removal of Child	53	6.9%	33	5.9%	20	9.5%	
Caregiver Termination of License	26	3.4%	26	4.6%	0	0.0%	*
Caregiver Removal: Child Behavior/Special Placement	82	10.6%	69	12.3%	13	6.2%	*
Department Removal: Child Behavior/Special Placement	81	10.5%	62	11.1%	19	9.0%	

Table B4

Outcome Rates for the Entire Sample Foster and Relative Care Providers by the Amount of Missing Information

	Total		Foster				Relative			
			75% or More of Assessment Information Found		Missing 75% or More of Assessment Information		75% or More of Assessment Information Found		Missing 75% or More of Assessment Information	
	N	%	N	%	N	%	N	%	N	%
Total	**770**	**100.0%**	**373**	**100.0%**	**47**	**100.0%**	**187**	**100.0%**	**163**	**100.0%**
Maltreatment Investigation	69	9.0%	47	12.6%	8	17.0%	11	5.9%	3	1.8%
Maltreatment Substantiation	24	3.1%	17	4.6%	3	6.4%	4	2.1%	0	0.0%
Corrective Action by Department	33	4.3%	26	7.0%	4	8.5%	2	1.1%	1	0.6%
Department Removal of Child	77	10.0%	42	11.3%	6	12.8%	15	8.0%	14	8.6%
Department Termination of License	14	1.8%	8	2.1%	1	2.1%	4	2.1%	1	0.6%
Either Department Child Removal or License Termination	83	10.8%	46	12.3%	6	12.8%	17	9.1%	14	8.6%
Caregiver Requested Removal of Child	53	6.9%	25	6.7%	5	10.6%	8	4.3%	15	9.2%
Caregiver Termination of License	26	3.4%	25	6.7%	0	0.0%	1	0.5%	0	0.0%
Caregiver Removal: Child Behavior/Special Placement	82	10.6%	61	16.4%	2	4.3%	8	4.3%	11	6.7%
Department Removal: Child Behavior/Special Placement	81	10.5%	60	16.1%	9	19.1%	2	1.1%	10	6.1%

Table B5

Characteristics of Sampled Providers

		All Sampled Households		Sampled Households with 75% or More of Assessment Information Found	
		N	**%**	**N**	**%**
Total		**770**	**100.0%**	**560**	**100.0%**
Type of License	Relative	350	45.5%	187	33.4%
	Foster care/specialized foster care	420	54.5%	373	66.6%
First License or Renewal	First license	458	59.5%	315	56.3%
	Renewal or additional license	312	40.5%	245	43.8%
Children Placed at Time of Sample Licensing	None	273	35.5%	162	28.9%
	One or more	497	64.5%	398	71.1%

Table B6

Outcome Rates for Foster and Relative Care Providers

	Total		Foster		Relative		
	N	**%**	**N**	**%**	**N**	**%**	
Total	**560**	**100.0%**	**373**	**100.0%**	**187**	**100.0%**	**Sig.**
Maltreatment Investigation	58	10.4%	47	12.6%	11	5.9%	*
Maltreatment Substantiation	21	3.8%	17	4.6%	4	2.1%	
Department Removal of Child	57	10.2%	42	11.3%	15	8.0%	
Department Termination of License	12	2.1%	8	2.1%	4	2.1%	
Either Department Child Removal or License Termination	63	11.3%	46	12.3%	17	9.1%	
Corrective Action by Department	28	5.0%	26	7.0%	2	1.1%	*
Caregiver Requested Removal of Child	33	5.9%	25	6.7%	8	4.3%	
Caregiver Termination of License	26	4.6%	25	6.7%	1	0.5%	*
Caregiver Removal: Child Behavior/Special Placement	69	12.3%	61	16.4%	8	4.3%	*
Department Removal: Child Behavior/Special Placement	62	11.1%	60	16.1%	2	1.1%	*