

Module 5: The Family Functioning Assessment – Investigation and Safety Planning



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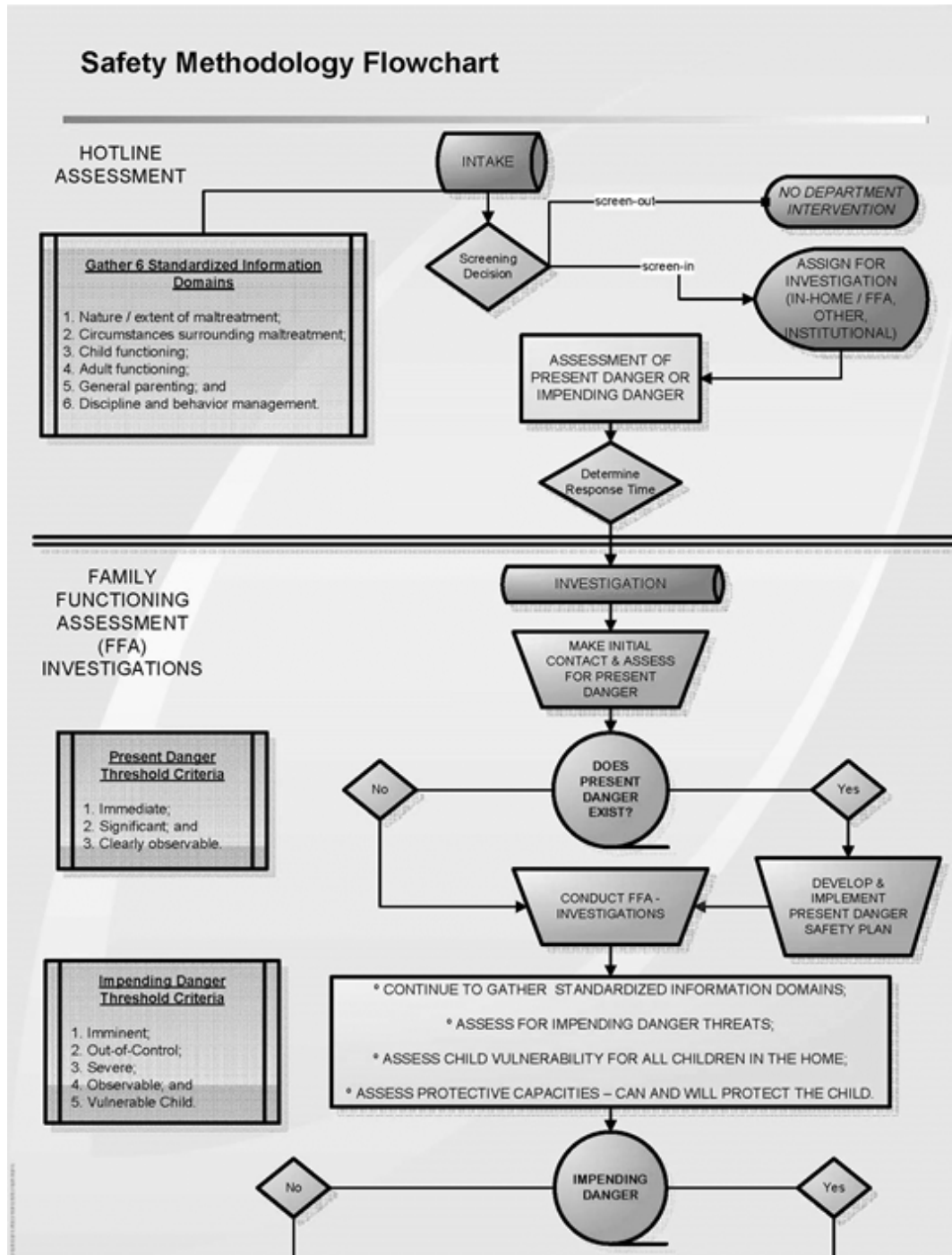
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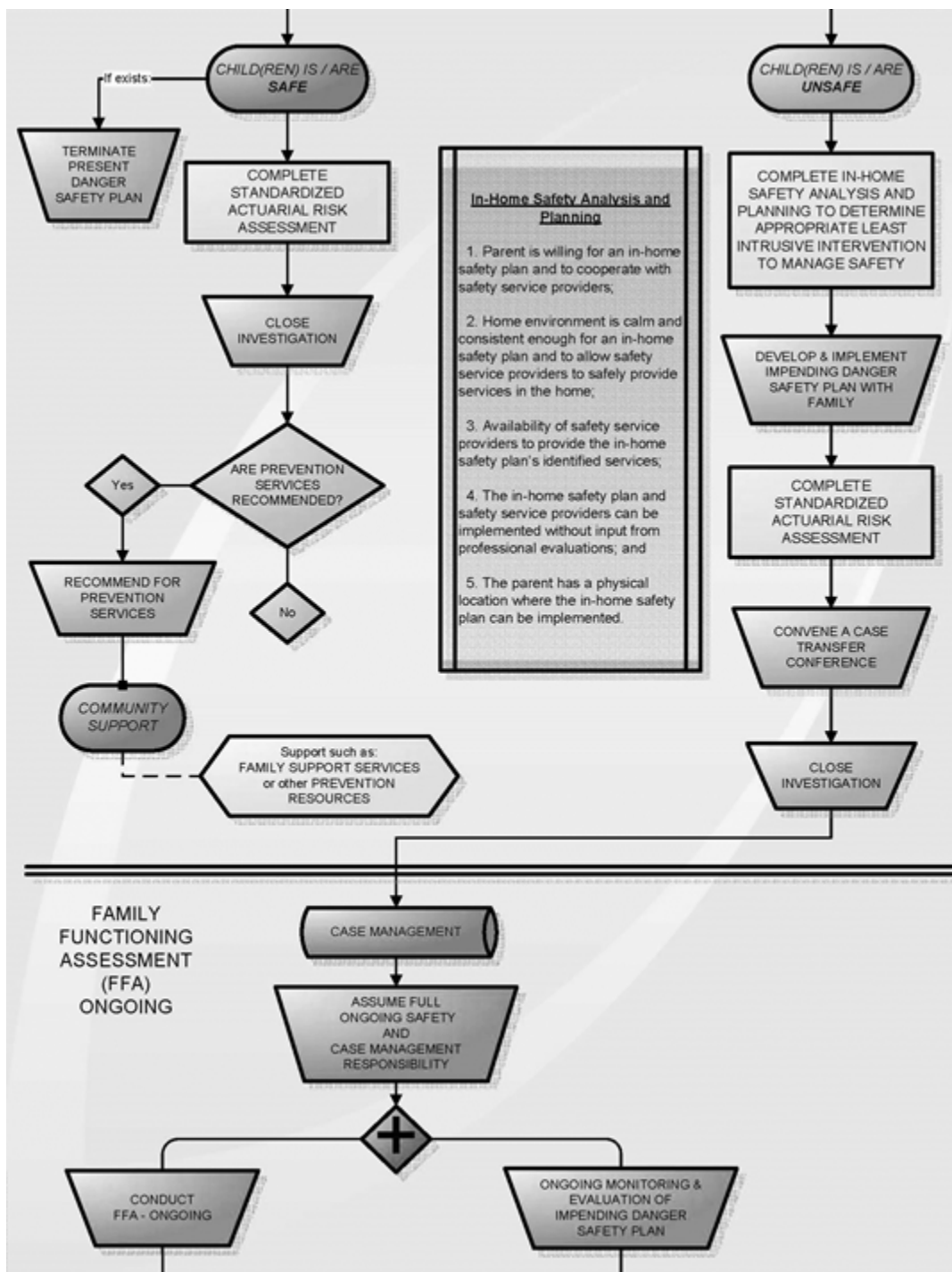
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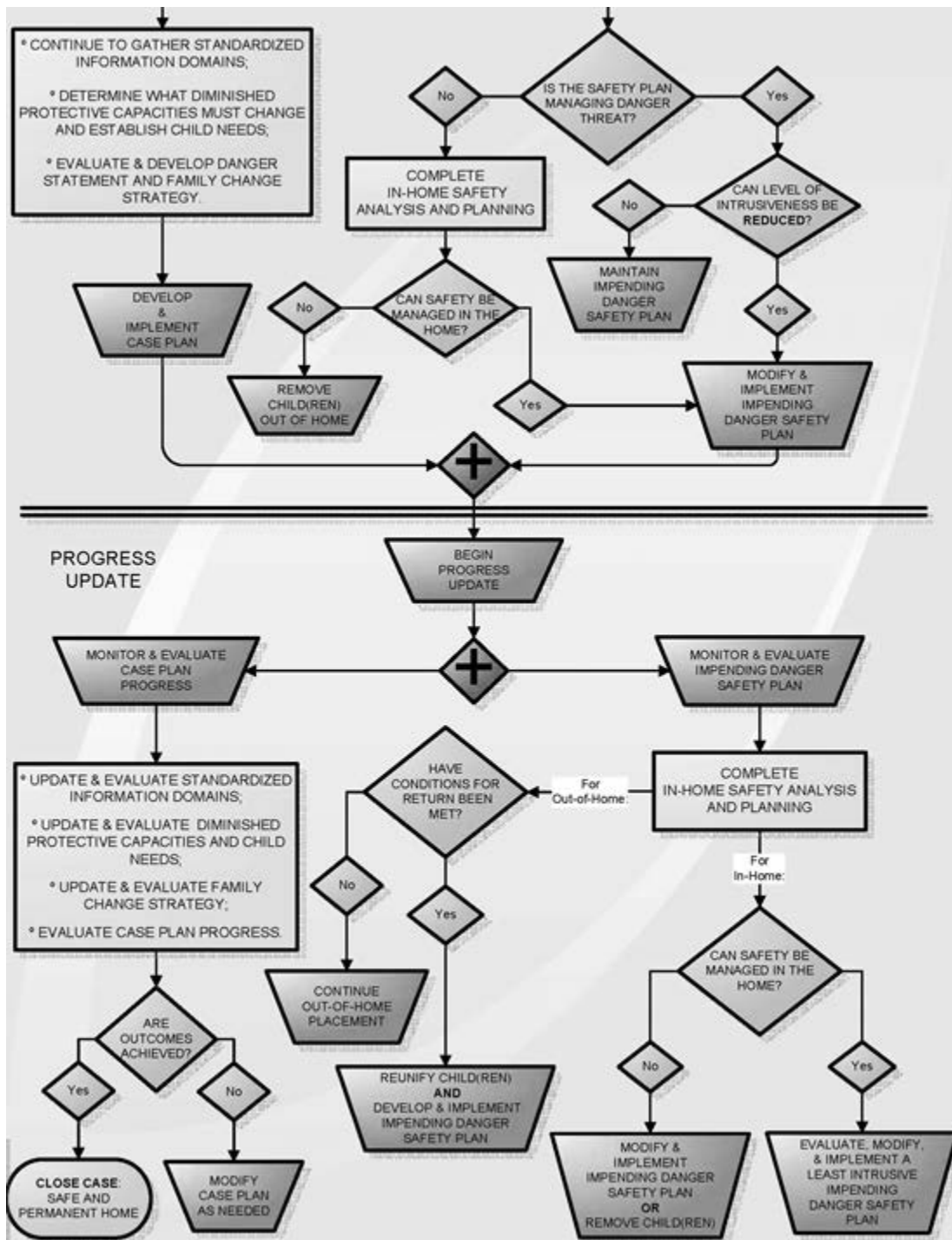
Croft Intake and Case Note Chronology

FSFN Documentation

Unit 5.1: Overview of the Family Functioning Assessment – Investigation







Hotline Assessment

- A report:
 - Can be from any source including an anonymous source.
 - Can be received via phone or fax.
 - Can be received at any time, 24 hours a day.
 - Represents an expression of concern from the community.
- Hotline counselor uses the six domains of information gathering to determine if the allegation/report will be accepted.
- If the report is accepted or screened-in, it is assigned to the appropriate investigative unit and a response time is determined (4 or 24 hours).

Family Functioning Assessment

- The FFA is utilized to make a decision about whether or not a child is unsafe and in need of protection.
- You must complete the FFA even if you have determined that there is a present danger threat in the home.
- The determination of whether or not a child is unsafe is dependent on sufficient information collection about how the family, caregiver and child function.
- You will collect information for the FFA utilizing the six domains. This is done for two reasons:
 - To ensure that you are utilizing a systematic process to inform safety decisions regarding impending danger, child vulnerability and diminished caregiver protective capacities.
 - To ensure that you work expeditiously to complete the FFA so that you can take the needed steps to manage child safety.

FFA Investigation



CONFIDENTIAL FLORIDA SAFETY DECISION MAKING METHODOLOGY Information Collection and Family Functioning Assessment

Case Name:
Worker Name:
FSFN Case ID:

Initial Intake Received Date:
Date Completed:
Intake/Investigation ID:

I. MALTREATMENT AND NATURE OF MALTREATMENT

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

Related Impending Danger Threats 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.	Impending Danger Threat?	
	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.	<input type="checkbox"/>	<input type="checkbox"/>
Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent's/Legal Guardian's or Caregiver's explanations are inconsistent with the illness or injury.	<input type="checkbox"/>	<input type="checkbox"/>
The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger the child's physical health.	<input type="checkbox"/>	<input type="checkbox"/>
There are reports of serious harm and the child's whereabouts cannot be determined and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or the family refuses access to the child to assess for serious harm.	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Legal Guardian or Caregiver is not meeting the child's essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed.	<input type="checkbox"/>	<input type="checkbox"/>
Other. Explain:	<input type="checkbox"/>	<input type="checkbox"/>

II. CHILD FUNCTIONING

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

Related Child Functioning Impending Danger Threats: Based on information related to child functioning and the caregiver's response, indicate Yes, Impending Danger exists, or No, Impending Danger does not exist.	Impending Danger Threat?	
	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/Caregiver is unwilling or unable to manage.	<input type="checkbox"/>	<input type="checkbox"/>

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Information Collection and Family Functioning Assessment

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.

Related Adult Functioning Impending Danger Threats:	Impending Danger Threat?
Based on information related to adult functioning indicate Yes, Impending Danger exists, or No, Impending Danger does not exist.	Yes No
Parent/Legal Guardian/Caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm the child.	<input type="checkbox"/> <input type="checkbox"/>

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?

Related Parenting Impending Danger Threats:	Impending Danger Threat?
Based on information related to General Parenting and Disciplinary/Behavior Management practices 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.	<input type="checkbox"/> <input type="checkbox"/>
Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or caregiver is fearful he/she will seriously harm the child.	<input type="checkbox"/> <input type="checkbox"/>
Parent/Legal Guardian or Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will likely result in serious harm to the child.	<input type="checkbox"/> <input type="checkbox"/>

V. PARENT/LEGAL GUARDIAN PROTECTIVE CAPACITIES ANALYSIS

	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
Adults															

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Information Collection and Family Functioning Assessment

Parent/Legal Guardian Protective Capacity Determination Summary:

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

VI. CHILD SAFETY DETERMINATION AND SUMMARY

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

Child Safety Analysis Summary:

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FFA Investigation

- A family system assessment not an individual family member assessment.
- As you do the assessment you are assessing the individual components on the form, but it is the synthesizing of ALL of the information that is the critical aspect of the assessment.
- The FFA is not designed to simply check boxes on each family component. It is designed to ensure that you use your critical thinking skills to make informed safety decisions.
- Information gathering process starts at the hotline report, your job is to take that information and build on it through verification, reconciliation and ensuring sufficiency.
- The completion of the FFA requires that you obtain sufficient information about the extent and circumstance of the maltreatment, child and adult functioning, parenting practices and caregiver parental/caregiver protective capacities.
- This must be done in order to understand what is occurring in the family on a day in and day out basis and to effectively assess child safety.
- The primary purpose of the family functioning assessment is to determine whether ongoing case management child protective intervention is required.
- Required means that the intervention is “non-negotiable”.
- FFA process is designed to assess the pervasiveness or on-going “state of danger” that characterizes the household that the child is living in.
- FFA must be completed as soon as possible BUT no later than 14 days from the date that the present danger was identified unless there are extenuating circumstances.
 - Investigations that are determined to be “Patently Unfounded” or resulting from a “False Report”
- If present danger was identified, the present danger safety plan is designed to provide a 2 week “window” to gather sufficient information to complete the assessment process and put the appropriate safety services in place.
- All ‘In-Home’ investigations are required to have a FFA completed.

Impending Danger

Definition: “Impending danger” refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child. Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families. Identifying impending danger requires thorough information collection regarding family/ caregiver functioning to sufficiently assess and understand how family conditions occur.

Threshold Criteria: The danger threshold criteria must be applied when considering and identifying any of the impending danger threats. In other words, the specific justification for identifying any of the impending danger threat is based on a specific description of how negative family conditions meet the danger threshold criteria. The Danger Threshold is the point at which a negative condition goes beyond being concerning and becomes dangerous to a child’s safety. Negative family conditions that rise to the level of the Danger Threshold and become Impending Danger Threats, are in essence negative circumstances and/or caregiver behaviors, emotions, etc. that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity. Threshold criteria are:

1. Observable

Refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The criterion “observable” does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

2. Vulnerable Child

Refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.

Refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family’s control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.

3. Out of Control

Refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.

4. Imminent

Refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.

5. Severe

Includes such severe harm effects as serious physical injury, disability

Danger Threats and Impending Danger Examples

- 1. Parent/legal guardian/caregiver's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child.**

Examples may include:

- *Fractures, deep lacerations, extensive bruising, burns or inorganic malnutrition characterize serious injury*
- *Typically involves the use of objects to inflict pain/cause injury*
- *Child has no ability to protect themselves from physical injury or excessive corporal punishment*

- 2. Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the parent/legal guardian/caregiver explanations are inconsistent with the illness or injury. Examples may include:**

- *Multiple injuries or singular severe injury that could not have occurred accidentally*
- *Despite seriousness of injury, parent reportedly does not know how child was injured*
- *Explanation for how child was injured changes over time*

- 3. The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health. Examples may include:**

- *Extreme lack of hygiene with potential to cause serious illness*
 - *Toxic chemical or materials easily within reach of child*
 - *Unsecured, loaded firearms/ammunition in child's presence*
 - *Illicit or prescription drugs accessible by children*
4. **There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.** Examples may include:
- *Family is intentionally avoiding contact with CPI*
 - *Caregiver is hiding child with relative or family friend and refuses to disclose location*
5. **Parent/legal guardian/caregiver is not meeting the child's essential medical needs and the child is/has already been seriously harmed or will likely be seriously harmed.** Examples may include:
- *Parent is not maintaining child's medical regimen or meeting treatment needs despite the seriousness of the injury/illness*
 - *Parent has not called 911 to seek emergency medical response*
6. **Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian/caregiver is unwilling or unable to manage.** Examples may include:
- *Child is self-injurious*
 - *Child is setting fires*
 - *Child is sexually acting out*
 - *Child is addicted to drugs or alcohol*
7. **Parent/legal guardian/caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child.** Examples may include:
- *Child is being sexually abused and perpetrator has on-going access to child*
 - *Caregiver is physically assaultive/threatening*
 - *Caregiver is brandishing a weapon*
 - *Domestic violence dynamics are present in the household*
 - *Caregiver is involved in substance misuse.*
 - *Caregiver is violating "no contact" supervision restrictions by order of the court.*
8. **Parent/legal guardian/caregiver is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed**

or will likely be seriously harmed. Child is hospitalized due to non-organic failure to thrive. Examples may include:

- *Child is unsupervised in a dangerous environment or condition*
- *Lack of basic, essential food, clothing, or shelter that result in child needing medical care or attention*
- *Child needs to be hospitalized for non-organic failure to thrive*

9. Parent/legal guardian/caregiver is threatening to seriously harm the child; is fearful he/she will seriously harm the child. Examples may include:

- *Parent expresses intent or desire to harm child*
- *Parent makes statements about the family's situation being hopeless*
- *Child describes extreme mood swings in parent, drug or alcohol use that exacerbate parent's volatility and frustration with child*

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

- *Parent describes the child as evil or has singled the child out for being responsible for the family's problems*
- *Child expresses fear of being left with caregiver*
- *Child describes being subjected to confinement or bizarre forms of punishment*

11. Other. Any other observation or information which would indicate a threat to the child's safety. This category should be used rarely. Consultation with a supervisor must occur to determine that the threat identified is not covered in any of the standard danger threat definitions.

Section I of the FFA

- Section I of the FFA-Investigation-Maltreatment and Nature of the Maltreatment focuses on two questions:
 - What is the extent of the maltreatment?
 - What surrounding circumstances accompany the alleged maltreatment?
- You must write a brief narrative in response to these questions.
- Narrative should consider two aspects – the facts of the case and the analysis of the facts.
- Must identify maltreatment, and determination of the finding.
- Circumstances surrounding the maltreatment
 - Verified. This finding is used when a preponderance of the credible evidence results in a determination that the specific harm or threat of harm was the result of abuse, abandonment or neglect. This means the greater weight of the evidence (above 50%) supports maltreatment occurred.
 - Not Substantiated. This finding is used when 50% or less of the credible evidence supports that the specific harm was the result of abuse, abandonment, or neglect.
 - No Indicators. This finding is used when there is no credible evidence to support the allegations of abuse, abandonment, or neglect.
- You must identify which of the six related impending danger threats contained in this section are specifically tied to information related to the 'Extent of the Maltreatment' (Domain 1) and 'Circumstances Surrounding the Maltreatment' (Domain 2).
- Once you have gathered sufficient information you must respond with a yes/no to the existence of the following impending danger threats:
 - 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.
 - Requires an explanation as to why you chose this option.
 - Should be used as a last resort.
 - Consult with your supervisor BEFORE you mark “other”.

Section II of the FFA

- Section II of the FFA-Investigation focuses on the assessment of child functioning and answers the question: How does the child function on a daily basis?
- Narrative should include a discussion of:
 - Physical health
 - Development (physical as well as social-emotional)
 - 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
- Areas are directly related to child vulnerability.
- You must include a description of the vulnerability based on threats identified.
- Information must be gathered for each child in the family so that you can identify each child’s vulnerability.
- Once you have sufficient information you must respond with a yes/no to the following impending danger threat:
 - Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian/Caregiver is unwilling or unable to manage.

Section III of the FFA

- Section III of the FFA-Investigation focuses on adult functioning. Answers the question: How does the adult function on a daily basis?
- When you are assessing adult functioning, you will want to consider the parents overall life management attributes and characteristics. This includes an assessment and analysis of:
 - Prior child abuse/neglect history (including involvement as a child)
 - Criminal behavior
 - Impulse control
 - Substance use/abuse
 - Violence and domestic violence
 - Mental health
 - Physical health
 - Emotion and temperament
 - Cognitive ability
 - Intellectual functioning
 - Behavior
 - Ability to communicate
 - Self-control
 - Education
 - Peer and family relations
 - Employment
- Once you have gathered sufficient information you must respond with a yes/no to the existence of the following impending danger threat:
 - Parent/Legal Guardian/Caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm the child.

Section IV of the FFA

- Section IV of the FFA-Investigation focuses on parenting domains of General Parenting and Discipline/Behavior Management.
- Answers the questions:
 - What are the overall typical parenting practices used by the parents/legal guardians?
 - What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?
- Your narrative should focus on:
 - Prior child abuse/neglect history (including involvement as a child)

- Parenting style and approach
- Knowledge of child development and parenting
- Parenting skill
- Parenting satisfaction
- Sensitivity to child's limitations
- Realistic expectations
- Caregiver's overall attitude, approach and belief about being a parent
- Once you have gathered sufficient information you must respond with a yes/no to the existence of the following impending danger threat:
 - 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 likely result in serious harm to the child.

Section V of the FFA

- Section V of the FFA-Investigation focuses on caregiver protective capacities.
- Caregiver protective capacities need to be assessed to determine if the parent/caregiver has demonstrated actions of protection that specifically address the identified danger threats.
- To increase your confidence level that the parent/caregiver has the capacity, ability and willingness to take protective actions to keep a child safe, you have to consider if two things are present:
 - A historical record of taking such action in the past.
 - A current demonstration of taking protective actions on the children's behalf.
- To make this determination, you must do an in-depth assessment of the capacity to be protective.
- You must determine if a short-term, temporary incapacitation is representative of the parent's normally sufficient protective vigilance or is this a pattern of behavior that is indicative of their day-to-day interaction with their child.
- Critical distinction to make as many parents assert that the maltreatment was not because of a lack of protective vigilance on their part, but due solely to a one-time, highly unusual incident or unique set of circumstances.

- Your assessment must be based on overall functioning and not on an isolated or one time incident.
- Protective capacities must be present prior to the maltreatment and they are finite.

The Caregiver Protective Capacity Guide

Purpose: Personal and caregiving behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's children. Protective capacities are personal qualities or characteristics that contribute to vigilant child

protection. Criteria for Determining Caregiver Protective Capacities

- a. The characteristic prepares the person to be protective
- b. The characteristic enables or empowers the person to be protective
- c. The characteristic is necessary or fundamental to being protective
- d. The characteristic must exist prior to being protective

Definitions:

1. **"Behavioral Protective Capacity"** means specific action, activity, performance that is consistent with and results in protective vigilance. The following are behavioral protective capacities.

- a. **Behavioral Protective Capacity: The parent/legal guardian/caregiver demonstrates impulse control.** This refers to a person who is deliberate and careful, who acts in managed and self-controlled ways. Examples may include:

- *People who do not act on their urges or desires*
- *People that do not over-react as a result of outside stimulation*
- *People who think before they act*
- *People who are able to plan*

Case Management Scaling Guide:

- A. Parent/Caregiver consistently acts thoughtfully regardless of outside stimulation, avoids whimsical responses, and thinks before they take action. Parent/Caregiver is able to plan in their actions when caring for children and making life choices.
- B. Parent/Caregiver regularly is acts thoughtfully regardless of their on their urges or desires, avoids acting as a result of outside stimulation, avoids whimsical responses, thinks before they take action, and are able to plan when caring for children and making life choices. When parent/caregiver does act on urges/desires, they do not result in negative effects to their children or family.

- C. Parent/Caregiver routinely (weekly/monthly) acts upon their urges/desires, is influenced by outside stimulation, thinks minimally before they take action, and are notable to plan, resulting in their actions having negative effects on their children and family.
- D. Parent/Caregiver frequently (daily) acts upon their urges/desires, is highly influenced by outside stimulation, does not think before taking action, and do not plan. Parent/Caregiver's inability to control their impulses results in negative effects on their children and family.

b. **Behavioral Protective Capacity: The parent/legal guardian/caregiver takes action.**

Takes action refers to a person who is action oriented as a human being, not just a caregiver. Examples may include:

- *People who perform when necessary*
- *People who proceed with a course of action*
- *People who take necessary steps*
- *People who are expedient and timely in doing things*
- *People who discharge their duties*

Physically able refers to people who are sufficiently healthy, mobile and strong. Examples may include:

- *People who can move quickly when an unsafe situation presents (e.g. active toddlers who may dart out toward the street or water source, pool, canal, etc.)*
- *People who can lift children*
- *People who are able to physically manage a child's behaviors*
- *People with physical abilities to effectively deal with dangers (e.g. a child with special needs who may be prone to 'running' away, a child who requires close supervision, etc.*

Assertive and responsive refers to being positive and persistent. Examples may include:

- *People who are firm and purposeful.*
- *People who are self-confident and self-assured.*
- *People who are secure with themselves and their ways.*
- *People who are poised and certain of themselves.*

Adequate energy refers to the personal sustenance necessary to be ready and 'on the job' of being protective.

- *People who are alert and focused*
- *People who can move, are on the move, ready to move, will move in a timely way*

- *People who are motivated and have the capacity to work and be active*
- *People who express force and power in their action and activity*
- *People who are not lethargic to the point of incapacitation or inability to be protective*
- *People who are rested or able to overcome being tired*

Uses resources to meet basic needs refers to knowing what is needed, getting it, and using it to keep a child safe. Examples may include:

- *People who get people to help them and their children.*
- *People who use community public and private organizations*
- *People who will call on police or access the courts to help them*
- *People who use basic community services such as food and shelter*

Case Management Scaling Guide:

- A. Parent/Caregiver takes action, is assertive and responsive, and is physically able to respond to caregiving needs, such as chasing down children, lifting children, and is able to physically protect their children from harm consistently. Parent/Caregiver may have physical limitations, however demonstrates the ability to accommodate those physical limitations in order to take action.
- B. Parent/Caregiver is able to take action, is assertive and responsive, and/or is physically able to respond to caregiving needs, however requires assistance on occasion to be able to meet children's needs. Parent/Caregiver may have a physical limitation, and occasionally is not able to demonstrate the ability to accommodate those physical limitations in order to take action.
- C. Parent/Caregiver regularly is not able to take action, be assertive and responsive, and/or physically respond to caregiving needs. Parent/Caregiver needs assistance on a regular basis (weekly). Parent/Caregiver may have a physical limitation, and on a regular basis is not able to accommodate those physical limitations in order to take action.
- D. Parent/Caregiver is not able to take action, be assertive and responsive, and/or physically respond to meeting caregiving needs of children. Parent/Caregiver requires assistance routinely (daily). Parent/Caregiver may have a physical limitation, and routinely is not able to accommodate that physical limitation in order to take action.

- c. **Behavioral Protective Capacity: The parent/legal guardian/caregiver sets aside her/his needs in favor of a child.**

This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own. Examples may include:

- *People who do for themselves after they have done for their children.*
- *People who sacrifice for their children.*
- *People who can wait to be satisfied.*
- *People who seek ways to satisfy their children's needs as the priority.*

This refers to people who adjust and make the best of whatever caregiving situation occurs. Examples may include:

- *People who are flexible and can adapt*
- *People who accept things and can move with them*
- *People who are creative about caregiving*
- *People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting*

Case Management Scaling Guide:

- A. Parent/Caregiver identifies their child's needs as their number one priority. Parent/Caregiver has demonstrated through their actions that they place their child's needs above their own by waiting to be satisfied, sacrificing for their children, and through seeking ways to satisfy their child's needs as a priority. Parent/Caregiver does not need to be prompted by others in viewing their needs as secondary to the child's.
- B. Parent/Caregiver views the child's needs as a priority, however at times struggles to place their children's needs before their own. The lack of viewing the child's needs as a priority does not result in the children being maltreated or exposed to danger.
- C. Parent/Caregiver recognizes the need to place their child's needs as a priority, however is not able to set aside their own needs in favor of their child's needs, resulting in the child being maltreated and/or exposed to danger.
- D. Parent/Caregiver does not recognize the need to place the child's needs as a priority and does not set aside their own needs in favor of the child's, resulting in the child being maltreated and/or exposed to danger on regular occasions.

- d. **Behavioral Protective Capacity: The parent/legal guardian/caregiver demonstrates adequate skill to fulfill caregiving responsibilities.**

This refers to the possession and use of skills that are related to being protective. Examples may include:

- *People who can feed, care for, supervise children according to their basic needs*
- *People who can handle, manage, oversee as related to protectiveness*
- *People who can cook, clean, maintain, and guide, shelter as related to protectiveness*

Case Management Scaling Guide:

- A. Parent/Caregiver is able to feed, care for, and supervise child. Parent/Caregiver has the skills necessary to cook, clean, maintain, guide and shelter child as related to protectiveness.
- B. Parent/Caregiver is able to feed, care for, and supervise child, however at times requires assistance in fulfilling these duties. Parent/Caregiver is able to seek assistance in meeting child's needs and the need for assistance does not result in the child's needs being unmet and/or children being maltreated.
- C. Parent/Caregiver has minimal skills related to providing for the basic needs of child. Parent/Caregiver lacks the ability to consistently feed, and/or care, and or/supervise child resulting in maltreatment and/or danger. Parent/Caregiver recognizes the need for assistance, however does not act to seek resources to assist in fulfilling caregiving responsibilities.
- D. Parent/Caregiver has little to no skills related to providing for basic needs of child. Parent/Caregiver does not feed, and/or, care, and/or supervise child resulting in child being maltreated and/or in danger. Parent/Caregiver does not recognize the need to provide for basic needs of child and/or the parent/caregiver will not or cannot seek resources to assist in fulfilling caregiving responsibilities.

- e. **Behavioral Protective Capacity: The parent/legal guardian/caregiver is adaptive as a caregiver.** This refers to people who adjust and make the best of whatever caregiving situation occurs.

- *People who are flexible and can adapt*
- *People who accept things and can move with them*
- *People who are creative about caregiving*
- *People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting*

Case Management Scaling Guide:

- A. Parent/Caregiver is flexible and adjustable, is able to accept things and move, is creative in their caregiving, and are able to come up with solutions and ways of behaving that may be new, needed and unfamiliar but are fitting to their child's needs.
- B. Parent/Caregiver is able to be flexible and adjustable in most situations, is able to accept most things and move forward, displays some creativity in their caregiving, and is able to come up with solutions and ways of behaving that are new, needed, and unfamiliar with some assistance. On occasion the parent/caregivers adaptation is not fitting to their child's needs, however this does not result in maltreatment and/or danger.
- C. Parent/Caregiver lacks flexibility in most situations, including routine caregiving responsibilities. Parent/Caregiver struggles with adapting to meet child needs, including identifying solutions for ways of behaving or caretaking that does not result in maltreatment and/or danger to child. Parent/Caregiver acknowledges their struggle with flexibility and adaptation, however has not sought assistance in changing their behavior.
- D. Parent/Caregiver is not flexible and/or adaptive in caregiving duties, resulting in children being maltreated and/or in danger. Parent/Caregiver cannot or will not acknowledge their lack of flexibility and/or adaptability in caregiving. Parent/Caregiver has not sought assistance in changing their behavior.
- f. **Behavioral Protective Capacity: History of Protecting.** This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples may include:
 - *People who have raised children (now older) with no evidence of maltreatment or exposure to danger*
 - *People who have protected their children in demonstrative ways by separating them from danger, seeking assistance from others or similar clear evidence*
 - *Caregivers and other reliable people who can describe various events and experiences where protectiveness was evident*

Case Management Scaling Guide:

- A. Parent/Caregiver has raised children (older) with no evidence of maltreatment or exposure to danger, have demonstrated ways of protecting their children by separating them from danger, seeking

assistance from others. Parent/Caregiver can describe events and experiences where they have protected children in the past.

- B. Parent/Caregiver has raised children (older) with minimal exposure to danger or evidence of maltreatment. This may or may not include prior child welfare system involvement with the family. Parent/Caregiver is able to seek assistance from others and can describe events and experiences where they have protected their children in the past, as well as describe how they were not able to protect their children in past. Parent/Caregiver is able to differentiate between prior protective actions and lack of protective actions.
 - C. Parent/Caregiver has demonstrated minimal ability to raise children without exposure to danger or maltreatment. Parent/Caregiver has had frequent (three or more contacts with the child welfare system due to repeated exposure to maltreatment and parental conduct. Parent/Caregiver is not able to articulate how they have protected their children in the past and/or how they could take protective measures to ensure that their children are protected.
 - D. Parent/Caregiver has not been able to raise children without exposure to danger and/or maltreatment. Parent/Caregiver has had repeated contact with child welfare system (three or more reports within 1 year) due to repeated exposure to maltreatment and parental conduct.
2. **“Cognitive Protective Capacity”** means specific intellect, knowledge, understanding and perception that results in protective vigilance. The following are cognitive protective capacities.
- a. **Cognitive Protective Capacity: The person is self-aware as a parent/legal guardian/caregiver.** This refers to sensitivity to one’s thinking and actions and their effects on others or on a child. Examples may include:
 - *People who understand the cause – effect relationship between their own actions and results for their children*
 - *People who are open to who they are, to what they do and to the effects of what they do*
 - *People who think about themselves and judge the quality of their thoughts, emotions and behavior*
 - *People who see that the part of them that is a caregiver is unique and requires different things from them*

Case Management Scaling Criteria:

- A. Parent/Caregiver understands the cause-effect relationship between their own actions and effects on child. They are open to who they are and to what they do and the effects of what they do. They are able to think about themselves and judge the quality of their thoughts, emotions, and behaviors. They are able to view their role as a caregiver as being unique.
 - B. Parent/Caregiver is able to understand the cause-effect relationship between their own actions and effects on children, however at times struggle to be open in regards to themselves and the quality of their thoughts, emotions, and behaviors in relation to providing for care of the child. The Parent/Caregiver struggles do not result in child being maltreated and/or being in dangerous situations.
 - C. Parent/Caregiver is able to understand the cause-effect relationship between their own actions, however are not able to relate their actions to the effects on their child. Parent/Caregiver is not open in reflecting their own thoughts, emotions, and/or behavior in relation to providing for care of their children, resulting in children being maltreated and/or in danger. Parent/Caregiver recognizes the need for understanding the causal relationship and the effects on child.
 - D. Parent/Caregiver is not able to understand the cause-effect relationship between their own actions and is not able to relate those actions to the effects on their child. Parent/Caregiver is not open in regard to their own thoughts, emotions, and/or behavior, resulting in child being maltreated and/or in danger. Parent/Caregiver does not recognize the need for understanding the causal relationship of their actions and the effects on child.
- b. **Cognitive Protective Capacity: The parent/legal guardian/caregiver is intellectually able/capable. Adequate Knowledge to Fulfill Caregiving Duties** This refers to information and personal knowledge that is specific to caregiving that is associated with protection. Examples may include:
- *People who know enough about child development to keep kids safe*
 - *People who have information related to what is needed to keep a child safe*
 - *People who know how to provide basic care which assures that children are safe*

Case Management Scaling Criteria:

- A. Parent/caregiver possesses essential knowledge regarding caregiving and child development. Parent/caregiver seeks to increase their knowledge in correlation with child's needs and is able to recognize the need for increased knowledge as being essential to providing for child safety. Parent/caregiver may have cognitive limitations, however has supports and/or resources to assist in knowledge development.
 - B. Parent/caregiver possesses essential knowledge regarding caregiving and child development, however at times struggles in recognizing the correlation with child's needs and the need for increased/varied knowledge for providing for child safety. Parent/caregiver is open to seeking assistance and may or may not have a support network to assist in increasing their knowledge regarding child development. Maltreatment has not occurred as a result of the parent/caregiver's knowledge capacity.
 - C. Parent/caregiver lacks essential knowledge regarding caregiving and child development and does not correlate the lack of knowledge to the responsibility for child safety and development. Parent/caregiver may have a cognitive delay that affects their ability to increase their knowledge regarding caregiving and safety and the lack of resources or supports for their cognitive delay is a contributing factor to the parent/caregiver intellectual capacity. Parent/caregiver is not or will not seek assistance in increasing their knowledge. Maltreatment has occurred as a result of the parent/caregivers knowledge capacity.
 - D. Parent/caregiver lacks essential and basic child development knowledge in regards to caregiving needs and child safety. Parent/caregiver may have a cognitive delay that is debilitating and is not being addressed through informal or formal supports. The parent/caregiver knowledge is such that it leaves children in danger and has resulted in maltreatment. Parent/caregiver is not or will not seek assistance in increasing their knowledge or accessing supports to develop knowledge regarding child development and child safety.
- c. **Cognitive Protective Capacity: The parent/legal guardian/caregiver recognizes and understands threats to the child.** This refers to mental awareness and accuracy about one's surroundings, correct perceptions of what is happening and the viability and appropriateness of responses to what is real and factual. Examples may include:
- *People who recognize threatening situations and people*

- *People who are alert to danger about persons and their environment*
- *People who are able to distinguish threats to child safety*

Case Management Scaling Criteria:

- A. Parent/caregiver is attuning with their surroundings, in particular to their perceptions regarding life situations, recognizing dangerous and threatening situations and people. Parent/caregivers are reality orientated and consistently operate in realistic ways.
 - B. Parent/caregiver is aware of their surroundings and life situations. Parent/caregiver is aware of dangerous and threatening situations and people, however at times struggles to correlate the impact of dangerous and threatening situations and people with their role as a parent/caregiver. Parent/caregiver ability does not result in children being maltreated and/or unsafe. Parent/caregiver is able to recognize the need for increased awareness and is able to access resources without assistance in increasing their mental awareness in regards to providing for safety of children.
 - C. Parent/caregiver frequently is not aware of their surroundings and life situations. In particular this occurs when presented with dangerous and/or threatening situations. Parent/caregiver is not able to recognize the correlation with child safety and mental awareness, resulting in children being maltreated and/or unsafe. Parent/caregiver is not or will not access resources to increase their mental awareness without assistance.
 - D. Parent/caregiver is not aware of their surrounding and life situations, particularly when caring for children. Parent/caregiver does not recognize dangerous and/or threatening situations/people, resulting in children being maltreated and/or unsafe. Parent/caregiver may have an unmanaged mental health condition that affects their ability to be aware. The unmanaged mental health condition is known to the parent/caregiver and they have not or will not seek assistance to manage the mental health condition.
- d. **Cognitive Protective Capacity: The parent/legal guardian/caregiver recognizes the child's needs.** This refers to seeing and understanding a child's capabilities, temperament, needs and limitations correctly. Examples may include:

- *People who know what children of a certain age or with particular characteristics are capable of.*
- *People who respect uniqueness in others*
- *People who see a child essentially as the child is and as others see the child*
- *People who recognize the child's needs, strengths and limitations. People who can explain what a child requires, generally, for protection and why*
- *People who see and value the capabilities of a child and are sensitive to difficulties a child experiences*
- *People who appreciate uniqueness and difference*
- *People who are accepting and understanding*

Case Management Scaling Criteria:

- A. Parent/caregiver consistently recognizes the child's needs, strengths and limitations. Parent/caregiver is able to appreciate the uniqueness and differences in children with acceptance and understanding. Parent/caregiver is sensitive to the child and their experiences.
- B. Parent/caregiver recognizes the child's needs, strengths and limitations. Parent/caregiver is able to appreciate the uniqueness and differences in children, however at times struggles in understanding and accepting the child's differences and uniqueness. At times the parent/caregiver struggles with identifying with the child and their experiences. Parent/caregiver is aware during these times and may have sought assistance in continuing to develop their parenting skills in regards to recognizing child's needs and differences. The parent/caregiver has supports and/or resources available for assistance. Children have not been maltreated and/or unsafe due to the parent/caregiver capacity of being able to recognize child needs and strengths.
- C. Parent/caregiver does not identify with the child's needs, strengths, and/or limitations resulting in the parent/caregiver acting in ways that have resulted in the child being maltreated and/or unsafe. The parent/caregiver is able to recognize their inability to identify with children and is open to assistance in increasing their parenting capacity.
- D. Parent/caregiver does not identify with the child's needs, strengths, and/or limitations that have resulted in the child being maltreated and/or unsafe. The parent/caregiver does not see value in the capabilities of the child and are not sensitive to the child and their experiences. Parent/caregiver view of the child is incongruent to the child and how

others view the child. Parent/caregiver is not able to recognize their inability to identify with child and the child's needs and are not willing or able to seek assistance in increasing their parenting capacity.

- e. **Cognitive Protective Capacity: The parent/legal guardian/caregiver understands his/her protective role.** This refers to awareness. This refers to knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child. Examples may include:
- *People who possess an internal sense and appreciation for their protective role*
 - *People who can explain what the "protective role" means and involves and why it is so important*
 - *People who recognize the accountability and stakes associated with the role*
 - *People who value and believe it is his/her primary responsibility to protect the child*

Case Management Scaling Criteria:

- A. Parent/caregiver values and believes that is their primary responsibility to protect the child. Parent/caregiver is convicted in their beliefs and possesses an internal sense and appreciation for their protective role. Parent/caregiver is unwavering in their protective role and is able to articulate the significance of their role.
- B. Parent/caregiver believes that protecting their child is a primary responsibility, however at times struggles with their internal sense and appreciation for their protective role resulting in times where the parent/caregiver has abdicated their role for protectiveness to others without regard for the protectiveness of the alternate caregiver. Parent/caregiver recognizes their limitations in regards to protectiveness and their actions have not resulted in maltreatment and/or an unsafe child.
- C. Parent/caregiver does not value and/or believe that their primary responsibility is to protect the child. Parent/caregiver may have an internal sense for being protective, however does not or cannot internalize the primary responsibility for protection of the child. Parent/caregiver does not or cannot accept responsibility for child protection, resulting in children being maltreated and/or unsafe.

- D. Parent/caregiver does not recognize and/or value the responsibility to protect children as a primary role of a caregiver. Parent/caregiver does not have an internal sense for being protective and takes no responsibility for keeping children safe, resulting in children being maltreated and/or unsafe.
- f. **Cognitive Protective Capacity: The parent/legal guardian/caregiver plans and is able to articulate a plan to protect children.** This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan. Examples may include:
- *People who are realistic in their idea and arrangements about what is needed to protect a child*
 - *People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child*
 - *People who are aware and show a conscious focused process for thinking that results in an acceptable plan*
 - *People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient*

Case Management Scaling Criteria:

- A. Parent/caregiver has developed, either currently or in the past, plans to protect children. Parent/caregiver is realistic in their planning and arrangement about what is needed to ensure child safety. Parent/caregiver is aware of danger and is focused on their processing and development of a plan for safety.
- B. Parent/caregiver is realistic in their plan for child safety and is able to make arrangements to ensure child safety, however may or may not have developed a plan for protection in the past. Parent/caregiver is able to articulate a plan and has the resources to execute the plan if needed. Parent/caregiver is realistic in their plan for child safety and is able to make arrangements to ensure child safety, however may or may not have developed a plan for protection in the past. Parent/caregiver is able to articulate a plan and has the resources to execute the plan if needed.
- C. Parent/caregiver does not recognize the need to plan for child safety and has not developed a plan in the past or has developed plans that were unrealistic to ensure safety, thus resulting in maltreatment and/or children being unsafe. Parent/caretaker may have cognitive limitations that affect their ability to conceptualize a plan for protection and are open to assistance in developing plans and/or accessing resources.

- D. Parent/caregiver does not recognize the need to develop a plan to ensure child safety and has not developed a plan in the past or has developed plans that were unrealistic, resulting in children being maltreated and/or unsafe. Parent/caretaker does correlate the inaction of developing a plan and children being maltreated and/or unsafe. Parent/caretaker may have cognitive limitations that affect their ability to conceptualize a plan for protection. Parent/caregiver is unwilling or unable to seek assistance in developing plans and/or accessing resources to assure child safety. Parent/caregiver is unrealistic and unaware of the necessity as parents/caregivers to develop and execute plans for protection of children.
3. **“Emotional Protective Capacity”** refers to specific feelings, attitudes, identification with a child and motivation that result in protective vigilance. The following are emotional protective capacities.
- a. **Emotional Protective Capacity: The parent/legal guardian/caregiver is able to meet own emotional needs.** This refers to the parent/caregiver satisfying their feelings in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular children. Examples may include:
- *People who use personal and social means for feeling well and happy that are acceptable, sensible and practical*
 - *People who employ mature, responsible ways of satisfying their feelings and emotional needs*
 - *People who understand and accept that their feelings and gratification of those feelings are separate from their child*

Case Management Scaling Criteria:

- A. Parent/caregiver recognizes and understands their own emotional needs and is effectively manages their needs in ways that do not interfere with their ability to parent and does not take advantage of others. Parent/caregiver makes choices in regards to satisfying their feelings and emotional needs that are mature, acceptable, sensible, and practical.
- B. Parent/caregiver recognizes their own emotional needs, however struggles to manage their needs in ways that do not interfere with their ability to parent and/or takes advantage of others. Parent/caregiver makes choices in regards to satisfying their emotional needs that at times are not mature and/or acceptable and/or sensible and/or practical. Parent/caregiver choices do not result in maltreatment and/or unsafe. Parent/caregiver has and uses resources necessary to ensure children are safe while ensuring their emotional needs are met.

- C. Parent/caregiver shows limited understanding and recognition of their own emotional needs. Parent/caregiver often seeks to satisfy their own emotional needs through means that take advantage of others, primarily their children. Parent/caretaker uses avenues to satisfy their own emotional needs that are unacceptable, resulting in children being maltreated and/or unsafe.
 - D. Parent/caregiver does not recognize their own emotional needs, resulting in their needs being unmanaged and interfering with their ability to parent children. The unmanaged needs results in children being maltreated and/or unsafe.
- b. **Emotional Protective Capacity: The parent/legal guardian/caregiver is resilient as a caregiver.** This refers to responsiveness and being able and ready to act promptly. Examples may include:
- *People who recover quickly from setbacks or being upset*
 - *People who spring into action*
 - *People who can withstand challenges and stress*
 - *People who are effective at coping as a caregiver*

Case Management Scaling Criteria:

- A. Parent/caregiver has demonstrated that they are able to recover from or adjust easily to [misfortune](#) and/or change. Recovery and adjustment are focused on maintaining their role as a caregiver and providing for protection of their children. Parent/caregiver recognizes the need for resiliency as a caregiver and is effective at taking action and coping as a caregiver.
- B. Parent/caregiver has demonstrated that they are able to recover from or adjust under most situations in regards to misfortune and/or change. Recovery and adjustment are mostly focused on their role as a caregiver and for providing protection. Parent/caregiver struggles with coping and taking action during these times. Children are not maltreated and/or unsafe due to the parents coping and/or taking action.
- C. Parent/caregiver when faced with adversity/challenges is not able to recover or adjust. Recovery and adjustment requires frequent interventions by support and resources. Parent/caregiver cannot focus their role during these times to caretaking, resulting in children being maltreated and/or unsafe.

- D. Parent/caregiver does not respond to adversity/challenges and recovery or adjustment is not existent. Parent/caregiver does not respond to interventions by supports and resources and children are maltreated and/or unsafe due to the parent/caregivers responses.
- c. **Emotional Protective Capacity: The parent/caregiver is tolerant as a caregiver.** This refers to caregiver who is able to endure trying circumstances with even temper, be understanding and sympathetic of experiences, express forgiveness under provocation, broad-minded, and patient as a caregiver. Examples may include:
- *People who can let things pass*
 - *People who have a big picture attitude, who don't overreact to mistakes and accidents*
 - *People who value how others feel and what they think*

Case Management Scaling Criteria:

- A. Parent/caregiver maintains an even temper and patience under trying circumstances. Parent/caregiver recognizes the need for tolerance as a caregiver and works to ensure that they are open minded and understanding as a caregiver.
- B. Parent/caregiver frequently maintains an even temper and displays patience under most situations. Parent/caregiver at times struggles with temper and patience, however does not impact their role as a caregiver or result in maltreatment and/or unsafe children. Parent/caregiver is aware of their challenges with tolerance and has the ability to access resources to assist in increasing their tolerance.
- C. Parent/caregiver frequently cannot or will not maintain their temper and/or patience while providing care for children. Parent/caregiver are aware of their decreased tolerance however are not able to correlate the need for tolerance in parenting. Parent/caregivers lack of tolerance has resulted in children being maltreated and/or being unsafe. Parent/caregiver is willing to access resources and/or supports to increase their tolerance as a caregiver.
- D. Parent/caregiver cannot or will not maintain their temper and/or patience while providing care for children. Parent/caregiver is not aware of their decreased tolerance and are not able to correlate the need for tolerance in parenting. Parent/caregiver lack of tolerance has resulted in children being maltreated and/or being unsafe. Parent/caregiver cannot

or will not access resources and/or supports to increase their tolerance as a caregiver.

- d. **Emotional Protective Capacity: The parent/legal guardian/caregiver expresses love, empathy and sensitivity toward the child; experiences specific empathy with regard to the child's perspective and feelings.** This refers to active affection, compassion, warmth and sympathy.
- *People who fully relate to, can explain and feel what a child feels, thinks and goes through*
 - *People who relate to a child with expressed positive regard and feeling and physical touching*
 - *People who are understanding of children and their life situation*

Case Management Scaling Criteria:

- A. Parent/caregiver is able to relate to their child and demonstrates actions that are reflective of expressing love, affection, compassion, warmth, and sympathy for the child and their experiences. Parent/caregiver is able to explain child feelings and emotions and is able to respond accordingly.
- B. Parent/caregiver is able to relate to the child, however at times struggles to demonstrate either physically or verbally, love affection, compassion, warmth, and sympathy. While the parent/caretaker acknowledges their love, compassion, warmth, and sympathy, they struggle with displaying affection to the child. This does not result in child being maltreated and/or unsafe.
- C. Parent/caregiver frequently cannot or will not relate to their children's feelings. Parent/caregiver does not express love, empathy, and/or sympathy for the child on a frequent or consistent basis. Parent/caregiver is able to recognize the absence of relating to the child's feelings. The parent/caregiver's feeling towards the child result in the child being maltreated and/or unsafe.
- D. Parent/Caregiver is not able to relate to the child's feelings. The parent/caregiver does not express any love, empathy, and/or sympathy for the child. The parent/caregiver's lack of feelings towards the child results in the child being maltreated and/or unsafe.
- e. **Emotional Protective Capacity: The parent/caregiver is stable and able to intervene to protect children.** This refers to the mental health, emotional energy, and emotional stability of the parent/caregiver in providing for protection of children.

- *People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately*
- *People who are not consumed with their own feelings and anxieties*
- *People who are mentally alert, in touch with reality*
- *People who are motivated as a caregiver and with respect to protectiveness*

Case Management Scaling Criteria:

- A. Parent/caregiver's mental, emotional stability and energy are sufficient to meet the needs of the child. Feelings and emotions are not paralyzing to the parent/caregiver. Parent/caregivers are alert and reality orientated to their own emotions/feelings and actions. Parent/caregiver is motivated in ensuring their own mental, emotional stability and energy are sufficient to ensure that the child is safe.
 - B. Parent/caregiver's mental, emotional stability, and energy are sufficient under most daily routines, however during times of adversity or challenges the parent/caregiver's struggle to maintain their stability. Parent/caregiver seeks resources and supports during these times and accesses resources to ensure that child is safe.
 - C. Parent/caregiver is frequently not able to maintain emotional stability during daily routines, resulting in the child's needs not being met. Parent/caregiver is aware of instability, however is immobilized in taking action to access resources or supports to provide for child safety, resulting in child being maltreated and/or unsafe.
 - D. Parent/caregiver is not able to maintain emotional stability during daily routines and challenging life events. Parent/caretaker is not aware of their instability and has taken not action to access resources and/or supports to ensure for child safety, resulting in child being maltreated and/or unsafe.
- f. **Emotional Protective Capacity: The parent/caregiver is positively attached to the child.** This refers to a strong attachment that places a child's interest above all else. Examples may include:
- *People who act on behalf of a child because of the closeness and identity the person feels for the child*

- *People who order their lives according to what is best for their children because of the special connection and attachment that exists between them*
- *People whose closeness with a child exceeds other relationships*
- *People who are properly attached to a child*

Case Management Scaling Criteria:

- A. Parent/caregiver demonstrates their attachment to the child through actions such as ordering their lives according to what is best for their child, displays affectionate regard for their child and the child's experiences, and identifies their closeness with the child exceeds other personal relationships.
 - B. Parent/caregiver demonstrates their attachment to the child through actions, however at times struggles with ordering their lives according to what is best for the child, displaying their affection for the child, and identifying the closeness of the relationship with the child.
Parent/caregiver attachment struggle are not intentional and the parent/caregivers is aware of the struggle. Parent/caregiver has or has the ability to seek resources and/or supports for increasing their parenting capacity. Children have not been maltreated and/or unsafe due to the parental and child attachment.
 - C. Parent/caregiver frequently does not demonstrate their attachment to the child. This is evidenced by the ordering of their lives, lack of affectionate regard for the child, and the parent identifying other relationships as being their primary relationship. Child has suffered maltreatment and/or is unsafe as a result of the parent/caregiver's lack of attachment to the child.
 - D. Parent/Caregiver has no attachment to the child, shows no regard for the child and the parent/caregiver relationship. Parent/caregivers does not identify them as a parent/caregiver. Parent/caregiver cannot or will not seek resources and/or supports to enhance their attachment and does not recognize the correlation between the lack of attachment and maltreatment.
- g. **Emotional Protective Capacity: The parent/legal guardian/caregiver is supportive and aligned with the child.**
Supportive refers to actual, observable sustaining, encouraging and maintaining a child's psychological, physical and social well-being. Examples may include:

- *People who spend considerable time with a child filled with positive regard*
- *People who take action to assure that children are encouraged and reassured*
- *People who take an obvious stand on behalf of a child*

Aligned refers to a mental state or an identity with a child. Examples may include:

- *People who strongly think of themselves as closely related to or associated with a child*
- *People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety*
- *People who consider their relationship with a child as the highest priority*

Displays concern for the child. This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure. Examples may include:

- *People who show compassion through sheltering and soothing a child.*
- *People who calm, pacify and appease a child.*
- *People who physically take action or provide physical responses that reassure a child, that generate security.*

Case Management Scaling Criteria:

- A. Parent/caregiver demonstrates that they are strongly related and/or associated with the child, thus showing compassion for the child by calming, pacifying, and appeasing children as needed. Parent/caregiver is aligned with the child, as demonstrated by the actions and responses towards the child. Parent/caregiver identifies their relationship with the child as being the highest priority.
- B. Parent/caregiver frequently is aligned with the child through their actions, however at times struggles in demonstrating compassion for the child and/or being responsive. The parent/caregiver's actions do not result in the child being maltreated and/or unsafe. The parent/caregiver acknowledges their struggle, and has the resources and/or supports to increase their responsiveness and compassion for the child.
- C. Parent/caregiver does not identify with the child through their actions and lacks compassion for the child. Parent/caregiver infrequently non-responsive to the child when the child needs to be calmed, pacified, and/or appeased. The parent/caregiver acknowledges their inability to align with the child however cannot or will not take actions to increase

their alignment with the child. The parent/caregiver actions have resulted in children being maltreated and/or unsafe.

- D. Parent/caregiver is not aligned with the child as demonstrated by their non-responsiveness to the child and the lack of compassion for the child. Parent/caregiver does not express concern and/or does not acknowledge their lack of alignment with the child. The lack of parent/caregiver actions has resulted in the child being maltreated and/or unsafe.

Characteristics to Assess

- Behavioral capacity:
 - Controls impulses
 - Takes action
 - Sets aside own needs for child
 - Adequate parenting skills
 - Adaptive as a parent
- Cognitive capacity:
 - Is self-aware
 - Is intellectually able
 - Recognizes threats
 - Understands the protective role
 - Plans and articulates plans for protection
- Emotional capacity:
 - Meets own emotional needs
 - Is resilient
 - Is tolerant
 - Is stable
 - Expresses love, empathy, sensitivity to the child
 - Is positively attached to the child
 - Is aligned and support the child
- Once assessed you will respond with a yes/not to:
 - Parent/Caregiver consistently acts thoughtfully regardless of outside stimulation, avoids whimsical responses, and thinks before they take action. Parent/Caregiver is able to plan in their actions when caring for children and making life choices.
 - Parent/Caregiver regularly is acts thoughtfully regardless of their own urges or desires, avoids acting as a result of outside stimulation, avoids whimsical responses, thinks before they take action, and are able to plan when caring for children and making life choices. When parent/caregiver does act on urges/desires, they do not result in negative effects to their children or family.
 - Parent/Caregiver routinely (weekly/monthly) acts upon their urges/desires, is influenced by outside stimulation, thinks minimally before they take action, and are not able to plan, resulting in their actions having negative effects on their children and family.
 - Parent/Caregiver frequently (daily) acts upon their urges/desires, is highly influenced by outside stimulation, does not think before taking action, and do not plan. Parent/Caregiver's inability to control their impulses results in negative effects on their children and family.

- Once all characteristics are considered you must answer yes/no to: Are protective capacities sufficient to manage identified threats of danger in relation to child's vulnerability?

Section VI of the FFA

- Most critical section – Safety Determination and Summary.
- Must make a determination of:
 - Safe with no impending danger 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
- Must have validated all significant information either through corroboration and/or observations.
 - Corroboration means that the information that you gathered is credible, reliable, and obtained from multiple sources.
 - “Diligent efforts” were made.

Activity: Did You See What I Saw?

Activity: Did You See What I Saw?

Activity Notes:

Information

- All information must be reconciled.
- Does not mean there are no discrepant or “at odds” statements recorded in your file.
- It means the file does not have any unexplained discrepancies and that you have documented a diligent effort to obtain additional information to reconcile the inconsistency and/or explain why one account is more credible than the other.
- Your information has to be verified or corroborated, reconciled and sufficient to make safety determinations.

Activity: Six Domain Case Scenarios

Activity: Six Domain Case Scenarios

Directions:

- Your group will be assigned one of the case scenarios below.
- Read the scenario and identify on the worksheet domains where the information provided is insufficient.
- You will then self-select who will play which role.
- Your goal as the PI is to gain information in each of the domain and your goal as the other roles is to make the PI work for their information with their interviewing and engagement skills.
- Record the information that you collected from the role play.

Activity Notes:

Case Scenarios

Scenario 1

Reporter: Dr. Gary Jenkins
Vincent

Case Narrative: Tuesday at 10:30 am a call was received from a pediatrician regarding Phil and Clara Vincent and their 18-month-old daughter Sheila. Parents brought her in because of concerns of not eating, fever, and presenting listless. The examination revealed a current fracture that is a twist as well as two other older breaks that are at different stages of healing (calcification). Parents are unable to provide any explanation for any of the injuries. The parents are cooperative, concerned about their child, and seem to be open in discussions.

Scenario 2

Reporter: Sherri Lott
Simmons

Case Narrative: The Aunt has not seen the family, Jeronda Simmons, 26, for about six months. She has three children: Trey, 10; Carley, 5; and Devon, 2. Today she stated that she was in the neighborhood and went by the home to see how she was doing. She has a new boyfriend, John Walker. She stated that both of the adults in the home were acting strange and that Jeronda was out of character. After being there a while, John eventually stepped out. The Aunt asked questions about him and about his employment. Jeronda confided that he makes and sells drugs. The Aunt challenged Jeronda to prove it. She led her to a back bedroom and reporter observed what she believed to be the needed items and materials to manufacture meth. Carley's bedroom and the bedroom that the boys share are right next to the room where the drugs are made. Jeronda stated that she has told John that she wants him to take that out of the house, but he refuses and becomes very angry and aggressive with her.

Scenario 3

Reporter: Camille Hanover (Paternal Grandmother)
Seaton

Case Narrative: The grandmother stated that today she was at the home of her daughter-in-law, Teri Williams, 21. Her son is in the military and is currently deployed overseas and is due to return in six months. They have a son, Brent, 15 mos. The Grandmother states that it well known that Teri is very lazy and extremely dirty. Reporter stated that she has been getting more concerned recently because she believes that her son was the only one who would ever maintain and clean the household. This morning she went to the home; the

conditions were deplorable. She observed, “more animals in the home then she could count.” There was also a chicken living in the house; it had a broken neck, and Teri stated that one of the dogs got after it and nearly killed it. The house reeked of animal urine and feces. The piles of fecal matter were about every 2-3 feet apart. Dishes, beer cans, and full ashtrays were everywhere. The Grandmother stated that she observed Brent put two cigarette butts in his mouth and the mother did not respond. The Grandmother removed them each time from his mouth. They argued about the condition of the home, and the mother blames the grandmother for the agency involvement. The child is highly mobile, climbing all over the home. The child was dirty and he had a sagging diaper. The mother says that she has been sick and is very tired which she says explains the conditions of the home. The mom promised to clean up the home and to keep the home clean. She says that she can call on friends to help.

Scenario 4

Reporter: Tammy Leiker, RN, Lovelace Home Health Care
Baker

Case Narrative: A nurse practitioner has been working with Diane Baker, 40, and her child, Scott, 9, for about the last six months. Scott has type 1 diabetes. The nurse states that she has been working with the mother about the necessary care, monitoring, and medication management. She stated that this is the longest that she has ever had to work with a family before they were able to handle things on their own. She is unclear if the mother is limited cognitively, not taking this seriously enough, or simply does not care. Type 1 diabetes can have very serious implications which range from death, seizures, heart and blood vessel disease, nerve damage, kidney failure, retinal eye damage (blindness), and foot damage which could lead to toe, foot, or leg amputation. Reporter had taken enough medication to last a month when she saw her at her last home visit one month ago. This morning, when she made her monthly home visit, almost all of the insulin and meds were still there unused. Ms. Baker’s explanation was nonchalant and stated that Scott was fine. He was at the home, on the couch, sweating, and stating that he felt nauseous. Reporter checked his blood sugar and it was dangerously low. He had to have an emergency injection of glucagon, a hormone that stimulates the release of sugar into the blood. He stabilized before the reporter left the home. Scott is not old/responsible enough to manage this on his own. Diane’s brother, Brian, who began moving in with them on Wednesday, has Diabetes as well. CPI was not able to speak with him because he was driving back with the rest of his belongings and wouldn’t be in until late Friday night. Diane stated that Brian often scolds her and Scott about Scott not taking his medicine. Brian is moving in with them to help Diane with bills and to be a male figure for Scott; both seemed excited about this situation.

Scenario 5

Reporter: Jill Strausse, School Social Worker

Martinez

Case Narrative: Fabian, 8, began crying in class after the teacher informed him that he was going to have a note sent home about poor school behavior. He stated that he was afraid of his father, Robert, 28, and is sure that he is going to get “beat up” after he gets the note. Fabian stated that his dad punches him with a closed fist and tells him to “get up and fight like a man.” There are no marks or bruises at this time. Fabian stated that his mother knows that his father punches him. The Principal decided to call Mr. Martinez and asked him to come to the school to discuss the matter. When he arrived, Fabian began crying. Mr. Martinez walked into the office and, although it is not clear how intentional, did kick Fabian in the leg as he passed. Fabian was extremely distressed and urinated in his pants. The meeting was uneventful; Mr. Martinez sat quietly and mostly listened without reaction.

Case Scenario Worksheet:

Maltreatment and Nature of Maltreatment:

Child Functioning:

Adult Functioning:

Caregiver Protective Capacity Analysis:

FSFN

- The link for how to input the FFA into FSFN is:
<http://centervideo.forest.usf.edu/fsfnenduser/lifecycleffainvst/start.html>

Unit 5.2: Information Collection and Determining Impending Danger

Safe vs. Unsafe

- To make a safety determination you must integrate what is known about each individual safety construct into the safety decision-making process.
- Safety options:
 - The child is safe – no impending danger threats were identified in the home.
 - The child is safe – an impending danger threat was identified but the threat is being effectively controlled and managed by a parent or legal guardian in the home.
 - The child is safe.

Activity: Safe/Unsafe

Activity: Safe/ Unsafe

Directions:

- Make a present danger safety determination for the identified victims in each of the scenarios in the previous exercise utilizing the information you collected from the role play and the narrative.
- Provide your rationale for your determination.

Activity Notes:

Impending Danger and Threshold Criteria

- Impending danger threshold criteria:
 - Observable: Danger is real; can be seen; can be reported; is evidenced in explicit, unambiguous ways.
 - Out of Control: Family conditions which can affect a child and are unrestrained; unmanaged; without limits or monitoring; not subject to influence, manipulation or internal power; are out of the family's control.
 - Vulnerable: Dependence on others for protection
 - Severity: Severity is consistent with harm that can result in pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, terror, impairment, death.
 - Imminence: A belief that threats to child safety are likely to become active without delay; a certainty about occurrence within the immediate to near future.
- As you gather information and identify negative conditions in families, you should simultaneously consider the criteria for the safety threshold.
- If you are considering the criteria, you will be able to frame what it is you must know to determine if a negative condition represents impending danger.
- FFA documentation must describe and reflect in detail how conditions are consistent with the safety threshold criteria.
- When you identify a negative condition, you must seek to understand:
 - How long the condition has been concerning or problematic?
 - How often is the negative condition actively a problem or affecting caregiver performance?
 - The extent or intensity of the problem and how consuming it is to caregiver functioning and overall family functioning?
 - What stimulates or causes the threat to child safety to become active?
 - What affect does the negative condition have specifically on the ability of a caregiver to provide for the care and protection of children?
 - How likely is the negative condition to continue or get worse without DCF intervention?

Child Vulnerability

- A child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them.
- Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility.
- Includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.
- Child vulnerability either exists or it doesn't – there is not gray area.
- Vulnerability is also child specific – one child may be vulnerable to a threat in the home while siblings or other children are not.
- A “targeted” child may be more vulnerable than the others.
- Must use all information you have gathered in each domain to connect the sense of vulnerability with danger threats. A “vulnerable child” in this sense:
 - Is defenseless and unable to protect him or herself;
 - Is exposed to behavior, conditions, or circumstances that he or she is powerless to manage; and
 - Is susceptible and accessible to a threatening parent or caregiver
- In determining if a child is vulnerable to a specific danger threat in the home you must consider:
 - How does the child's physical development, mobility and size make him or her susceptible to the threat?
 - Based upon the nature of the danger threat, how does the child's emotional development make him or her susceptible to the threat?
 - To what degree does the child's inability to communicate needs make him or her susceptible to the danger threat?
 - To what degree does the child's inability or unwillingness to share or disclose information make him or her susceptible to the danger threat?
 - To what degree does the child demonstrate any capacity for self-protection?
- Accurately assessing child vulnerability is highly dependent on you making observations to assess firsthand the sufficiency of the parent's protective capacities to manage identified threats of danger in relation to child's vulnerability. You should look for specific parent-child interactions that answer:
 - Does the child display behaviors that seem to provoke strong reactions from the parent?
 - Does the parent ignore inconsequential behavior or appropriately respond to child's “acting out?”
 - Does the child have difficulty verbalizing or communicating needs to parent?
 - Does the parent easily recognize the child's needs and respond accordingly?

- Does the child demonstrate little self-control and repeatedly has to be redirected by parent?
- Does the child play in an age appropriate manner by himself or with siblings/friends age appropriately?
- Does the child respond much more favorably to one family member?
- Do family members appropriately express affection for each other?
- Does the parent demonstrate good/poor communication or social skills?
- Is the parent very attentive or ignores or is very inattentive to child's expressed or observable needs?
- Does the parent consistently/inconsistently apply discipline or guidance for the child?
- Does the parent react impulsively to situations or circumstances in the home?
- Does the parent demonstrate adequate coping skills in handling unexpected challenges?

Presumptive Vulnerability

- Does not apply to the assessment of impending danger.
- Used when assessing present danger because there may be tumultuous circumstances occurring at present danger such as the parents are unavailable to interview or initially resistant to sharing information.
- This means you cannot collect sufficient information to determine if children in the home are similarly and definitively vulnerable to an identified danger threat.
- When you lack sufficient information to inform this determination than a "presumptive" vulnerability unique to present danger applies.

Impending Danger Threats

- Identified on the basis of the “out-of-control” conditions, circumstances, behaviors, and emotions that pose a danger to the child.
- To “qualify” family conditions as severe and chronic enough to represent an impending danger threat you have to think about six factors:
 - Duration - How long have the problematic family conditions been occurring?
 - Consistency – How often do the family conditions happen?
 - Pervasiveness – What is the extent of the family conditions?
 - Influence – What supports/causes/contributes to the family conditions?
 - Impact – What is the impact on the child/family?
 - Continuance – How likely is it that the family conditions will continue?

Activity: Impending Danger Matching Game

Activity: Impending Danger Matching Game

Activity Notes:

Information Sufficiency, Verification and Reconciliation

- The application of verification, reconciliation and sufficiency must answer:
 - Has sufficient information been collected in all information domains to gain a full understanding of what happened (or is happening) in the family and to accurately assess family functioning?
 - Does any of the information provided by you need to be verified?
 - Does any of the information provided by you need to be reconciled because of any unaddressed discrepancies?
- Checklist for each domain:
 - Does any of the information provided to you need to be validated?
 - Does any of the information provided to you need to be reconciled because of any unaddressed discrepancies?
 - Has sufficient information been collected in all information domains to gain a full understanding of what happened (or is happening) in the family and to accurately assess family functioning?

Reconciliation

- There are multiple valid reasons why your file might initially contain discrepancies in information. There are three possible reasons why this occurs:
 - Research has consistently shown how much eyewitness accounts can vary between subjects when interviewed immediately after an incident.
 - Informational discrepancies can also occur because family members are unsure of how you will use the information and are therefore either intentionally deceitful or only share partial information with you about factual details.
 - Collateral sources interviewed can be biased for or against the family and present compromised or inaccurate information in attempt to influence you and affect the outcome of the investigation.
- Reconciliation of the reported information is critical because if left unaddressed the information would raise more questions than answers and lead to concerns about which account of the “facts” should be considered more credible.

Information Sufficiency

- The initial determination that your supervisor makes in assessing if the case is ready to close is that sufficient information has been collected and adequately documented describing all six information domains as well as danger threats, child vulnerability to the threat, and caregiver protective capacities.
- Your supervisor's evaluation of information sufficiency is critical because any safety decision is only as good as the information it is based upon.
- You can use the following list of questions as your guide to critically thinking about information sufficiency.
 - What information still needs to be collected to inform the decision making process?
 - What information needs to be validated by direct observation by you or corroborated by an additional source?
 - What information needs to be reconciled because it appears to be contradictory or incomplete?
- If the answer is "none" to these questions, then you are ready to staff the case with your supervisor for sufficiency.

Activity: Determining Sufficiency Case Presentation

Activity: Determining Sufficiency Case Presentations

Directions:

- The investigator from the role-play will present the case to the class for critique of whether or not the information was sufficient.

Activity Notes:

FFA-Investigations: Assessing the Family

- The Family Functioning Assessment is designed to be an objective and neutral assessment that assesses family conditions, both positive and negative.
- Family conditions are situations and circumstance associated with family dynamics that affect a child (for better or worse) and are influenced by child and/or caregiver behaviors, emotions, perceptions, attitudes, etc. that can have an effect on child vulnerability and safety.
- When gathering and analyzing information during the Family Functioning Assessment, it is necessary that you are able to differentiate between family conditions, circumstances, and behaviors that have a negative quality but don't threaten child safety, with conditions in a family that have crossed the safety threshold and are imminently dangerous.
- A threshold is a cut-off point when something ceases to be one thing and crosses over into something else that is categorically different and has different implications in terms of how it is experienced.
- True to both negative and positive behavior.
- As a CPI you must know with precision, when a behavior or practice has crossed the line.

Present and Impending Danger Worksheet

Present Danger Threat

Example

Impending Danger Threat

Example

Activity: Assessing Danger Threats

Activity: Assessing Danger Threats

Directions:

Using the information that was presented in the previous scenarios, walk through your assigned scenario and available information to determine:

- 1) if any of the impending danger threats apply in the case based on the information gathered and if so, which ones and the rationale; and
- 2) if not, what threats pose the most possibility given the information that they have and what additional information do they need.

Activity Notes:

Is there an impending danger threat? ☐ Yes ☐ No

If "YES"

<u>THREAT</u>	<u>RATIONALE</u>
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If "NO"

<u>THREAT</u>	<u>RATIONALE</u>
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Activity: Case Study Reviews

Directions:

- Present your case and findings to the class for review and critique.

Activity Notes:

Unit 5.3: Assessing Impending Danger Related to Caregiver Protective Capacities (CPC) and Child Vulnerability

Caregiver Protective Capacities

- When you are thinking about caregiver protective capacities remember these two things:
 - They are fundamental to the safety decision-making process and the basis for treatment, interventions, and case planning.
 - They are personal and parenting characteristics that can specifically and directly be associated with a person being protective of their child.
- A protective capacity is a specific quality that can be observed, understood and demonstrated.
- They are the characteristics that guide the way a parent thinks, feels and acts when it comes to the capacity to be protective.

CPC Categories

- When you are assessing if a parent/caregiver can and will protect their child, you have to examine the specific characteristics or attributes of the caregiver which means that you have to determine their degree of adequacy in fulfilling:
 - Caregiving responsibilities
 - Using resources necessary to meet the child's basic needs
 - Setting aside his or her needs in favor of a child.
- In order to fulfill these tasks, parents/caregivers must possess parental protective vigilance through:
 - Behavioral protective capacities which are physical actions
 - Cognitive protective capacities which are thoughts
 - Emotional protective capacities which are feelings

Caregiver Protective Capacities

- In determining that a caregiver has sufficient behavioral capacity to maintain protective vigilance you must assess the caregiver as having demonstrated:
 - Impulse control
 - Takes action
 - Sets aside own needs for child
 - Adequate parenting skills
 - Adaptive as a parent
 - In determining that a caregiver has sufficient cognitive capacity to maintain protective vigilance you must assess the caregiver as having demonstrated:
 - Self-awareness
 - Intellectual ability
 - Recognizes threats
 - Understands the protective role
 - Plans and articulates plans for protection
 - In determining that a caregiver has sufficient emotional capacity to maintain protective vigilance you must assess the caregiver as having demonstrated emotional security by:
 - Meeting own emotional needs
 - Resiliency
 - Tolerance
 - Stability
 - Expresses love, empathy, sensitivity to the child
 - Positive attachment to the child
 - Aligned with and supportive of the child
 - The alleged or corroborated behavior, cognition or emotion should not unduly influence the overall assessment of the individual's protective capacity.
 - You are looking to determine if this is an isolated incident or a pattern of behavior.
 - Response is a yes/no; there is not "gray" area.
 - On the case management side, there is a scaling continuum from "A" to "D".
- A. Parent/Caregiver takes action, is assertive and responsive, and is physically able to respond to caregiving needs, such as chasing down children, lifting children, and is able to physically protect their children from harm consistently. Parent/Caregiver may have physical limitations, however demonstrates the ability to accommodate those physical limitations in order to take action.
- B. Parent/Caregiver is able to take action, is assertive and responsive, and/or is physically able to respond to caregiving needs, however requires assistance on occasion to be able to meet children's needs. Parent/Caregiver may have a physical

- limitation, and occasionally is not able to demonstrate the ability to accommodate those physical limitations in order to take action.
- C. Parent/Caregiver regularly is not able to take action, be assertive and responsive, and/or physically respond to caregiving needs. Parent/Caregiver needs assistance on a regular basis (weekly). Parent/Caregiver may have a physical limitation, and on a regular basis is not able to accommodate those physical limitations in order to take action.
 - D. Parent/Caregiver is not able to take action, be assertive and responsive, and/or physically respond to meeting caregiving needs of children. Parent/Caregiver requires assistance routinely (daily). Parent/Caregiver may have a physical limitation, and routinely is not able to accommodate that physical limitation in order to take action.
 - A “no” response to any characteristic, is saying that the caregiver has “diminished capacity” meaning that they do not possess sufficient protective characteristics to ensure that the child will be safe.
 - Diminished caregiver protective capacities need to be augmented prior to children being returned after removal/separation from the family.

Activity: CPC Determination

Activity: CPC Determination

Directions:

- Using the case scenarios that you have been assigned, complete the following tasks:
- Identify the caregiver protective capacities that are known and identify how you “know” this;
- Identify the additional information that you would need to assess caregiver protective capacities;
- What questions you would need to ask to obtain the information?
- What observations you would need to make?

Activity Notes:

Behavioral

Cognitive

Emotional

Activity: Determining Child Safety

Activity: Determining Child Safety

Directions:

- Given all information that you have on your case, determine if the child(ren) in your scenario is safe or unsafe.

Activity Notes:

Unit 5.4: In-Home Safety Analysis and Planning

Managing for Safety

- Managing for safety is directly related to the safety determination. If a danger threat has been identified in the home but it has been determined that the parent or legal guardian is effectively managing the threat, then the child is safe.
- If a danger threat has been identified in the home but it has been determined that the parent or legal guardian does not have sufficient protective capacity to effectively manage the threat, then the child is unsafe.
- Safety plans are specifically designed for the purpose of controlling or managing impending danger.
- Impending danger safety management actions and the safety plan must directly address the areas of need in the FFA and must ensure ongoing child safety.
- A safety management action on the safety plan must achieve its purpose fully each time it is delivered.

Safety Plan



FLORIDA SAFETY DECISION MAKING METHODOLOGY Child Safety Plan

Intake/Investigation ID: _____

Case Name: _____

Worker Name: _____

Effective Date: ____/____/____

Safety Plan Purpose: _____

Safety Plan Type: Individual(s) Family

Child Name	Date of Birth	Age

A. DANGER THREAT(S) DESCRIPTION (Specific Threats to Child Safety – Describe safety concerns that would pose present or impending danger)

B. SAFETY PLAN

Actions to Keep Child Safe	Who is Responsible for the Action?	Resources or People Who Will Help	Freq. of Intervention	Who is Responsible for Monitoring

C. TERMINATION

Termination Date:

Reason Plan is No Longer Required:

Other Reason Plan is No Longer Required:

D. SIGNATURES

Caregiver: _____ Date: _____

Caregiver: _____ Date: _____

Other: _____ Date: _____

Other: _____ Date: _____

Other: _____ Date: _____

Worker: _____ Date: _____

Supervisor: _____ Date: _____

Worker will provide a copy to persons included in the plan to ensure child safety

Original: Caregiver

Copy: File

Safety Plans

- In-Home Safety Plan: Children remain with a parent/caregiver while safety services are provided in the home to control for safety.
- Out of Home Safety Plan: Child leaves the home, absent the parent/caregiver to control for safety. Child may be placed in licensed foster care or with a relative or non-relative.
- Combination Safety Plan: Child may be with the parents in home for portions of the time and then out of home, to ensure child safety.
 - Example: Mom tells you that she knows that she uses on the weekend when she is with her boyfriend who is a truck driver and home only on the weekends. The children may stay at mom's house Mon-Thurs and stay at grandmother's home on Fri-Sunday.

Feasibility of In-Home Safety Plans

- Five (5) criteria to determine the feasibility of an in-home safety plan given household conditions and dynamics.
 - 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 and in-home safety plan.

What are Safety Plans?

- Safety plans are designed to CONTROL the behavior, emotion, or condition that results in a child being unsafe. The effect of a safety plan is immediate, protecting the child today.
- You may use formal and informal “safety service” providers, including family members and family-made arrangements with a responsible adult caregiver.
- Safety plans are not promissory commitments such as:
 - 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.
- Safety plans are the DCF’s way of taking responsibility for child protection.
- Safety plans are not the caretakers’ responsibility; they are the agency’s, as a system, responsibility.
- You must implement a safety plan as soon as possible, but no later than 24-hours once the determination has been made that a child is unsafe.
- In developing and implementing a safety plan you must balance the need to ensure child safety with honoring the parent’s right for self-determination through the least intrusive manner with an in-home safety plan being the first course of action for consideration.
- You may need to identify “non-negotiable” conditions of the plan.
- Non-negotiables should be kept to a bare minimum and discussed upfront because overruling a parent’s choice or solution to a problem is incongruent with a message of empowerment.
- You must explain the basis of the non-negotiable stance in terms of how the parent’s action, choice, or arrangement compromises the child’s safety. In the interest of child safety, you have to hold firm to a non-negotiable condition of the plan.
- You have seven (7) safety action options to consider depending upon how the danger threat is being manifested in the home, the response of the parents or legal guardians to the identification of the threat, and the caregiver’s alignment with the proposed protective actions to ensure child safety. There are four (4) in-home options and three (3) out-of-home options.

In-Home Safety Plan Options

- 1) A responsible adult moves into the home 24/7.
- 2) A responsible adult is in the home periodically.
- 3) A responsible adult routinely monitors the home.
- 4) Either the alleged maltreater temporarily leaves the home or the non-maltreating parent will temporarily leave the home with the child/children.

Out-of-Home Safety Plan Options

- 1) The child temporarily lives with someone in the family network.
- 2) The child is placed with a relative or non-relative after background checks have been completed and the home study initiated.
- 3) No appropriate relative or non-relative placement is known or available and the child is placed in a licensed emergency shelter/foster care placement.

“Family-made” Arrangements

- In-home options and the child living with someone in the family network as the out-of-home option.
- Meaning that the parent/caregiver has selected the individual to care for their child.
- When considering family-made arrangements you must sufficiently determine and document:
 - The family and informal support network can sufficiently manage the identified danger threat on its own
 - The non-maltreating caregiver has the capacity and willingness to protect
- To meet these two standards, you must assess if the responsible adult providing the temporary care of the child is fully aligned with the safety plan and is willing and capable of following through with the agreed upon safety activities.
- Family-made plans do not require court oversight which means that you have the primary responsibility for monitoring the safety plan for a minimum of 30-days to ensure the family’s compliance with the agreed upon safety actions.

Durable Power of Attorney

- Families may utilize a durable power of attorney giving a designated person rights and responsibilities regarding the child's care, physical custody, and control, including the ability to:
 - Consent to all school-related matters regarding the child
 - Consent to medical, psychological, or dental treatment for the child.
- A durable power of attorney is not intended for permanency or long-term use and does not affect the parents' rights concerning child custody or parental rights and responsibilities for safety and well-being.
- You should consult with your supervisor if you have a case where the family tells you that they have given power of attorney to anyone, regardless of whether or not they are involved in the investigative process.

Safety Planning Analysis

- Safety Planning Analysis is completed after information collection is completed, safety decision is made, and only when children are determined to be unsafe.
- 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 to arrive at a decision regarding the most appropriate and least restrictive means for controlling and managing identified Impending Danger Threats.
- The five essential analysis questions are:
 1. Is the parent or legal guardian willing to participate in the development and implementation of an in-home safety plan AND has the caregiver demonstrated that they will cooperate with all safety service providers identified in the plan?
 2. Is the home environment calm and stable enough for an in-home safety plan to be implemented and for safety service providers to work with the family safely in the home?
 3. Are safety services available at a sufficient level and to the degree necessary to manage all impending danger threats manifesting in the home?
 4. Can an in-home plan and use of in-home safety services be implemented prior to you obtaining the results of any professional evaluations?
 5. Does the parent or legal guardian have an established domicile from which an in-home plan can be implemented?
- If after addressing these questions you can go back to the five safety analysis conditions and answer "Yes" to all five questions, an in-home safety plan can then be executed allowing the child to remain in the home.

- If you select “No” to any of the five pre-requisite conditions needed to establish an in-home plan then you must proceed with an out-of-home placement and out-of-home safety plan.
- The process involves five steps:
 - Engagement with family in creating least intrusive plan.
 - Engagement/teaming with family supports to identify resources for plan.
 - Development of actions specific to provide for protection of child.
 - Confirmation of participants to the plan regarding acceptance and recognition of danger threat(s).
 - Consultation with Supervisor.
 - Implement the plan.

Conditions for Return

- In some ways, conditions for return are like tests for the parent/caregiver and we all know that we do much better on tests when we know exactly what we are expected to know and how we are expected to perform.
- We want children to be with their families and need to be very clear on what it will take to get them back in the home.
- You will develop and initiate the conditions for return and they will carry over into case management if the child is not back in the home by the time of case transfer.
- The safety planning process is a team process not only between you and the parents, but between you and the case manager as well.
- You will initiate safety plans, which means that you will need to think about the entire safety process from beginning to end.
- Conditions for return determine when an in home safety plan can and should be developed.
- When thinking about conditions for return, you want to not only think about the maltreatment that brought the family to your attention but each of the information gathering domains as well.
- Doing this will give you structure to your approach to identifying conditions for return and will ensure that you do not overlook anything.
- A “no” to any of these questions means that an out-of-home plan is needed.
- To move the child back into the home with an in-home safety plan, you must build your conditions for return around the same questions.
- Your conditions for return should answer each one of the questions in the affirmative. Meeting conditions for return mean that you can say:
 - There is a parent/legal guardians who is willing and has demonstrated that they will cooperate with all identified safety service providers.
 - The home environment is calm and consistent.
 - Safety services are available at a sufficient level and to the degree necessary to manage the impending danger manifested in the home.
 - Safety services can sufficiently manage impending danger.
 - The parent/legal guardians have a physical location or “home” in which than plan can be implemented.

Activity: Safety Analysis and Planning

Activity: Safety Analysis and Planning

Directions:

- Based on the available case information, complete a safety analysis and review the impending danger safety plan for adherence and quality.
- Evaluate the conditions for return.
- If there is insufficient information, document what information you would need and how you would gain it.

Activity Notes:

5 Safety Analysis and Planning Questions

1. Is the parent or legal guardian willing to participate in the development and implementation of an in-home safety plan AND has the caregiver demonstrated that they will cooperate with all safety service providers identified in the plan?
2. Is the home environment calm and stable enough for an in-home safety plan to be implemented and for safety service providers to work with the family safely in the home?
3. Are safety services available at a sufficient level and to the degree necessary to manage all impending danger threats manifesting in the home?
4. Can an in-home plan and use of in-home safety services be implemented prior to the investigator obtaining the results of any professional evaluations?
5. Does the parent or legal guardian have an established domicile from which an in-home plan can be implemented?

CROFT INTAKE REPORT WITH REPORTER NARRATIVE

Intake Name:	Intake Number:	County:	
Croft, Amy	2012-11122233	Lake	
Date/Time Intake Received	Program Type	Investigative Sub-Type	Provider Name
1/6/xx at 3:30pm	Child Intake-Initial	In-Home	NA
Worker Safety Concerns	Prior Involvement	Law Enforcement Notified	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Response Time	Name-Worker	Name Supervisor	
24 Hours	Mason, April	Clawson, Clayton	

I. Family Information

Name-Family:			Telephone Number		
Croft, Amy					
Address-Street	Unit Designator	City	State	Zip	
215 NW South Street		Orlando	FL	32801	
Primary Language:	Interpreter Needed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Directions to House	215 NW South Street				

Participants

Name	ID Number	Role	Gender	DOB
Croft, Amy	789822985	AP-PC	Female	3/8/xx
Est. Age	Ethnicity	Race	Disability	
27	Other	White	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Name	ID Number	Role	Gender	DOB
Thomas, Blake	394225006	AP-PC	Male	2/9/xx
Est. Age	Ethnicity	Race	Disability	
42	Other	White	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Name	ID Number	Role	Gender	DOB
Thomas, Micah	865850767	V	Male	4/30/xx
Est. Age	Ethnicity	Race	Disability	
2 ½ yrs	Other	White	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Name	ID Number	Role	Gender	DOB
Thomas, Makenzie	866765477	V	F	7/11/xx
Est. Age	Ethnicity	Race	Disability	
9	Other	White	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

AP=Alleged Perpetrator PC=Parent/Caregiver CH=Child in Home RN=Report Name

HM=Household Member SO=Significant Other NM=Non-Household Member V=Victim				
Address and Phone Information				
Name	Type	Address	Telephone Number	
Croft, Amy	Primary	215 NW South Street Orlando, FL	(407) 555-0101	
Thomas, Blake	Primary	215 NW South Street Orlando, FL	(407) 555-0101	
Thomas, Micah	Primary	215 NW South Street Orlando, FL	(407) 555-0101	
Thomas, Makenzie	Primary	215 NW South Street Orlando, FL	(407) 555-0101	
Relationships				
Subject	Relationship	Subject		
Croft, Amy	Mother-Birth	Thomas, Micah Thomas, Mackenzie		
Thomas, Blake	Father-Birth	Thomas, Micah Thomas, Mackenzie		
Alleged Maltreatment				
Alleged Victim	Maltreatment Code			
Thomas, Micah Thomas, Makenzie	Environmental Hazards			
Thomas, Micah Thomas, Makenzie	Substance Misuse			
Thomas, Micah Thomas, Makenzie	Family Violence Threatens Child			
Thomas, Micah Thomas, Makenzie	Inadequate Supervision			
Location of Incident				
Address-Street	Apt.	City	State	Zip Code
215 NW South Street		Orlando	FL	32801
Telephone Number-Home	Telephone Number-Work	Telephone Number-Cell		
I. Narratives				
Allegation Narrative				
<p style="text-align: center;">Extent of Maltreatment</p> <p>1/6/xx the mother of the children, along with a friend, were arrested for cooking crystal methamphetamine and trafficking drugs in the 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, her address is 1512 North West Terrace Orlando FL.</p> <p>Donna Hamilton is on probation for methamphetamine manufacturing and trafficking. The father of the children, Blake Thomas is currently incarcerated due to family violence between Amy and Blake. No report was received by the department at that time, however it was noted in the police records that Micah and Makenzie were present when Blake assaulted Amy.</p>				

There is a long history of DCF involvement with the family. Currently one child is residing with the maternal grandparents and another child has been adopted through DCF due to Amy's substance misuse.

Surrounding Circumstances

The mother was released from drug treatment approximately one year ago.

Child Functioning

The reporter did not have any information regarding the child functioning due to having no contact with children.

Adult Functioning

The reported did not have any information regarding the adult functioning due to having no contact with the parents.

Review of case history, includes concerns for substance misuse by both parents and domestic violence, with the father as the aggressor.

Parenting Practices – General

The reporter did not have any information regarding the parenting general practices for either parent.

Parenting Practices – Discipline

The reporter did not have any information regarding the parenting discipline practices for either parent.

Narrative for Worker Safety Concerns

Both parents are incarcerated, so there are no concerns regarding contact with the parents.

I. Agency Response

Probationary Worker Recommendation

Decision	Date/Time Decision Made	Reason
Pending		Criteria met
Explain		

Worker/Supervisor Decision

Decision	Date/Time Decision Made	Reason
Screen In	1/6/xx 3:30PM	Screen In-Accepted for Services/Investigation
Explain		

I. CI Unit Documentation

First Call Attempted Date/Time	Completed Call Date/Time

Call Log

Called Out By	Called To

Reporter Narrative

Name-Worker	Wilson, Valerie		
Name-	Elmore, Lynda	Reporter	Probation Officer for

Reporter			Type	Donna Hamilton	
Reporter ID	(505) 543-8987	Reporter Requests Contact Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Report Method	Phone	
Home Phone		Work Phone		Other	
Reporter Narrative					
<p>Caller is the probation officer for Donna Hamilton, who was contacted today by police when Ms. Croft was arrested. The probation officer did not have specific information regarding the children in the home. The restrictions for Ms. Hamilton is that she may not have any other criminals or criminal activity residing in her home. She is currently in violation of her probation due to having Ms. Croft residing in the home. Ms. Elmore does not support Ms. Hamilton being a placement option for the children.</p> <p>Review of FSFN by CI, confirmed history with family, to include termination of parental rights for one child and multiple reports regarding domestic violence and substance misuse.</p>					
Source Information					
Source Information					

Croft Case Note Chronology

Wednesday 1/6/xx

Call to Hotline with allegations made that:

- Makenzie and Micah Thomas are currently residing with Donna Hamilton who is not related to the children. Ms. Hamilton is on probation for the distribution and manufacturing of methamphetamine. The mother of the children, Amy Croft, was arrested today for manufacturing and distribution of methamphetamine. The father of the children is also incarcerated on unrelated charges. Requesting assistance, as children cannot stay at Ms. Hamilton's home, per the probation officer for Ms. Hamilton.

1/6/xx

- Report assigned to CPI Allison Martin.

1/6/xx

PCT Probation Officer by CPI.

- Confirmed concerns with probation officer for children remaining in the home with Donna Hamilton.
- Probation officer did not have any contact with Ms. Croft, and was not aware that she and her children were staying with Ms. Hamilton, which is a violation of Ms. Hamilton's probation.
- Children cannot remain in the home, and it may be that Ms. Hamilton will be remained to jail due to a probation violation.

1/6/xx

PCT County Jail

- Confirmed that Ms. Croft and Mr. Thomas are both incarcerated at this time.
- Ms. Croft is in processing and not able to have visitors until later this day or tomorrow, however can arrange for a call later in the day by CPI.
- Mr. Thomas has been processed, and has been incarcerated for approximately 30 days. He may have professional visitors, as arranged with the jail.

1/6/xx

Supervisory Consult with Supervisor Tank

- Review of past history, to include criminal history for both parents.
- Prior CP history with placement and adoption of one child approximately 8 years prior.
- Neither parent is able to provide care for the children today, as they are both incarcerated.
- The current caregiver is not an approved caregiver.
- Concern that child may have been exposed to toxic chemicals due to the manufacturing of methamphetamine. Will want to consult with CPT regarding how to proceed.

- Coordinate with probation officer for response to the home of Ms. Hamilton.
-

1/6/XX

Call by CPI Martin to CPT regarding report and examination appointment.

- Schedule appointment for tomorrow morning at 10:00am for possible methamphetamine exposure of children.

1/6/xx

Commencement of Report to Home of Donna Hamilton, accompanied by PI Post.

- Present at the home were Donna Hamilton, Micah Thomas, and Makenzie Thomas.
- CPI conducted interviews with Donna Hamilton, Micah Thomas, and Makenzie Thomas. All interviews were separate and private.
- Based upon interviews and observation of the children confirmed present danger no available caregiver of parent/legal guardians/caregiver are not meeting the 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.

1/6/xx

Supervisory consult.

- Their mother, Amy Croft, left Makenzie age 9 and Micah age 33 months with Ms. Hamilton. Ms. Hamilton is on probation for methamphetamine manufacturing and distribution.
- Ms. Croft was arrested today for manufacturing and distribution of methamphetamine.
- The father of the children, Blake Thomas, is also incarcerated.
- There are no available caregivers for the children at this time.

FSFN Documentation

- FSFN Safety Plan documentation link is located at:
<http://centervideo.forest.usf.edu/fsfnenduser/caselifesafe/start.html>
- Online training is available 24/7
- Consult supervisor if unsure how to input into FSFN