Department of Child and Family Services
Safety Assessment

Case Name: Morgan   **Date of Assessment:** 4/3/2020

Safety Assessment and Safety Conclusion

A. Safety Threats: Are negative family conditions and/or circumstances, and/or caregiver behaviors, emotions, attitudes, and perceptions that are out of control in the presence of a vulnerable child and therefore likely to have severe effects on a child at any time in the near future.

- Out-of-Control: refers to family behavior, condition, or situations which are unrestrained, resulting in an unpredictable and possibly chaotic family environment not subject to the family's influence, manipulation, or ability to control. Such out-of-control family conditions pose a danger.

- Severity: refers to the effects of maltreatment that have already occurred and/or potential for harsh effects

- Imminent: refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to within a month. This is consistent with a degree of certainty that, barring intervention, danger and severe harm are possible or even inevitable outcomes.

- 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 proven

- Vulnerable Child: refers to a child who is dependent on others for protection and exposed to circumstances that she or he is powerless to manage and is susceptible, accessible, or available to a threatening person and/or persons in authority over him or her. Vulnerability is judged according to age, physical and emotional development, ability to communicate needs, degree of mobility, size, and level of dependence and susceptibility. This definition also applies to all young children ages 0 to 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.

Safety Threats

1. No adult in the home is performing basic parenting duties and responsibilities that assure child safety.

   YES ☐   NO ☒

2. One or both parents/caregivers are violent and/or acting dangerously.

   YES ☐   NO ☒

3. One or both parents/caregivers will not/cannot control their behavior.

   YES ☐   NO ☒

4. One or both parents/caregivers perceive a child in extremely negative terms.

   YES ☐   NO ☒

Case Name: Morgan   **Date of Assessment:** 4/3/2020

5.   The family does not have or use resources necessary to assure child's safety.

YES ☐   NO ☒

6.   One or both parents/caregivers are threatening to severely harm a child or are fearful they will maltreat a child and/or request placement.

YES ☐   NO ☒

7.   One or both parents/caregivers intend(ed) to seriously hurt a child.

YES ☐   NO ☒

8.   One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure a child's safety.

YES ☒   NO ☐

9.   A child has exceptional needs that affect his/her safety which parents/caregivers are not meeting, cannot meet, or will not meet the child's needs.

YES ☒   NO ☐

10.   Living arrangements seriously endanger a child's physical health.

YES ☒   NO ☐

B.   Safety Assessment: Answer the following based on the safety threats identified and proceed as instructed.

1.   One or more safety threats are identified.   YES ☒   NO ☐

2.   If *Yes* to the above, proceed to C below.

3.   If *No* to the above, proceed to E below.

C.   Child Vulnerability

YES ☒   NO ☐

Explain how each child is vulnerable to the identified safety threats:

(#8) Mother does not have or is not demonstrating the parenting and home management skills needed to care for children. Oldest child has assumed some parental activities around feeding and caring for younger siblings. (#9) Second oldest child has condition requiring medication, and mother is not administering medication appropriately. Mother is not taking necessary steps to assess second child's other needs. (#10) Home environment is in disrepair and unclean creating dangers to all children's physical health and safety.

Case Name: Morgan   **Date of Assessment:** 4/3/2020

D.   **Protective Capacity Evaluation of Non-Maltreating Caregiver:** Indicate below whether or not the non-maltreating parent or other adults residing in the home can/will protect the child.

☐   Can and Will Protect (Provide justification below)

☐   Cannot/Will Not Protect (Proceed to E)

☒   N/A – No other caregiver in home or no non-maltreating caregiver

<u>State the basis for your professional judgment</u> if your conclusion is that a non-maltreating parent/caregiver can and will protect the child. Describe protective capacities and how the parent/caregiver has protected the child in the past.

N/A

E.   **Case Opening or Closing:**

☒   The case will remain open.

 ☒   There is an unsafe child (safety threat, vulnerable child, and non-protective parents) If the case will remain open, complete F and G.

 ☐   The risk level is High or Very High.

☐   The case can be closed. There is no unsafe child, and the risk level is low or moderate. Indicate reasons and move to signature section.

F.   **Impending Danger Description:** Describe how impending danger is currently manifested in the family. Include how each threat is occurring, when and how often, and under what circumstances. Include whether others are involved, whether all five safety threshold criteria apply, and the inability of the family to control the threat to child safety.

The parent has not maintained consistent administration of seizure management medication for second oldest child, which exposes that child to safety threats. Mother is not consistently parenting children, and children are not of the age where they can care for themselves. There is no other protective adult in the household. Exposed wiring and sanitation issues in the home create impending danger issues for the children.

G.   **Analysis for In-Home Safety Plan:** Complete to determine if an In-Home Safety Plan is appropriate.

1.   Are the parent/caregivers residing in the home?

               YES ☒   NO ☐

2.   Is the home calm/consistent enough to allow for safety services to come into the home?

               YES ☒   NO ☐

3.   Are parent/caregivers willing to allow and/or participate with an in-home safety plan?

               YES ☒   NO ☐

Case Name: Morgan   **Date of Assessment:** 4/3/2020

4.   Are services/resources available to participate with an in-home safety plan?

YES ☒   NO ☐

If **NO** to any of the above, an in-home safety plan is not appropriate.

Signature and Approval

Jeffrey Smith   4/3/2020

Investigator   Date

Meredith Cummings   4/6/2020

Supervisor   Date