



Participant Guide

Writing Skills Workshop

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Child Welfare Training Consortium

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39.00145 Records Concerning Children

(1) The case record of every child under the supervision of or in the custody of the department, the department's authorized agents, or providers contracting with the department, including community-based care lead agencies and their subcontracted providers, must be maintained in a complete and accurate manner. The case record must contain, at a minimum, the child's case plan required under part VII of this chapter and the full name and street address of all shelters, foster parents, group homes, treatment facilities, or locations where the child has been placed.



(2) Notwithstanding any other provision of this chapter, all records in a child's case record must be made available for inspection, upon request, to the child who is the subject of the case record and to the child's caregiver, guardian ad litem, or attorney.

(a) A complete and accurate copy of any record in a child's case record must be provided, upon request and at no cost, to the child who is the subject of the case record and to the child's caregiver, guardian ad litem, or attorney.

(b) The department shall release the information in a manner and setting that are appropriate to the age and maturity of the child and the nature of the information being released, which may include the release of information in a therapeutic setting, if appropriate. This paragraph does not deny the child access to his or her records.

(c) If a child or the child's caregiver, guardian ad litem, or attorney requests access to the child's case record, any person or entity that fails to provide any record in the case record under assertion of a claim of exemption from the public records requirements of chapter 119, or fails to provide access within a reasonable time, is subject to sanctions and penalties under s. 119.10.

(d) For the purposes of this subsection, the term "caregiver" is limited to parents, legal custodians, permanent guardians, or foster parents; employees of a residential home, institution, facility, or agency at which the child resides; and other individuals legally responsible for a child's welfare in a residential setting.



(3) If a court determines that sharing information in the child's case record is necessary to ensure access to appropriate services for the child or for the safety of the child, the court may approve the release of confidential records or information contained in them.



(4) Notwithstanding any other provision of law, all state and local agencies and programs that provide services to children or that are responsible for a child's safety, including the Department of Juvenile Justice, the Department of Health, the Agency for Health Care Administration, the Agency for Persons with Disabilities, the Department of Education, the Department of Revenue, the school districts, the Statewide Guardian Ad Litem Office, and any provider contracting with such agencies, may share with each other confidential records or information that are confidential or exempt from disclosure under chapter 119 if the records or information are reasonably necessary to ensure access to appropriate services for the child, including child support enforcement services, or for the safety of the child. However:

- (a) Records or information made confidential by federal law may not be shared.
- (b) This subsection does not apply to information concerning clients and records of certified domestic violence centers, which are confidential under s. 39.908 and privileged under s. 90.5036.

History.—s. 1, ch. 2009-34; s. 2, ch. 2009-43; s. 40, ch. 2011-213.



Writing Skills Workshop



Workshop Agenda:

9am–4pm



- | | |
|-----------|--|
| 9:00am | Introductions /Reflection/Lisa’s Story |
| 9:30am | Pre–Test |
| 9:45am | Purpose of Documentation |
| 10:30am | Break |
| 10:45am | Read it, Review it, Try It! (Activity 1) & Debrief |
| 12–1:00pm | Lunch |
| 1:00pm | Domain Documentation Practice (Activity 2) & Debrief |
| 2:15pm | Break |
| 2:30pm | What is your Analysis? (Activity 3) & Debrief |
| 3:30pm | Post–Test |
| 3:45–4pm | “What adds up?” and Wrap up |



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Note examples with three (3) different sources:

***The following are note type examples for documentation purposes in FSFN. These examples are representations of possible note information obtained from the mother and other sources; however, this is not an exhaustive list or meant to be all inclusive for every information collection domain.*

4/25/XX- Face to face interview at the family's home, 123 Drew St. Tampa, with Ms. Landry/Mother of Kiera (10). Ms. Landry provides the following information about her child's injury and information about her child:

- Kiera fell out of tree in neighbor's backyard yesterday.
- Neighbor angry that Kiera was climbing tree in her yard.
- Feuds happen all the time with this neighbor. "She (neighbor) is mean and her kids are mean."
- Kiera climbed tree fast to get away from kids and lost her footing.
- Kiera fell hard and broke her arm. Neighbor angry that she had to handle crisis when it happened. Ms. Kravitz came knocking at Landry home door to get Ms. Landry. She was screaming and red faced.
- Mom went to backyard area and got Kiera. Took her to ER immediately, as her arm was puffy and painful.
- Kiera's broken arm caused by fall. Will provide medical record of ER visit. Nobody caused Keira's broken arm or hurt Kiera. Mom signed a Release of Information for Medical records for DCF to obtain records.
- No problem signing records. "I got nothing to hide and nobody hurt Kiera."
- Keira is an active and very outgoing child. She has lots of friends, is a leader at school and in activities and gets along well with everyone except this neighbor lady.
- Kiera is an "independent kid" and mom loves spending time with her. She enjoys how much life and fun she is with other people. Kiera is "fearless" in how she lives her life and one day she will "do something really big and great".

Observation: Mom's attitude when describing her child was joyful, smiling and positive about Kiera's personality traits that she admired.

- Kiera is the "joy of her life" and while she can be a handful she thinks the "journey" will be worth it.



4/26/XX–TC to Susan Smith, social worker at County General ER. (Phone: 555–555–5555) Left message that CPI would be faxing a release to her today. CPI Faxed her release of information signed by Ms. Landry for medical records related to Kiera’s ER visit yesterday.

4/26/XX –Susan Smith called back within the hour and reviewed that Doctor’s notes indicate that Keira said she fell out of neighbor’s tree and nobody hurt her. There are no other visits for this child to the hospital or the ER. No other concerns, per doctor’s note.

4/26/XX—Face to face interview of family’s neighbor, Ms. Kravitz at her home, 134 Drew St. Tampa. (555–123–5555). She advised:

- Kiera never stays in her own yard.
- She thinks Kiera is a “hyperactive and nosey little girl” who is always using Ms. Kravitz tree to overlook into Kravitz family’s yard and screen porch area.
- Kiera is always all over the neighborhood and involved with every family on the block.
- Her mom takes her to all sorts of sports activities and she is on lots of teams, but she just “wears you out” with how “busy” she is in the neighborhood.



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Where Do We “Show Our Work?”

Notes	
<ul style="list-style-type: none"> • Purpose is to document who we saw, what they said, what we did, and how we conducted our data gathering for our assessments. • The notes are about the CPI tasks, actions and duties. • It is a log of contacts, phone numbers, addresses, telephone contacts, referrals and general communications needed to obtain information. • Avoid overuse of excessive fillers such as “<i>stated, reported, indicated, and said</i>” whenever possible. 	
Present Danger Assessment	Family Functioning Assessment
<p>Present Danger assessment occurs when we have seen the child/children and/or have enough information to determine there is or is not present danger. Present danger refers to immediate, significant, and clearly observable harm or threat of severe harm occurring to a child in the present time, requiring immediate protective actions on the part of the investigator. Present danger can be manifested at any point throughout the investigation.</p>	<p>The FFA is a comprehensive assessment conducted by the investigator using information from all six information domains to identify impending danger based on three fundamental safety constructs: danger threats, child vulnerability, and the absence of caregiver protective capacities to manage danger threats.</p>

Solve for x

$$2(x + 5) = -3x - 6$$

$$2x + 10 = -3x - 6$$

$$\begin{array}{r} 2x + 10 = -3x - 6 \\ +3x \qquad \qquad +3x \\ \hline 5x + 10 = -6 \\ -10 = -10 \\ \hline 5x = -16 \\ x = \frac{-16}{5} \end{array}$$

Good work

Notes + PDA + FFA = Complete Assessment



Present Danger and Present Danger Safety Planning

Present Danger: An immediate, significant and clearly observable family condition occurring in the present tense, endangering or threatening to endanger a child and therefore requires a **prompt** Child Protective Services (CPS) response.

Examples of Present Danger (not an exhaustive list):

- ⚠ Inflicted or unexplained injuries to the face and/or head
- ⚠ Allegations of sexual abuse in combination with a parent who is unwilling/unable to protect
- ⚠ Premeditated maltreatments
- ⚠ Hazardous living conditions
- ⚠ Bizarre cruelty toward a child
- ⚠ Children requiring immediate medical care
- ⚠ Parent or guardian unable to provide basic care
- ⚠ Caregiver out of control or under the influence of substances posing an immediate threat to the child

Danger Threats:

- 11 Danger Threats
- Threat must be identified and qualified
- Family conditions must be immediate, significant and clearly observable



Safety Planning:

Investigator or case manager will not leave a home when a child is in present danger without establishing a safety plan that goes into effect immediately and controls for danger.

Present Danger plan shall not be in effect for more than 14 days without a staffing.

Supervisor Consultation is required and all present danger plans will be reviewed by the supervisor within 24 hours of their creation. If the child remains in the home or a family arrangement is used, a 2nd Tier Consultation is required.





NO Present Danger Identified:

The parents, Tim and Amy Adams, were overheard arguing loudly about the mother missing a counseling appointment. There were no reports, observations, or confirmations that a physical altercation occurred. No violent, impulsive, or out of control behaviors were witnessed or confirmed that could pose a threat to the children. The mother does have substance abuse history and is currently in a substance abuse outpatient program. The children, Sierra (10) and Connor (8), did not disclose awareness of drug involvement or physical altercations by either parent and expressed no fear of their parents.

NO Present Danger Identified:

Desire described she was playing in the woods and scraped her arm on some scratchy leaves a couple days ago. The mother, Janae Jackson, took her daughter to the doctor almost a week after the incident because she did not think the rash was serious and Desire was not complaining of pain. Prior to CPI involvement, the mother was provided with topical medicated cream to apply to Desire's arm. Based on the child's statement of no intentional action by caregivers in causing her skin irritation and the fact the mother sought medical care once the rash would not subside, the circumstances do not warrant concern for present danger.





NO Present Danger Identified:

The parents, Bobby and Gina Klosinski, live in an old trailer home with some cosmetic concerns and extreme clutter within the home. The children, Gabby (6) and Jimmy (7), also live in the home. The home, while not visually appealing from the outside, is sufficient in regard to providing adequate and hazard free housing for the family. The living conditions are cramped but health hazards are not visible or present inside or outside of the home. The children are in good health and have not sustained any illnesses or injuries due to their home environment. There is an ongoing history of environmental hazard concerns for this family, who live in a rural area and whose home is visible to a major highway. Based on internal living environment assessment and outside observations of the home, the children are not in present danger at this time.

NO Present Danger Identified:

The child, 2 year old Kelsey Floyd, has a burn mark on the left side of her face resembling a cigarette burn. The maternal grandmother, Roxanne Carter, lives in the home with the family and cares for this child on a daily basis. While the mother, Sarah Carter was at work, Roxanne took Kelsey to the beach. Roxanne was sitting in a lounge chair at the beach and was smoking a cigarette while Kelsey was playing next to her in the sand. Roxanne did not see Kelsey go around the back of her chair to show her some sea shells and Kelsey was inadvertently burned by the grandmother's cigarette. Roxanne immediately took Kelsey to the emergency room due to the burn mark being near her eye. Roxanne also called the mother to have her meet them at the hospital. The actions of the grandmother were not intentional or planned to burn or injure the child. There is no history of abuse or neglect with this grandmother as a caregiver of her own children or grandchildren. Based on interviews and observations there is no present danger.



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Present Danger IS Identified: Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent/Legal Guardian/Caregiver explanations are inconsistent with the illness or injury.

Clearly
Observable

Significant

Immediate

Joseph, 6 months, was seen today at County General Hospital where he was examined and found to have a skull fracture and subdural hematomas. The mother and her boyfriend were not able to provide a reasonable explanation for Joseph's injuries. The mother, Kelly Jones, reported Joseph fell off the couch (about 6 inches) onto the carpeted floor, but she was not in the room when it happened. The boyfriend, Mark Smith, said he saw Joseph roll off the couch onto the floor. Dr. Johnson from CPT informed CPI that the mechanism of injury is not consistent with the explanation provided by the caregivers.

Present Danger IS Identified: Parent/Legal Guardian/Caregiver is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be serious harmed.

Clearly Observable

Significant

Immediate

The mother, Natasha Bennett, has a history of chronic drug use and abuse. On 9/16/14, the single mother was found by her neighbor Kendra to be unresponsive, on the floor of the mother's home. The mother mixed several prescription medications not prescribed to her together and ingested these medications. Empty pill bottles were lying next to the mother on the floor. The mother was unconscious for an unknown amount of time while caring for her one year old daughter, Torri. When Kendra found the mother in this condition, Torri was unsupervised and crying in her crib. Due to Torri's age, she is dependent on her mother to provide for her daily care such as food, clothing, and supervision. The mother was taken to the hospital via ambulance and Torri was in need of a caregiver. Present danger is confirmed based on child's need for caregiver at this time.



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Present Danger IS Identified: Parent/Legal Guardian/Caregiver is violent, impulsive, or acting dangerously in ways that have seriously harmed the child or will likely seriously harm the child.

Clearly Observable

Significant

Immediate

The father, Kent Rollerson, was arrested last evening after a physical altercation with the mother, Jennifer Baker. There is a reported and unreported history of domestic violence with this couple, with the father as the aggressor. The child, 8 year old Chase, was home during the altercation and reported seeing his father slap his mother in the face and then kick her in the side, as she fell to the ground. Chase then ran to his bedroom and stayed there until law enforcement arrived. The mother called 911 and indicated this is not the first time she has been hit by the father. The child and mother remain in the family's home but are fearful the father will return after he is released from jail and the violence will continue. Present danger is confirmed based on this information.

Present Danger IS Identified: There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.

Clearly Observable

Significant

Immediate

The department received concerns that the child, 12 year old Tamara Rodgers, is being isolated and confined within the home by the mother, Carol Rodgers. Upon initial contact, the mother would not allow the department or law enforcement access to the home or to see Tamara. Tamara has not been to school all week, relatives have not spoken to Tamara recently, and neighbors have not seen Tamara outside in over a week. Last week a neighbor overheard Tamara telling her friend, on their walk home from the bus stop, that Carol frequently locks Tamara in her room. Sometimes her confinement is for days at a time and the mother will not allow her to eat, in hopes she will lose weight. Based on information about confinement of 12 year old Tamara and a refusal of access to this child present danger is confirmed and action will be taken to pursue face to face evaluation/interview of child and family circumstances in the home.



IDENTIFICATION OF THREATS OF DANGER TO A CHILD

I. DANGER THREATS

(Severity and significance of diminished Parent/Legal Guardian Protective Capacities as it relates to child vulnerability which creates a threat to child safety. The vulnerability of each child needs to be considered throughout information collection and assessment)

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Parent/Legal Guardian/Caregiver is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Parent/Legal Guardian/Caregiver's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Parent/Legal Guardian/Caregiver is violent, impulsive, or acting dangerously in ways that have seriously harmed the child or will likely seriously harm the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Parent/Legal Guardian/Caregiver is threatening to seriously harm the child; Parent/Legal Guardian is fearful he/she will seriously harm the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Parent/Legal Guardian/Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Child shows serious emotional symptoms requiring immediate intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that Parent/Legal Guardian/Caregiver is unwilling or unable to manage. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent/Legal Guardian/Caregiver explanations are inconsistent with the illness or injury. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Parent/Legal Guardian/Caregiver is not meeting the child's essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Other. Explain: |

II. SAFETY INTERVENTION

- No Present Danger Threats are identified.
- Danger Threat(s) identified - Present danger threat is identified. Proceed to develop or modify existing Safety Plan, continue information collection and Family Functioning Assessment.

Briefly describe assessment of the Parent/Legal Guardian/Caregiver's historical and current capacity to, ability to, and willingness to protect the child.

If at any time during agency intervention a danger threat is determined, immediately proceed to implementing a Safety Plan and conducting an In-Home Safety Analysis.



Danger Threat

Parent/legal guardian or caregiver’s intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or caregiver intended to seriously injure the child.

This refers to caregivers who anticipate acting in a way that will result in pain and suffering. “Intended,” suggests that before or during the time the child was mistreated, the parents’/primary caregivers’ conscious purpose was willfully to act in a manner in which would reasonably hurt/harm the child. This threat must be distinguished from an incident in which the parent/legal guardian or caregiver meant to discipline or punish the child, and the child was inadvertently hurt.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>Parent/legal guardian or caregiver actions were directed at the child to inflict injury; parent/legal guardian or caregiver shows no remorse for the injuries. Initial information support the injuries/child’s condition is a result of the deliberate preconceived planning or thinking, which the parent/legal guardian or caregiver is responsible. Serious injury locations for present danger should be considered when located on the face/head/neck. Child’s injuries may or may not require medical attention.</p> <ul style="list-style-type: none"> • Bone breaks, deep lacerations, burns, inorganic malnutrition, etc. characterize serious injury. • Children that are unable to protect themselves have sustained a physical injury as a result of the parent/legal guardian or caregiver’s intentional and willful act. • Could include parent/legal guardian or caregiver who used objects to inflict pain. 	  	<ul style="list-style-type: none"> ➤ Asphyxiation ➤ Bizarre Punishment ➤ Bone Fractures ➤ Burns ➤ Death ➤ Internal Injuries ➤ Physical Injury ➤ Sexual Abuse



Danger Threat

Parent/legal guardian/caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm the child.

Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be regularly active or generally potentially active. This threat is concerned with self-control. It is concerned with a person's ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the absence of caregiver self-control that places vulnerable children in jeopardy.

When violence includes the perpetrator dynamics of power and control it is considered "domestic violence." Physical aggression in response to acts of violence may be a reaction to or self-defense against violence. For purposes of child protection interventions, is important to accurately identify the underlying causes of the violence and whether or not the dynamics of power and control are evident. It should be noted that the Florida criminal code for domestic violence (Florida Statute 741), which provides for law enforcement responses and investigations, is narrower in scope.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>Dangerous parents may be behaving in violent ways; however this is intended to capture a more specific type of behavior. Present danger would be considered when:</p> <ul style="list-style-type: none"> Parent/legal guardian or caregiver is described as physically/verbally imposing/threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways. <p>Careful consideration when determining present danger should be made when assessing domestic violence and family violence. Parent/legal guardian or caregiver may not be "actively" violent in the presence of the worker, however the domestic violence dynamics within the household could be active.</p> <p>In addition, there should be consideration of information that indicates that a child and spouse are being mistreated. Concerns are heightened when this is occurring.</p>	  	<ul style="list-style-type: none"> ➤ Bizarre Punishment ➤ Family Violence Threatens Child ➤ Human Trafficking ➤ Mental Injury ➤ Sexual Abuse ➤ Substance Misuse



Danger Threat

Parent/legal guardian/caregiver is threatening to seriously harm the child; is fearful he/she will seriously harm the child.

This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a “call for help.”



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>At present danger this refers to parents/legal guardian or caregivers who express intent and/or desire to harm their child.</p> <p>Parent/legal guardian or caregiver may have a history of harming children in the past and has identified a need for intervention due to their fear of harming their child. Intent should be considered for present danger, in addition, access and ability to harm child.</p>		<p>➤ Threatened Harm</p>



Danger Threat

Parent/legal guardian/caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.

“Extremely” is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>This is the extreme, not just a negative attitude towards the child. It is consistent with seeing the child as demon possessed, evil, and responsible for the conditions within the home.</p> <p>Consideration of parent/legal guardian or caregiver’s viewpoint of the child in an extremely negative way as being actively occurring for present danger.</p>		<ul style="list-style-type: none"> ➤ Threatened Harm ➤ Mental Injury



Danger Threat

Child has a serious illness or injury (indicative of child abuse) that is unexplained or the parent/legal guardian/caregiver’s explanations are inconsistent with the illness or injury.

This refers to serious injury which parent/legal guardian or caregivers cannot or will not explain. While this is typically associated with injuries, it can also apply when family conditions or what is happening is bizarre and unusual with no reasonable explanation. An example of children who are absent within the community, their whereabouts and conditions are unknown or unexplained.

Child who has sustained multiple injuries to their face and head and the parent/legal guardian cannot explain the injuries and the child is non-verbal.

NOTE: This threat is presented as a present danger threat, as the danger is immediate, significant, and occurring now. When this danger threat is identified, it is always responded to as present danger.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>This refers to serious injury which parents/legal guardians or caregivers cannot or will not explain.</p> <p>While this is typically associated with injuries, it can also apply when family conditions, or what is happening, are bizarre and unusual with no reasonable explanation. An example of children who are absent within the community, their whereabouts and conditions are unknown or unexplained.</p> <p>Another example might be a child who has sustained multiple injuries to their face and head and the parent/legal guardian cannot or will not explain the injuries and the child is very young or non-verbal.</p>	  	<ul style="list-style-type: none"> ➤ Asphyxiation ➤ Bone Fractures ➤ Burns ➤ Death ➤ Failure to Thrive ➤ Internal Injury ➤ Physical Injury ➤ Sexual Abuse



Danger Threat

The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health.

This threat refers to conditions in the home which are immediately life threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to whom might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>Information for housing is specific to the child's living condition that is an immediate threat to the child's safety. This would include the most serious health conditions, such as:</p> <ul style="list-style-type: none"> Living condition in the home has caused the child to be injured, such as digesting toxic chemicals and/or material and the child requires immediate medical attention. Home has no egress and child is vulnerable, unable to access an exit and dependent on parent/legal guardian or caregiver who has not or will not act. 	   	<ul style="list-style-type: none"> ➤ Environmental Hazards ➤ Inadequate Supervision



Danger Threat

There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.

This threat refers to situations where the location of the family cannot be determined, despite diligence by the agency to locate the family. The threat also refers to situations where a parent/legal guardian or caregiver refuses to see or speak with agency staff and/or allow agency staff to see the child, is openly hostile or physically aggressive toward welfare staff, totally avoiding, refusing access to the home, hides child, or refuses access to the child and the reported concern is significant and indicates serious harm.

The hiding of children to avoid agency intervention should be thought of in both overt and covert terms. Information which describes a child being physically restrained within the home or parents who avoid allowing others to have personal contact with the child, can be considered 'reported concern is significant and indicates serious harm.' For example, the act of physically restraining a child within the home might be a maltreatment of bizarre punishment or physical injury, the danger threat of which is reflected here.

The threat is qualified by the allegation of maltreatment and information contained from history and current reports regarding the child. The concern for present danger is active based upon information provided to the agency that would result in serious harm to the child.

Note: This threat is a present danger threat only, as the danger is immediate, significant, and occurring now. When this danger threat is identified, it is always responded to as present danger.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>The parent/legal guardian/caregiver is hiding the child to avoid agency intervention, refusing to speak with welfare staff or allow agency staff to see the child, despite diligence by the agency, AND the reported concern is significant and indicates serious harm.</p> <p>Information describes a child being physically restrained within the home or parents who avoid allowing others to have personal contact with the child.</p>	 	<p>➤ Threatened Harm</p>



Danger Threat

Parent/legal guardian/caregiver is not meeting the child’s essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed.

This refers to medical care that is required, acute, and significant that the absence of such care will seriously affect the child’s health. “Essential” refers to specific child conditions (e.g., retardation, blindness, physical disability), which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child’s essential needs, will not or cannot meet the child’s basic needs.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>There is an emergent quality about the required care.</p> <p>For example, child has Type 1 diabetes and is unable to self-administer their medication and the parent/legal guardian or caregiver has not been administering medication to ensure child safety.</p>		<p>➤ Medical Neglect</p>



Related to Domain of Maltreatment and Nature of Maltreatment

What is the extent of the maltreatment?

What surrounding circumstances accompany the alleged maltreatment?



Danger Threat

Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the parent/legal guardian/caregiver's explanations are inconsistent with the illness or injury.

This refers to serious injury which parent/legal guardian or caregivers cannot or will not explain. While this is typically associated with injuries, it can also apply when family conditions or what is happening is bizarre and unusual with no reasonable explanation. An example would be children who are absent within the community, their whereabouts and conditions are unknown or unexplained.

Child who has sustained multiple injuries to their face and head and the parent/legal guardian cannot explain the injuries and the child is non-verbal.

Note: This threat is presented as a present danger threat, as the danger is immediate and significant, occurring now. This threat should be qualified through identification of an additional danger threat. This threat cannot be used as an impending danger threat.



This Threat CANNOT be used as an Impending Danger Threat!

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p><u>N/A</u></p> <p>No <u>Impending Danger</u> examples. This danger threat is only applicable in situations of Present Danger. If this was the danger threat at present danger, an association with another danger threat needs to be made to establish impending danger.</p>		



Writing Skills Workshop

Related to Domain of Maltreatment and Nature of Maltreatment

What is the extent of the maltreatment?

What surrounding circumstances accompany the alleged maltreatment?

Danger Threat

The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health.

This threat refers to conditions in the home which are immediately life threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to whom might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child's safety:
Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p>To be out of control, this safety threat does not include situations that are in some state of deterioration. The threat to a child's safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.</p> <p>The living arrangements are at the end of the continuum for deplorable and immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions. Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Housing is unsanitary, filthy, infested, a health hazard. • The house's physical structure is decaying, falling down. • Wiring and plumbing in the house are substandard, exposed. • Furnishings or appliances are hazardous. 	   	<p><u>Parent/legal guardian or caregiver:</u></p> <p>Behavioral: Is able to control impulses.</p> <p>Behavioral: Takes action.</p> <p>Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities.</p> <p>Behavioral: Has a history of protecting.</p> <p>Cognitive: Recognizes threats to the child.</p> <p>Cognitive: Is able to articulate a plan for protection.</p> <p>Emotional: Is stable and able to intervene to protect the child.</p> <p>Emotional: Is positively attached to the child.</p>



Related to Domain of Maltreatment and Nature of Maltreatment

What is the extent of the maltreatment?

What surrounding circumstances accompany the alleged maltreatment?



Danger Threat

There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.

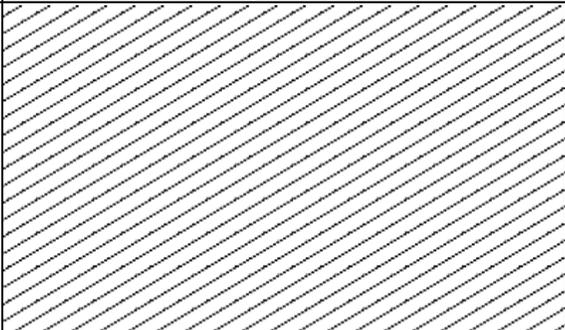
This threat refers to situations where the location of the family cannot be determined, despite diligence by the agency to locate the family. The threat also refers to situations where a parent/legal guardian or caregiver refuses to see or speak with agency staff and/or allow agency staff to see the child, is openly hostile or physically aggressive toward welfare staff, totally avoiding, refusing access to the home, hides child, or refuses access to the child and the reported concern is significant and indicates serious harm. The hiding of children to avoid agency intervention should be thought of in both overt and covert terms. Information which describes a child being physically restrained within the home or parents who avoid allowing others to have personal contact with the child, can be considered 'reported concern is significant and indicates serious harm.' For example, the act of physically restraining a child within the home might be a maltreatment of bizarre punishment or physical injury, the danger threat of which is reflected here.

The threat is qualified by the allegation of maltreatment and information contained from history and current reports regarding the child. The concern for present or impending danger is active based upon information provided to the agency that would result in serious harm to the child.

Note: This threat is presented as a present danger threat, as the danger is immediate and significant, occurring now. This threat should be qualified through identification of an additional danger threat. This threat cannot be used as an impending danger threat.



This Threat **CANNOT** be used as an Impending Danger Threat!

Impending Danger and Examples Application of Danger Threshold	Associated Caregiver Protective Capacities	
<p><u>N/A</u></p> <p>No <u>Impending Danger</u> examples. This danger threat is only applicable in situations of Present Danger. If this was the danger threat at present danger, an association with another danger threat needs to be made to establish impending danger.</p>	 	



Related to Domain of Maltreatment and Nature of Maltreatment

What is the extent of the maltreatment?

What surrounding circumstances accompany the alleged maltreatment?

Danger Threat

Parent/legal guardian/caregiver is not meeting the child’s essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed.

This refers to medical care that is required, acute, and significant. The absence of such care will seriously affect the child’s health. “Essential” refers to specific child conditions (e.g., retardation, blindness, physical disability), which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child’s essential needs, will not or cannot meet the child’s basic needs.



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child’s safety: **Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.**

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p>The caregiver’s ability and/or attitude are what are out of control. If you can’t do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either.</p> <p>This does not refer to caregivers who do not do very well at meeting a child’s needs. This refers to specific deficiencies in parenting that must occur for the child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, “essential” includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.</p> <p>The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to very soon.</p> <p>Examples:</p> <p>Child has a physical or mental condition that, if untreated, is a safety threat.</p> <ul style="list-style-type: none"> • Parent/legal guardian or caregiver does not recognize the condition. • Parent/legal guardian or caregiver views the condition as less serious than it is. • Parent/legal guardian or caregiver refuses to address the condition for religious or other reasons. • Parent/legal guardian or caregiver lacks the capacity to fully understand the condition or the safety threat. • Parent’s/caregiver’s expectations of the child are totally unrealistic in view of the child’s condition. Parent/legal guardian or caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child’s condition. 		<p><u>Parent/legal guardian or caregiver:</u></p> <p>Behavioral: Is able to control impulses.</p> <p>Behavioral: Takes action.</p> <p>Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities.</p> <p>Behavioral: Has a history of protecting.</p> <p>Cognitive: Recognizes threats to the child.</p> <p>Cognitive: Is able to articulate a plan for protection.</p> <p>Emotional: Is stable and able to intervene to protect the child.</p> <p>Emotional: Is positively attached to the child.</p>



Related to Domain of Child Functioning

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

Danger Threat

Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian/caregiver is unwilling or unable to manage.

This refers to specific deficiencies in parenting that must occur for the "exceptional" child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, "exceptional" includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child's safety:
Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities & Child Vulnerability
<p>The caregiver's ability and/or attitude are out of control. If you can't do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either.</p> <p>This does not refer to caregivers who do not do very well at meeting a child's needs.</p> <p>The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to very soon.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Child has a physical or mental condition that, if untreated, is a safety threat. • Parent/legal guardian or caregiver does not recognize the condition. • Parent/legal guardian or caregiver views the condition as less serious than it is. • Parent/legal guardian or caregiver refuses to address the condition for religious or other reasons. • Parent/legal guardian or caregiver lacks the capacity to fully understand the condition or the safety threat. • Parent/caregiver's expectations of the child are totally unrealistic in view of the child's condition. 	 	<p><u>Parent/legal guardian or caregiver:</u></p> <ul style="list-style-type: none"> • Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities. • Cognitive: Recognizes the child's needs. • Cognitive: Recognizes and understands threats to the child. • <u>Is the child vulnerable?</u> <ul style="list-style-type: none"> ➤ Dependent on others for protection ➤ Exposed to circumstances that child is powerless to manage ➤ Susceptible to a threatening person in authority over the child ➤ Children from 0–6 years ➤ Older children unable to protect themselves or seek protection from others ➤ Children with physical, emotional, developmental needs



Related to Domain of Adult Functioning

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

Danger Threat

Parent/legal guardian/caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm the child.

Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be regularly active or generally potentially active. This threat is concerned with self-control. It is concerned with a person's ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the absence of caregiver self-control that places vulnerable children in jeopardy.

When violence includes the perpetrator dynamics of power and control it is considered "domestic violence." Physical aggression in response to acts of violence may be a reaction to or self-defense against violence. For purposes of child protection interventions, is important to accurately identify the underlying causes of the violence and whether or not the dynamics of power and control are evident. It should be noted that the Florida criminal code for domestic violence (Florida Statute 741), which provides for law enforcement responses and investigations, is narrower in scope.



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child's safety: **Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.**

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p>To identify this impending danger threat there must be specific information to suggest that a caregiver's impulsive behaviors, addictive behaviors, bizarre behaviors, the individual cannot control compulsive behaviors, depressive behaviors, are in fact out of control. The out-of-control behaviors result in the inability or unwillingness of the caregiver to provide for the basic needs and safety of the child.</p> <p><u>Application of the Danger Threshold Criteria Related to Impulse Control:</u></p> <p>This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions resulting in sudden explosive temper outbursts, spontaneous uncontrolled reactions, and loss of control during high stress or at specific times, like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but, clearly, much of self-control issues rest in emotional areas. Emotionally disturbed caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties. Finally, those who use substances may have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.</p> <p>Severity should be considered from two perspectives. The lack of self-control is significant. That means that it has moved well beyond the person's capacity to manage it regardless of self-</p>	  	<p><u>Parent/legal guardian or caregiver:</u></p> <ul style="list-style-type: none"> • Behavioral: Demonstrates impulse control. • Behavioral: Takes action. • Cognitive: Recognizes and understands threats to the child. • Cognitive: Is intellectually able. • Cognitive: Able to articulate a plan for protection. • Emotional: Is able to meet his or her own emotional needs.



awareness and the lack of control is concerned with serious matters as compared, say, to lacking the self-control to exercise. The effects of the threat could result in severe effects as caregivers lash out at children, fail to supervise children, leave children alone, or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be rather clear and add to the certainty one can have about severe effects probably occurring in the near future.

Application of the Danger Threshold in Relation to Violence:

To be out of control, the violence must be active. It moves beyond being angry or upset particularly related to a specific event. The violence is representative of the person's state of mind and is likely pervasive in terms of the way they feel and act. To identify this impending danger threat there must be specific information to suggest that a caregiver's volatile emotions and tendency toward violence is a defining characteristic of how he or she often behaves and/or reacts toward others. The caregiver exhibits violence that is unmanaged, unpredictable, and/or highly consistent. There is nothing within the family or household that can counteract the violence.

The active aspect of this sort of behavior and emotion could easily lash out toward family members and children, specifically, who may be targets or bystanders; vulnerable children who cannot self-protect—who cannot get out of the way and who have no one to protect them—could experience severe physical or emotional effects from the violence. This includes situations involving domestic violence whereby the circumstance could result in severe effects including physical injury, terror, or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent emotions and behavior. To the extent the violence is a pervasive aspect of a person's character or a family dynamic, occurs either predictably or unpredictably, and has a standing history, it is conclusive that the violence and likely severe effects could or will occur for sure and soon.

Examples:

- Parent/legal guardian or caregiver is chemically dependent and unable to control the dependency's effects.
- Parent/legal guardian or caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/legal guardian or caregiver makes impulsive decisions and plans, which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Family violence involves physical and verbal assault on a parent in the presence of a child; the child witnesses the activity and is fearful for self and/or others.
- Family violence is occurring and a child is assaulted.
- Family violence is occurring and a child may be attempting to intervene.
- Family violence is occurring and a child could be inadvertently harmed even though the child may not be the actual target of the violence.



- **Emotional:** Is stable and able to intervene to protect children.
- **Emotional:** Is resilient as a caregiver.

Parent/legal guardian or caregiver:

- **Behavioral:** Demonstrates impulse control.
- **Behavioral:** Takes action.
- **Cognitive:** Recognizes and understands threats to the child.
- **Cognitive:** Is intellectually able.
- **Cognitive:** Able to articulate a plan for protection.
- **Emotional:** Is able to meet his or her own emotional needs.
- **Emotional:** Is stable and able to intervene to protect children.
- **Emotional:** Is resilient as a caregiver.



Related to Domain of Parenting

General – What are the overall, typical, parenting practices used by the parents/legal guardians? **Discipline/Behavior Management** – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

Danger Threat

Parent/legal guardian/caregiver is not meeting child’s basic and essential needs for food, clothing and/or supervision AND child is/has already been seriously harmed or will likely be seriously harmed.

“Basic needs” refers to the family’s lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources to provide for a minimal standard of care if they were available.



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child’s safety: **Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.**

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p>There could be two things out of control. There are not sufficient resources to meet the safety needs of the child. There is nothing within the family’s reach to address and control the absence of needed protective resources. The second question of control is concerned with the caregiver’s lack of control related to either impulses about use of resources or problem solving concerning use of resources.</p> <p>The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.</p> <p>Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g. infant, ill, and fragile).</p> <p>Examples:</p> <ul style="list-style-type: none"> • Family has no food, clothing, or shelter and there is a threat to child safety. Indigence, homelessness in and of itself is not a safety threat. • Family finances are insufficient to support child critical care <u>needs</u> (e.g. necessary medical care) that, if unmet, could result in a threat to child safety. • Parents/caregivers lack life management skills to properly use resources when they are available. • Family is routinely using their resources for things (e.g., drugs) other than their basic care and support thereby leaving them without their basic needs being adequately met. • Child’s basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs. • Non-offending parent/legal guardian or caregiver may not have access or any control of household finances in situations involving coercive economic control. 	  	<p><u>Parent/legal guardian or caregiver:</u></p> <p>Behavioral: Sets aside his or her own needs in favor of a child.</p> <p>Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities.</p> <p>Behavioral: Is adaptive as a caregiver.</p> <p>Behavioral: Has a history of protecting.</p> <p>Cognitive: Is self-aware as a caregiver.</p> <p>Cognitive: Is intellectually able and/ or capable.</p> <p>Cognitive: Recognizes the child’s needs.</p> <p>Cognitive: Understands their protective role.</p> <p>Cognitive: Plans and is able to articulate a plan to protect children.</p> <p>Emotional: Is tolerant as a caregiver.</p> <p>Emotional: Expresses love, empathy, sensitivity to the child.</p> <p>Emotional: Is stable and able to intervene to protect children.</p> <p>Emotional: Is positively attached to the child.</p> <p>Emotional: Is supportive and aligned with the child.</p>



Related to Domain of Parenting

General – What are the overall, typical, parenting practices used by the parents/legal guardians?

Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

Danger Threat

Parent/legal guardian/caregiver is threatening to seriously harm the child; is fearful he/she will seriously harm the child.

This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a “call for help.”



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child’s safety: **Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.**

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p>Out of control is consistent with conditions within the home having progressed to a critical point. The level of dread as experienced by the caregiver is serious and high. This is no passing thing the caregiver is feeling. The caregiver feels out of control. The caregiver is afraid of what he or she might do. A request for placement is extreme evidence with respect to a caregiver’s conclusion that the child can only be safe if he or she is away from the caregiver.</p> <p>Presumably, the caregiver who is admitting to this extreme concern recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.</p> <p>The caregiver establishes that imminence applies. The admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time, and it could be in the near future.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Parents/caregivers state they will maltreat the child. • Parent/legal guardian or caregiver describes conditions and situations, which stimulate them to think about maltreating. • Parent/legal guardian or caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child. • Parent/legal guardian or caregiver identifies things that the child does that aggravate or annoy the parent/legal guardian or caregiver in ways that make the parent want to attack the child. 		<p><u>Parent/legal guardian or caregiver:</u></p> <p>Behavioral: Sets aside his or her own needs in favor of a child.</p> <p>Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities.</p> <p>Behavioral: Is adaptive as a caregiver.</p> <p>Behavioral: Has a history of protecting.</p> <p>Cognitive: Is self-aware as a caregiver.</p> <p>Cognitive: Is intellectually able and/ or capable.</p> <p>Cognitive: Recognizes the child’s needs.</p> <p>Cognitive: Understands their protective role.</p> <p>Cognitive: Plans and is able to articulate a plan to protect children.</p> <p>Emotional: Is tolerant as a caregiver.</p> <p>Emotional: Expresses love, empathy, sensitivity to the child.</p> <p>Emotional: Is stable and able to intervene to protect children.</p> <p>Emotional: Is positively attached to the child.</p> <p>Emotional: Is supportive and aligned with the child.</p>



Related to Domain of Parenting

General – What are the overall, typical, parenting practices used by the parents/legal guardians? **Discipline/Behavior Management** – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

Danger Threat

Parent/legal guardian/caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.

“Extremely” is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be selected, these types of perceptions must be present and the perceptions must be inaccurate.



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child’s safety:
Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.

Impending Danger and Examples Application of Danger Threshold		Caregiver Protective Capacities
<p>The caregiver’s negative perceptions toward the child are apparent and overtly negative to a heightened degree that there are implications that the child is likely to be severely harmed.</p> <p>This refers to exaggerated perceptions. It is out of control because their point of view of the child is so extreme and out of touch with reality that it compels the caregiver: to react to the child, avoid the child, mentally and emotionally terrorize the child, or allow the child to be in dangerous situations. The perception of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver’s perception or explaining it away to the caregiver. It is out of control.</p> <p>The extreme negative perception fuels the caregiver’s emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.</p> <p>The extreme perception is in place, not in the process of development. It is pervasive concerning all aspects of the child’s existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or totally withdraw at any time and, certainly, it can be expected within the near future.</p> <p>Examples: Child is perceived to be the devil, demon-possessed, evil, a bastard, deformed, ugly, deficient, or embarrassing.</p> <ul style="list-style-type: none"> • Child has taken on the same identity as someone the parent/legal guardian or caregiver hates and is fearful of or hostile towards and the parent/legal guardian or caregiver transfers feelings and perceptions of that person to the child. • Child is considered to be punishing or torturing the parent/legal guardian or caregiver. • One parent/legal guardian or caregiver is jealous of the child and believes the child is a detriment or threat to the parent/primary caregiver’s relationship and stands in the way of their best interests. • Parent or caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing. 		<p><u>Parent/legal guardian or caregiver:</u></p> <p>Behavioral: Sets aside his or her own needs in favor of a child.</p> <p>Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities.</p> <p>Behavioral: Is adaptive as a caregiver.</p> <p>Behavioral: Has a history of protecting.</p> <p>Cognitive: Is self-aware as a caregiver.</p> <p>Cognitive: Is intellectually able and/ or capable.</p> <p>Cognitive: Recognizes the child’s needs.</p> <p>Cognitive: Understands their protective role.</p> <p>Cognitive: Plans and is able to articulate a plan to protect children.</p> <p>Emotional: Is tolerant as a caregiver.</p> <p>Emotional: Expresses love, empathy, sensitivity to the child.</p> <p>Emotional: Is stable and able to intervene to protect children.</p> <p>Emotional: Is positively attached to the child. Is supportive and aligned with the child.</p>



Impending Danger—Safe or Unsafe?

Impending Danger: Threats that are typically more subtle in nature than present danger and require establishment of existence using the danger threshold criteria.

- Child living in or being in a position of continual or pervasive danger.
- Threats are not immediate, obvious or active at the onset of the investigation.
- Threats are identified and understood upon gathering sufficient family functioning information.

Safe Child:

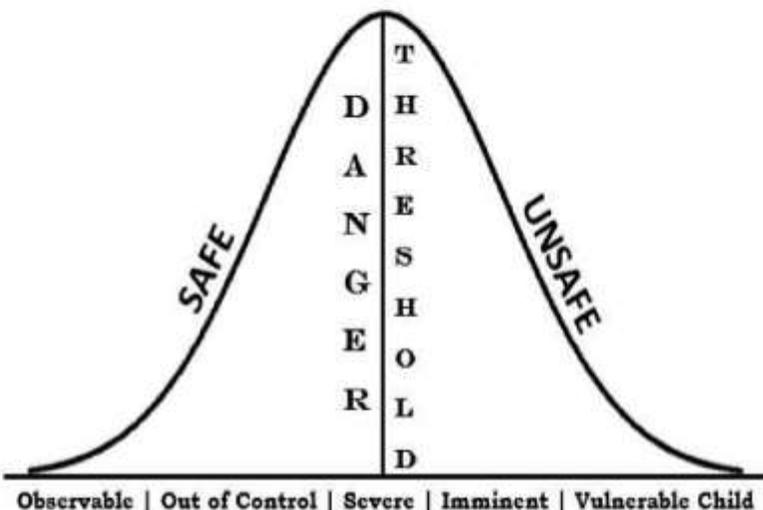
Negative family conditions are able to be controlled/managed by the family

Threshold Criteria:

Observable, Out of Control, Severe, Imminent, Vulnerable Child

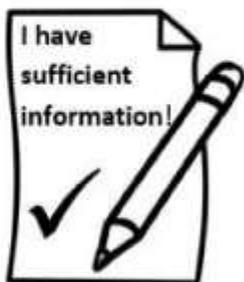
Unsafe Child:

Negative family conditions have crossed the danger threshold and are no longer able to be managed/controlled by the family



Sufficient Information:

Enough information to meet the needs of a situation or a proposed end. The information contained in the Family Functioning Assessment is seeking to answer; Safety, Impending Danger, Planning for Safety.



Case Name: Work Sample

Initial Intake Received Date:

Worker Name:

Date Completed:

FSFN Case ID:

Intake/Investigation ID:

I. MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Summary of allegations from intake(s):

This is the reason for DCF involvement, the need for a family functioning assessment. The reader will want to know, how did the family get here? What safety concerns were reported to the Hotline regarding the children in this home? This is NOT a cut and paste of the actual intake from the Hotline but a few lines summarizing what the intake was about, include all allegations in the summary. If additional/supplemental reports were received, ensure they are summarized here as well.

Maltreatment: (Domain 1 Information)

This is not a listing of the coded maltreatments from the Hotline. This is the section of the FFA that actually describes what was discovered about the incident as it pertains to the "incident" reported. This is a factual section that reports the details of existence or lack of existence of one or more specific maltreatments. Describe the specific event, what did or did not occur; (i.e. using statements from all household members (adults and children), witnesses, collaterals, law enforcement, etc.), describe the type of maltreatment or lack of maltreatment, the severity, condition of the child, and be sure to identify the maltreating caregiver.

Nature of Maltreatment (Surrounding Circumstances): (Domain 2 Information)

This domain seeks to explain what was going on in this home or with this family leading up to or surrounding the incident. What are the provided explanations by the caregivers, children, and collaterals of how these circumstances occurred or are occurring? Is there a history of this type of circumstance with the family or was this an isolated event or an accident? What was the intent of the maltreating caregiver? The "circumstances" often help us determine what kind of patterns may be happening in the family.

Summary of all priors:

What has been this family's involvement with DCF from their first report to the present? Summarize any long term patterns with maltreatments or perpetrators and/or recent patterns (over the past year) and a summary of their significance. Do not list out each prior individually.

The provision of a list does not give the reader enough information to understand how priors may relate to the bigger picture. Looking at prior history from the perspective of time lines and possible trigger events for the family pulls the reader's attention to the importance of the priors in the documentation of this section.

An example of this would be a concern that all past history involved a repeated pattern of physical injuries to the children (or a specific child in the family) when a specific caregiver is in the home.

Case Example: The youngest child, Jason, has received a number of injuries that were reported over the past three years with the identified alleged abuser always being Dale Carson, the mother's long term live in partner, who has lived in and out of the family's home at various intervals over the past three years. It is significant to note that during times of Dale's residential absence from the home, there were no reported injuries to Jason, who is now age 10.



Sources/people interviewed (separately/privately), collaterals and observations:

This should be a list of first and last names of all the people providing information for the above 2 domains only and their role if not listed above. The sources is a simple list of who was interviewed for this specific domain and what their role is in or to the family. It is not a listing or running narrative of what each person said during interviews. Sources should be interviewed separately and viewed as a type of citation or reference list as to who provided interview data. Record reviews can also be listed. Example: Review of past CPT records, retrieval and review of "call out" reports to home from Palatka Police from past 5 years.

Example: Susan Sanders, Mother to children; Sam Sanders, father to Joshua and Jenny; Ms. Betty Beasley, neighbor to family; Detective Billy Good, Palatka Police Department.

Findings:

List the findings as to the coded maltreatments for your case; i.e. family violence threatens child was verified/not substantiated/no indicated. The justification for your findings is captured in domains one and two already so there's no need to repeat that information here.

Analysis:

The analysis section should be your professional judgment of the meaning of the gathered information within the context of your case? How does the information you have collected inform the danger threats below? Do you have the lack of or presence of caregiver protective capacities, an identified danger threat, and a vulnerable child to that identified danger threat?

Related Impending Danger Threats	Impending Danger Threat?	
	Yes	No
Based on case information specific to the Extent of Maltreatment and Circumstances Surrounding Maltreatment Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.		
Parent's/Legal Guardian's or Caregiver's intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or caregiver intended to seriously injure the child.	<input type="checkbox"/>	<input type="checkbox"/>
Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent's/Legal Guardian's or Caregiver's explanations are inconsistent with the illness or injury.	<input type="checkbox"/>	<input type="checkbox"/>
The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger the child's physical health.	<input type="checkbox"/>	<input type="checkbox"/>
There are reports of serious harm and the child's whereabouts cannot be determined and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or the family refuses access to the child to assess for serious harm.	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Legal Guardian or Caregiver is not meeting the child's essential medical needs AND the child is/has already been seriously harmed or will likely be serious harmed.	<input type="checkbox"/>	<input type="checkbox"/>
Other. Explain:	<input type="checkbox"/>	<input type="checkbox"/>



II. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

Child 1:

This domain seeks to answer, who is this child? Your focus should be on the child's general mood and temperament on a daily basis. You are seeking to understand if this child has any serious emotional symptoms, lacks behavioral control, or has self-destructive behaviors that the caregivers are unable/unwilling to manage. In order to answer this, information needs to be obtained regarding this child's daily activities and physical capacity, not just how this child was on the incident date.

Sources/Interviews (separately/private), collaterals and observations:

Is a teacher collateral relevant for this child? Is a doctor or therapist collateral relevant? What did the parents and/or siblings say about this child? Ensure your collaterals are relevant within the context of the case.

Example: Janice Jones, child's teacher; Susan Sanders, mother; Sam Sanders, father; Shelby Carter, CPT specialist.

Analysis:

Each child will have an analysis section as children all function and behave differently within a family. Your analysis should reconcile what the collected information means for each child and determine child vulnerability. How does the information you have collected inform the danger threat below? Do you have the lack of or presence of caregiver protective capacities, an identified danger threat, and a vulnerable child to that identified danger threat?

Related Child Functioning Impending Danger Threats:

Based on information related to child functioning and the caregiver's response, indicate Yes, Impending Danger exists, or No, Impending Danger does not exist.

Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian/Caregiver is unwilling or unable to manage.

Impending Danger Threat?

Yes No



III. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

Caregiver 1:

This domain seeks to understand who this person is as an adult on a daily basis. Information collected here helps inform this adult's protective capacities or lack of protectiveness based on general life management, social and personal relationships (domestic violence?), problem solving, effects of criminal history, self-control, stability, employment history, self-awareness, physical capacity, community involvement, mental health issues or substance use.

Sources/Interviews (separately/privately), collaterals and observations:

Who did you interview that provided relevant and specific information about this adult? Is a neighbor collateral relevant? Is a former spouse or partner collateral relevant? Is a counselor, therapist, probation officer, law enforcement, and/or family collateral relevant? What do the children say about the daily activities of this adult? What do the other household members say about how this adult acts/behaves?

Example: Susan Sanders, self-reported; Sam Sanders, husband; Donna Thompson, maternal grandmother; Sarah McHenry, friend of the mother's.

Analysis:

What does the information you have gathered on this adult mean? Are you able to articulate how this adult is or is not acting violently/impulsively/dangerously? How does the information you have collected inform the danger threat below? Do you have the lack of or presence of caregiver protective capacities, an identified danger threat, and a vulnerable child to that identified danger threat?

Related Adult Functioning Impending Danger Threats:

Based on information related to adult functioning indicate Yes, Impending Danger exists, or No, Impending Danger does not exist.

Parent/Legal Guardian/Caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm the child.

Impending Danger Threat?

Yes No

IV. PARENTING

General – What are the overall, typical, parenting practices used by the parents/legal guardians?

Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

Caregiver 1 Parenting:

Information collected for this domain seeks to explore the general nature and approach to parenting which forms the basis for understanding caregiver-child interactions. What is the style of parenting this caregiver has adopted and where did this style originate from? What are the expectations/wishes this parent has for their children and how do they perceive each of their children? Are the children seen as a burden or is this parent's perception positive? Describe historical and present parenting practices/behaviors this caregiver has experienced.

Caregiver 1 Discipline:

Information here goes beyond the punishment of children for doing something wrong. This information seeks to understand the general guiding and teaching of children as provided by each caregiver in the home. When speaking to parents/caregivers, it is important to determine their views on discipline but emphasis on managing behaviors, teaching right from wrong, attitudes and expectations of behavior management, the meaning of discipline, and the source/reasons for this viewpoint should also be explored.



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Sources/Interviews (separately/privately), collaterals and observations:

List the names of all of your sources here who provided information as to each caregiver as a parent and how they view discipline/behavior management. Other adults/caregivers in the home may be able to provide relevant information for these domains. What did the children say about their parents/caregivers for these domains? Are there any relevant family collaterals? Are you able to obtain any information from a parent/partner not in the home? Does the school or daycare have information as to these caregivers?

Analysis:

This analysis will cover both domains and what the information means in terms of parenting and behavior management. What does the provided information say about knowing if/how basic needs are being met? Are any of the caregivers threatening to harm any of the children in the home and how do you know this? How does the information you have collected inform the danger threats below? Do you have the lack of or presence of caregiver protective capacities, an identified danger threat, and a vulnerable child to that identified danger threat?

Related Parenting Impending Danger Threats:	Impending Danger Threat?	
	Yes	No
Based on information related to General Parenting and Disciplinary/Behavior Management practices indicate Yes, Impending Danger exists, or No, Impending Danger does not exist.		
Parent/Legal Guardian or Caregiver is not meeting child's basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or caregiver is fearful he/she will seriously harm the child.	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Legal Guardian or Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will likely result in serious harm to the child.	<input type="checkbox"/>	<input type="checkbox"/>

V. PARENT/LEGAL GUARDIAN PROTECTIVE CAPACITIES ANALYSIS

Adults	Capacity Categories and Types																		
	Behavioral					Cognitive					Emotional								
	Controls Impulses	Takes Action	Sets aside own needs for child	Demonstrates adequate skills	Adaptive as a Parent/Legal Guardian	History of Protecting	Is self-aware	Is intellectually able	Recognizes threats	Recognizes child's needs	Understands protective role	Plans and articulates plans for protection	Meets own emotional needs	Is resilient	Is tolerant	Is stable	Expresses love, empathy, sensitivity to the child	Is positively attached with child	Is aligned and supports the child

Parent/Legal Guardian Protective Capacity Determination Summary:

Protective capacities are sufficient to manage identified threats of danger in relation to child's vulnerability? Yes No



VI. CHILD SAFETY DETERMINATION AND SUMMARY

Child	Safety Determination
	<input type="checkbox"/> Safe – No impending danger safety threats that meet the safety threshold. <input type="checkbox"/> Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. <input type="checkbox"/> Unsafe

Child Safety Analysis Summary:

In this section, you are providing your final justification in support of the determination of safe or unsafe for the child/children. It should be a compilation of the most significant issues related to the constructs of danger threat identification, child vulnerability to the identified danger threat and information associated with protective capacities of concern or, if no concerns, those that serve to define and provide information for the reviewer about why and how the child/children are safe. The information draws the reviewer's attention to the most significant dynamics in the family, looks at contributing actions and history that factor into how danger manifests in the home and reviews child vulnerability concerns related specifically to how danger threats exist and pose a hazard to the child/children.

This is the written articulation that puts the whole puzzle together of how safety decisions were derived, as supported by all of the information presented in the domains and through a clear and thorough evaluation of caregiver protective capacities.

SAFETY ANALYSIS AND PLANNING:

The Parent/Legal Guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers. Yes/No?

The home environment is calm and consistent enough for an in-home safety plan to be implemented and or safety service providers to be in the home safely. Yes/No?

Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home. Yes/No?

An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger. Yes/No?

The Parent/Legal Guardians have a physical location in which to implement an in-home safety plan. Yes/No?



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Summarize **reason for Out of Home Safety Plan** or removal/placement (if applicable) and **conditions for return**. Conditions for return should be related to reasons for removal and behaviorally based. These are parent/legal guardian actions and behaviors that must be demonstrated over time to sufficiently address the impending danger and allow for the child to safely return home.

If any of the above safety analysis questions are answered “No,” continue to the justification section below which will automatically pop up. Remember, responding “No” to even one (1) of the Safety Analysis questions requires an out-of-home safety plan. This section is where you first explain your reasoning for an out-of-home safety plan, justification for all “No” selections. The next part of this summary describes the conditions for return. A condition for return would reflect what must change within the home or with the caregivers so that **ALL 5** safety analysis questions could be answered with a “Yes” and the children could safely be returned to their home.

Practice Guidelines: The “Conditions for Return” are a written statement or statements of the specific behaviors, conditions, or circumstances that must exist within a child’s home before a child can safely return and remain in the home with an in-home ongoing safety plan while the parents continue to work toward reaching case plan outcomes. While the statements are based on the common criteria that must be met in order to establish an in-home safety plan, they are uniquely tailored to the specific behaviors, circumstances or conditions of each family.



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Safety Analysis and Conditions for Return

	5 Safety Analysis Questions	Conditions for Return
Question 1:	<p>The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service actions and safety resources/providers.</p> <ul style="list-style-type: none"> This doesn't mean they were cooperative with the investigator or they are willing to cooperate with services. It's a basic level of agreement. Are they willing for someone to come into their home, assess the safety of the child, and take action to protect the child when the child is in danger? They don't have to like it or agree with it, they just can't interfere with it. Caregiver is open to having candid conversation about the reason for safety plan what the safety plan would involve regarding child and the need for a safety plan. Expresses genuine remorse about maltreatment toward child and is willing to discuss the need for a safety plan. Expresses genuine interest in doing what is necessary to have the child returned to the home. Willing to allow for safety services in the home and demonstrates openness to cooperate with whatever level of involvement from safety service providers, as required to assure child safety. Can talk about how they felt before when not being willing to cooperate with an in home safety plan and how they feel differently now. 	<p>What does the parent need to do to demonstrate commitment to cooperating with providers in the home?</p> <ul style="list-style-type: none"> <i>Example:</i> "The father will allow his sister in the home on a daily basis and if the sister feels the child is unsafe the father will allow the sister to remove the child from the home." 
Question 2:	<p>The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety actions and safety resources/service providers to be in the home safely.</p> <ul style="list-style-type: none"> Is the environment predictable? Do we understand how and when the danger threat manifests? Can the environment accommodate an in-home safety plan? Is the environment non-threatening and will the safety service providers be able to safely implement the in-home safety plan? The home environment is consistent (<i>describe what would be different</i>) enough for in home safety services to be put in place. Specific individuals no longer reside in the home and the caregiver's commitment to keeping them out of the home is sufficiently supported by in home safety services. No longer expresses or behaves in such a way that reasonably will disrupt an in home safety plan, expresses acceptance of the in home safety plan and concern for the child. Specific triggers for violence in the home are understood and recognized by the caregivers and in home safety services can sufficiently monitor and manage behavior to control impulsivity and prevent aggressiveness. There is enough of an understanding regarding the home environment, dynamics of family interactions and caregiver functioning that in home safety services can supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance. All individuals residing in the home are known to the agency, cooperative, and open to intervention. 	<p>What must be different to make the home environment calm and consistent?</p> <ul style="list-style-type: none"> <i>Example:</i> "The father will refrain from verbal or physical threats and/or any acts of intimidation towards the safety service providers." 



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Safety Analysis and Conditions for Return

<p>Question 3:</p>	<p>Safety resources/services are available at a sufficient level and to the degree necessary in order to gauge the way in which impending danger is manifested in the home.</p> <ul style="list-style-type: none"> • Do we understand how the danger manifests and how to protect against it? If 24/7 supervision and care is required we can't control the danger in the home. • Do we have the resources to control for the danger when it manifests? If its manifests daily we need resources daily. • How predictable is the danger threat? • There are sufficient and suitable safety service resources at a level of effort necessary to manage behavior and/or provide social connections and/or provide basic parenting assistance, etc. (Identify what the specific safety service is needed to manage safety in the home). 	<p>What safety services need to be available to sufficiently manage the danger in the home, what resources have to be available?</p> <ul style="list-style-type: none"> • <i>Example:</i> "There will be a clear understanding of how and when the danger threat manifests and the family will have sufficient resources to manage the danger threats." 
<p>Question 4:</p>	<p>An in-home safety plan and the use of in-home safety resources and services can sufficiently manage impending danger without the need for results of a professional evaluations.</p> <ul style="list-style-type: none"> • This does not refer to services or treatment. • This means that we need a professional evaluator (usually Mental Health) to tell you how the danger threat manifests and how it can be managed. • You need this evaluation to help you determine whether this will be an in-home or out-of-home safety plan. 	<p>What needs to be learned from the professional evaluation and how will the evaluation inform the conditions for return.</p> <ul style="list-style-type: none"> • <i>Example:</i> "A psychologist will provide a recommendation of interventions or safety services that will be necessary prior to safely returning the child home with an in-home safety plan." 
<p>Question 5:</p>	<p>The parents/legal guardians have a domicile/residence in which to implement an in-home safety plan. (shelter, tent, house, etc.)</p> <ul style="list-style-type: none"> • There is home to implement the safety plan in and they will be there as long as the safety plan is needed. • It's an identified location and we can expect to find the parents there and safety actions can be taken there. • Caregiver has reliable, sustainable, consistent residence in which to put an in home safety plan in place. • Maintains a residence and there is confidence that the living situation is sustainable. • Demonstrates the ability to maintain sustainable, suitable, consistent residence. • Condition of the residence is suitable and structurally adequate to safely put an in home safety plan in place. • Reasonable plan for how they will use resources to maintain stable residence. 	<p>What needs to happen in order for the parents to have a physical location in order to implement an in-home safety plan?</p> <ul style="list-style-type: none"> • <i>Example:</i> "The parents will have a safe stable residence in which to implement an in-home safety plan." 





Practice Points to Ponder!

February 2015

Department of Children and Families and
University of South Florida Training Consortium



How do we create clear and specific conditions for return that are associated with the development of an in-home safety plan?

How we answer these questions determines the least intrusive safety actions necessary, including whether an in-home safety plan would be appropriate. If an out-of-home plan is necessary, what must be different in order for the children to be returned home safely? For all the "no" responses below see how the conditions for return are addressed by the associated YES examples.

Can you have an in-home safety plan?



Question 1: The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service actions and safety resources/providers.

YES: Mother will demonstrate that the grandmother is welcome in the home on a daily basis by allowing her to assist in care and supervision of the child. Mother has allowed the grandmother to take the child from the home when the grandmother determined the child was not safe in the care of the mother by herself.

NO: Mother will not allow the grandmother to come into her home daily because she doesn't see the need for additional help with her child and thinks DCF is overreacting.

Question 2: The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety actions and safety resources/service providers to be in the home safely.

YES: All caregivers and individuals residing in the house will be known to the agency and the home environment will support the necessary in-home safety service providers through known predictability about the family's daily schedule and willingness to engage with the identified safety service providers.

NO: Home environment is threatening due to the constant, unpredictable drug activity with numerous unknown adults coming and going from the home at odd intervals of time, both day and night.

Question 3: Safety resources/services are available at a sufficient level and to the degree necessary in order to gauge the way in which impending danger is manifested in the home.

YES: The mother and father share custody of their child and will demonstrate a willingness to work together. The father is willing and available on the days/nights the mother works to pick up his child from the school bus and have his child stay with him overnight and is willing to bring him to school the following day.

NO: The mother works 3 nights a week and cannot supervise her child after school and into the evenings. The child, age 7, has been leaving the house after getting home from school and is causing trouble in the neighborhood. No safety services are available to participate in the safety plan at this time.

Question 4: An in-home safety plan and the use of in-home safety resources and services can sufficiently manage impending danger without the need for results of a professional evaluations. (Does not refer to "services" or "treatment").

YES: A psychologist will evaluate the aunt and provide recommendations of interventions or safety services that will explain what will be necessary, prior to returning the child home with the parents and aunt, with an in-home safety plan in place.

NO: The aunt/caregiver in the home with the family has severe symptoms indicative of mental health problems, but it is unclear how her behavior is or could be related to impending danger threats within the home.

Question 5: The parents/legal guardians have a domicile/residence in which to implement an in-home safety plan. (Shelter, tent, house, etc.).

YES: The parents will have a safe stable residence in which to implement an in-home safety plan.

NO: The parents are "couch surfing" from friend to friend frequently and do not have a suitable or stable place of their own in which to implement any safety services.



Practice Points to Ponder—Pam Aepfel & Shawna Thomas
Collaborating to support and sustain our new practice model.



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Writing Style and Written Presentation Caution Needed!



Overuse of Quotes: This can diminish the importance or context of what you are attempting to express. Reviewers stop attending to what is in quotes since it doesn't seem to carry real value.



Avoid this style of documentation: “The mother was “amazed” to see this CPI again and was “agitated.” She looked “dazed” and was “glassy-eyed.” During assessment interviews she frequently “forgot” what time the interviews were scheduled or that she had “agreed” to meet at that time and date. She gave many “reasons” for not being available and “insisted” that she had not made appointments and had not missed out on court “on purpose.”

Tone and Biases: Careful not to be overly *casual* in your descriptions or characterizations. Check that your own value system is not getting in the way of your professional judgment, which should be supported by facts.



Avoid this style of documentation: “The mother is in no position to be a mother right now. She has no ability to understand her child’s needs and has made very poor picks in her life by hooking up with a lot of men who she supports financially when they mooch off of her. They have all been abusive to her children and then leave her. She always finds these men at bars and already has a drinking problem herself. She should know better than to think she can find anybody in a bar, especially when she is usually impaired when she is at the bar.”

Minimizing Language: Can be subtle and signals out a variety of attitudes and approaches that are read and perceived as more personal than professional.



Avoid this style of documentation: “Mother wants to go to school to be a nurse. She can only get so far. She was asked how she could possibly expect to be a nurse and get a license with her history of drug use. She can’t even be a CAN (Certified Nursing Assistant) because of her criminal record. When all of this was pointed out to the mother she had nothing to say.”

Feuding Files: Diminish professional credibility of the author. Negative critical documentation targeting other professionals is easily transparent to readers. Feuding with other professionals in case files, through sarcasm or blatant dismissal of their input, serves to offer fuel in court that can be easily targeted by defense counsel and takes focus away from important assessments that were completed in determining child safety.



Avoid this style of documentation: “Case conference with supervisor. Reviewed PDA (Present Danger Assessment). Because the baby is in the hospital he is safe with medical providers, getting good care and is not with parents now. This CPI does not see any present danger, but CPIS (CPI supervisor) told this CPI to file a shelter petition anyway, even though baby will probably not be released for another three days.”



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Example (1): Ron Baker

Adult Functioning:

Ron (38) currently resides in Tampa, Florida. He was born and raised in Florida and aside from a few years he spent in the military, he has always lived in the area. It was always Ron's dream to become a police officer and follow in the footsteps of his father. He comes from a large law enforcement and fire department serving family and takes great pride in the work that he does. Ron has been employed with the local police department for the last twelve years and has a rotating shift schedule. He has been a stable employee and has many friends, mostly co-workers. Ron is known to his friends as being reliable, dependable, and so loyal and committed that he even helped one friend check into a drug treatment program. He attributes his last three failed long-term relationships, each lasting 2-3 years, to his busy work schedule. Ron often has trouble committing to personal time and feels as if he is in "work mode" much of the time. This lack of personal time caused arguments in his past relationships, which all resulted in mutually agreed separation. Ron is currently in a relationship with Cheryl and they have been together for 3 years, live together, but are not married. Ron and Cheryl met at a work party and were introduced by mutual friends. Ron's friends and family describe him as being very happy, easy going, and more committed to Cheryl than he was to the women in his previous relationships. Ron and Cheryl are in agreement most times as to boundaries, household roles and rules, but do have occasional verbal disagreements, mostly about money. Cheryl appreciates Ron's work ethic and in their relationship, Ron's busy work schedule has not led to any of their disagreements. Ron continues to have concerns about committing in terms of marriage, but he is putting more thought than ever into marriage at this point in his life.

Sources/people interviewed (separately/privately), collaterals and observations: Ron Baker/father, Cheryl Brown/mother, Mike Miller/co-worker, Betty Baker/paternal grandmother.



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Parenting General:

Ron is the biological father of one child, his son, Chase. Ron describes his parenting as “very good.” He acknowledges that he works a lot, has rotating shifts, and is not always present when his son gets up in the mornings or when it is time to put Chase to bed; however, he feels he makes every effort to be a dad when he is around his son. He speaks very highly of his son and loves the fact that he has Chase. He takes pride in being a father and even though the pregnancy may not have been something he planned, it has been the best experience thus far. Ron has a close relationship with his own father and has adopted parenting tips from him, as his father had a similar rotating work schedule and was not always home when he was younger. Ron remembers playing baseball with his father and running errands with him on the weekends and he hopes to be able to do those things with his son too. Ron thinks giving Chase baths and playing with toys at their home are some of the best times they have together. Cheryl loves seeing Chase with his father and thinks Ron is a “great” dad when he is home and is able to spend time with him as a family. She was nervous at first about Ron’s commitment to be a father but he has surpassed her expectations. She thinks he is a “hands on” father and feels he provides a good role model for Chase to show that men can be both warm and comforting. Ron’s father, James Baker, describes Ron as a “proud father” and is happy to see that Ron is experiencing the joys of fatherhood, as this has softened him emotionally and Chase has brought out some important qualities in Ron, such as responsibility and commitment.

Discipline/Behavior Management:

Ron considers himself the “fun” parent with his son and does not take on much of a disciplinarian role when he is home. Ron gives a lot of credit to Cheryl for taking daily care of Chase and managing his behaviors now that he is 2 years old and starting to talk back a little and have a mind of his own. Ron grew up in a strict household with many rules and consequences, to include spankings with a belt from his father when he was disrespectful to his mother. Ron does not believe in using a belt as a form of punishment with Chase and he and Cheryl have discussed that they plan to continue using time outs for two minutes and then talking with Chase about his behaviors and



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redirecting verbally if needed. For the most part, Chase is a well-mannered little boy with challenges around bed time. Ron has also been very involved in efforts at toilet training with Chase and is neither pushy nor punitive about toileting accidents and/or lack of progress. Family members and friends have remarked that Ron's tolerance and patience, especially since he does shift work is admirable. When instruction is given for bedtime and challenges arise, Ron will sometimes be called on the phone to speak with Chase, if he is not home, or assist in settling Chase down when he is home. Ron thinks this process has gone well and he plans to continue this method of behavior management. He understands that at the age of 2 Chase is trying to establish himself with some independence. Ron's father, James Baker has described that he perceives his son as much more patient and understanding of his toddler age son than he was when Ron was of a similar age and he respects that Ron has different ideas about discipline for his son than what was used on Ron.

Sources/people interviewed (separately/privately), collaterals: Ron Baker/father, Cheryl Brown/mother, James Baker/paternal grandfather.



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Example (2): Wendy Wyatt

Adult Functioning:

Wendy (26) is originally from Ohio, has lived in several states throughout her life, but moved to Florida when she was 15 years old to live with a maternal great aunt. Wendy moved around a lot due to the death of her mother from a drug overdose when Wendy was 7. Her father left her with a variety of relatives when he moved away from the family when she was 10. Once in Florida, Wendy never felt a sense of belonging and ran away quite often from her aunt's home and did not attend school regularly. When she did attend school, Wendy interacted more with her male classmates than females and did not develop any close friend relationships. Wendy had many short term relationships in high school and this has continued into adulthood. Wendy meets most of the men she dates at her on again and off again employment at different bars/restaurants, as a waitress. She establishes these short term relationships with men much older than she; however, ends them quickly, as she "does not want the commitment, obligation or outside influences" in her life. Wendy has not maintained stable employment because she has come to work intoxicated on numerous occasions. Wendy blames others for her lack of employment and thinks that others are "out to get her" and make her life more difficult. Wendy does not think she can get any other kind of job because she has been arrested for driving under the influence and for battery on several occasions. Wendy initiates verbal and physical fights with people when she gets irritated, most often after she has been drinking. Many of these incidents have been reported to local law enforcement, other incidents with family members and ex-paramours have gone unreported. Wendy is not currently in a relationship. She is not able to identify the father of her daughter. She acknowledges having multiple casual intimate partner relationships and has described that she is a "free spirit" and it should not matter if she cannot identify her child's father. Wendy has had 6 different places of residence in the last 4 months and describes this as being "normal" for her life. The neighbor/friend has expressed concern that Wendy is very indiscriminate with her relationships and worries that one day she will bring home someone who will hurt her, as she has seen a variety of many men come and go from Wendy's life in short amounts of time. Wendy's cousin confirms similar worries about Wendy's choice of "associations" and that she "bounces" from place to place with people she has recently met. Wendy is well known to law enforcement because of numerous physical altercations and domestic related calls for service.



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Sources/people interviewed (separately/privately), collaterals and observations: Wendy Wyatt/mother, Jennifer Johnson/neighbor and friend, Crystal Carpenter/cousin, Pasco County Sheriff's Office records.

Parenting General:

Wendy has one biological child, her daughter Emma, age 3 months. Wendy has never given much thought to being a parent but acknowledges that she has not always taken measures to prevent a pregnancy. Wendy does not recall a very positive personal childhood, as she has moved around a lot and was cared for by different relatives and does not have a good sense of what it means to be a "mom." She describes her own parenting to be "not good." She believes she has been neglectful of her daughter at times and knows she has cared for Emma and driven her in the car while she has been under the influence of alcohol. She knows this is not good parenting behavior but she is not sure how else she can manage. She never thought she would be a mother and although her aunt did take pretty good care of her, she knows she has not learned enough about what it takes to be a parent. She thinks it is very hard right now but does think she did a good thing by enrolling Emma in day care. She does get frustrated when she has to take her day care so early in the morning, but likes being able to come home and sleep "without screaming and crying in the house." She does not identify anyone in her life as a role model and the only friend she has does not have children herself so she does not usually ask anyone for advice. She thinks looking things up on the internet or asking people at the day care are her best ways of gaining parenting advice. Day care staff confirm Wendy has asked multiple times about what to do when Emma is fussy and how to prepare formula. Wendy is not completely sure she wants to raise Emma full time and knows she cannot do it on her own. She is worried that she might get too frustrated by Emma's crying and won't know what to do about it. She does not know who Emma's father is and does not think it is important. She is sure that Emma will ask when she older and she has not thought of what she will tell her, except that "it shouldn't matter." Wendy's friend, Jennifer, does not think Wendy has what it takes to be a mother and rarely sees Emma with her. She acknowledges seeing Wendy take the baby to day care some mornings but doesn't usually see any other interactions between them. She believes the baby is with Wendy a lot and kept in the crib or watched by



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various acquaintances the mother meets. Jennifer did babysit for Emma when she was first born but then Wendy got upset with her when she was unable to keep the baby longer when she (Wendy) wanted to stay out later and she has not been asked to watch the baby since. Jennifer is especially worried about Emma spending too much time in her crib with wet diapers and little contact from Wendy when she is home.

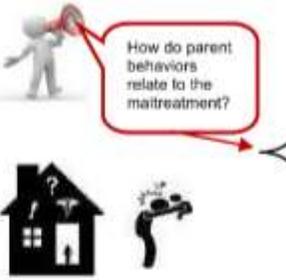
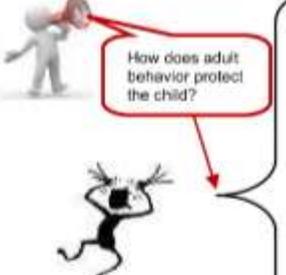
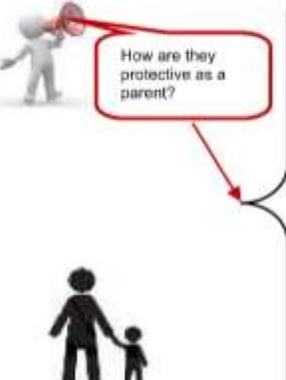
Discipline/Behavior Management:

Wendy has not given much thought to discipline practices she may use when Emma gets older. She does not have clear expectations and cannot describe developmentally what it might take to manage the behaviors of an infant, into toddler years and beyond, as she didn't pay attention to authority in general and thinks people are too "harsh" about discipline and rules. Wendy does not think that Emma should be crying as much as she does right now and has difficulty hearing her baby screaming all the time. She is especially agitated by the crying when she has been out late and feels like she has done everything she can do to feed and change her and she still won't "shut up." Jennifer Johnson has heard Wendy scream "shut up" to her baby over and over again, especially when she has been out late and has been drinking. She is also very worried about Wendy driving with the baby sometimes because she has seen that the baby is not strapped in the car seat very well.

Sources/people interviewed (separately/privately), collaterals: Wendy Wyatt/mother, Sue Sanders/Daisy's Day Care-owner, Jennifer Johnson/neighbor and friend.



Domains Inform The Caregiver Protective Capacities

<p>MALTREATMENT AND NATURE OF MALTREATMENT</p> <p>What is the extent of the maltreatment?</p> <p>What surrounding circumstances accompany the alleged maltreatment?</p>	 <p>How do parent behaviors relate to the maltreatment?</p>	<p>Behavioral...controls impulses</p> <p>Behavioral...takes action</p> <p>Cognitive...recognizes threats</p> <p>Emotional...is stable and able to intervene</p> <p>Behavioral...demonstrates adequate skills</p> <p>Behavioral...history of protecting</p> <p>Cognitive...able to articulate a plan for protection</p> <p>Emotional...is positively attached to the child</p>	<p><u>Impending Danger Threshold Criteria:</u></p> <p>The danger threshold criteria must be applied when considering and identifying any of the impending danger threats. In other words, the specific justification for identifying any of the impending danger threats is based on a specific description of how negative family conditions meet the danger threshold criteria. The danger threshold is the point at which a negative condition goes beyond being concerning and becomes dangerous to a child's safety. Negative family conditions that rise to the level of the danger threshold and become impending danger threats, are in essence negative circumstances and/or caregiver behaviors, emotions, etc., that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity.</p> <ul style="list-style-type: none"> • Observable • Vulnerable Child • Out-of-control • Imminent • Severe
<p>CHILD FUNCTIONING</p> <p>How does the child function on a daily basis? Include physical health, development, emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.</p>	 <p>How is the child vulnerable?</p>	<p>Is the child vulnerable?</p> <ul style="list-style-type: none"> • Dependent on others for protection • Exposed to circumstances that child is powerless to manage • Susceptible to a threatening person in authority over the child • Children from 0-6 years • Older children unable to protect themselves or seek protection from others • Children with physical, emotional, developmental needs 	
<p>ADULT FUNCTIONING</p> <p>How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.</p>	 <p>How does adult behavior protect the child?</p>	<p>Behavioral...controls impulses</p> <p>Behavioral...takes action</p> <p>Cognitive...is intellectually able</p> <p>Cognitive...recognizes threats</p> <p>Cognitive...able to articulate a plan for protection</p> <p>Emotional...meets own emotional needs</p> <p>Emotional...is stable and able to intervene to protect child</p> <p>Emotional...is resilient as a caregiver</p>	
<p>PARENTING</p> <p>General – What are the overall, typical, parenting practices used by the parents/legal guardians?</p> <p>Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?</p>	 <p>How are they protective as a parent?</p>	<p>Behavioral...sets aside own needs for child</p> <p>Behavioral...demonstrates adequate skills</p> <p>Behavioral...adaptive as a parent/caregiver</p> <p>Behavioral...history of protecting</p> <p>Cognitive...is self-aware</p> <p>Cognitive...is intellectually able</p> <p>Cognitive...recognizes child's needs</p> <p>Cognitive...understands protective role</p> <p>Cognitive...able to articulate a plan for protection</p> <p>Emotional...tolerant as a caregiver</p> <p>Emotional...expresses love, empathy, sensitivity to the child</p> <p>Emotional...is stable and able to intervene to protect child</p> <p>Emotional...is positively attached to the child is supportive and aligned with the child</p>	



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Example (1): Ron Baker

Adult Functioning:

Ron (38) currently resides in Tampa, Florida. He was born and raised in Florida and aside from a few years he spent in the military, he has always lived in the area. It was always Ron's dream to become a police officer and follow in the footsteps of his father. He comes from a large law enforcement and fire department serving family and takes great pride in the work that he does. Ron has been employed with the local police department for the last twelve years and has a rotating shift schedule. He has been a stable employee and has many friends, mostly co-workers. Ron is known to his friends as being reliable, dependable, and so loyal and committed that he even helped one friend check into a drug treatment program. He attributes his last three failed long-term relationships, each lasting 2-3 years, to his busy work schedule. Ron often has trouble committing to personal time and feels as if he is in "work mode" much of the time. This lack of personal time caused arguments in his past relationships, which all resulted in mutually agreed separation. Ron is currently in a relationship with Cheryl and they have been together for 3 years, live together, but are not married. Ron and Cheryl met at a work party and were introduced by mutual friends. Ron's friends and family describe him as being very happy, easy going, and more committed to Cheryl than he was to the women in his previous relationships. Ron and Cheryl are in agreement most times as to boundaries, household roles and rules, but do have occasional verbal disagreements, mostly about money. Cheryl appreciates Ron's work ethic and in their relationship, Ron's busy work schedule has not led to any of their disagreements. Ron continues to have concerns about committing in terms of marriage, but he is putting more thought than ever into marriage at this point in his life.

Sources/people interviewed (separately/privately), collaterals and observations: Ron Baker/father, Cheryl Brown/mother, Mike Miller/co-worker, Betty Baker/paternal grandmother.

Analysis:

Ron Baker is able to meet his own emotional needs, as he has established a career for himself specific to goals he set when he was younger. He has a support system of friends and family and has demonstrated his awareness, sensitivity and responsibility to the needs of others. While he has been in multiple relationships over the years, his



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stability with his current intimate partner, the mother of his child, is strong. Ron's relationships and daily functioning is planned, orderly, and consistent. Overall, Ron makes responsible adult decisions and interacts positively with others.

Parenting General:

Ron is the biological father of one child, his son, Chase. Ron describes his parenting as "very good." He acknowledges that he works a lot, has rotating shifts, and is not always present when his son gets up in the mornings or when it is time to put Chase to bed; however, he feels he makes every effort to be a dad when he is around his son. He speaks very highly of his son and loves the fact that he has Chase. He takes pride in being a father and even though the pregnancy may not have been something he planned, it has been the best experience thus far. Ron has a close relationship with his own father and has adopted parenting tips from him, as his father had a similar rotating work schedule and was not always home when he was younger. Ron remembers playing baseball with his father and running errands with him on the weekends and he hopes to be able to do those things with his son too. Ron thinks giving Chase baths and playing with toys at their home are some of the best times they have together. Cheryl loves seeing Chase with his father and thinks Ron is a "great" dad when he is home and is able to spend time with him as a family. She was nervous at first about Ron's commitment to be a father but he has surpassed her expectations. She thinks he is a "hands on" father and feels he provides a good role model for Chase to show that men can be both warm and comforting. Ron's father, James Baker, describes Ron as a "proud father" and is happy to see that Ron is experiencing the joys of fatherhood, as this has softened him emotionally and Chase has brought out some important qualities in Ron, such as responsibility and commitment.

Discipline/Behavior Management:

Ron considers himself the "fun" parent with his son and does not take on much of a disciplinarian role when he is home. Ron gives a lot of credit to Cheryl for taking daily care of Chase and managing his behaviors now that he is 2 years old and starting to talk back a little and have a mind of his own. Ron grew up in a strict household with many rules and consequences, to include spankings with a belt from his father when he was disrespectful to his mother. Ron does not believe in using a belt as a form of punishment with Chase and he and Cheryl have discussed that they plan to continue using time outs for two minutes and then talking with Chase about his behaviors and redirecting verbally if needed. For the most part, Chase is a well-



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mannered little boy with challenges around bed time. Ron has also been very involved in efforts at toilet training with Chase and is neither pushy nor punitive about toileting accidents and/or lack of progress. Family members and friends have remarked that Ron's tolerance and patience, especially since he does shift work is admirable. When instruction is given for bedtime and challenges arise, Ron will sometimes be called on the phone to speak with Chase, if he is not home, or assist in settling Chase down when he is home. Ron thinks this process has gone well and he plans to continue this method of behavior management. He understands that at the age of 2 Chase is trying to establish himself with some independence. Ron's father, James Baker has described that he perceives his son as much more patient and understanding of his toddler age son than he was when Ron was of a similar age and he respects that Ron has different ideas about discipline for his son than what was used on Ron.

Sources/people interviewed (separately/privately), collaterals: Ron Baker/father, Cheryl Brown/mother, James Baker/paternal grandfather.

Analysis:

Ron Baker recognizes the needs of his young son and displays tolerance as a caregiver, by realizing the developmental needs and having reasonable expectations his two year old son. He recognizes and appreciates the difference in his own parenting style from that of his upbringing, especially in relation to behavior management. He is positively attached to his son and enjoys spending time with him when he is available. He is adaptive, as a parent, by realizing his work schedule could impact his relationship with his son, therefore he makes the effort to spend quality interactive time with Chase.



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Example (2): Wendy Wyatt

Adult Functioning:

Wendy (26) is originally from Ohio, has lived in several states throughout her life, but moved to Florida when she was 15 years old to live with a maternal great aunt. Wendy moved around a lot due to the death of her mother from a drug overdose when Wendy was 7. Her father left her with a variety of relatives when he moved away from the family when she was 10. Once in Florida, Wendy never felt a sense of belonging and ran away quite often from her aunt's home and did not attend school regularly. When she did attend school, Wendy interacted more with her male classmates than females and did not develop any close friend relationships. Wendy had many short term relationships in high school and this has continued into adulthood. Wendy meets most of the men she dates at her on again and off again employment at different bars/restaurants, as a waitress. She establishes these short term relationships with men much older than she; however, ends them quickly, as she "does not want the commitment, obligation or outside influences" in her life. Wendy has not maintained stable employment because she has come to work intoxicated on numerous occasions. Wendy blames others for her lack of employment and thinks that others are "out to get her" and make her life more difficult. Wendy does not think she can get any other kind of job because she has been arrested for driving under the influence and for battery on several occasions. Wendy initiates verbal and physical fights with people when she gets irritated, most often after she has been drinking. Many of these incidents have been reported to local law enforcement, other incidents with family members and ex-paramours have gone unreported. Wendy is not currently in a relationship. She is not able to identify the father of her daughter. She acknowledges having multiple casual intimate partner relationships and has described that she is a "free spirit" and it should not matter if she cannot identify her child's father. Wendy has had 6 different places of residence in the last 4 months and describes this as being "normal" for her life. The neighbor/friend has expressed concern that Wendy is very indiscriminate with her relationships and worries that one day she will bring home someone who will hurt her, as she has seen a variety of many men come and go from Wendy's life in short amounts of time. Wendy's cousin confirms similar worries about Wendy's choice of "associations" and that she "bounces" from place to place with people she has recently met. Wendy is well known to law enforcement because of numerous physical altercations and domestic related calls for service.



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Sources/people interviewed (separately/privately), collaterals and observations: Wendy Wyatt/mother, Jennifer Johnson/neighbor and friend, Crystal Carpenter/cousin, Pasco County Sheriff's Office records.

Analysis:

Wendy Wyatt has had a number of losses in her life starting at a very young age. The death of her mother and abandonment by her father most likely has had a significant impact on her reluctance to trust. Based on her history, Wendy's ambivalent attachment to others may contribute to her interpersonal challenges. Her conflict resolution strategies are repeatedly driven by her own emotional reactions and frequently result in physically aggressive responses to others. She is impulsive and reactionary and has demonstrated little effort to regulate her actions when she is offended or angry. Wendy has a consistent and long term pattern of aggressive and violent behavior, both in the workplace and with her friends and family. There is little indication that she gives advanced thought about meeting her own emotional needs, except by excessive use of alcohol. Wendy's decisions impact her ability to provide for herself, resulting in significant chaos in the home environment, as well as adding to the economic and residential instability in her life.

Parenting General:

Wendy has one biological child, her daughter Emma, age 3 months. Wendy has never given much thought to being a parent but acknowledges that she has not always taken measures to prevent a pregnancy. Wendy does not recall a very positive personal childhood, as she has moved around a lot and was cared for by different relatives and does not have a good sense of what it means to be a "mom." She describes her own parenting to be "not good." She believes she has been neglectful of her daughter at times and knows she has cared for Emma and driven her in the car while she has been under the influence of alcohol. She knows this is not good parenting behavior but she is not sure how else she can manage. She never thought she would be a mother and although her aunt did take pretty good care of her, she knows she has not learned enough about what it takes to be a parent. She thinks it is very hard right now but does think she did a good thing by enrolling Emma in day care. She does get frustrated when she has to take her day care so early in the morning, but likes being able to come home and sleep "without screaming and crying in the house." She does not identify anyone in her life as a role model and the only friend she has does not have children herself so



she does not usually ask anyone for advice. She thinks looking things up on the internet or asking people at the day care are her best ways of gaining parenting advice. Day care staff confirm Wendy has asked multiple times about what to do when Emma is fussy and how to prepare formula. Wendy is not completely sure she wants to raise Emma full time and knows she cannot do it on her own. She is worried that she might get too frustrated by Emma's crying and won't know what to do about it. She does not know who Emma's father is and does not think it is important. She is sure that Emma will ask when she older and she has not thought of what she will tell her, except that "it shouldn't matter." Wendy's friend, Jennifer, does not think Wendy has what it takes to be a mother and rarely sees Emma with her. She acknowledges seeing Wendy take the baby to day care some mornings but doesn't usually see any other interactions between them. She believes the baby is with Wendy a lot and kept in the crib or watched by various acquaintances the mother meets. Jennifer did babysit for Emma when she was first born but then Wendy got upset with her when she was unable to keep the baby longer when she (Wendy) wanted to stay out later and she has not been asked to watch the baby since. Jennifer is especially worried about Emma spending too much time in her crib with wet diapers and little contact from Wendy when she is home.

Discipline/Behavior Management:

Wendy has not given much thought to discipline practices she may use when Emma gets older. She does not have clear expectations and cannot describe developmentally what it might take to manage the behaviors of an infant, into toddler years and beyond, as she didn't pay attention to authority in general and thinks people are too "harsh" about discipline and rules. Wendy does not think that Emma should be crying as much as she does right now and has difficulty hearing her baby screaming all the time. She is especially agitated by the crying when she has been out late and feels like she has done everything she can do to feed and change her and she still won't "shut up." Jennifer Johnson has heard Wendy scream "shut up" to her baby over and over again, especially when she has been out late and has been drinking. She is also very worried about Wendy driving with the baby sometimes because she has seen that the baby is not strapped in the car seat very well.

Sources/people interviewed (separately/privately), collaterals: Wendy Wyatt/mother, Sue Sanders/Daisy's Day Care-owner, Jennifer Johnson/neighbor and friend.



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Analysis:

Wendy Wyatt has no experience as a parent, and has no identified role models or supports to nurture and mentor her as a parent. She has minimal awareness of infant or child development and is unable to connect the needs of her child to necessary actions. Wendy has demonstrated an unwillingness to put her own needs aside for her daughter. Her attitude about how Emma should manage her own behaviors at this young age are developmentally unrealistic. Wendy's acknowledgement of her limitations as a parent cannot be discounted, and her intolerance, as a caregiver, could significantly and negatively impact providing the attention and care her daughter requires at this very young and vulnerable age.



