Module 9: Safety Planning

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Unit 9.1: What are Safety Plans?

What are Safety Plans?

- Safety plans are the actions that child welfare must take to ensure the safety of the child.
- Safety plans are the agency's way of taking responsibility for child protection.
    - Safety plans are not the caretakers responsibility; they are the agency's, as a system, responsibility.
- Once a safety plan is put in place, the agency, as a system, assumes the oversight and substitute protector roles by working through others to assure child safety is managed in the household.
- The safety plan must:
    - Be based on an analysis of the danger threats. This analysis is critical as is establishes what must be controlled.
    - Identify how the danger will be managed including:
        - by whom, under what circumstances and agreements
        - and in accordance with specification of time requirements, availability, accessibility and suitability of those involved
    - Consider caregiver awareness and acknowledgement of safety threats and caregiver acceptance and willingness for the plan to be implemented.
    - Include how the plan will be overseen by the Department.
- Designed along a continuum of the least to most intrusive intervention.
- May be:
    - Exclusively an in-home plan.
    - Exclusively an out-of-home plan.
    - May be a combination in-home an dour-of-home plan
- Child placement may be necessary, either at present danger or upon completion of the FFA and when impending danger is identified.
- There is one template in FSFN that is used to document safety plans;
    - worker indicates if it is a plan in response to present danger or impending danger.
- When developing an out-of-home safety plan based upon impending danger, it is the worker's responsibility to summarize the conditions for return – what must change for in-home safety management to allow for reunification.
- Child placement must also be documented in FSFN.
- Child placement is the most intrusive out-of-home safety plan.

Section 39.301(9)(a)6, F.S.

Document the present and impending dangers to each child based on the identification of inadequate protective capacity through utilization of a standardized safety assessment instrument. If present or impending danger is identified, the child protective investigator must implement a safety plan or take the child into custody. If present danger is identified and the child is not removed, the child protective investigator shall create and implement a safety plan before leaving the home or the location where there is present danger. If impending danger is identified, the child protective investigator shall create and implement a safety plan as soon as necessary to protect the safety of the child. The child protective investigator may modify the safety plan if he or she identifies additional impending danger.

a. If the child protective investigator implements a safety plan, the plan must be specific, sufficient, feasible, and sustainable in response to the realities of the present or impending danger. A safety plan may be an in-home plan or an out-of-home plan, or a combination of both. A safety plan may include tasks or responsibilities for a parent, caregiver, or legal custodian. However, a safety plan may not rely on promissory commitments by the parent, caregiver, or legal custodian who is currently not able to protect the child or on services that are not available or will not result in the safety of the child. A safety plan may not be implemented if for any reason the parents, guardian, or legal custodian lacks the capacity or ability to comply with the plan. If the department is not able to develop a plan that is specific, sufficient, feasible, and sustainable, the department shall file a shelter petition. A child protective investigator shall implement separate safety plans for the perpetrator of domestic violence and the parent who is a victim of domestic violence as defined in s. 741.28. If the perpetrator of domestic violence is not the parent, guardian, or legal custodian of the child, the child protective investigator shall seek issuance of an injunction authorized by s. 39.504 to implement a safety plan for the perpetrator and impose any other conditions to protect the child. The safety plan for the parent who is a victim of domestic violence may not be shared with the perpetrator. If any party to a safety plan fails to comply with the safety plan resulting in the child being unsafe, the department shall file a shelter petition.

b. The child protective investigator shall collaborate with the community-based care lead agency in the development of the safety plan as necessary to ensure that the safety plan is specific, sufficient, feasible, and sustainable. The child protective investigator shall identify services necessary for the successful implementation of the safety plan. The child protective investigator and the community-based care lead agency shall mobilize service resources to assist all parties in complying with the safety plan. The community-based care lead agency shall prioritize safety plan services to families who have multiple risk factors, including, but not limited to, two or more of the following:

(I) The parent or legal custodian is of young age;

(II) The parent or legal custodian, or an adult currently living in or frequently visiting the home, has a history of substance abuse, mental illness, or domestic violence;

(III) The parent or legal custodian, or an adult currently living in or frequently visiting the home, has been previously found to have physically or sexually abused a child;
(IV) The parent or legal custodian or an adult currently living in or frequently visiting the home has been the subject of multiple allegations by reputable reports of abuse or neglect;
(V) The child is physically or developmentally disabled; or
(VI) The child is 3 years of age or younger.

c. The child protective investigator shall monitor the implementation of the plan to ensure the child's safety until the case is transferred to the lead agency at which time the lead agency shall monitor the implementation.

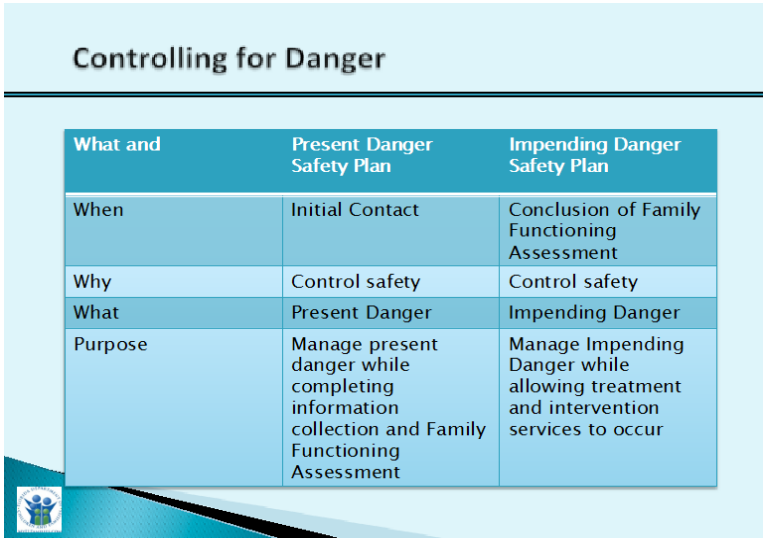
Two Types of Danger

- Safety plans are based upon identified danger – either present or impending.
- Present Danger
    - **Immediate** - what is happening in the family is happening right before your eyes. You are in the midst of the danger the child is subject to. The threatening family condition is in operation.
    - **Significant** - Referring to a family condition, this means that the nature of what is out of control and immediately threatening to a child is onerous, vivid, impressive, and notable. The family condition exists as a dominant matter that must be dealt with.
    - **Clearly Observable** - Present danger family conditions are totally transparent. You see and experience them. There is no guesswork. A rule of thumb is: If you have to interpret what is going on, then it likely is not a present danger.
    - Present danger – the dangerous situation is in the process of occurring.
    - The danger threat is active – it exists or is occurring.
    - Intervention must be immediate.
- Impending Danger
    - State of danger in which family behaviors, attitudes, motives, emotions, and/or situations pose a threat to a child which may not be currently active, but can be anticipated to have severe effects on a child.

Distinction between Present and Impending Danger

- Present and Impending Danger manifest within a family differently.
- Present danger is active and in the process of happening. A child that is in danger constantly, versus a child that is always subject to danger, impending danger.
- Impending danger and the determination of impending danger is based upon gathering information to understand how danger manifests within the household.
- Unlike present danger, we know more about the family dynamics, the underling family conditions and ultimately how danger is manifested.
- A family may have been in present danger and not be unsafe at the conclusion of the FFA and vice versa.
- How we respond to children that are in danger is dependent upon the danger we have identified.

Controlling for Danger Chart



Controlling for Danger

- Present danger plans are put in place based upon the identification of present danger.
- The assessment of present danger usually occurs upon initial contact, however can occur during the course of the assessment.
- Upon identifying present danger, the worker must take action to control for danger until the completion of information collection to inform the assessment of impending danger.

- Information collection is expedited, within 14 days, to inform the impending danger (FFA) when present danger has been identified and a present danger safety plan has been initiated.
- In many cases, a Present Danger Plan may be in place at the conclusion of the Family Functioning Assessment. Those plans more often than not will include a family arrangement with relatives or nonrelatives or even in foster care.
- The impending danger safety plan, regardless of whether a present danger plan was developed, is created once impending danger has been identified.
- This occurs at the conclusion of sufficient information collection to inform the danger threats.
- The focus of the impending danger safety plan is to create a plan that will sustain the family and control for safety while treatment services occur.
- Because impending danger has implications for the child's welfare, safety plans are always your first order of business after the decision has been reached that a child is unsafe at the conclusion of information collection and the FFA process.
    - You address impending danger before you do anything else, before you begin to remedy the problems through treatment or other services.
    - A safety plan requires that you take prompt action to do something about the impending danger.

Safety Plans

- Safety plans:
    - not concerned with making things different in as much as they are concerned with keeping things under control
    - more focused on stabilizing activities and observation and supervising
    - manage or CONTROL the condition that results in a child being unsafe. Treatment (such as substance abuse treatment, batterer's intervention or anger management intervention) cannot begin until the threat is under control.
    - effective by using both formal and informal providers. Often family members and neighbors or friends are the best people to use in a safety plan
- The effect of a safety plan must be immediate.
    - If you institute a safety plan today, it must protect the child today.
    - A safety plan should be able to work immediately upon implementation!
    - If the actions taken in a safety plan do not have an immediate effect on the family dynamics, then they may not be the right actions.

Different Plans

- The case plan serves the purpose of trying to help create fundamental change in functioning and behavior that is associated with the reason that the child is unsafe.
- By that very established premise, a case plan and the service found on a case plan cannot and do not control safety threats and should not be used on a Safety Plan.
- While other plans can be used when working in conjunction with a family, the Child Welfare/Protection Safety plan is the agency's way of taking responsibility for child protection and ensuring child safety.
- Safety plans are **not** the caretaker's responsibility.
- Once a safety plan is put in place, the agency, as a system, assumes the oversight and substitute protector roles by working through others to assure child safety is managed in the household.
- Safety plans are intended to manage caregiver behavior, emotions, etc., and case plans are intended to enhance functioning and increase caregiver self-sufficiency.

Scope of Safety Plans

- Safety Plans:
    - must be dynamic and fluid
    - should be developed using the least intrusive means
    - should involve strategies open enough to combine the use of in-home and out-of-home actions as appropriate
    - consider necessary separation from a partial to total perspective
    - clarify the protective role of parents (caregivers) based on the nature of the impending danger; the presence of active enhanced protective capacities; and expectations for continuing an acceptable level of caregiver involvement and responsibility given threats and limitations.
    - Identify the types of family network and professional safety management services and how their specific responsibilities are expected to contribute.
    - Delineate parent (caregiver) agreed upon access to child
        - Includes use of family time and parameters surrounding family time
        - The means and circumstances in which the access is allowed and will occur
    - Identification and rationale for different kinds of separation
        - Separation must occur only when it is well planned out, temporary, fitting within and part of the larger safety plan
        - There must be documented time limits on the anticipated length of the separation.

Criteria for Safety Plans

- The safety plan can be a safety plan only it is meets the following criteria:
    - The single purpose of the safety plan is to control or manage present or impending danger. If any other purpose is included, it may not be a safety plan.
    - The safety plan must have an immediate effect.
    - The safety plan is created because you have identified danger.
- Safety plans must be established and implemented at the point the danger is identified.
- The Safety Management provider/resource must have sufficient time and capacity to do what is expected. (Available)
- The Safety Management provider/resource must be in place, readily responsive and close enough to the family to meet the demands of the plan. (Accessible)
- A safety management action on the safety plan must achieve its purpose fully each time it is delivered.

Unit 9.2: Safety Planning and Conditions for Return: Purpose

Activity: Safety Planning: True or False

- Take 5 minutes and review each statement and identify if you believe the statement to be true or false.

Reunifying a child with his family is based on caregivers meeting case plan outcomes.

A central thought on caregivers' minds when child welfare is involved is what is necessary to get their children returned and to get child welfare out of their lives.

Conditions for Return are criteria for reunification used for the purpose of keeping kids safe at home with the use of an in-home safety plan.

Child placement is the option agencies use when a safety plan will not work.

Child placement should be viewed as a safety management response that is most intrusive.

Child placement is necessary until threats to a child's safety are gone.

Caregivers deserve to know exactly what is required in order to get their children returned home.

Safety Planning Analysis and Conditions for Return

- Impending danger must be understood to determine sufficient safety management.
- Safety Planning Analysis and conditions for return logically correspond with how impending danger is occurring
    - Frequency
    - Intensity
    - Influences
- Specific to caregiver willingness, acceptance, and capacity for in-home safety management
- Understandable
- Necessary and allow for an in-home safety

Safety Plan Analysis: In-Home or Out-of-Home?

- Safety planning analysis serves to determine the level of intrusiveness of the impending danger safety plan.
- It helps us operationalize reasonable efforts to maintain a child at home with their family.
- The safety planning analysis is our process of looking closer at the danger threats and caregiver protective capacities we assessed through our family functioning assessment with the focus of what is needed to control for danger.
- The safety planning analysis is part of the reasonable efforts to prevent the removal/placement of the child in an out-of-home setting.
- The degree of intrusiveness has to do with worker/supervisory professional judgment if child safety can be controlled/maintained in the home or if it is necessary to remove a child or keep a child in out-of-home care in order to assure that a child is protected.
- The level of effort has to do with the level of response, service or activity within a safety plan required in order to keep a kid safely in the home/prevent removal–that is, the tasks, steps and/or types of Safety Management services required, and also the allotment of time necessary to control safety threats.
- There are five key safety planning analysis criteria that we examine in formulating our decision regarding the type/intrusiveness of the safety plan.
- The key outcome of the safety planning analysis is to create a sufficient impending danger safety plan.
- Sufficient meaning the necessary level of effort and intrusiveness to control for child safety.

Safety Planning Analysis Handout:
Determining Level of Sufficiency in Developing Safety Plans

The purpose of this process is to analyze Impending Danger, family functioning, and family and community resources in order to produce a sufficient Safety Plan. This analysis depends on having collected sufficient pertinent, relevant information. This analysis occurs as a result of a mental and interpersonal process between caregivers, a family, a worker, a supervisor, family supports, and other people resources. The intention is to arrive at a decision regarding the most appropriate and least restrictive means for controlling and managing identified Impending Danger Threats and therefore assuring child safety.

There are several essential analysis criteria that must be explored in order for investigators or case managers to have heightened confidence in the sufficiency of the Safety Plan. The Safety Plan Analysis criteria are as follows:

Criteria #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 providers.

- *Willing to accept and cooperate* refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers do not have to agree that a Safety Plan is the right thing nor are they required liking the plan; plans are not negotiable in regards to the effectuation of the plan.

Justification for Use of an In-home Safety Plan:

- Caregiver agrees to and goes along with an in-home safety plan;
- Caregiver has demonstrated willingness and cooperation in previous safety plans;
- Caregiver understands what is required to implement an in-home safety plan and agrees to allow others into the home at the level required;
- Caregiver avoids interfering with the in-home safety plan generally and safety service providers specifically;
- Caregiver is open to exploring in-home safety options;
- Caregiver can participate in discussions about child safety, safety management, and in-home safety planning;
- Caregiver does not reject or avoid involvement with the CPS;
- Caregiver is willing to consider what it would take to keep the child in the home;

- Caregiver is believable when communicating a willingness for cooperating with an in-home safety plan;
- Caregiver is open to the parameters of an in-home safety plan, arrangements and schedules, and safety service providers;
- Caregiver identifies him/herself as a primary caregiver for a child;
- Caregiver demonstrates an investment in having the child remain in the home;
- Caregiver [name] acknowledges the needed to become invested in intervention [can identify specifics such as services, schedules, etc.] and is actively taking steps to become positively involved [e.g. participating in the case plan], and in-home safety services can sufficiently manage behavior [describe specifically what behavior must be managed] that continues to exist;
- Caregivers are open to discussing the circumstances surrounding the child's injury, they are cooperative and actively engaged in intervention, and interactions between caregivers and the child indicate strong attachment, caregivers and are demonstrating progress toward achievement of treatment plan goals.

Justification for Why an In-Home Safety Plan could NOT be Used:

- Caregiver is argumentative and confrontational during discussions regarding the use of a safety plan;
- Caregiver demonstrates signs of fake cooperation;
- Caregiver has failed to cooperate with previous safety plans that resulted in children being unsafe;
- Caregiver pushes back and/or is not accepting when confronted with the realities of what an in-home safety plan would involve;
- Caregiver is openly and assertively hostile regarding the use of an in-home safety plan;
- Caregiver assertively justifies behavior and openly and adamantly rejects the need for a safety plan;
- Caregiver refuses access and/or only interacts minimally with the agency to avoid trouble;
- Caregiver expresses no willingness to do anything for the child;
- Caregiver expresses a desire to hurt the child and does not want the child around;
- Caregiver does not want to care for the child and feels no attachment;
- Caregiver thinks that he or she may or will hurt the child and requests placement.

Criteria #2:

The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

- *Calm and consistent* refers to the environment, its' routine, how constant and consistent it is, its predictability to be the same from day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.

Justification for Use of an In-Home Safety Plan Related to the Home Environment:

- The home environment circumstances are consistent enough to be amenable to being organized, and can be sufficiently controlled and managed by in-home safety services;
- While a family may experience a crisis from time to time, these do no disrupt in-home safety services and reasonably the in-home safety services can support crisis resolution;
- Overall home environment is consistant and predictable enough to accommodate In-home safety services at the required level (as planned); assure the personal safety of safety service providers; and allow and assure that safety services occur as planned;
- Caregiver or other family member behavior and emotions are not aggravated, irratic, extreme, all consuming and can to be sufficiently controlled and managed by in-home safety services;
- Family and individual family member routines, schedules, daily life supports the ability to develop an in-home safety plan targeting specific days and times;
- The family situation is generally predictable from week to week;
- There is a reasonable understanding of how the family operates/manages on a routine basis so that safety services can effectively target and control Impending Danger when and how the Impending Danger occurs;
- The day to day dynamics of the home situation and interaction among family members has a reasonable level of reliability;
- There is a reasonable level of reliability that inhabitants, circumstances won't change without reasonable notice.

Justification for Why an In-Home Safety Plan could NOT be Used Because of the Home Environment:

- Chaotic home environment; disruptive; unpredictable; no routine and organization; numbers of people or families in-home creating a lack of stability; or other home environment/climate issues which compromise use of safety service providers;
- Someone resides in the home who is directly threatening to the child;

- Unknown or questionable people (who could be a danger to a child or disrupt the in-home safety plan) have access to the household at any given time;
- Individuals who may be residing off and on in the home but who cannot be confirmed and/or accounted for because they have been avoiding contact;
- A child's injury has not been explained at the conclusion of the FFA and there is firm belief that someone in the home or associated with the home had opportunity and something to do with the injury. [A *qualification with respect to unexplained injuries and in-home safety plan is that consideration must be given to whether a protective adult can be available to the child at all times others (e.g., caregivers, other children, other family members, others associated with the family.)]*
- There is no apparent structure or routine in the household that can be established on a day to day basis, and therefore an in-home safety plan cannot be developed to accommodate the inconsistency;
- In-home safety services cannot sufficiently target specific days and times when Impending Danger threats may become active, because negative conditions associated with Impending Danger are pervasive with no predictability;
- The interactions among family members are so unpredictable, chaotic and/or dangerous that in-home safety services cannot sufficiently control and manage behaviors on a consistent basis;
- Violence in the household is unchecked and/or fighting among family members/others in the household is pervasive OR totally unpredictable and therefore uncontrollable, and in-home safety services cannot sufficiently control the behavior OR there is a belief that safety service providers would not be safe;
- A child is extremely fearful of the home situation or people in the home or frequenting the home and this fear can be observed and attached to its source.

Criteria #3

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.

- There are two focuses in this question, first being the examination of how an Impending Danger Threat exists and operates within a family and secondly the availability of resources.
- Impending Danger: This emphasizes the importance of the *duration of an Impending Danger Threat*. Consideration should be given about whether a long-standing Impending Danger Threat is more deeply embedded in individual and family functioning, a more habitual way of behaving. Reasonably long-

standing Impending Danger Threats could be harder to manage. The intensity of an Impending Danger Threat should be factored in. This means that duration of an Impending Danger Threat should be qualified by how intense it is operating. An Impending Danger Threat that is at onset but highly intense also could be difficult to manage.

- The *frequency* of occurrence is directly related to defining when Safety Services and activities have to be in place. For instance, if an Impending Danger Threat occurs daily, Safety Management must be daily.
- The more *predictable* an Impending Danger Threat is with respect to when it will occur and with what intensity, the more precise a Safety Plan can be. For instance, if violence in the home occurs every pay day and the dad is drunk and highly aggressive, Safety Management must include someone in the home at that time that can deal with such a person or must separate the children from the home during that time. Impending Danger Threats that are not predictable are more difficult to manage since it is not clear when they will occur and perhaps with what intensity. *Unpredictable Impending Danger Threats* suggest conservative planning with higher level of effort or methods for monitoring conditions and circumstances associated with an Impending Danger Threat becoming active.
- Are there specific times during the day, evening, night, etc. that might require "special attention" due to the way in which the Impending Danger Threat is occurring? This question is related to frequency and predictability, but reduces the judgment about occurrence down to *exact times that are of special concern* when an Impending Danger Threat is active and/or when no protective resource is in the home. A sufficient Safety Plan assures that these special times are fully managed including any inconvenience for off office hours.
- Do Impending Danger Threats prevent a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)? This question qualifies the *capacity of the caregiver*; it does not necessarily result in a conclusion obviating an In-Home Safety Plan. It does provide a judgment about how much can be expected of a caregiver in whatever Safety Plan option is selected.
- It must be clear how Impending Danger Threats are manifested and operating in the family before a determination can be made regarding the type of Safety Plan required (i.e., In-Home Safety Plan, Out-of-Home Safety Plan or a combination of both). This emphasizes the significance of the Safety Analysis Question; it can be concluded that additional information collection and study is necessary if confidence doesn't exist concerning the *understanding of the manifestation of Impending Danger Threats.*
- Safety Management Services are dependent upon the identified impending danger threat*: Available* refers to services that exist in sufficient amount.

Access refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.

Justification for Use of an In-Home Safety Plan:

- Adequate resources are available to consider planning for an in-home safety response;
- Identified safety services that are available match up with how or when Impending Danger is occurring;
- Safety services and corresponding providers are logical given family circumstance and what specifically must be controlled, managed, or substituted for to assure child safety;
- There is confidence that safety service providers are open and understanding of their role for assisting with an in-home safety plan;
- There is confidence that safety service providers will be committed to assisting with an in-home safety plan;
- Safety service providers can be verfied as suitable and acceptable;
- Safety services are immediately available and accessible according to time and proximity.

Justification for Why an In-Home Safety Plan could NOT be Used:

- The are no in-home safety service resources available;
- Some safety service resources are available BUT the service that can be provided does not logically match up with the Impending Danger;
- Safety services are not fully accessible at the time necessary to sufficiently control and manage Impending Danger; and/or
- Safety service resources have been identified but have been determined to not be suitable.

Criteria #4:

An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the results of scheduled professional evaluations.

- This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF' ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.
- It must be clear how Impending Danger Threats are manifested and operating in the family before a determination can be made regarding the type of Safety Plan required (i.e., In-Home Safety Plan, Out-of-Home Safety

Plan or a combination of both). This emphasizes the significance of the First Safety Planning Analysis Question; it can be concluded that additional information collection and study is necessary if confidence doesn't exist concerning the understanding of the manifestation of Impending Danger Threats.

- If indications are that Impending Danger Threats are constantly and totally incapacitating with respect to caregiver functioning, then an Out-of-Home Safety Plan is suggested. This calls for a professional judgment about the extent of the incapacitation.

Justification for Use of an In-Home Safety Plan:

- Caregiver has daily, reasonable intellectual functioning to sufficiently participate in an in-home safety plan;
- Limitations in caregiver's intellectual functioning can be sufficiently compensated for, controlled or managed by necessary in-home safety services;
- Caregivers are emotionally stable enough to sufficiently participate and cooperate with in-home safety services, including being reality oriented, able to generally track conversations and not a danger to self or others;
- Issues associated with out of control caregiver emotional functioning can be sufficienty controlled and managed on a consistent basis by others who can supervise and monitor;
- Limitations in caregiver physical abilities and functioning can be sufficiently compensated for and managed by necessary in-home safety services;
- Caregiver's attitudes, beliefs, perceptions may be negative and out of control BUT they are not extreme AND can be sufficiently supervised and monitored by safety services to assure child safety.

Justification for Why an In-home Safety Plan could NOT be Used:

- Caregivers are so cognitively limited that they cannot carry out basic behaviors consistent with a child's essential needs <u>even with reasonable controls possible through an in-home safety plan;</u>
- Caregivers' physical limitations coupled with the child's specific vulnerabilities (age, size, special needs) result in not being able to carry out basic behaviors consistent with a child's essential needs <u>even with reasonable controls possible through an in-home safety plan;</u>
- A child has exceptional needs which the parents/caregivers cannot or will not meet <u>and requirements to meet the child's needs are not possible within the home setting or through controls that can be established with an in-home safety plan;</u>
- A caregiver's emotions and behaviors related to individual functioning are so insufficient and incapacitating, unpredictable, dangerous, etc., that they

cannot do what is minimally required to support an in-home safety plan and there is no other adult who can be responsible at the required level to assist with supporting an in-home safety plan;

- A caregiver is totally out of touch with reality and is unwilling to agree to take steps to stabilize his or her and the behavior;
- A caregiver's emotional disturbance is extreme, pervasive and/or unpredictable thus making it uncontrollable with the use of an in-home safety plan;
- Caregivers' own needs are so pre-dominant and pre-imminent to a child's needs that they are completely consuming and void of any recognition or accounting for the child's needs, and in-home safety services would not be sufficient to compensate for the caregivers' behaviors, motivations, and limitations;
- Caregiver behavior is extreme and so out of control (constant/ completely unmanaged substance use, overwhelming depression, etc.) that in-home safety services cannot sufficiently control and manage the behavior as required to assure safety.

Criteria # 5:

The parents/legal guardians have a physical location in which to implement an in-home safety plan.

- *Physical location* refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed and (2) caregivers live there full time.
- Home refers to an identifiable domicile. DV or other shelter, friend or relative's homes qualify as an identifiable domicile if other criteria are met (expected to be occupied for as long as the safety plan is needed, caregivers live there full time, e.g.).

Justification for Use of an In-Home Safety Plan:

- Residence has been established for sustained period;
- Caregivers have history of being able to maintain a place to live;
- Caregivers may have housing difficulties BUT there is no indication that repeated difficulties with maintaining housing is characteristic of larger adult fucntioning issues;
- Caregivers can be counted to continue residing in current location;
- No indication that caregivers will flee;
- Residence (e.g home, trailer, apartment, hotel, shelter situation- in specific cases) is sufficient to support the use of an in-home safety plan;
- Co-habitable situation (friends, immediate, or extended family) are acceptable depending on who others are who reside in the home;
- Minimal adequacy of the dwelling in terms of space, conditions, utilities, etc.

Justification for Use of an Out-of-home Safety Plan:

- No residence;
- No stable residence;
- Living situation clearly transitional and unpredictable (not necessarily precluding the use of a shelter setting);
- Temporary arrangement with relatives or others that is likely to change;
- Residence is dangerous, unfit home, structurally hazardous;
- There are insufficient financial resources to provide and maintain living environment, and the lack of resources cannot be quickly compensated for with in-home safety services; and/or
- Caregivers are unable or unwilling to use family financial resources to provide a minimally adequate living situation and necessary protection and care for their children.

Safety Planning Analysis: In-Home or Out-of-Home?

- In-Home
    - Safety Planning analysis supports the development of an in-home safety plan
    - Safety Analysis Criteria are supported and identified as being present
    - No conditions for return needed – as child remains in-home.
- Out-of-Home
    - Safety planning analysis does not support the development of an in-home safety plan
    - Safety Analysis Criteria that were not supported and/or identified as not being present are the foundation for Conditions for Return.

The Concept of Conditions for Return

- A written statement identifies specific circumstances that must exist within a child's home to implement an in-home safety plan so that a child who is placed can be returned to his or her parents/caregivers.
- What is necessary to children to be reunified with their family are circumstances which support "Yes" conclusions on the safety planning analysis questions required for an in-home safety plan:
    - Acceptable home environment/residence
    - Cooperative, willing and able caregivers
    - Sufficient in-home safety service resources
- If at the conclusion of the CPI FFA, the Safety Planning Analysis results in a decision that an out-of-home safety plan is necessary, the next immediate activity involves the supervisor and worker documenting explicitly what would be required in order for an in-home safety plan to be established and the child(ren) returned home.
- The conditions that must exist in order to return children to their caregivers are directly connected to the specific reasons/justification from the Safety Planning Analysis as to why an in-home safety plan could not be put into place.
- These "conditions" for return statements are intended to delineate what is required in the home environment and of caregivers to be able to step down the level of intrusiveness for safety management and implement an in-home safety plan.
- Condition for Return
    - Official written statements that could be included as part of a court order that describe what must exist or be different with respect to specific family circumstances, home environment, caregiver perception, behavior, capacity and/or safety service resources that would allow for reunification to occur with the use of an in-home safety plan.

Activity: The Concept of Conditions for Return
Safety Planning Analysis: Conditions for Return

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 providers.

- *Willing to accept and cooperate* refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers do not have to agree that a Safety Plan is the right thing nor are they required liking the plan; plans are not negotiable in regards to the effectuation of the plan.

Conditions for Return and use of an In-Home Safety Plan:
Conditions for Return statements associated with a caregiver's lack of acceptance and willingness to participate in developing an in-home safety plan should reflect what would be different in comparison to what was determined to be the justification for why an in-home safety plan could not be us.

Examples:

- Caregiver [name] is open to having candid discussion about the reason for a safety plan and what the safety plan would involve regarding child [name] safety and the need for a safety plan;
- Caregiver [name] expresses genuine remorse about [specific maltreatment] toward child [name] and is willing to discuss the need for a safety plan;
- Caregiver [name] expresses a genuine interest in doing what is necessary to have the child [name] return to the home;
- Caregiver [name] is willing to allow for safety services in the home and demonstrates openness to cooperate with whatever level of involvement from safety service providers is required to assure child safety;
- Caregiver can talk about how he/she felt before when not being willing to cooperate with an in-home safety plan, and why/how he/she feels different.

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

- Calm and consistent refers to the environment, its' routine, how constant and consistent it is, its predictability to be the same from day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.

Conditions for Return and use of an In-Home Safety Plan:
Conditions for Return statements associated with the home environment should reflect what would need to be different in comparison to what was determined to require an out-of-home safety plan.

Examples:

- The home environment is consistent [describe what would be different] enough for in-home safety services to be put into place;
- Specific individuals [identify and describe what was problematic about certain people being in the home and threatening to child safety] no longer reside in the home and the caregiver's [name] commitment to keeping them out of the home is sufficiently supported by in-home safety services;
- Caregiver [name or other individual in the home] no longer expresses or behaves in such a way that reasonably will disrupt an in-home safety plan [describe specifically what would be different that was preventing in-home safety plan], expresses acceptance of the in-home safety plan and concern for child; and safety services are sufficient for monitoring and managing caregiver behavior as necessary;
- Specific triggers for violence in the home are understood and recognized by caregivers, and in-home safety services can sufficiently monitor and manage behavior to control impulsivity and prevent aggressiveness;
- Caregiver [name] acknowledges the need for self-management and is demonstrating evidence of increased impulse control and behavior management, and there is a judgment that in-home safety services can provide sufficient monitoring of family member interactions [describe specific what would be monitored in terms of situations and interactions] and manage behavior [describe what specific behavior must be managed];
- Child [name] no longer expresses fear of the home situation;
- Child [name] no longer expresses fear of being around the caregiver, and in-home safety services can be a sufficient social connection for the child to monitor his/her feelings and/or emotional reactions;
- There is enough of an understanding regarding the home environment, dynamics of family interactions and caregiver functioning that in-home safety services can sufficiently supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance [describe specifically what safety services would be necessary];
- Caregiver [name] interactions with a child during visitation reveals a positive change in perception and attitude toward the child [describe specifically what change would be necessary to implement an in-home safety plan];
- Caregiver [name] has expressed a desire to improve the quality of the relationship with his/her child, and demonstrates enough notable progress toward having a

change in perception and more positive interactions with the child that in-home safety services can sufficiently supervise and monitor the situation;

- The home environment is reasonably consistent on a day to day basis [describe what minimally reasonably consistent would look like for a particular family];
- There is an increased structure in the home environment and a general routine that makes it possible to plan for the use of in-home safety services;
- There is no indication that there are unknown, questionable or threatening people in and of the home on a routine or inconsistent basis;
- All individuals residing in the home are known to the agency, cooperative and open to intervention;
- There is an increased understanding of how Impending Danger [described negative condition that must be better understood] is manifested on a day to day basis, and there is a judgment that in-home safety services can be put into place at the times and level of effort required to assure child safety;
- There is an understanding regarding when Impending Danger is more likely to become active and in-home safety services can be put into place at the times and level of effort required to sufficiently control and manage out of control emotions, perceptions and/or behavior [describe specifically what would need to be controlled].

Question #3
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.

- Safety Management Services are dependent upon the identified impending danger threat: Available refers to services that exist in sufficient amount. Access refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.

Conditions for Return and use of an In-Home Safety Plan:
Conditions for Return statements associated with the sufficiency of resources should reflect what would need to exist in comparison to what was determined to be the justification for an out-of-home safety plan. See the previous examples related to the justification for an in-home safety plan as a reference point for considering possible conditions for return related to sufficient resources.

Examples:

- There are sufficient and suitable safety service resources at the level of effort necessary to manage behavior and/or provide social connections and/or provide basic parenting assistance etc. [identify what specific safety service you would need to manage safety in the home].

Question #4:
An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the results of scheduled professional evaluations.

- This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF' ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.

Conditions for Return and use of an In-Home Safety Plan:
Conditions for Return statements associated with a caregiver's capacity should reflect what would need to be different in comparison to what was determined to be the justification for why an in-home safety plan would be insufficient

Examples:

- There are sufficient safety service resources available and immediately accessible to compensate for a caregiver's cognitive limitations and provide basic parenting assistance at the level required to assure that the child [name] is protected and has basic needs met;
- There are sufficient safety service resources available and immediately accessible to compensate for a caregiver's physical limitation by providing basic parenting assistance to assure child [name] basic needs are met;
- There is a change in circumstances [describe specific change] whereby there are sufficient safety services [identify specific safety services] available and immediately accessible to assure that child [name] special needs can be managed with an in-home safety plan;
- Caregiver [name] emotions/ behaviors are stabilized [describe specifically what stabilized "looks like" for a caregiver] to the extent that in-home safety services are sufficient for effectively managing caregiver [name] behavior;
- Caregiver [name] is demonstrating progress toward [describe specifically what would need to be different- e.g. stabilizing emotionally; increased control of behavior] to the extent that in-home safety services are sufficient and immediately available for effectively managing caregiver behavior;
- Caregiver's [name] emotional functioning is stabilized and predictable enough for a sustained period of time [designate appropriate time] such that it will not disrupt an in-home safety plan;
- Caregiver's [name] substance use [or addiction] is stabilized and there is demonstration of increased self-control to avoid using [drugs/ alcohol] for a sustained period of time such that it will not disrupt an in-home safety plan;

- Caregiver [name] demonstrates increased emotional stability/ behavioral control [describe specifically what would be different] to the point where an in-home safety plan and safety management can assure child safety;
- Caregiver [name] acknowledges the need for having different expectations for child [name] that are more reasonable given his/her limitation, and there are sufficient in-home safety services to assist with modifying caregiver behavior and providing basic parenting assistance;
- Caregiver [name] can be relied upon to comply with; participate in; accept and cooperate with the schedules, activities and expectations in the in-home safety plan;
- Caregiver [name] will be at the home and/or will respond to phone and other kinds of contact as identified related to the specifics of the in-home safety plan;
- Caregiver [name] responds to safety providers in reasonable and accepting ways and in accordance with schedules and expectations in the in-home safety plan;
- Caregiver [name] is sufficiently able and responsible about managing his or her behavior consistent with and as required by specifics of the in-home safety plan;
- Caregiver [name] is tolerant of safety service providers, schedules, identified expectations, role and behavior of safety service providers that are spelled out in the in-home safety plan;
- Caregiver [name] is open and can set aside his or her personal choices; independence that conflicts with the in-home safety plan; wishes and preferences which are contrary to specific expectations/requirements of the in-home safety plan.

Question # 5:
The parents/legal guardians have a physical location in which to implement an in-home safety plan.

- Physical location refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed and (2) caregivers live there full time;
- Home refers to an identifiable domicile. Domestic Violence or other shelter, friend or relative's homes qualify as an identifiable domicile if other criteria are met (expected to be occupied for as long as the safety plan is needed, caregivers live there full time, e.g.).

Conditions for Return and use of an In-Home Safety Plan:
Conditions for Return statements associated with a caregiver's residence should reflect what would need to exist in comparison to what was determined to be the justification for an out-of-home safety plan.

Examples:

- Caregiver [name] has a reliable, sustainable, consistent residence in which to put an in-home safety plan in place;
- Caregiver [name] maintains the residence and there is confidence that the living situation is sustainable;
- Caregiver [name] demonstrates the ability to maintain a sustainable, suitable, consistent residence [describe specifically on an individual case by case basis what would be a sufficient demonstration of a caregivers ability to maintain an adequate place to reside and implement an in-home safety plan];
- The condition of the residence is suitable and structurally adequate [describe what specifically about the condition of residence must be different] to safely put an in-home safety plan in place;
  Caregiver [name] has a reasonable plan for how his/she will use resources to maintain a stable residence.

Activity: Applying Concepts to Practice

- Review the Croft Family Functioning Assessment.
- While reviewing the handout, consider the following:
  - Information that supports a specific danger threat;
  - Justification of the safety planning analysis.
- Refer to the Safety Methodology Reference Guide: Safety Planning Analysis that follows these directions.
- Document your information of the worksheet.

Safety Methodology Reference Guide: Safety Planning Analysis

All Safety Plans
Purpose:

1. **CONTROL** the behavior, emotion, or condition that results in a child being unsafe (as opposed to "treatment" or other services to remedy or change the underlying, contributing family condition).
2. The effect of a safety plan is immediate, protecting the child today.
3. May use formal and informal "safety service" providers, including family members and family-made arrangements with a responsible adult caregiver.
4. A safety management action on the safety plan must achieve its purpose fully each time it is delivered.
5. May be exclusively an in-home plan, an out-of-home plan, or a combination of both.
6. No promissory commitments. (e.g. Mom will not spank; parents will remain sober; mom will file an injunction and will not let the batterer back in the home; dad will not use drugs, etc.)

When Safety Plan is in response to Present Danger

1. Identifies extended family or other adults who know the child who could serve to manage the danger and whether they are:
   a. willing, able to care for the child, and responsible
   b. understand and believe the danger threats
   c. are aligned with the plan.
2. Identifies immediate family needs that must be addressed (e.g., housing, food, some sort of care) and impact on safety planning.
3. Is a temporary and short term measure that will sustain the family and control for safety while information for the FFA is gathered.
4. Is re-evaluated at the conclusion of the FFA to consider options for safety planning that are less intrusive for managing safety.
5. Results in an expedited process to complete the information collection and FFA to inform the ultimate safety determination so that the plan can be either terminated or amended to manage impending danger if identified at FFA completion.

When Safety Plan is in response to Impending Danger

1. Information to complete FFA and adequately inform the safety determination has been gathered; final system documentation completion will occur soon.
2. Safety Plan is developed in collaboration with the family at informal or formal Safety Plan Conference with parents and other "safety service" providers.

3. When safety plan at the completion of the FFA involves out-of-home arrangement or placement of child, the conditions for return with an in-home safety plan are clearly described.
4. Responsibility for safety plan management, case plan, and case management transfers to case manager when case is formally transferred at Case Transfer Meeting/Conference.
5. Family-made arrangements (grandma will keep the kids forever and ever)does not dismiss any safety plan but is in essence part of the safety plan that must be managed while case management and treatment services are coordinated and the parents participate in services designed to support sustained behavior change.

Sufficiency of Safety Analysis

1. Does the documentation associated with the 6 assessment areas in the FFA sufficiently answer the 6 assessment questions?
   a. Are there "gaps" in information?
   b. Is there need for further clarification regarding documented information?
   c. Are family, caregiver, and child functioning sufficiently understood?

2. Do you understand how impending danger is occurring in the family?
   a. Does documentation in the FFA support the identification of impending danger?
   b. Is it obvious how threats to child safety are operating in the family?
   c. Is impending danger justified, clearly and precisely described in the FFA and safety analysis?
   d. Is further information needed to understand the safety determination?

3. Can the family adequately control and manage for the child's safety without direct assistance from Department ongoing intervention?
   a. Does documentation support the decision that the family can sufficiently manage safety on its own? Sustainability?
   b. Is there an adequate basis for determining that a non-maltreating caregiver has the capacity and willingness to protect?
   c. Is further clarification indicated?

4. Can an in-home safety plan sufficiently manage impending danger?
   a. Does the safety planning analysis documentation clearly support the decision to use an in-home safety plan?

b. Do identified safety plan actions match up with how impending danger is manifested in the family to control the danger while treatment services are initiated for behavior change?
c. Does the in-home safety plan provide a detailed and sufficient level of effort to control threats and augment parent/caregiver protective capacities?
d. Is it clear who is responsible for providing what safety action?
e. Is the CPI/case manager clear on what safety management will entail with each safety service provider (natural supports, informal or formal provider)?
f. Are there gaps in the safety plan information and safety actions that require immediate follow-up

5. Identification of Caregiver Protective Capacities
   a. Does documentation identify specific strengths associated with the caregiver role?
   b. Is there need for clarification regarding caregiver protective capacities?
   c. Consider what possibilities may exist for discussing and using caregiver protective capacities during the ongoing family functioning assessment process.

6. Is there a need for further clarification and supervisory consultation?
   a. Does out-of-home placement continue to be necessary?
   b. Does the safety plan analysis documentation confirm the need for children to remain in placement outside of the home?
   c. Is there a need for further clarification regarding the decision to place?
   d. Have you summarized the conditions for return if children are out-of-home placement? What needs to change related to the 5 criteria for in-home safety plan; what needs to change related to behavior, associated DANGER threats, and associated diminished CPCs for kids to go home with in-home safety plan?

Croft Family Functioning Assessment

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Information Collection and Family Functioning Assessment

Case Name: Croft, Amy	**Initial Intake Received Date:** 1/6/13
Worker Name: Martin, Allison	**Date Completed:** 1/19/13
FSFN Case ID: 100555888	**Intake/Investigation ID:** 2013-622805-01

I. MALTREATMENT AND NATURE OF MALTREATMENT

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

Hotline Intake 2013-622805-01 was received on 1/6/13 alleging that Amy Croft, mother of Micah and Makenzie, along with mother's friend, were arrested for cooking crystal methamphetamine and trafficking drugs from the friend's home. The children were not present at the time of the arrest, however both children have been frequenting the home in which the meth was being manufactured. The children were left in the care of Donna Hamilton, a friend with whom the mother had been residing with the children. Hamilton was also on probation for manufacturing and distribution of methamphetamine. The reporter advised against the children remaining in Hamilton's home.

Micah, 2½ years and Makenzie, 9 years, were placed into emergency foster care on 1/7/13 after their mother, Ms. Croft, was arrested for manufacturing and distribution of methamphetamine. Micah had been frequenting the home where Ms. Croft was arrested and where methamphetamine was manufactured, resulting in his exposure to hazardous conditions. It was also determined during the investigation that mother had not been adequately providing for the basic needs of Micah or Makenzie, to include supervision. At the time of Ms. Croft's arrest, Blake Thomas, father to Micah and Makenzie, was not available to provide for care, as he is currently incarcerated for probation violations as a result of domestic violence towards the mother, Ms. Croft.

Ms. Croft's explanation for her arrest was inconsistent with her history. Ms. Croft reports that she was unaware of what was going on in the home and that she was helping a friend out to make some money to care for the children. Ms. Croft's history with DCF and arrests include prior history of manufacturing and distribution of methamphetamine, as well as methamphetamine abuse. In addition, Ms. Croft's history includes frequent periods of transient housing and exposing her children to hazardous living conditions, including manufacturing of methamphetamine and substantial drug usage by household members.

Ms. Croft completed substance abuse in-patient treatment for methamphetamine and was discharged 2/15/12. The drug treatment was court-ordered as part of her probation. During the time Ms. Croft was in treatment, Micah and Makenzie stayed with their father. Ms. Croft returned to the home with Micah, Makenzie and Mr. Thomas when she was discharged.

Mr. Thomas and Ms. Croft's relationship has been continually unstable for the past four years, with Ms. Croft leaving the family home for months at a time and then returning to the home. Mr. Croft reports that this is often the time that she is using, when she leaves. At times she takes Micah and other times she leaves him with Mr. Thomas. She has not ever taken Makenzie with her, until this last time that she left Mr. Thomas.

Approximately four months ago Ms. Croft left the family home. Ms. Croft alleges that she left due to being afraid of Mr. Thomas, so she left to keep her children safe. Mr. Thomas alleges that Ms. Croft left due to her relapsing on methamphetamine and that she had found out that he was aware of her use. Ms. Croft was afraid Mr. Thomas would leave with Micah and Makenzie.

Since leaving the family home, Ms. Croft has been relying on friends to assist her in taking care of Micah and Makenzie and providing her with a place to stay. She has been staying with Donna Hamilton the past couple of months.

Mr. Thomas is currently incarcerated for a probation violation. He is on probation for domestic violence as he assaulted Ms. Croft two years ago. Mr. Thomas has physically assaulted Ms. Croft, to include beating, kicking, and punching. Mr. Thomas violated his probation this fall when he was stopped for a DUI; drinking is a violation of his probation. The father acknowledges that he was aware of the mother's use of methamphetamine since her release from treatment and that he has been trying to see Micah and Makenzie since she left the residence, but has been unsuccessful. Mr. Thomas was unaware of Ms. Croft's manufacturing, but reports that this was not surprising to him, as he and Ms. Croft were both involved with manufacturing methamphetamine in the past.

Both Micah and Makenzie were seen for medical exams for possible exposure to methamphetamine manufacturing. Both children were medically cleared. Makenzie did not have any traces of methamphetamine, which is consistent with her report that she had not been to the home where methamphetamine was being manufactured with her mother. Makenzie believes that Ms. Croft would bring Micah there while she was at school.

Micah was medically cleared, and did not have any traces of methamphetamine. CPT recommended that it was still important that he be monitored over the course of the next several months for continued assessment of any effects that may be related to his exposure to methamphetamine.

Makenzie is aware of her mother's drug usage. She is able to articulate what methamphetamine is and how it is used. She has seen her mother use drugs in the past, however has not seen her use for the past couple of months. Makenzie thinks that her mother is using again, because of how she acts towards her and Micah.

Ms. Croft has been involved with DCF with prior children, to include losing custody of her oldest child due to substance misuse. That child was placed for adoption by the agency.

Maltreatment: Verified for Substance Misuse, Environmental Hazards and Family Violence Threatens Child

Analysis: Micah and Makenzie Thomas have been exposed to hazardous living arrangements and parents who have not provided for the basic care and supervision needs of their children. Mr. Thomas engaged in violence and destructive adult behavior which resulted in his incarceration and subsequent inability to provide for his children. Ms. Croft continues to abuse substances, in particular methamphetamine, and leaves her children with care providers that are not equipped to provide for their needs, nor are indicative of safe persons. Ms. Croft has been demonstrating a pattern of placing her needs above those of her children for the past four years, resulting in Micah and Makenzie being unsafe. Neither Mr. Thomas or Ms. Croft appear to have insight regarding the need for Micah and Makenzie to be safe, and neither parent acknowledges their actions as being contrary to Micah and Makenzie's safety.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collateral contact made with CPT for medical information for children.

Related Impending Danger Threats	Impending Danger Threat?	
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.	**Yes**	**No**
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.	☐	☒
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.	☐	☒
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.	☐	☒
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.	☐	☒
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 seriously harmed.	☐	☒
Other. Explain:	☐	☒

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.

MICAH THOMAS

Micah is a 33 month old Caucasian male, who has had little to no stability in his life. Micah is part of a sibling group of five - with two full biological siblings and two half-siblings. Micah has no current relationship with his half siblings. He did reside with his younger sibling for a short period of time when she was first born and has had sporadic contact with her since over the course of the past year.

Micah does not have a set routine, and has been dependent upon his care provider for the day, which is usually Makenzie. When Micah was with his father, the routine was dependent upon his father's schedule. Often times, this resulted in Micah going to bed around midnight and waking around 10/11am. Ms. Croft could not provide a schedule for Micah, attributing the lack of schedule as her way of allowing "Micah to be Micah."

Neither parent was able to provide information regarding the medical care that Micah has received. Both parents note that Micah was born full-term, with no medical concerns noted at the time. He is current on his vaccinations; however, he does not have a set medical provider. Ms. Croft relies on the emergency room as a means for medical care for Micah when needed, which both report is infrequent.

Micah's interactions with others are primarily with adults and his sister, Makenzie. He is open to adults and freely goes to the adults in the room, regardless of his familiarity with them. Both parents describe Micah as a people person. Micah has never attended child care nor has he been in settings where he is exposed on a consistent basis to other children his age. When faced with other children his own age, Micah appears to experience some discomfort and retreats to the adults in the room.

Micah's communication is adequate for a child his age. Micah is able to articulate through verbal

communication with others. His vocabulary is consistent with a child that has been exposed to adults using profanity and child now also uses inappropriate language at times.

Ms. Croft describes Micah as "very smart, not a typical two year old." She describes him as loving and very sweet towards everyone. Ms. Croft does not believe that Micah has any developmental concerns. Ms. Croft believes that Micah will do well when he goes to school, but right now, does not see a need for Micah to have interaction with other children his age.

Makenzie describes Micah as a "handful" and that she feels that she has to look out for him. Makenzie feels that Micah does not listen to her when she tells him to not do things. Micah and Makenzie share a "bedroom." Makenzie states that Micah has trouble sleeping at times, so she often will try to read stories to him to get him to go to sleep. Makenzie has been working with Micah on potty training when she is home from school. Makenzie is concerned that Micah is not potty trained, as he is going to be three soon and thinks that he needs to be potty trained. Makenzie is excited that Micah will be able to have some interaction with other children since they have been in the foster home.

Analysis: Micah is a 33 month old Caucasian male that lacks consistency and stability in his life. He has been exposed to areas where meth is being manufactured; he has been exposed to family violence which contributed to his mother's need to flee their home; and he has learned to depend on his 9 year old sister for meeting his basic needs. While pleasant and well-mannered, he has little to no social connections with other children, thus creating a lack in social skills needed for interaction with other children. Micah has no stranger fears and easily adapts to his caregivers further indicating the lack of consistency and routine when he was with his mother. Micah is in need of a consistent, safe caregiver who is able to place his needs for social connections and stability above their own needs.

MAKENZIE THOMAS

Makenzie is a 9 year old who has little stability in her life. She has had to transfer schools five times in the past four years due to the transience of her family. Makenzie is currently attending Walter Symons Elementary School, where she is in the third grade. Educationally Makenzie is not on target for a third grader. The school counselor believes that this is due to the instability of Makenzie's home life and having had attended so many different schools. Makenzie's reading is at Kindergarten level. Makenzie's math skills are also significantly lacking. Currently Makenzie is being evaluated for an IEP to assist her in achieving the appropriate educational level. Makenzie likes her current school and has been able to make some friends that are her age and share similar interests. Makenzie would like to stay at Walter Symons Elementary School and not change schools again.

Makenzie has not seen a medical provider "in a long time." Makenzie was not aware of anytime that she had seen a dentist, and does not report that she has any problems with her teeth. She has lost a few teeth and was disappointed that the tooth fairy did not come; she thinks the tooth fairy is not real.

Makenzie does not have a good relationship with either her mother or her father. Makenzie reports that she is very angry with both of them because they can't "stay out of trouble." Makenzie has a minimal relationship with her siblings, other than Micah. Her older sister was adopted and she has no recollection of her; she sees her younger sister sporadically. Her half-siblings on her father's side she does not know, as she has never met them, just know about them from her father.

Ms. Croft describes Makenzie as a "responsible" girl, who is very helpful to her as a parent.

Ms.Croft views Makenzie as a good support to her and is grateful that Makenzie is so independent. Ms.Croft struggled to articulate the strengths of Makenzie, other than she is helpful and responsible. Ms.Croft is aware that Makenzie is struggling at school, however does not know how to assist her due to her own educational limitations. Ms.Croft knows that Makenzie has friends because she tells her about them but she could not name the friends or has never seen them at the house. Ms. Croft was not able to identify a medical provider for Makenzie; she relies on the Emergency Room if needed to treat the children should they become ill.

Mr. Thomas describes Makenzie as a good child that was helpful to him when he was taking care of both Micah and Makenzie alone. Mr. Thomas would like to see Makenzie involved in activities, such as sports and other activities at the school. Mr. Thomas knows that Makenzie is angry with him and wants Makenzie to be happy, so is willing to support her in any way possible. Mr. Thomas has not had frequent contact with Makenzie in the last several months and is not aware of how she is doing now.

Analysis: Makenzie is a 9 year old Caucasian female who has been residing primarily with her mother and younger sibling. Given continued family violence, Makenzie's mother had to leave the family home and Makenzie has experienced multiple changes in living arrangements and schools. Makenzie is not on target with academic achievement. Makenzie had limited to no support within her mother's home and has taken on the role of the primary caregiver to her younger brother. Makenzie presents as worried and angry both in regards to her parents and her sense of responsibility for her younger brother. Makenzie has a limited social network that primarily occurs while at school.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collaterals with D. Hamilton (mother's friend), L. Fletcher (school counselor), Mrs. Wells (foster parent)

Related Child Functioning Impending Danger Threats:	Impending Danger Threat?	
Based on case information specific to the Child Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	Yes	No
Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian or Caregiver are unwilling or unable to manage to keep the child safe	☐	☒

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.

AMY CROFT

Ms. Croft, age 30, was born and raised in Orlando Florida. She has lived in other areas of Florida, but has primarily resided within Orlando the past ten years. Ms. Croft was raised in a household where alcohol was prevalent by both her mother and her father. Her parents separated when she was 12, with her mother becoming sober and her father continuing to drink. Ms.Croft's mother left her and her siblings with her father. Ms.Croft feels that this was due to her mother seeking treatment for her alcohol abuse.

At the age of 16, Ms.Croft left home due to reported abuse by her father. She reports that her father was verbally and emotionally abusive to her and her siblings growing up and that it increased in intensity

when her parents separated. Ms.Croft resided primarily with her mother after leaving her father's home, however at times would choose to stay with friends. Ms.Croft's father died in 1997 of an alcohol related stroke.

Ms.Croft's mother, Lisa Clement, remarried and Ms.Croft does not have good relationship with her mother and stepfather, Ben Clement. Ms.Croft blames her mother for the death of her father, because she had left him and Ms.Croft believes that was the reason that her father's alcohol use increased. While Ms.Croft does not have a good relationship with her mother and step-father, Ms.Croft often asks them for assistance when she perceives that she does not have any other resources. Lisa and Ben Clement have chosen to distance themselves from Ms.Croft and Mr.Thomas, as they do not agree with their lifestyle and have provided a significant amount of assistance over the past 10 years, with no changes by Ms.Croft. Mr. and Mrs. Clement have been caretaking one of the children, and have declined to provide additional assistance to Ms.Croft, as they feel that she has taken advantage of their assistance, including losing money, having cars stolen, and drugs being brought into their home.

Ms.Croft began experimenting with alcohol and drugs at the age of 14. She started using marijuana and progressed to using acid, ecstasy, cocaine, methamphetamines, and alcohol. Since she began using drugs at the age of 14, she can only recall being sober for a few months at a time, however reports that she does not use alcohol, as she relates the alcohol use to the death of her father. Ms.Croft did not complete high school, nor has she obtained her GED, primarily due to her substance use.

At the age of 16 Ms.Croft was diagnosed with depression after her mother forced her to see a therapist or she would be kicked out of her home, resulting in being homeless. Ms.Croft was placed on antidepressants, Paxil, however only took the medications for one year before she left home permanently at the age of 17.

When Ms.Croft left her mother's home, at 17, she primarily resided with various friends. She found employment, sporadically in the restaurant business, mostly fast food service. She met Jason Riddle while working at a fast food restaurant. Ms.Croft and Mr.Riddle lived together with various friends during the time they were together. Ms.Croft had her first child, Calvin, at the age of 18 with Mr. Riddle. Mr. Riddle and Ms.Croft were together for two years, from the time Ms.Croft was 17 to 19. Ms.Croft reports that she left the relationship with Mr. Riddle due to his violence towards her and his alcohol abuse.

Following her separation with Mr. Riddle, Ms.Croft began a period of transient living and increased drug use, which eventually resulted in Calvin being removed from her care and later adopted by his paternal grandparents. Ms.Croft met Blake Thomas while she was residing with some friends. Mr.Thomas was older than Ms.Croft and at the time provided Ms.Croft with support, such as money and food. Ms. Croft became pregnant with her second child, Makenzie, shortly after Mr. Thomas and she met. During the course of her pregnancy she continued to live a transient lifestyle, and upon arrival to the hospital to deliver Makenzie she had a black eye and flesh wound from being stabbed. These were attributed to a physical fight between Ms.Croft and Mr. Thomas's sister.

Ms.Croft became pregnant with Micah during a time that she and Mr. Thomas were "separated." Ms. Croft believes that Micah is Mr. Thomas's child and Mr. Thomas has never disputed the paternity of Micah. Ms.Croft had been involved in various drug related activity, including distribution of methamphetamine and was on probation when Micah was born. Micah and Amy both tested negative for substances at the time of Micah's birth.

Madison, Ms.Croft's third child, was born approximately one year later, and due to Ms.Croft's prior criminal convictions and Ms.Croft testing positive for methamphetamine at the birth, she was court-ordered

to enter rehabilitation upon discharge from the hospital. Madison did not test positive for substances when she was born and was born full-term with no complications. Ms.Croft placed Madison with her maternal grandparents due to being arrested and Mr. Thomas cared for the other two children. Madison has remained with her maternal grandparents since that time. Ms.Croft has little to no contact with Madison.

Ms. Croft successfully completed the inpatient portion of her treatment and upon discharge, resumed her transient lifestyle. She started living with Mr. Thomas again; however she left shortly after that time due to her reported fear of Mr. Thomas. Ms.Croft describes her relationship with Mr. Thomas as good, and reports that they have plans to marry in the future, but does not have a date set. Ms.Croft identifies periods of time where there has been violence towards her by Mr. Thomas, but that has been close to two years ago. Ms.Croft describes attending a domestic violence assessment after her relationship with Mr. Riddle ended, but does not feel that there is a need for continued domestic violence classes or assessments now, as things are fine with her and Mr. Thomas.

Analysis: Ms. Croft has led a transient lifestyle that has centered around drug usage and utilization of others to meet her basic needs. Ms. Croft has limited employment skills and her educational background is limited. In the past 14 years, there have been relative short periods of time where she was not abusing substances or engaged in an abusive relationship with others. Ms. Croft, despite the criminal consequences, has continued to abuse substances and align herself in relationships that are detrimental to her well-being. Ms. Croft, despite having an appropriate support network, does not reach out for assistance unless it is needed, such as for placing children. Ms. Croft lacks basic problem solving and coping skills, as well as impulse control.

BLAKE THOMAS:

Blake Thomas is a 41 year old Caucasian male, primarily raised in Orlando Florida. Mr. Thomas was primarily raised by his maternal grandparents, due to be his parent's alcoholism. Mr. Thomas reports that his mother lived across the street from them, and he was able to visit her often. Mr. Thomas had a limited relationship with his father and when Mr. Thomas was a teen-ager he found his father deceased in the family home. The death was alcohol-related. Mr. Thomas describes his parents as uninvolved with him, and neglectful as parents.

Mr. Thomas has a limited educational background, as he did not complete high school. He left high school shortly after finding his father deceased and has not pursued his GED, as he feels that it is not needed because he has always been able to find work. Mr. Thomas has worked a variety of jobs in the past 20 years--from construction to a car wash attendant. His last employment was at a car wash, where he had worked for approximately five months before his most recent incarceration.

Mr. Thomas has an extensive criminal history that includes multiple arrests for substance-related offenses and violence against others. Charges include cocaine possession, cocaine distribution, marijuana possession and distribution, aggravated assault with a deadly weapon, larceny, battery, and robbery. He is currently incarcerated at the county jail for violation of probation conditions, with an unknown release date. Mr. Thomas violated his probation when he was arrested for driving under the influence and driving on a suspended license.

Mr. Thomas has never been married, although would like to marry Ms. Croft. He has fathered five children with three different women in the last 15 years. Mr. Thomas has contact with two of his children, Micah and Makenzie. He would like to have contact with all his children, however is not sure where one of

his children is currently, and he does not know if he would be allowed to visit the older children or Madison.

Mr. Thomas self describes himself as a person with a "bad history" of substance use and criminal activity. Mr. Thomas reports that his criminal activity is behind him now and that upon release from jail that he plans to live with his grandmother to start fresh. Mr. Thomas does not identify as having a current substance abuse problem, but rather an anger problem due to his frustration with Ms. Croft relapsing.

Analysis: Mr. Thomas has led a lifestyle that is centered around criminal activity. Since the age of 18, Mr. Thomas has had multiple arrests and incarcerations for various criminal activities, both drug related and violent offenses. Mr. Thomas has little to no periods of stability outside of incarceration, and has relied on criminal activity to support his lifestyle. Mr. Thomas self-reports that he has made changes in his life, however his actions and current incarceration are not indicative of positive change. Mr. Thomas has not demonstrated his ability to place his own needs aside in favor of any of his children, and has not been able to refrain from violence or activities that would allow him to provide for his children.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collaterals with L. Clement (MGM), B. Wise (PGGM)

Related Adult Functioning Impending Danger Threats:	**Impending Danger Threat?**	
Based on case information specific to the Adult Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	**Yes**	**No**
Parent/Legal Guardian or Caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm to the child.	☒	☐

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?

AMY CROFT

Ms. Croft has four biological children. Ms. Croft's first child, Calvin, she cared for until he was thirteen months old when he was removed from her care due neglect as a result of substance abuse. Ms. Croft's second and third children Makenzie and Micah, have primarily resided with either Ms. Croft or Mr. Thomas. Ms. Croft's fourth child, Madison, Ms. Croft placed with her parents as she was not able to care for all three of the children, Makenzie, Micah, and Madison. Madison has remained in the care of her grandparents, and Ms. Croft would like for that placement to remain permanent.

Ms. Croft describes her parenting as "not good." Ms. Croft describes periods of time that she was neglectful of Calvin and recognizes why he is not in her care anymore. Ms. Croft believes that a strength she has as a parent is that she has never used drugs in front of her children, but does acknowledges that she has cared for her children while under the influence of drugs. Ms. Croft does not believe that her being under the influence impaired her ability to care for her children. Ms. Croft does not recognize that Makenzie has witnessed her drug usage and is aware of the effects of Ms. Croft's usage on her interactions with Makenzie and Micah.

Ms. Croft was not able to provide any details regarding her parenting beliefs or practices, she views her role as a parent as to "just be there for the children and see how things go." Ms. Croft desires to be a

good parent to Makenzie and Micah, however she does not identify any resources or role models for parenting, and did not appear open to learning new parenting practices to meet Makenzie's or Micah's needs. Ms. Croft did complete a parenting class in the past, however was not able to recall information learned during the class, in particular knowledge regarding what a toddler and youth may need from a parent.

Donna Hamilton, the friend that Ms. Croft, Makenzie, and Micah stayed with for a period of time, describes Ms. Croft's parenting as absent. Ms. Hamilton reported that the majority of the time Ms. Croft, Makenzie, and Micah stayed with her, either Makenzie or herself were the primary caregivers for Micah, as Ms. Croft was frequently not at the home. When Ms. Croft was at the home, Ms. Hamilton observed Ms. Croft to be loving towards Micah, but not responsive to Micah unless Micah sought her out. Ms. Hamilton observed Ms. Croft to be distant from Makenzie and Makenzie to be distant towards Ms. Croft. Ms. Hamilton believes that Makenzie is very angry with Ms. Croft and had witnessed Makenzie yelling at Ms. Croft at times regarding her not doing anything to help her or Micah.

Ms. Croft's parents believe that Ms. Croft loves her children, however they do not believe that Ms. Croft has the ability to parent due to her substance abuse. Mr. Thomas describes Ms. Croft as a "fun parent" when she is sober. Mr. Thomas identifies Ms. Croft as the friend to Makenzie and Micah, rather than a parent. Mr. Thomas believes that Ms. Croft loves all of her children and that Makenzie and Micah are the children that she has really worked to be able to raise, while being sober.

Discipline/Behavior Management: Ms. Croft does not have a set discipline routine or expectation for either of the children. Ms. Croft reports that she believes she has spoiled her children. Micah throws tantrums where he throws himself to the ground, kicking and screaming, that result in Ms. Croft giving into his "demands." Micah, at times, has become violent with others when he has been told no. Ms. Croft does not believe that his tantrums are of concern and that this is normal toddler behavior. There have been times that Ms. Croft has attempted to use time out for Micah, but she acknowledges those were unsuccessful so she ended up spanking him instead. She could not recall what the reason for the time out was or why it resulted in a spanking.

Makenzie was not able to articulate any rules or consequences within her household. Makenzie has not ever been "disciplined." She believes this is because her mother has not really taken a "mother" role in the context of telling her no for things. Makenzie knows right and wrong and knows about consequences. She equates rules and consequences to the rules that have been set at school.

Analysis: Ms. Croft does not possess the parenting skills necessary to parent Micah or Makenzie. Ms. Croft does not identify herself as a parental figure, and does not provide for consistent care for Makenzie and Micah. Ms. Croft was not able to correlate her negative actions, such as being under the influence of substances, and the child's safety needs. Ms. Croft does not recognize the developmental and emotional needs of a child, and has not responded to meet Makenzie and Micah's basic parenting needs, to include discipline.

BLAKE THOMAS:

Mr. Thomas has never provided for the care of any of his five children. He often relies on the mothers of his children to provide the care. Mr. Thomas was the sole care provider for Micah and Makenzie for a period of three months, at which time he abdicated his role to his grandmother, as he was not able to handle caring for Micah and Makenzie.

The relationships that Mr. Thomas has with his children are based upon his needs, rather than

those of his children. He maintains infrequent contact with his children and their mothers, and provides no support to the children, either financially or emotionally. Mr. Thomas does not provide any details regarding his view on parenting or how he perceives his parenting. Mr. Thomas attributes his children to "they just happened." Mr. Thomas would like to provide for Micah and Makenzie in the future, however would like to do so with the assistance of his grandmother.

Ms. Croft believes that Mr. Thomas and the children are very well bonded and that he is a good dad to them, however when asked for specifics of what being a good dad looked like, Ms. Croft could not provide examples. Ms. Croft reported that Mr. Thomas was worried about Micah and Makenzie when she left with the children and she believes that is a good thing as a parent.

Discipline/Behavior Management: Mr. Thomas acknowledges that he does not discipline any of his children. He has had limited time in caring for his children and does not feel that punishing while he is caring for them is in their best interest, as he is afraid then they won't want to see him. Mr. Thomas knows that children need discipline, however relies on others to provide the discipline/behavior management for his children. In particular with Micah and Makenzie, Mr. Thomas would defer to his grandmother to provide the discipline for them. He was not clear on how his grandmother disciplined them. His grandmother is currently in a nursing home with congestive heart failure.

Analysis: Mr. Thomas has limited to no parenting experience. When tasked with a parenting role, he seeks out others to provide the parenting. He does not identify himself as a parent and has been frequently unable to provide for the care of his children due to his incarceration and transient lifestyle. Mr. Thomas cannot identify what the needs of a child are or how he would accomplish meeting those needs.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collaterals with D. Hamilton (mother's friend), L. Clement (MGM), B. Wise (PGGM)

Related Parenting Impending Danger Threats:	Impending Danger Threat?
Based on case information specific to the Parenting General and Parent Discipline Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	Yes No

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.	☒	☐
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.	☐	☒
Parent/Legal Guardian or 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.	☐	☒

V. PARENT/LEGAL GUARDIAN PROTECTIVE CAPACITIES ANALYSIS

If there are more than five Parent/Legal Guardians to assess, complete Appendix A – 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	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
Amy Koch	No	No	No	No	No	No	Yes	No	No	No	No	No	Yes	Yes	No	Yes	No	No
Blake Thomas	No	No	No	No	No	No	Yes	No	No	No	No	No	Yes	Yes	No	Yes	No	No
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Parent/Legal Guardian Protective Capacity Determination Summary:	Yes	No
Protective capacities are sufficient to manage identified threats of danger in relation to child's vulnerability?	☐	☒

VI. CHILD SAFETY DETERMINATION AND SUMMARY

If there are more than five children to assess, complete Appendix B – Child Safety Determination and Summary

Child	Safety Determination	
Micah Thomas	☐	Safe – No impending danger safety threats that meet the safety threshold.
	☐	Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home.
	☒	Unsafe
Makenzie Thomas	☐	Safe – No impending danger safety threats that meet the safety threshold.
	☐	Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home.
	☒	Unsafe
	☐	Safe – No impending danger safety threats that meet the safety threshold.

	☐	Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home.
	☐	Unsafe
	☐	Safe – No impending danger safety threats that meet the safety threshold.
	☐	Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home.
	☐	Unsafe
	☐	Safe – No impending danger safety threats that meet the safety threshold.
	☐	Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home.
	☐	Unsafe

Child Safety Analysis Summary:

Micah Thomas, 33 month old, and Makenzie Thomas, 9 year old, have been subjected to chronic neglect by both of their parents for the past several months. Mr. Thomas and Ms. Croft both have uncontrolled substance use, that has resulted in their current incarceration. In addition, Mr. Thomas is responsible for "physically assaulting Ms. Croft " that resulted in physical injury, a conviction and his current period of probation. At the time of this report, Ms. Croft was not living with Mr. Thomas due to her "fear" of him. Neither Ms. Croft or Mr. Thomas possesses the protective capacities necessary to defer their own needs in favor of their children and provide for their basic needs.

VII. IN-HOME SAFETY ANALYSIS AND PLANNING

	Yes	No
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.	☒	☐
The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.	☐	☒
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.	☐	☒
An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.	☒	☐
The Parent/Legal Guardians have a physical location in which to implement an in-home safety plan.	☐	☒

If "Yes" to all of SECTION VII. above – Child(ren) will remain in the home with an In-Home Safety Plan

☐ **In-Home Safety Plan**

The child(ren) is/are determined "unsafe," but through in-home safety analysis above, an in-home Impending Danger Safety Plan is executed which allows a child to remain in the home with the use of in-home safety management and services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services can be determined and initiated.

- A safety plan must be implemented, monitored, and actively managed by the Agency.
- The case will be opened for safety management and case management services

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Information Collection and Family Functioning Assessment

If "No" to any of SECTION VII. above – Out of Home Safety Plan is the only protective intervention possible for one or more children. Out of Home Safety options should be evaluated from least intrusive (e.g. family-designated arrangements as a task or condition of the Out of Home Safety Plan) to most intrusive (e.g. agency removal and placement).

Given family dynamics and circumstances, also evaluate and determine if In-Home Safety Plan needs judicial oversight to facilitate court accountability. Refer to administrative code and operating manual for guidance.

☒ **Out-of-Home Safety Plan**

- An impending danger safety plan must be implemented, monitored, and actively managed by the Agency.
- The case will be open for safety management, case management, and reunification services

If an Out-of-home Safety Plan is necessary, summarize reason for out of home safety actions 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 to sufficiently address the impending danger and allow for the child to safely return home with an In Home Safety Plan and continued safety and case plan services and management.

Conditions for return are based upon the parent(s) obtaining housing with an environment that is calm and consistent for in home services to be provided. Calm and consistent conditions include the absence of any physical violence, drug production or use, and predictable routines for scheduling in–home safety providers. In addition, safety services will need to be identified that would control for the safety of Micah and Makenzie for an in home safety plan to be established. Safety services would address the safety of Micah and Makenzie while his parent(s) are absent from the home or when they are not performing parenting duties, such as responding to both childrens' need for supervision, assisting Micah with potty-training, ensuring that Michah's care is not dependent on Makenzie to take actions, and assisting Makenzie with her homework.

Croft Family Functioning Assessment Worksheet

1. Information that Supports the Specific Danger Threat:

Safety Threat(s) Identified: Yes or No	**Threat(s):**	**Justification:**
		Out of control: Imminence: Severity: Observable:

		Vulnerable Children:

2. Information that supports the safety planning analysis:

Activity: Applying Concepts

- Review the Morgan Family Functioning Assessment.
- While reviewing the handout, consider the following:
  - Information that supports a specific danger threat;
  - Information that would need to be known to inform the safety planning analysis.
- Refer to the Safety Methodology Reference Guide: Safety Planning Analysis that you used for the previous activity.
- Document your information of the worksheet.

- Document your information of the following worksheet.

Morgan Family Functioning Assessment

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Information Collection and Family Functioning Assessment

Case Name: Morgan, Sara	**Initial Intake Received Date:** 4/14/xx
Worker Name: Wilson, Mitchell	**Date Completed:** 5/16/xx
FSFN Case ID: 123456	**Intake/Investigation ID:** 456789

I. MALTREATMENT AND NATURE OF MALTREATMENT

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

Hotline Report: There is a concern for environmental hazards in the home. On 4/14/xx law enforcement made an arrest on the home due to possession of methamphetamine and possession of drug paraphenalia. The child resides in the home with the mother and her significant other.

Maltreatment: Sara Morgan has a long history of substance use, to include injection of methamphetamine and abuse of prescription medications. Sara Morgan has been abusing methamphetamine off and on for the past three years, including when her son, Marcus Morgan, was born. Sara Morgan has been involved with the Department three times in the past three years. Two reports have been received in the last year with concerns regarding substance misuse and negelct of Marcus. Both reports were closed with being unable to locate the family, due to their transience and lack of contact with supports. The first report on the family was received when Marcus was born. Marcus was born drug exposed, postive for methamphetamine. The case was eventually closed, with Sara completing substance abuse treatment and successfully engaging in case management services. Marcus has had residual complications from his drug exposure, including suffering from severe asthma. Marcus Morgan, upon contact, was found to be residing in a the home with Sara Morgan and her signficiant other, Sam Smith, who were both using methamphetamine and where there were concerns that methamphetamine was being manufactured. Marcus Morgan was medically seen upon intitial contact and was medically cleared for exposure to substances, in particular methamphetamine. However it was noted that his asthma was not being treated and he did require a nebulizer treatment before being medically cleared. Sara Morgan, upon intial contact, was observed with fresh needle tracks in her arms and openly admitted to injecting methamphetamine while caring for Marcus. The home owners, unrelated to the case, were arrested for drug possession and probation violation. Neither Sara or Sam were arrested at the time of contact.

Verifiied maltreatment for substance misuse with Sara Morgan as the maltreating caregiver.

Nature of Maltreatment: Sara Morgan began using methamphetamine approximately three years ago. Sara has had periods of time where she has been sober, with the last time being when Marcus was 2 years old. Sara began using methamphetamine approximately one year ago, after having started using prescription medications following a car accident the year prior. Sara met her signifcant other, Sam Smith, via some friends and when Sara was not able to obtain more prescription medications, she and Sam transitioned to methamphetamine. Sara's drug use has been pervasive throughout her life and she has had approximately three treatment attempts, with only one where she successfully completed treatment. Sara does not provide an reason for her use, other than it makes her feel better about herself and that she has fun with friends when she is using. Sara's family believes that her use is related to a child hood trauma, as she was raped when she was in high school and it was shortly after that time that she started using drugs.

Marcus has been witness to Sara's drug usage, and when she is heavily into her use, Marcus is often left to caretake himself or Sara will leave him with various friends, also known to abuse substances. Sara does not believe that her use has affected her relationship or caretaking of Marcus, despite Marcus having a speech delay due to little to no interaction with others and also his asthma being unmanaged. Marcus had not received a nebulizer treatment in over a month, and there were no inhalers located in the home for Marcus. Sara and Marcus have primarly been homeless the past year; spending time at various houses throughout the area and having infrequent contact with Sara's family.

Analysis: Sara Morgan's pervasive susbtance abuse has resulted in her inability to properly and safely care for Marcus. Due to Sara's substance use, Marcus's medical needs have gone unmet, as well as his developmental needs. Sara lacks insight into the affects of her substance towards Marcus, as well as her own functioning. Sara has isolated herself and Marcus from her family, who are aware of her susbtance use, and has been living a life of frequent moves and instablity for Marcus that has resulted in Marcus being unsafe while being cared for by Sara.

Related Impending Danger Threats	**Impending Danger Threat?**	
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.	**Yes**	**No**
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.	☐	☒
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.	☐	☒
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.	☐	☒
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.	☐	☒
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.	☐	☒
Other. Explain:	☐	☒

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.

Marcus is a three year old caucuasion male, who was diagnosed with asthma when he was approximately 8 months old. His diagnosis was made following a severe asthma attack that required him to be hospitalized. Marcus requires an inhaler and nebulizer treatments daily to manage his asthma. Marcus has never attended day care or pre-school. He has had limited interaction with children his own age, and his speech is indicitve of a child closer to 18 months to 2 years than that of a soon to be four year old. Marcus also is still not fully potty trained and often has accidents in the night and late afternoons.

Marcus has had little routine in his life the past three years. There is no set bedtime or nap time and meals are often when either Marcus finds food in the house or Sara is coherent enough to feed Marcus. Despite the irregular routine, Marcus is of average height and weight.

Marcus is eager to please those around him and appears comfortable with adults, even strangers.

Sara believes that Marcus's ease with others is a positive and describes Marcus as a good child who does not give her any problems. Sara views Marcus's independent nature as a way to instill good values. Sara is unconcerned regarding Marcus's speech delays and does not feel that his asthma has been unmanaged.

Analysis: Marcus is a very pleasant 3 year old child who has developmental delays that appear to be inorganic in nature and related to neglect by his mother. Marcus, while developmentally delayed in speech, is advanced in other areas, such as his abilty to feed himself and entertain himself . Marcus's lack of structure, in particular his parenting, has had a negative affect on his development.

Related Child Functioning Impending Danger Threats:	Impending Danger Threat?	
Based on case information specific to the Child Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	Yes	No
Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian or Caregiver are unwilling or unable to manage to keep the child safe	☐	☒

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.

Sara Morgan, age 25, was born in Miami and grew up in Melbourne Beach. Sara's parent were married for 18 years, and divorced when she was in high school. The divorce was hard on Sara, as she felt that her mother had betrayed her father when she left him. Sara resided with her mother following the divorce and has had little contact with her father since after graduation. Sara is her parents only child together, although Sara has two half siblings from her mother's second marriage.

Sara completed high school, although she did attend an alternative school for her senior year. The decision to attend the alternative school was made after Sara was raped by a fellow classmate at her high school. The classmate was charged and arrested, however the charges were later dropped. This event is significant in Sara's life, as she felt that she was let down by the school as well as the cops. Sara's mother was very supportive of Sara, however Sara felt that part of her mother blamed her for the rape. Sara was raped at a party where she was drinking and where Sara did not have permission to attend. Sara was in counseling for a brief period of time, however stopped going once the charges were dropped.

During her senior year Sara was introduced to marijuana by some friends that attended the alternative high school. Sara felt that the marijuana helped her to deal with everything that was going on in her life and

made her less angry at her mother. Following high school Sara moved in with some friends in Orlando to attend school. Sara was working part time and going to a trade school in Orldano, it was there that she was introduced to methamphetamine. Sara reports being instantly hooked on the meth. She loved the way it made her feel, and the energy it gave her. Sara soon dropped out of school and lost her housing in Orlando. It was during this time that she met Marcus's dad at a party through some friends and she became pregnant after a one night stand. Sara had little to no prenatal care and no one in her family knew that she was pregnant.

Marcus was born and immediately placed with the maternal grandmother, Lisa Wells. This was done through an investigation with DCF. Sara intially was very angry with her mother and the agency, however did work hard to get Marcus back. SHe attempted treatment two times in the first six months and left both times and relapsed. It was her third attempt at treatment that she was successful and was able to get Marcus back.

Sara felt that her mom was a great support during this time and she moved in with her mom and Marcus following treatment. Sara felt that things were going well with her and Marcus . She was working part time and Marcus was doing well. Living with her mom was stressful at times, but she felt that it was the best place for her. Lisa Wells identifies this time as one of growth for Sara and felt that Sara had finally "conquered" her demons.

When Marcus was two, Sara was involved in a severe car accident where she was prescribed pain medication. Sara reports that she thinks that was the beginning to her use, as she felt that she relied upon the pain medication to get by everyday. It was during this time that she met Sam Smith and he introduced her back to methamphetamine. She and Marcus left her mother's home before her mother could tell that she was using again and before things got "out of hand". She did not want her mother to take Marcus from her, so she left. Since that time, Sara's life has been out of control. She has not held a job in over an year, she has been caught shoplifting and stealing from family to support her addiction. She has had little to no contact with her family, other than breaking into their homes when they are at work. Marcus and Sara have been residing in various houses throughout the Melbourne and Orlando area. Sara increased her substance use from smoking methamphetamine to injecting, as she felt that she had built up a tolerance to smoking. Her relationship with Sam Smith is one of convience, as he often supplies her with drugs and a place to stay.

Analysis: Sara Morgan's life is out of control due to substance use. While Sara has had periods of time where she was able to manage her addiction, currently her and her son's life is one that is chaotic in nature and where Sara has isolated herself from her supports. Sara does not have a home, income, or stable lifestyle due to her substance use.

Related Adult Functioning Impending Danger Threats:	Impending Danger Threat?

Based on case information specific to the Adult Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	Yes	No
Parent/Legal Guardian or Caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm to the child.	☒	☐

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?

Sara Morgan has had little periods of time in her parenting of Marcus where she has been sober, therefore her parenting is inconsistent in nature. Sara had not ever considered having children, but is happy to have Marcus. She at times feels frustrated with her situation, as a single parent, but knows that that is not Marcus's fault.

Sara acknolwedges that she handles things differently with Marcus now, as compared to when she was living with her mom. When Sara was sober, she felt that she was a good mom. She provided Marcus with structure, they had a routine, they went to the park and had play dates with some of her friends children. Marcus's needs she felt were being met with the help of her mom, including keeping up with Marcus's asthma treatments.

Sara's parenting now, she describes as just trying to get through the day. She views Marcus as being able to handle more now, so she thinks that he is fine spending time by himself. She avoids interaction with her friends and family, which as decreased Marcus's interaction with other children.

Analysis: When sober, Sara's parenting style and focus were on Marcus's and his needs, however when Sara is using her parenting is absent and non-engaged. Sara is not able to place her needs above Marcus's and while does acknowlege that her use has impacted her parenting, does not take any action to place Marcus in a safe environment, despite having the resources to do so.

Related Parenting Impending Danger Threats:	Impending Danger Threat?	
Based on case information specific to the Parenting General and Parent Discipline Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	Yes	No
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.	☒	☐
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.	☐	☒
Parent/Legal Guardian or 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.	☐	☒

V. PARENT/LEGAL GUARDIAN PROTECTIVE CAPACITIES ANALYSIS

If there are more than five Parent/Legal Guardians to assess, complete Appendix A – Parent/Legal Guardian Protective Capacities Analysis

Adults	Capacity Categories and Types		
	Behavioral	Cognitive	Emotional

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	Controls Impulses	Takes Action	Sets aside own needs for child	Demonstrates adequate skills	Adaptive as a Parent/Legal Guardian	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
Sara Morgan	No	No	No	Yes	No	Yes	Yes	No	Yes	No	No	No	Yes	Yes	No	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Parent/Legal Guardian Protective Capacity Determination Summary:	**Yes**	**No**
Protective capacities are sufficient to manage identified threats of danger in relation to child's vulnerability?	☐	☒

VI. CHILD SAFETY DETERMINATION AND SUMMARY

If there are more than five children to assess, complete Appendix B – Child Safety Determination and Summary

Child	Safety Determination
Marcus Morgan	☐ Safe – No impending danger safety threats that meet the safety threshold. ☐ Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. ☒ Unsafe
	☐ Safe – No impending danger safety threats that meet the safety threshold. ☐ Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. ☐ Unsafe
	☐ Safe – No impending danger safety threats that meet the safety threshold. ☐ Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. ☐ Unsafe
	☐ Safe – No impending danger safety threats that meet the safety threshold. ☐ Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. ☐ Unsafe
	☐ Safe – No impending danger safety threats that meet the safety threshold. ☐ Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. ☐ Unsafe

Child Safety Analysis Summary:
Marcus Morgan has spent the last year of his life moving from home to home with his mother who is addicted to methamphetamine. During this time his medical needs and daily needs are often unmet and his mother is frequently unavailable to take care of him. Marcus has adapted to his life with his mother through feeding himself and entertaining himself while his mother is abusing methamphetamine. The environments that he has resided in are often frequented by other addicts and household environments that present a danger to Marcus due to his asthma. Sara's use is daily, often times frequently injecting methamphetamine multiple times a day. When under the influence her actions are erradic and are focused on her needs rather than those of Marcus. The lack of superivsion and her erradic behavior have left Marcus in danger frequently throughout the past year. Sara has a strong support network, with her mother and siblings, that are able and willing to assist in the care of Marcus and Sara.

VII. IN-HOME SAFETY ANALYSIS AND PLANNING

	Yes	No
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.	☐	☐
The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.	☐	☐
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.	☐	☐
An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.	☐	☐
The Parent/Legal Guardians have a physical location in which to implement an in-home safety plan.	☐	☐

If "Yes" to all of SECTION VII. above – Child(ren) will remain in the home with an In-Home Safety Plan

☐ **In-Home Safety Plan**

The child(ren) is/are determined "unsafe," but through in-home safety analysis above, an in-home Impending Danger Safety Plan is executed which allows a child to remain in the home with the use of in-home safety management and services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services can be determined and initiated.

- A safety plan must be implemented, monitored, and actively managed by the Agency.
- The case will be opened for safety management and case management services

If "No" to any of SECTION VII. above – Out of Home Safety Plan is the only protective intervention possible for one or more children. Out of Home Safety options should be evaluated from least intrusive (e.g. family-designated arrangements as a task or condition of the Out of Home Safety Plan) to most intrusive (e.g. agency removal and placement).

Given family dynamics and circumstances, also evaluate and determine if In-Home Safety Plan needs judicial oversight to facilitate court accountability. Refer to administrative code and operating manual for guidance.

☐ **Out-of-Home Safety Plan**

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- An impending danger safety plan must be implemented, monitored, and actively managed by the Agency.
- The case will be open for safety management, case management, and reunification services

If an Out-of-home Safety Plan is necessary, summarize reason for out of home safety actions 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 to sufficiently address the impending danger and allow for the child to safely return home with an In Home Safety Plan and continued safety and case plan services and management.

Morgan Family Functioning Assessment Worksheet

1. Information that Supports the Specific Danger Threat:

Safety Threat(s) Identified: Yes or No	**Threat(s):**	**Justification:**
		Out of control: Imminence: Severity:

		Observable: Vulnerable Children:

2. What information is needed to complete the safety planning analysis?

Activity: Conditions for Return

- Using ***PG: 12-20, Determining Level of Sufficiency in Developing Safety Plans***, work in your same groups, to craft the conditions for return for the Morgan family for Criteria #1 and #5.
- Start with criteria #1: Parent is willing for an in-home safety plan and inquire of participants the condition for return they would craft.
- Validate accurate conditions for return and utilize the information from the FFA to inform your conditions for return.
- Repeat process for Criteria #5: Parent has a residence.
- Validate accurate conditions for return and utilize the information from the FFA to inform your conditions for return.

Unit 9.3: Creating Sufficient Safety Plans

Creating a Sufficient Safety Plan

- The key to determining sufficiency understands the danger that is manifested within the home.
- If impending danger cannot be articulated and described, then the safety plan will not be sufficient.
- Plan must be well thought-out – accountable, justified and reasonable
- Necessary.
- Qualify the amount of interference that is needed to make sure a child is safe.

Definition of In-Home Safety Services/Actions

- What is done on a safety plan is done on purpose. It is planned, intentional and calculated.
- In-home safety plans are active plans with active efforts and monitoring
- Things happen in a well-defined way and at a prescribed time.
- You have and must maintain the final responsibility for managing a safety based on the safety plan. It is an AGENCY responsibility as a system.

Activity: Safety Services
Action for Child Protection
Safety Categories and Associated Safety Management "Services"

Safety Category: Behavioral Management

Behavioral management is concerned with applying action (activities, arrangements, services, etc.) that controls (not treats) caregiver behavior that is a threat to a child's safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness or poor self-control, anger, motives, perceptions and attitudes, the purpose of this action is only to control the behavior that poses a danger threat to a child. This action is concerned with aggressive behavior, passive behavior or the absence of behavior – any of which threatens a child's safety.

Safety Management Service: Supervision and Monitoring

Supervision and monitoring is the most common safety service in safety intervention. It is concerned with caregiver behavior, children's conditions, the home setting, and the implementation of the in-home safety plan. You oversee people and the plan to manage safety. Supervision and monitoring is almost always when other safety services are employed.

Safety Management Service: Stress Reduction

Stress reduction is concerned with identifying and doing something about stressors occurring in the caregiver's daily experience and family life that can influence or prompt behavior that the in-home safety plans is designed to manage.

Stress reduction as a safety management service is not the same as stress management treatment or counseling, which has more behavior change through treatment implications. Your responsibility primarily has to do with considering with the caregiver things that can be done to reduce the stress the caregiver is experiencing. Certainly, this can involve how the caregiver manages or mismanages stress; however, if coping is a profound dynamic in the caregiver's functioning and life, then planned change is indicated and that's a case management concern through a case plan, not a safety plan.

Safety Management Service: Behavior Modification

As you likely know, behavior modification as a treatment modality is concerned with the direct changing of unwanted behavior by means of biofeedback or conditioning. As you also know, safety management services are not concerned with changing behavior; it is

concerned with immediately controlling threats. The safety category being considered here is behavior management. Safety intervention uses the terms behavior modification differently than its use as a treatment modality. Behavior modification as a safety management service is concerned with monitoring and seeking to influence behavior that is associated with present danger or impending danger and is the focus of an in-home safety plan. Think of this safety management service as attempting to limit and regulate caregiver behavior in relationship to what is required in the in-home safety plan. Modification is concerned with influencing caregiver behavior: a) to encourage acceptance and participation in the in-home safety plan and b) to assure effective implementation of the in-home safety plan.

Safety Category: Crisis Management

Crisis is a perception or experience of an event or situation as horrible, threatening, or disorganizing. The event or situation overwhelms the caregiver's and family member's emotions, abilities, resources, and problem solving. A crisis for families you serve is not necessarily a traumatic situation or event in actuality. A crisis is the caregiver's or family member's perception and reaction to whatever is happening at a particular time. In this sense you know that many caregivers and families appear to live in a constant state of crisis because they experience and perceive most things happening in their lives as threatening, overwhelming, horrible events, and situations for which they have little or no control, blame others for and don't adapt well to.

Keep in mind with respect to safety management, a crisis is an acute, here and now matter to be dealt with so that the present danger or impending danger is controlled and the requirements of the in-home safety plan continue to be carried out.

The purposes of crisis management are crisis resolution and prompt problem solving in order to control present danger or impending danger. Crisis management is specifically concerned with intervening to:

- Bring a halt to a crisis
- Mobilize problem solving
- Control present danger or impending danger
- Reinforce caregiver participation in the in-home safety plan
- Reinforce other safety management provider's/resource's participation in the in-home safety plan
- Avoid disruption of the in-home safety plan.

Safety Category: Social Connection

Social connection is concerned with present danger or impending danger that exists in association with or influenced by caregivers feeling or actually being disconnected from others. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by all manner of debilitating emotions: low self-esteem and self-doubt, loss, anxiety, loneliness, anger, and marginality (e.g., unworthiness, unaccepted by others).

Social connection is a safety category that reduces social isolation and seeks to provide social support. This safety category is versatile in the sense that it may be used alone or in combination with other safety categories in order to reinforce and support caregiver efforts. Keeping an eye on how the caregiver is doing is a secondary value of social connection. (See Behavior Management – Supervision and Monitoring.)

Safety Management Service: Friendly Visiting

Friendly visiting (as a safety management service) sounds unsophisticated and non-professional. It sounds like "dropping over for a chat." Actually, it is far more than "visiting." Friendly visiting is an intervention that is among the first in Social Work history. The original intent of friendly visiting was essentially to provide casework services to the poor. In safety intervention, friendly visiting is directed purposefully at reducing isolation and connecting caregivers to social support.

Friendly visiting can include professional and non-professional safety management service providers/resources or support network. When others make arrangements for friendly visiting, it will be necessary for you to direct and coach them in terms of the purpose of the safety management service and how to proceed, set expectations, and seek their accountability.

Safety Management Service: Basic Parenting Assistance

Basic parenting assistance is a means to social connection. Socially isolated caregivers do not have people to help them with basic caregiver responsibilities. They also experience the emotions of social isolation including powerlessness, anxiety, and desperation – particularly related to providing basic parenting. The differences between friendly visiting and basic parenting assistance is that basic parenting assistance is always about essential parenting knowledge and skills and whomever is designated to attempt to teach, model, and build skills.

Safety intervention is concerned with parenting behavior that is threatening to a child's safety. The safety management service basic parenting assistance is concerned with specific, essential parenting that affects a child's safety. This safety management service is

focused on essential knowledge and skill a caregiver is missing or failing to perform. Typically, you would think of this as related to children with special needs (e.g., infant, disabled child). Also you would expect that the caregivers are in some way incapacitated or unmotivated. Someone you bring into the in-home safety plan become a significant social connection to help him or her with challenges they have in basic parenting behavior which is fundamental to the children remaining in the home.

Safety Management Service: Supervision and Monitoring as Social Connection

Some in-home safety plans will require social connection and behavior management, specifically supervision and monitoring. Supervision and monitoring occurs through conversations occurring during routine safety management service visits (along with information from other sources). Within these routine in-home contacts the social conversations can also provide social connection for the caregiver. The point here is to promote achievement of objectives of different safety categories and safety management services when the opportunity is available. (See Supervision and Monitoring.)

Safety Management Service: Social Networking

In this safety management service you are a facilitator or arranger. Social networking, as a safety management service, refers to organizing, creating, and developing a social network for the caregiver. The term "network" is used liberally since it could include one or several people. It could include people the caregiver is acquainted with such as friends, neighbors, or family members. The network could include new people that you introduce into the caregiver's life. The idea is to use various forms of social contact, formal and informal; contact with individuals and groups; and use contact that is focused and purposeful.

Safety Category: Resource Support

Resource support refers to safety category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety.

Safety Management Services:

Activities and safety management services that constitute resource support used to manage threats to child safety or are related to supporting continuing safety management include things such as:

- Resource acquisition related specifically to a lack of something that affects child safety.
- Transportation services particularly in reference to an issue associated with a safety threat.

- Financial/Income/Employment assistance as an assistance aimed at increasing monetary resources related to child safety issues.
- Housing assistance that seeks a home that replaces one that is directly associated with present danger or impending danger to a child's safety.
- General health care as an assistance or resource support that is directly associated with present danger or impending danger to a child's safety.
- Food and clothing as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety
- Home furnishings as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety.

Safety Category: Separation

Separation is a safety category concerned with danger threats related to stress, caregiver reactions, child-care responsibility, and caregiver-child access. Separation provides respite for both caregivers and children. The separation action creates alternatives to family routine, scheduling, demand, and daily pressure. Additionally, separation can include a supervision and monitoring function concerning the climate of the home and what is happening. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action, which can occur frequently during a week or for short periods of time. Separation may involve any period of time from one hour to a weekend to several days in a row. Separation may involve professional and non-professional options. Separation may involve anything from babysitting to temporary out-of-the-home family-made arrangements to care for the child or combinations.

Safety Management Services:

Safety management services that fit this safety category include:

- Planned absence of caregivers from the home.
- Respite care.
- Day care that occurs periodically or daily for short periods or all day long.
- After school care.
- Planned activities for the children that take them out of the home for designated periods.
- Family-made arrangements to care for the child out of the home; short-term, weekends, several days, few weeks.

Who is Appropriate to Participate as Safety Service Providers?

- This is no small matter since there is a common practice in child welfare to identify danger threats and then respond with either:
    - no plan to manage the threats or a plan that is insufficient or irrelevant or
    - a plan that relies on the parents to behave differently than seems reasonable given the assessment--a promissory statement and then close a case.
- Often times when we look to engage with family and friends, we often either look to intrusively or we don't look thoroughly enough and we leave children in unsafe conditions.
- A safety plan must be sufficient based on what must be controlled and on WHO is controlling.

Developing the Safety Plan

- Family centered: through engagement with others to develop a clear and sufficient safety plan.
- Your role is to identify the danger, clearly articulate the danger, how it is manifested and to have an idea of what it will take to control for the danger – safety services needed.
- You must be open to the process of engagement and collaboration with others and information that may alter your safety planning analysis.
- Safety plan conference participants will:
    - Evaluate the present danger plan if in place, to determine if actions are appropriate and sufficient to build into an impending danger safety plan;
    - Confirm whether an in-home safety plan is the least intrusive means that can effectively manage all danger threats that are occurring within the family;
    - Re-confirm all commitments with participants if a current present danger plan is to become an impending danger safety plan of longer term duration;
    - Determine if an in-home safety plan meets criteria for judicial supervision.
    - Use the tribe as a resource when developing the impending danger safety plan, unless they decline, if the investigator knows or has reason to know the case involves a Native American child.

Activity: Morgan Family Functioning Assessment Part II

- Review the Morgan Family Functioning Assessment Part II and inform the safety planning analysis and Conditions for return.
- Think about the Morgan case information and what is known about the family.
- Review and discuss your analysis of the safety plan.

Morgan Family Functioning Assessment Part II

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Information Collection and Family Functioning Assessment

Case Name: Morgan, Sara	**Initial Intake Received Date:** 4/14/xx
Worker Name: Wilson, Mitchell	**Date Completed:** 5/16/xx
FSFN Case ID: 123456	**Intake/Investigation ID:** 456789

I. MALTREATMENT AND NATURE OF MALTREATMENT

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

Hotline Report: There is a concern for environmental hazards in the home. On 4/14/xx law enforcement made an arrest on the home due to possession of methamphetamine and possession of drug paraphenalia. The child resides in the home with the mother and her significant other.

Maltreatment: Sara Morgan has a long history of substance use, to include injection of methamphetamine and abuse of prescription medications. Sara Morgan has been abusing methamphetamine off and on for the past three years, including when her son, Marcus Morgan, was born. Sara Morgan has been involved with the Department three times in the past three years. Two reports have been received in the last year with concerns regarding substance misuse and negelct of Marcus. Both reports were closed with being unable to locate the family, due to their transience and lack of contact with supports. The first report on the family was received when Marcus was born. Marcus was born drug exposed, postive for methamphetamine. The case was eventually closed, with Sara completing substance abuse treatment and successfully engaging in case management services. Marcus has had residual complications from his drug exposure, including suffering from severe asthma. Marcus Morgan, upon contact, was found to be residing in a the home with Sara Morgan and her signficiant other, Sam Smith, who were both using methamphetamine and where there were concerns that methamphetamine was being manufactured. Marcus Morgan was medically seen upon intitial contact and was medically cleared for exposure to substances, in particular methamphetamine. However it was noted that his asthma was not being treated and he did require a nebulizer treatment before being medically cleared. Sara Morgan, upon intial contact, was observed with fresh needle tracks in her arms and openly admitted to injecting methamphetamine while caring for Marcus. The home owners, unrelated to the case, were arrested for drug possession and probation violation. Neither Sara or Sam were arrested at the time of contact.

Verifiied maltreatment for substance misuse with Sara Morgan as the maltreating caregiver.

Nature of Maltreatment: Sara Morgan began using methamphetamine approximately three years ago. Sara has had periods of time where she has been sober, with the last time being when Marcus was 2 years old. Sara began using methamphetamine approximately one year ago, after having started using prescription medications following a car accident the year prior. Sara met her signifcant other, Sam Smith, via some friends and when Sara was not able to obtain more prescription medications, she and Sam transitioned to methamphetamine. Sara's drug use has been pervasive throughout her life and she has had approximately three treatment attempts, with only one where she successfully completed treatment. Sara does not provide an reason for her use, other than it makes her feel better about herself and that she has fun with friends when she is using. Sara's family believes that her use is related to a child hood trauma, as she was raped when she was in high school and it was shortly after that time that she started using drugs.

Marcus has been witness to Sara's drug usage, and when she is heavily into her use, Marcus is often left to caretake himself or Sara will leave him with various friends, also known to abuse substances. Sara does not believe that her use has affected her relationship or caretaking of Marcus, despite Marcus having a speech delay due to little to no interaction with others and also his asthma being unmanaged. Marcus had not received a nebulizer treatment in over a month, and there were no inhalers located in the home for Marcus. Sara and Marcus have primarly been homeless the past year; spending time at various houses throughout the area and having infrequent contact with Sara's family.

Analysis: Sara Morgan's pervasive susbtance abuse has resulted in her inability to properly and safely care for Marcus. Due to Sara's substance use, Marcus's medical needs have gone unmet, as well as his developmental needs. Sara lacks insight into the affects of her substance towards Marcus, as well as her own functioning. Sara has isolated herself and Marcus from her family, who are aware of her susbtance use, and has been living a life of frequent moves and instablity for Marcus that has resulted in Marcus being unsafe while being cared for by Sara.

Related Impending Danger Threats	**Impending Danger Threat?**	
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.	**Yes**	**No**
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.	☒	☒
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.	☐	☒
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.	☐	☒
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.	☐	☒
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.	☐	☒
Other. Explain:	☐	☒

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.

Marcus is a three year old caucuasion male, who was diagnosed with asthma when he was approximately 8 months old. His diagnosis was made following a severe asthma attack that required him to be hospitalized. Marcus requires an inhaler and nebulizer treatments daily to manage his asthma. Marcus has never attended day care or pre-school. He has had limited interaction with children his own age, and his speech is indicitve of a child closer to 18 months to 2 years than that of a soon to be four year old. Marcus also is still not fully potty trained and often has accidents in the night and late afternoons.

Marcus has had little routine in his life the past three years. There is no set bedtime or nap time and meals are often when either Marcus finds food in the house or Sara is coherent enough to feed Marcus. Despite the irregular routine, Marcus is of average height and weight.

Marcus is eager to please those around him and appears comfortable with adults, even strangers.

Sara believes that Marcus's ease with others is a positive and describes Marcus as a good child who does not give her any problems. Sara views Marcus's independent nature as a way to instill good values. Sara is unconcerned regarding Marcus's speech delays and does not feel that his asthma has been unmanaged.

Analysis: Marcus is a very pleasant 3 year old child who has developmental delays that appear to be inorganic in nature and related to neglect by his mother. Marcus, while developmentally delayed in speech, is advanced in other areas, such as his abilty to feed himself and entertain himself . Marcus's lack of structure, in particular his parenting, has had a negative affect on his development.

Related Child Functioning Impending Danger Threats:	**Impending Danger Threat?**	
Based on case information specific to the Child Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	**Yes**	**No**
Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian or Caregiver are unwilling or unable to manage to keep the child safe	☐	☒

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.

Sara Morgan, age 25, was born in Miami and grew up in Melbourne Beach. Sara's parent were married for 18 years, and divorced when she was in high school. The divorce was hard on Sara, as she felt that her mother had betrayed her father when she left him. Sara resided with her mother following the divorce and has had little contact with her father since after graduation. Sara is her parents only child together, although Sara has two half siblings from her mother's second marriage.

Sara completed high school, although she did attend an alternative school for her senior year. The decision to attend the alternative school was made after Sara was raped by a fellow classmate at her high school. The classmate was charged and arrested, however the charges were later dropped. This event is significant in Sara's life, as she felt that she was let down by the school as well as the cops. Sara's mother was very supportive of Sara, however Sara felt that part of her mother blamed her for the rape. Sara was raped at a party where she was drinking and where Sara did not have permission to attend. Sara was in counseling for a brief period of time, however stopped going once the charges were dropped.

During her senior year Sara was introduced to marijuana by some friends that attended the alternative high school. Sara felt that the marijuana helped her to deal with everything that was going on in her life and

made her less angry at her mother. Following high school Sara moved in with some friends in Orlando to attend school. Sara was working part time and going to a trade school in Orldano, it was there that she was introduced to methamphetamine. Sara reports being instantly hooked on the meth. She loved the way it made her feel, and the energy it gave her. Sara soon dropped out of school and lost her housing in Orlando. It was during this time that she met Marcus's dad at a party through some friends and she became pregnant after a one night stand. Sara had little to no prenatal care and no one in her family knew that she was pregnant.

Marcus was born and immediately placed with the maternal grandmother, Lisa Wells. This was done through an investigation with DCF. Sara intially was very angry with her mother and the agency, however did work hard to get Marcus back. SHe attempted treatment two times in the first six months and left both times and relapsed. It was her third attempt at treatment that she was successful and was able to get Marcus back.

Sara felt that her mom was a great support during this time and she moved in with her mom and Marcus following treatment. Sara felt that things were going well with her and Marcus . She was working part time and Marcus was doing well. Living with her mom was stressful at times, but she felt that it was the best place for her. Lisa Wells identifies this time as one of growth for Sara and felt that Sara had finally "conquered" her demons.

When Marcus was two, Sara was involved in a severe car accident where she was prescribed pain medication. Sara reports that she thinks that was the beginning to her use, as she felt that she relied upon the pain medication to get by everyday. It was during this time that she met Sam Smith and he introduced her back to methamphetamine. She and Marcus left her mother's home before her mother could tell that she was using again and before things got "out of hand". She did not want her mother to take Marcus from her, so she left. Since that time, Sara's life has been out of control. She has not held a job in over an year, she has been caught shoplifting and stealing from family to support her addiction. She has had little to no contact with her family, other than breaking into their homes when they are at work. Marcus and Sara have been residing in various houses throughout the Melbourne and Orlando area. Sara increased her substance use from smoking methamphetamine to injecting, as she felt that she had built up a tolerance to smoking. Her relationship with Sam Smith is one of convience, as he often supplies her with drugs and a place to stay.

Analysis: Sara Morgan's life is out of control due to substance use. While Sara has had periods of time where she was able to manage her addiction, currently her and her son's life is one that is chaotic in nature and where Sara has isolated herself from her supports. Sara does not have a home, income, or stable lifestyle due to her substance use.

Related Adult Functioning Impending Danger Threats:	Impending Danger Threat?

Based on case information specific to the Adult Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	Yes	No
Parent/Legal Guardian or Caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm to the child.	☒	☐

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?

Sara Morgan has had little periods of time in her parenting of Marcus where she has been sober, therefore her parenting is inconsistent in nature. Sara had not ever considered having children, but is happy to have Marcus. She at times feels frustrated with her situation, as a single parent, but knows that that is not Marcus's fault.

Sara acknolwedges that she handles things differently with Marcus now, as compared to when she was living with her mom. When Sara was sober, she felt that she was a good mom. She provided Marcus with structure, they had a routine, they went to the park and had play dates with some of her friends children. Marcus's needs she felt were being met with the help of her mom, including keeping up with Marcus's asthma treatments.

Sara's parenting now, she describes as just trying to get through the day. She views Marcus as being able to handle more now, so she thinks that he is fine spending time by himself. She avoids interaction with her friends and family, which as decreased Marcus's interaction with other children.

Analysis: When sober, Sara's parenting style and focus were on Marcus's and his needs, however when Sara is using her parenting is absent and non-engaged. Sara is not able to place her needs above Marcus's and while does acknowlege that her use has impacted her parenting, does not take any action to place Marcus in a safe environment, despite having the resources to do so.

Related Parenting Impending Danger Threats:	Impending Danger Threat?	
Based on case information specific to the Parenting General and Parent Discipline Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	Yes	No
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.	☒	☐
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.	☐	☒
Parent/Legal Guardian or 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.	☐	☒

V. PARENT/LEGAL GUARDIAN PROTECTIVE CAPACITIES ANALYSIS

If there are more than five Parent/Legal Guardians to assess, complete Appendix A – Parent/Legal Guardian Protective Capacities Analysis

Adults	Capacity Categories and Types		
	Behavioral	Cognitive	Emotional

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Information Collection and Family Functioning Assessment

	Controls Impulses	Takes Action	Sets aside own needs for child	Demonstrates adequate skills	Adaptive as a Parent/Legal Guardian	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
Sara Morgan	No	No	No	Yes	No	Yes	Yes	No	Yes	No	No	No	Yes	Yes	No	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Parent/Legal Guardian Protective Capacity Determination Summary:	Yes	No
Protective capacities are sufficient to manage identified threats of danger in relation to child's vulnerability?	☐	☒

VI. CHILD SAFETY DETERMINATION AND SUMMARY

If there are more than five children to assess, complete Appendix B – Child Safety Determination and Summary

Child	Safety Determination
Marcus Morgan	☐ Safe – No impending danger safety threats that meet the safety threshold. ☐ Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. ☒ Unsafe
	☐ Safe – No impending danger safety threats that meet the safety threshold. ☐ Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. ☐ Unsafe
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	☐ Safe – No impending danger safety threats that meet the safety threshold. ☐ Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. ☐ Unsafe

Child Safety Analysis Summary:

Marcus Morgan has spent the last year of his life moving from home to home with his mother who is addicted to methamphetamine. During this time his medical needs and daily needs are often unmet and his mother is frequently unavailable to take care of him. Marcus has adapted to his life with his mother through feeding himself and entertaining himself while his mother is abusing methamphetamine. The environments that he has resided in are often frequented by other addicts and household environments that present a danger to Marcus due to his asthma. Sara's use is daily, often times frequently injecting methamphetamine multiple times a day. When under the influence her actions are erradic and are focused on her needs rather than those of Marcus. The lack of superivsion and her erradic behavior have left Marcus in danger frequently throughout the past year. Sara has a strong support network, with her mother and siblings, that are able and willing to assist in the care of Marcus and Sara.

VII. IN-HOME SAFETY ANALYSIS AND PLANNING

	Yes	No
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.	☐	☒
The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.	☐	☒
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.	☒	☐
An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.	☒	☐
The Parent/Legal Guardians have a physical location in which to implement an in-home safety plan.	☐	☒

If "Yes" to all of SECTION VII. above – Child(ren) will remain in the home with an In-Home Safety Plan

☐ **In-Home Safety Plan**

The child(ren) is/are determined "unsafe," but through in-home safety analysis above, an in-home Impending Danger Safety Plan is executed which allows a child to remain in the home with the use of in-home safety management and services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services can be determined and initiated.

- A safety plan must be implemented, monitored, and actively managed by the Agency.
- The case will be opened for safety management and case management services

If "No" to any of SECTION VII. above – Out of Home Safety Plan is the only protective intervention possible for one or more children. Out of Home Safety options should be evaluated from least intrusive (e.g. family-designated arrangements as a task or condition of the Out of Home Safety Plan) to most intrusive (e.g. agency removal and placement).

Given family dynamics and circumstances, also evaluste and determine if In-Home Safety Plan needs judicial oversight to facilitate court accountability. Refer to administrative code and operating manual for guidance.

☒ **Out-of-Home Safety Plan**

- An impending danger safety plan must be implemented, monitored, and actively managed by the Agency.
- The case will be open for safety management, case management, and reunification services

If an Out-of-home Safety Plan is necessary, summarize reason for out of home safety actions 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 to sufficiently address the impending danger and allow for the child to safely return home with an In Home Safety Plan and continued safety and case plan services and management.
Currently Sara Morgan is homeless. She has been offered the assistance of her mother in providing her and her son Marcus a place to reside. This would allow for the family to remain together and for an in home safety plan to be developed with the family, however Sara Morgan has refused to engage in the development of an in home safety plan through the use of her mother's residence. Without a residence, an in home safety plan cannot be developed for Marcus. The conditions for return are as follows: Sara Morgan has demonstrated a willingness for an in home safety plan to be developed through obtaining reliable, sustainable, consistent residence in which to put an in-home safety plan in place. In addition there is enough of an understanding regarding the home environment, dynamics of potential other household members and caregiver functioning that in-home safety services can sufficiently supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance.