

CPI Practice Application Lab 4: Impending Danger Safety Planning, Risk Assessment and Closing Interview with Family



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CPI Lab 4: Impending Danger Safety Planning, Risk Assessment and Closing Interviews with Family

Safety Services

- Safety planning when impending danger has been identified allows investigators and families to deploy resources that were unknown at the point of initial contact.
- Once the safety determination is known, including the in-home safety analysis and planning, an Impending Danger Safety Plan should be developed.
- While it may be that some of the services in the Present Danger Plan will continue it is important to re-group with the family and establish a plan that is based on the new information that has been learned.
- The CPI should consider supports necessary to control the danger threats at the times needed, and also provide the supports necessary to the non-maltreating parent should a maltreating parent/caregiver need to leave the home.

Safety Services Action for Child Protection Safety Categories and Associated Safety Management “Services”

Safety Category: Behavioral Management

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

Safety Management Service: Supervision and Monitoring

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

Safety Management Service: Stress Reduction

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

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

Safety Management Service: Behavior Modification

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

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

Safety Category: Crisis Management

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

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

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

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

Safety Category: Social Connection

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

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

Safety Management Service: Friendly Visiting

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

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

Safety Management Service: Basic Parenting Assistance

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

Safety intervention is concerned with parenting behavior that is threatening to a child’s safety. The safety management service basic parenting assistance is concerned with

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

Safety Management Service: Supervision and Monitoring as Social Connection

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

Safety Management Service: Social Networking

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

Safety Category: Resource Support

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

Safety Management Services:

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

- Resource acquisition related specifically to a lack of something that affects child safety.

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

Safety Category: Separation

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

Safety Management Services:

Safety management services that fit this safety category include:

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

Impending Danger Plan Safety Conference

- When a CPI has gathered sufficient information about the current family dynamics and situation to determine a child is unsafe due to impending danger, the CPI must develop an ongoing safety plan by convening a safety plan conference with participation from the:
 - parent
 - safety service providers
 - community based care provider agency responsible for any safety services
- The conference must be held as soon as possible but no later than 24-hours from the investigator's determination of unsafe.
- Supervisory consultation must be obtained to determine if 24-hours is a reasonable timeframe, or if the conference should be sooner.
- The safety plan conference may be held prior to the investigators written completion of the FFA.
- A safety plan conference with the parent/caregiver responsible should be convened when an Impending Danger Plan is developed.
- When the plan is to be an in-home plan, the parent/caregiver(s) who will be remaining in the home should attend the conference.
- The maltreating parent should attend the Safety Planning Conference unless that person is responsible for domestic violence.
- In cases involving domestic violence, the law requires that a Confidential Child Safety Plan be developed with the non-maltreating parent, and a non-confidential Child Safety Plan be developed with the perpetrator of domestic violence.
- Any safety plan that involves a maltreating parent leaving the home must address child visitation arrangements, and safety actions necessary to ensure that the visit arrangements are safe for the child.
- Any safety plan that involves a perpetrator of domestic violence having child visitation must include safety actions necessary to ensure the child visitation arrangements are safe for both the child and the survivor.

Two-Safety Plans in Cases Involving Domestic Violence

- A Confidential Child Safety Plan is specifically for safety actions that are developed in partnership with a survivor of domestic violence to achieve child safety.
- This plan should include those actions that may put the adult survivor and/or child at greater risk of harm if shared with the perpetrator.
 - Examples may include, but are not limited to, “CPI will seek an Injunction for Protection” or maternal aunt will assist mother with locating new housing.
- A Confidential Child Safety Plan is critical when the locations of the non-maltreating parent and the child must be kept from the perpetrator.
- The perpetrator of domestic violence must not see this plan during, or after the dependency court process.
- Only the survivor and other adult parties listed as safety service providers in the plan need to agree on the actions listed in this plan.
- The Child Safety Plan that is developed with a perpetrator of domestic violence is to develop actions that are directly related to controlling danger threats to the child created by the perpetrator.
- The actions in this plan should be agreed upon by both the perpetrator and the survivor of domestic violence.
- The survivor of domestic violence should be given the option of discussing this plan in a meeting with the perpetrator or in a separate meeting, or both.
- The CPI is expected to work proactively with law enforcement to ensure that they are involved to the fullest extent possible in supporting the safety plan development and provisions.

Activity: Impending Danger Safety Plan Conference

Directions:

- With your fellow group members, develop an Impending Danger Safety Plan for the children. The plan must include visitation arrangements.

Activity Notes:

Safety Plan



FLORIDA SAFETY DECISION MAKING METHODOLOGY Child Safety Plan

Case Name:

Intake/Investigation ID:

Worker Name:

Effective Date: ____/____/____

Safety Plan Purpose: _____

Child Name	Date of Birth	Age

I.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

III. TERMINATION

Termination Date:

Reason Plan is No Longer Required:

Other Reason Plan is No Longer Required:

IV. 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

Risk Assessment

- After information collection for the FFA is completed the CPI conducts a risk assessment to support the assessment and decision making regarding the risk of future maltreatment in the home.
- The analysis of risk of future maltreatment is always tied to the singular household where the maltreatment was alleged to have occurred.
- Risk assessments are not completed for “Institutional” or “Other” investigations; it is only appropriate for in-home investigations.
- The items in the risk instrument were selected based on an evaluation of prior abuse/neglect cases that examined which relationships between family characteristics resulted in the highest subsequent verified abuse and neglect outcomes.
- The instrument simply identifies which families are more or less likely to have another maltreatment incident in the absence of formal interventions.
- Hover definitions have been provided in FSFN to allow you to view the definition for each term when answering a risk question.
- As with your FFA safety determination, the risk assessment results will only be as good as the accuracy of the information you use to answer each item.
- Both current and historical case material must be known prior to completing the instrument.
- The risk assessment has two separate indices. The higher score for either item is the final risk level:
 - Measure of the risk of future neglect
 - Measure of the risk of future abuse

Department of Children and Families
INITIAL FAMILY (HOUSEHOLD) RISK ASSESSMENT OF CHILD ABUSE/NEGLECT

Case Name: _____ Intake #: _____

Assessment Date: ____/____/____

NEGLECT	Score	ABUSE	Score
N1. Current complaint is for neglect <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—	A1. Current complaint is for abuse <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N2. Prior investigations (<i>assign highest score that applies</i>) <input type="radio"/> a. None.....0 <input type="radio"/> b. One or more, <u>abuse</u> only.....1 <input type="radio"/> c. One or two for <u>neglect</u>2 <input type="radio"/> d. Three or more for <u>neglect</u>3	—	A2. Number of prior abuse investigations <input type="radio"/> a. None.....0 <input type="radio"/> b. One.....1 <input type="radio"/> c. Two or more.....2 (actual number: ____)	—
N3. Household has previously received ongoing child protective services <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—	A3. Household has previously received ongoing child protective services <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N4. Number of children involved in the child abuse/neglect incident <input type="radio"/> a. One, two, or three.....0 <input type="radio"/> b. Four or more1	—	A4. Prior injury to a child resulting from child abuse/neglect <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N5. Age of youngest child in the home <input type="radio"/> a. 2 or older.....0 <input type="radio"/> b. Under 21	—	A5. Primary caregiver's assessment of incident <input type="radio"/> a. Not applicable 0 <input type="radio"/> b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Blames child for maltreatment1 <input type="checkbox"/> Justifies maltreatment2	—
N6. Primary caregiver provides physical care consistent with child needs <input type="radio"/> a. Yes.....0 <input type="radio"/> b. No.....1	—	A6. Domestic violence in the household in the past year <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....2	—
N7. Primary caregiver has a historic or current mental health problem <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—	A7. Primary caregiver characteristics <input type="radio"/> a. Not applicable 0 <input type="radio"/> b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Provides insufficient emotional/psychological support1 <input type="checkbox"/> Employs excessive/inappropriate discipline.....1 <input type="checkbox"/> Domineering1	—
N8. Primary caregiver has historic or current alcohol or drug problem <input type="radio"/> a. Not applicable0 <input type="radio"/> b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Alcohol (current or historic).....1 <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months) <input type="checkbox"/> Drug (current or historic)1 <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months)	—	A8. Primary caregiver has a history of abuse or neglect as a child <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N9. Characteristics of children in household <input type="radio"/> a. Not applicable0 <input type="radio"/> b. One or more present (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Medically fragile or failure to thrive.....1 <input type="checkbox"/> Developmental, physical, or learning disability.....1 <input type="checkbox"/> Positive toxicology screen at birth1	—	A9. Secondary caregiver has historic or current alcohol or drug problem <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes, one or more apply.....1 <input type="checkbox"/> Alcohol <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months) <input type="checkbox"/> Drug <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months)	—
N10. Housing <input type="radio"/> a. Not applicable0 <input type="radio"/> b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Current housing is physically unsafe1 <input type="checkbox"/> Homeless2	—	A10. Characteristics of children in household <input type="radio"/> a. Not applicable 0 <input type="radio"/> b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Delinquency1 <input type="checkbox"/> Developmental or learning disability1 <input type="checkbox"/> Mental health or behavioral problem1	—
TOTAL NEGLECT RISK SCORE	=====	TOTAL ABUSE RISK SCORE	=====

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse index, using the

following chart.

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
<input type="radio"/> 0–1	<input type="radio"/> 0–1	<input type="radio"/> Low
<input type="radio"/> 2–4	<input type="radio"/> 2–4	<input type="radio"/> Moderate
<input type="radio"/> 5–8	<input type="radio"/> 5–7	<input type="radio"/> High
<input type="radio"/> 9 +	<input type="radio"/> 8 +	<input type="radio"/> Very High

POLICY OVERRIDES. Mark yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high.

- ☐ Yes ☐ No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.
- ☐ Yes ☐ No 2. Non-accidental injury to a child younger than 2 years old.
- ☐ Yes ☐ No 3. Severe non-accidental injury.
- ☐ Yes ☐ No 4. Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, mark yes, mark override risk level, and indicate reason. Risk level may be overridden one level higher.

☐ No ☐ Yes ☐ No

If yes, override risk level (mark one):

☐ Moderate ☐ High ☐ Very High

Discretionary override reason: _____

FINAL RISK LEVEL (mark final level assigned):

☐ Low ☐ Moderate ☐ High ☐ Very High

SUPPLEMENTAL DATA ITEMS

A. Complete the Following:

	Primary Caregiver		Secondary Caregiver		
	Yes	No	Yes	No	N/A
Family has no support system; does not/cannot utilize extended family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior criminal warrant, arrest, or conviction (as adult or juvenile).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Most Serious Injury Codes (check the most serious injury to any child):

- ☐ Death of child
- ☐ Hospitalization required
- ☐ Medical treatment required, but no hospitalization
- ☐ Exam only of alleged injuries
- ☐ Bruises, cuts, abrasions, or other minor injuries, and no medical exam
- ☐ No apparent injury to any child

Discretionary Overrides

Risk Level Override -- Webpage Dialog

FSFN

Print Audit Spell Check Help

Scored Risk Level

Neglect Score	Abuse Score	Scored Risk Level
<input type="radio"/> 0-1	<input type="radio"/> 0-1	<input type="radio"/> Low
<input checked="" type="radio"/> 2-4	<input checked="" type="radio"/> 2-4	<input type="radio"/> Moderate
<input type="radio"/> 5-8	<input type="radio"/> 5-7	<input type="radio"/> High
<input type="radio"/> 9+	<input type="radio"/> 8+	<input type="radio"/> Very High

Policy Overrides

Mark yes if a condition shown below is applicable in this case. If any condition is applicable, the system will override the final risk level to very high.

☐ Yes ☒ No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.
☐ Yes ☒ No 2. Non-accidental injury to a child younger than 2 years old.
☐ Yes ☒ No 3. Severe non-accidental injury.
☐ Yes ☒ No 4. Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current).

Discretionary Override

If a discretionary override is made select yes and indicate reason. ☐ Yes ☐ No

5. If yes, level is automatically overridden one level higher: ☐ Moderate ☐ High ☐ Very High

Discretionary override reason:

FINAL RISK LEVEL: ☐ Low ☒ Moderate ☐ High ☐ Very High

Save Close

Overrides

- Regardless of the total neglect or abuse risk score the instrument is designed to allow for Policy Overrides when certain conditions are applicable to the type of harm to the child.
- The four policy overrides which automatically result in a score of Very High Risk are:
 - Sexual abuse cases AND the perpetrator is likely to have access to the child
 - Non-accidental injury to a child younger than 2 years old
 - Severe non-accidental injury
 - Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previously or currently)
- There is also a Discretionary Override built into the instrument which allows the CPI to raise the risk level one degree higher than the automatic scoring indicates.
- A reason for the discretionary override on the part of the CPI should always be provided to justify why this action was taken.
- Based upon the final risk level, the CPI will:
 - Seek supervisor consultation when child is “safe” with high or very high family risk level
 - Refer families with High and Very High risk levels for “Family Support Services.”

Activity: Risk Assessment Scoring

Directions:

- In your group, complete a risk assessment based on your knowledge of the Sandler-Braun family.

Activity Notes:

Department of Children and Families
INITIAL FAMILY (HOUSEHOLD) RISK ASSESSMENT OF CHILD ABUSE/NEGLECT

Case Name: _____ Intake #: _____
 Assessment Date: ____/____/____

NEGLECT	Score	ABUSE	Score
N1. Current complaint is for neglect <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—	A1. Current complaint is for abuse <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N2. Prior investigations (<i>assign highest score that applies</i>) <input type="radio"/> a. None.....0 <input type="radio"/> b. One or more, <u>abuse</u> only.....1 <input type="radio"/> c. One or two for <u>neglect</u>2 <input type="radio"/> d. Three or more for <u>neglect</u>3	—	A2. Number of prior abuse investigations <input type="radio"/> a. None.....0 <input type="radio"/> b. One.....1 <input type="radio"/> c. Two or more.....2 (actual number: ____)	—
N3. Household has previously received ongoing child protective services <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—	A3. Household has previously received ongoing child protective services <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N4. Number of children involved in the child abuse/neglect incident <input type="radio"/> a. One, two, or three.....0 <input type="radio"/> b. Four or more.....1	—	A4. Prior injury to a child resulting from child abuse/neglect <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N5. Age of youngest child in the home <input type="radio"/> a. 2 or older.....0 <input type="radio"/> b. Under 2.....1	—	A5. Primary caregiver's assessment of incident <input type="radio"/> a. Not applicable.....0 <input type="radio"/> b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Blames child for maltreatment.....1 <input type="checkbox"/> Justifies maltreatment.....2	—
N6. Primary caregiver provides physical care consistent with child needs <input type="radio"/> a. Yes.....0 <input type="radio"/> b. No.....1	—	A6. Domestic violence in the household in the past year <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....2	—
N7. Primary caregiver has a historic or current mental health problem <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—	A7. Primary caregiver characteristics <input type="radio"/> a. Not applicable.....0 <input type="radio"/> b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Provides insufficient emotional/psychological support.....1 <input type="checkbox"/> Employs excessive/inappropriate discipline.....1 <input type="checkbox"/> Domineering.....1	—
N8. Primary caregiver has historic or current alcohol or drug problem <input type="radio"/> a. Not applicable.....0 <input type="radio"/> b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Alcohol (current or historic).....1 <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months) <input type="checkbox"/> Drug (current or historic).....1 <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months)	—	A8. Primary caregiver has a history of abuse or neglect as a child <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N9. Characteristics of children in household <input type="radio"/> a. Not applicable.....0 <input type="radio"/> b. One or more present (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Medically fragile or failure to thrive.....1 <input type="checkbox"/> Developmental, physical, or learning disability.....1 <input type="checkbox"/> Positive toxicology screen at birth.....1	—	A9. Secondary caregiver has historic or current alcohol or drug problem <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes, one or more apply.....1 <input type="checkbox"/> Alcohol <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months) <input type="checkbox"/> Drug <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months)	—
N10. Housing <input type="radio"/> a. Not applicable.....0 <input type="radio"/> b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Current housing is physically unsafe.....1 <input type="checkbox"/> Homeless.....2	—	A10. Characteristics of children in household <input type="radio"/> a. Not applicable.....0 <input type="radio"/> b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Delinquency.....1 <input type="checkbox"/> Developmental or learning disability.....1 <input type="checkbox"/> Mental health or behavioral problem.....1	—
TOTAL NEGLECT RISK SCORE	=====	TOTAL ABUSE RISK SCORE	=====

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse index, using the

following chart.

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
<input type="radio"/> 0–1	<input type="radio"/> 0–1	<input type="radio"/> Low
<input type="radio"/> 2–4	<input type="radio"/> 2–4	<input type="radio"/> Moderate
<input type="radio"/> 5–8	<input type="radio"/> 5–7	<input type="radio"/> High
<input type="radio"/> 9 +	<input type="radio"/> 8 +	<input type="radio"/> Very High

POLICY OVERRIDES. Mark yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high.

- ☐ Yes ☐ No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.
- ☐ Yes ☐ No 2. Non-accidental injury to a child younger than 2 years old.
- ☐ Yes ☐ No 3. Severe non-accidental injury.
- ☐ Yes ☐ No 4. Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, mark yes, mark override risk level, and indicate reason. Risk level may be overridden one level higher.

☐ Yes ☐ No

If yes, override risk level (mark one):

☐ Moderate ☐ High ☐ Very High

Discretionary override reason: _____

FINAL RISK LEVEL (mark final level assigned):

☐ Low ☐ Moderate ☐ High ☐ Very High

SUPPLEMENTAL DATA ITEMS

A. Complete the Following:

	Primary Caregiver		Secondary Caregiver		
	Yes	No	Yes	No	N/A
Family has no support system; does not/cannot utilize extended family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior criminal warrant, arrest, or conviction (as adult or juvenile).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Most Serious Injury Codes (check the most serious injury to any child):

- ☐ Death of child
- ☐ Hospitalization required
- ☐ Medical treatment required, but no hospitalization
- ☐ Exam only of alleged injuries
- ☐ Bruises, cuts, abrasions, or other minor injuries, and no medical exam
- ☐ No apparent injury to any child

Closure with the Family

- When a child is safe but high or very high risk the closing activity with the family will generally come at the time the risk score is shared with them.
- When children have been determined to be unsafe and a safety plan is in place the investigator's involvement with the family transitions over to case management for on-going safety management and the development of a case plan.
- To ensure that the family understands the ongoing expectations expected of them and to structure a formal process of introducing new expectations (i.e., the case plan) and new partners, the case transfer process is initiated.
- In some areas of the state the case manager and CPI will complete a home visit to introduce the case manager to the family prior to the case transfer meeting being conducted.
- In other areas of the state, the family will meet with their case manager for the first time at the case transfer meeting.

Activity: Closing Interview with the Family

Directions:

- Review and discuss the case note entry.

Activity Notes:

02.06.2014 4:35 PM

Non-Judicial In Home Case Transfer with CBC

Present: CPI, CPI supervisor, case manager, and case manager supervisor (by phone)

CPI discussed family history, summarized current incident and overall family functioning. Provided information re: alcohol addiction and family dynamics that support enablement. Discussed interaction between Bruce and James and stepparent's expectations.

Reviewed FFA, impending danger threat and present/diminished caregiver protective capacities. Children James, Byron and Shane were determined to be unsafe, but controlling interventions and safety plan in place. Stepfather Bruce is out of the home and the parents are willing and able to continue to maintain that arrangement. Safety resources PGM and MGM facilitate childcare and supervised visitation between Bruce and his family several nights a week. Danger is imminent when Bruce is drinking and his drinking usually occurs only on the weekends. When Bruce drinks, his behavior becomes aggressive and unpredictable resulting in him striking out physically and verbally and throwing household items. With continued understanding of when and how the threat manifests, there may be opportunity to step down intrusiveness of the safety plan.

Maltreatment Findings: Substance Misuse-Alcohol, verified; Physical Injury, verified; Family Violence Threatens Child, verified

Risk Assessment Level: Moderate