

Marsha Taylor

Mock Case

Prepared by JBS International, Inc.
for the Children's Bureau
October 2014

Period Under Review:
Oct. 1, 2013 – Oct. 13, 2014

State Policy Submission Form
Department of Children and Families

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Summary of State Policy Requirements	Location of Related Information in Case File
Requirements for Initiation <ul style="list-style-type: none">• Priority 1 reports are initiated within 24 hours of receipt of the report• Priority 2 reports are initiated within 72 hours of receipt of the report• Initiation is defined as face-to-face contact with the alleged child victim(s)	CPS Intake Reports Caseworker narratives

In-Home Mock Case Face Sheet

Period Under Review

October 1, 2013 – October 13, 2014

Family Composition

Father: Adam Davis
DOB: July 1, 1981
Address: 111 First Street
Center City, Any State 00110
Telephone Number: (111) 222-3333
Race/Ethnicity: White, Non-Hispanic

Mother: Marsha Taylor
DOB: May 15, 1983
Address: 123 Maple Drive
Townsville, Any State 00122
Telephone Number: (111) 333-4444
Race/Ethnicity: White, Non-Hispanic

Child 1: Claire Davis
DOB: March 1, 2003
Address: resides with mother
Race/Ethnicity: White, Non-Hispanic

Child 2: Cara Davis
DOB: September 3, 2011
Address: resides with mother
Race/Ethnicity: White, Non-Hispanic

CPS Intake Report

Department of Children and Families

Report Date: October 25, 2013
Neglect

Report Time: 7:15 pm

Alleged Maltreatment Type:

Reporter: Mona Harris

Relationship to Alleged Perpetrator: Neighbor

Telephone Number of Reporter: (111) 333-5555

Family Information

Name	DOB	Race	Ethnicity	Address and Telephone	Role
Adam Davis	07/01/1981	White	Non-Hispanic	111 First Street Center City, Any State 00110 (111) 222-3333	father
Marsha Taylor	05/15/1983	White	Non-Hispanic	123 Maple Drive Townsville, Any State 00122 (111) 333-4444	mother
Claire Davis	03/01/2003	White	Non-Hispanic	123 Maple Drive Townsville, Any State 00122 (111) 333-4444	child
Cara Davis	09/03/2011	White	Non-Hispanic	123 Maple Drive Townsville, Any State 00122 (111) 333-4444	child

Report Narrative

Ms. Harris reported that she lives next door. Ms. Taylor lives in the home with her two children, Claire and Cara. The father, Adam Davis moved out a little over a year ago. Ms. Harris said that Ms. Taylor and Mr. Davis would have loud arguments all the time. She has not seen Mr. Davis since he moved out.

Ms. Harris reported that this evening she found Cara, a toddler, crawling around outside unsupervised near the busy street. She said that the toddler plays alone outside all the time. She said that the family home and yard have fallen into disrepair and it really wasn't the best place for a toddler to be even if the child had been supervised. Ms. Harris said she brought Cara to the family's front door. She knocked on the door for a while and finally Claire opened the door and took Cara inside. Claire told Ms. Harris that her mother was sleeping so Ms. Harris never spoke to Ms. Taylor. Ms. Harris further reported that she hardly ever sees the mother and sometimes questions whether or not she is at home. The older child, Claire, has in the past come to Ms. Harris's home saying she is hungry and asking for food for herself and her sister.

Ms. Harris also said that that the family seems to have a lot of friends at night and the place gets loud as if there is a party going on. Ms. Harris described Ms. Taylor's friends as being "known drug users" in the community. She is certain that Ms. Taylor is using drugs because she is rarely around her children and barely provides basic needs for them.

Ms. Harris also reported that she is worried about the children because she knows that Claire and Cara are frequently left unattended, especially at night. She reported that recently, Claire

came over to her home around 10:00 p.m. and asked if she and her sister could stay the night because their mother wasn't home yet and she was scared. Ms. Harris allowed the children to stay with her. Ms. Taylor came by in the morning to get the children but didn't seem too concerned.

Internal Use Only

Number of Prior Reports: None

Dates of Prior Reports: Not applicable

Intake Worker: Ray Rachel

Intake Supervisor: Martha Sutton

Screening Decision: Accepted for Investigation

Priority Level: 2

Assigned for Investigation to: Ben Thomas

Date Investigation Assigned: 10-28-2013

Time Investigation Assigned: 9:00 a.m.

Disposition: Substantiated

Investigation Case Notes

Supervisor: Barb White
 Social Worker: Ben Thomas

T/C = telephone call O/V = office visit H/V = home visit C/C = collateral contact

Date of Contact	Type of Contact	Investigation Case Notes
10/28/13	-----	Case assigned to this worker for investigation.
10/29/13	H/V	<p>This worker visited Marsha Taylor’s home at 123 Maple Drive. Ms. Taylor and daughter, Cara, were at home and Claire was at school. When I arrived, I saw Cara crawling around outside in the front yard, barefoot and wearing only pajama bottoms. Her hair was uncombed, her face and hands were dirty. The front yard is not completely fenced and there is no gate. Feral cats were foraging through trash and scattered as I walked up to the open front entrance to the home. Ms. Taylor came out to greet me. She appeared nervous and quickly picked Cara up and brought her inside. Once inside, I asked Ms. Taylor if Cara often plays outside alone. Ms. Taylor replied “no” and immediately asked me if the next door neighbor called her in. The toddler did not speak clearly. She was squirmy and made several attempts to get away from mom. The home was in disarray. I saw dishes piled in the sink and more dishes on the counter. Trash was piled in a corner and there were ants on the floor. I shared the allegations in the report with Ms. Taylor. She sat down and stood up several times while talking with me. I asked her about drug use and she laughed saying “I don’t do drugs.” I asked mom if she would be willing to submit to a UA and she responded, “Sure, I don’t have anything to hide.” I asked Ms. Taylor to go to the Department later today for a UA and she agreed. I asked Ms. Taylor if she has anyone to help her with childcare. Ms. Taylor replied “I don’t need to leave my girls with anyone. Claire is very responsible for her age. I don’t leave my girls alone, but when I do Claire can handle it.” Ms. Taylor said on one occasion she left the girls for longer than she had planned and Claire took it upon herself to go to the neighbors because she thought she heard noises or something. She still doesn’t know why Claire just didn’t stay home like usual. Ms. Taylor asked me if I had any idea how hard it is to raise two girls with no support from their dad and family. She asked me what the legal age was for leaving kids alone. I let mom know that we could talk more about finding family or others to help her with child care. Ms. Taylor shared that she has a sister that’ll help her. Her sister has her own family so she only calls when she really needs help. I asked mom if I might be able to meet her and she said yes. Ms. Taylor voiced anger about the report. She said</p>

Date of Contact	Type of Contact	Investigation Case Notes
		<p>it overwhelms her being a single parent with no support from family or the girls' dad. Mom asked if I could provide help. Ms. Taylor stated that she kicked Adam out of the house shortly after Cara was born. Mom asked me not to be in touch with father and said it would be more trouble for her. I asked mom again about drug use. She said, "I am no drug addict."</p> <p>I asked Ms. Taylor if the girls have a doctor and she stated that she takes them to the Clinic for shots but hasn't been able to find their immunization cards. Recently the school sent a note home asking if they could re-immunize Claire since there was no record of her having a needed booster shot. I asked if Cara walks and Ms. Taylor said she tries to walk holding onto furniture, but prefers to crawl. I observed Cara picking small toys up from the floor and having some difficulty in transferring them from one hand to the other.</p> <p>Ms. Taylor stated several times that she needed help and family was not there to support her. Mom said, "It's a shame to have family close by and not get help." She stated she does not receive EBT monies and has little food. Mom did go to apply for TANF but did not follow through with required documentation. She opened her refrigerator to show me she had a quart of milk, a six pack of beer, a bag of carrots, half loaf of bread and Kool-Aid drinks.</p> <p>I asked what time Claire gets home from school and Ms. Taylor said she rides the bus and usually gets home at about 3:45 p.m. Ms. Taylor displayed nervous affect throughout the interview, she laughed, cried, and asked for help several times. She said her girls love her and she just needs some help.</p>
10/29/13	T/C	<p>Phone call with school counselor regarding Claire. Counselor is familiar with Claire. She stated Claire has a history of unexcused absences and is often tardy. There are some hygiene issues. Staff have observed her asking other kids for their milk and unwanted food. Claire is a below-average student. Teacher has shared that she doesn't turn in homework, falls asleep in class and typically hangs out alone on the playground during recess.</p>
10/29/13	T/C	<p>Extensive telephone call with Adam Davis, dad. Informed him about the CA/N report and our investigation. Conducted basic psychosocial assessment, gathered historical information. Mr. Davis was dismayed to hear the news about the report. He indicated that he recently became re-employed and had not been able to provide child support for his girls for a while. He said he prefers not to be in contact with Marsha because they just don't see eye to eye. He indicated that when they were together she would often go off with friends for days at a time, and he would have no idea when she was coming back so he would have to stay home from work to care for the girls. He said she was irresponsible and whenever he tried to confront her about it she</p>

Date of Contact	Type of Contact	Investigation Case Notes
		<p>would get hysterical and they would have loud arguments. Inquired about DV history but he denied, saying he was raised to never raise a hand to a woman and would never treat the mother of his children that way. He would typically just leave when she got angry. He stated that he would like to see his girls. He and Marsha never married and there is no established visitation plan. Once he moved out of the county it became close to impossible to maintain visits as Marsha made it really difficult for him. At one point in the past, Marsha called the police on him accusing him of threatening her. He stays away because he fears she will have a restraining order put on him and that could affect his job and prevent him from ever seeing the girls. He now lives with his parents and he thinks his family could be a good support system for the girls. He would like to be involved in whatever plan the agency has for the girls. Informed him that we are still completing our investigation and that we would be back in touch soon when the case was transferred to the ongoing case manager.</p>
10/30/13	H/V	<p>Visited with Claire at her home after school. Mom, Cara, and maternal aunt, Doris Wilson, were home. I noticed trash had been picked up from the yard and dishes were washed. Dirty clothing and assorted household items were still strewn all over the open kitchen/living room area. I spoke with Claire in the room she shares with her sister. Clothing was everywhere and there were no sheets on the twin bed she shares with her sister. Claire stated she tries her best to help her mom. She says mom doesn't get up in the morning and she makes sure her sister gets cereal before Claire rides the bus to school. Claire says sometimes Mom's friends come over at night and it is hard to sleep. She said one time her mom went somewhere with friends and when she got scared she went to the neighbor's house to see if they could stay with her until mom came home. I asked if they spent the night and Claire did not answer. I asked her if there were other times she felt scared. She didn't answer. Claire said that she likes to spend time with her Aunt.</p> <p>I spoke with Aunt Doris. She said that she tries to help her sister and loves the girls. She has her own family but does what she can. When I asked if she could help with child care for mom she immediately said she would be there for the girls because she didn't want them taken away.</p>
10/30/13	T/C	<p>Spoke with neighbor, Mona Harris. Ms. Harris said she feels sorry for the girls and sees the toddler outside alone. She is cute but always looks dirty. She admitted calling because she is concerned about the toddler being outside alone and it seems to be happening more. Ms. Harris said one time the children came over and the older one said she was scared. She asked if she could spend the night. Ms. Harris said, "I gave them my couch until early in the morning when mom came for them." She said</p>

Date of Contact	Type of Contact	Investigation Case Notes
		that "Mom's behavior is questionable. I think she is on meth or some other drug." Ms. Harris stated she can tell when it is 9 p.m. each day because people start driving up to the home and don't leave until after midnight. Ms. Harris said some of the people that come to the house are known in the neighborhood for drugs. Ms. Harris confirmed that Claire has come by her house now and again asking for food or milk for her and her sister.
10/31/13	T/C	Spoke with Clinic and received information that all well-child exams are up to date. The last exam revealed that Claire needs dental follow-up. Clinic also recommended follow-up and made referral for Cara to be assessed for developmental delays. The Clinic had no record of mom keeping the scheduled appointment.
10/31/13	Supervisor Staffing	Reviewed case with supervisor. Worker completed safety assessment and noted lack of appropriate supervision for children, lack of food, and generally unsafe environment. Risk assessment completed with moderate risk noted due to younger child's age, mom's potential substance use/abuse, inability to follow thru to obtain TANF/food stamps and her lack of follow-up to obtain screenings for developmental delays for toddler. Substantiate neglect. Talk with mom about opening case for services. Worker drafted a safety plan to review with the mom. A Family Team Meeting was scheduled and worker will let mom know that case will be transferred to an in-home service worker that will provide support for her and family. Ongoing caseworker should follow up with dad to see if he can provide additional support. Because it is a voluntary case, mom will have to agree to his involvement, so this will need to be explored.
11/1/13	H/V	Met with Ms. Taylor at her home. Claire in school. Cara was with her Aunt Doris. Ms. Taylor continues to make progress on the home. Told Ms. Taylor we wanted to open a case to provide services. Reviewed the safety plan with Ms. Taylor. She promised to not leave the children alone and to keep the home safe. Talked about the Family Team Meeting. Ms. Taylor agreed to attend. She would talk with her sister about coming.

In-Home Case Notes

In-Home Supervisor: Neil Campbell

In-Home Social Worker: Kerry Diaz

T/C = telephone call O/V = office visit H/V = home visit C/C = collateral contact

Date of Contact	Type of Contact	In-Home Case Notes
11/1/13	Transfer Staffing	Investigation worker, Ben Thomas, Investigation supervisor, Barb White, in-home worker Kerry Diaz, and in-home supervisor Neil Campbell attending. Reviewed the case for transfer to in-home services. Ben Thomas completed an initial safety assessment with an unsafe result due to lack of appropriate supervision, lack of food, and generally unsafe environment. Risk assessment also completed with moderate risk finding. Safety plan established with mother that documents mom will clean home and supervise the girls. Signed copy in file. Mom made satisfactory efforts to clean the home and expressed her desire for assistance. Safety assessment reflects her efforts. A maternal aunt is willing to provide support for the girls. It is recommended that in-home worker continue to closely monitor the home environment to ensure the children's safety and mother's compliance with safety plan. Mom denied drug use. Worker is unsure about substance use and Mom agreed to submit to random UAs. She was a "no show" for first scheduled UA stating she was busy cleaning up the home. Investigation worker was in touch with dad by phone since he lives in another county. He doesn't visit the girls. Worker shared safety plan with Dad. Mom does not want dad involved. Supervisor agreed that further contact with dad is not necessary since Mom is compliant with safety plan and is asking for assistance. Case assigned to in-home worker and supervisor and will be open for standard six month period. Investigation worker and in-home worker will conduct joint visit to mother's home. Will proceed with Family Team Meeting on 11/14/13.
11/4/13	H/V	Investigation worker, Ben Thomas, and Kerry Diaz, in-home worker, made home visit to Taylor's home. Ms. Taylor and Cara were at home and we observed Mom's continuing positive efforts to clean the home environment. In-home worker brought a box of food from local food pantry. Claire was at school. In-home worker confirmed the date for Family Team Meeting and mom stated she plans to attend and bring her sister. The in-home worker will assist Mom with accessing TANF resources; making an appointment for Cara to be assessed for developmental challenges; making appointments for Claire to be seen by dentist; and making referral for parent support services to address household management and parenting. Mom asked when she'd have to go for UA. In-home worker asked her to go before end of day.
11/4/13	T/C	Worker called to verify that Mom went for UA. UA was negative.

Date of Contact	Type of Contact	In-Home Case Notes
11/6/13	H/V	Made a home visit after school and visited with Claire alone. Claire showed worker the bedroom she shares with sister, Cara. The girls share a small bed. Claire stated she helped Mom pick up clothes and toys and they put sheets on the bed. Claire shared that she helps to take care of her sister. Claire stated Mom's friends have not come by in a while. Worker asked Claire if she felt safe. Claire shrugged her shoulders and said "I don't know." Worker told Claire it was her job to keep her safe so if she ever didn't feel safe, she should let her know. Claire shook her head "yes." Mom told worker the school wants to meet with her on 11/8/13. Worker offered to attend parent/teacher conference with mom and she agreed. Worker shared that Mom has appointment for TANF on 11/18/13, and offered transportation if needed. Worker will be making arrangements for Parent Support Services to begin as quickly as possible.
11/7/13	C/C	Worker referred Taylor family for Parent Support Services and first visit scheduled for 11/18/13.
11/8/13	C/C	Worker attended school parent/teacher conference. Mom was a no-show. Teacher shared concerns about homework, Claire's past inability to focus on schoolwork, and the unexcused absences/tardiness. Teacher will be providing a weekly report of Claire's progress in an effort to improve her performance. Teacher shared that Claire is sharp and just needs structure and support at home.
11/8/13	T/C	Called Mom. She said that she had no one to watch Cara so she couldn't go to the meeting at the school. I told her what was discussed. Mom said that she would be looking for the weekly reports and will make sure Claire gets to school on time.
11/13/13	T/C	Ms. Harris, neighbor, called supervisor to report concerns that things have not changed for the family. Cara was seen playing outside alone again with no adult supervision. Ms. Harris was curious about the status of the case. Informed her that the agency is working with the family but cannot provide additional information due to confidentiality. Thanked her for reporting concerns.
11/13/13	Staffing	Supervisor staffing; informed worker about Ms. Harris's call and concerns. Supervisor requested that safety plan be revised to ensure that someone is monitoring the family more closely. Worker advised him that this can be discussed during FTM on 11/14.
11/14/13	O/V	Family Team Meeting held today. Mom, maternal aunt, investigation worker, in-home worker and in-home supervisor attended. Reviewed and revised the safety plan. Case plan was developed and signed. Mom agreed to: (1) random UAs, and substance abuse assessment if positive UAs; (2) Mom will follow up on developmental assessment and services for Cara; (3) Mom will participate in Parent Support Services for household management and parenting; (4) Mom will work with school to improve Claire's school performance and

Date of Contact	Type of Contact	In-Home Case Notes
		attendance; (5) Mom will follow up with TANF; and (6) Mom will obtain dental care for Claire.
11/18/13	H/V	Worker transported Mom and Cara to TANF appointment and family should begin receiving assistance in the next week. Worker took Mom to food pantry for groceries. Worker took Mom to clothing bank to look for school uniforms (polo shirts, khaki pants) for Claire. Parent support specialist scheduled to come later today.
11/19/13	T/C	Worker called Mom to share that appointment for Cara's developmental assessment will be on 11/21/13, at 9 a.m. Mom stated she can attend and will not need help with transportation. Worker asked mom to go in for UA and mom agreed. Mom said that the parent support specialist came yesterday and she thinks that the services will be helpful.
11/21/13	T/C	Called and spoke to mom. She confirmed that she took Cara to the developmental assessment today. Results and recommendations to be shared in a few weeks.
12/10/13	H/V	Worker attempted to make home visit. Mom and Cara not home. Left note asking mom to call me.
12/10/13	T/C	Mom phoned worker to let her know she took Cara to clinic for cough.
12/12/13	H/V	Worker visited mom and Cara at home. Mom likes parent support specialist and shared that specialist brought blocks over and showed her how to play with Cara to develop better coordination.
12/13/13	T/C	Worker spoke with parent support specialist to confirm that visits are happening. Specialist shared that mom appears to be motivated to learn.
12/18/13	H/V	Worker took mom and Cara to pick up Christmas tree and gifts from Samaritan House. Claire rode bus home and worker stayed to help set up tree. Claire says she has lots of homework. She made a new friend. Claire was wearing school uniform we obtained for her at clothing bank. She was clean and more talkative.
12/19/13	T/C	Worker called mom to ask her to go in for random UA.
12/20/13	T/C	Called for UA results. Learned mom did not go.
12/23/13	H/V	Worker delivered turkey and other food to family home. Mom shared that Claire is on holiday break from school until January 6. Last night she let her sleep at her new friend's house.
1/2/14	T/C	In-home worker Kerry Diaz on leave until 1/6/14. In-home supervisor, Neil Campbell, called mom to check in. No answer.
1/2/14	T/C	Neil called parent support specialist, Anita Romero, to check in regarding continued progress. Anita stated Marsha doing ok. She was not home last week for scheduled appointment. She will follow up with her this week.

Date of Contact	Type of Contact	In-Home Case Notes
1/3/14	H/V	Neil Campbell, in-home supervisor, made home visit. Ms. Taylor and the two girls were home. Aunt came to visit while Supervisor was there. The home was warm but messy. Family had good holiday and Dad sent gift cards in the mail to the girls. Ms. Taylor has a follow-up appointment next week to review Cara's developmental assessment results and recommendations. Claire is off school until next week and has been helping mom with Cara. Mom will go do UA before end of day.
1/6/14	T/C	Worker called for UA results. Mom did not go for UA.
1/6/14	T/C	Worker called school counselor. School counselor said that Claire's teacher reported that Claire was supposed to have done a project during the holiday break and it was not done.
1/9/14	T/C	Called mom. Asked about school project. Mom said they forgot. Mom has to re-schedule appointment to get Cara's results and recommendations as she couldn't make the first appointment.
1/9/14	Supervisory Staffing	Staffed case following supervisor's visit during worker absence. Mom missed a random UA. Supervisor observed home to be in disarray, but not unsafe. Parent support specialist unable to make last visit because mom was not home. Worker shared that school expressed concern about mom's lack of support to child to ensure that school project was complete and missed follow-up appointment for Cara. Worker to complete risk and safety assessments. Worker to schedule substance abuse assessment for mom.
1/14/14	T/C	Mom called worker to share that appointment for Cara's screening results will be on 1/17/14. Mom said the worker could attend. Worker asked mother to go for UA.
1/15/14	T/C	Mom's UA results were clean.
1/17/14	O/V	Met Mom at appointment to learn of developmental assessment results. Cara is delayed in small and large motor development and verbal skills. Cara is not speaking in 2-word phrases, and utters only a few clear words (e.g., mama, juice). She is not walking steadily and holds on to furniture or crawls. Recommending physical and speech therapy, and ongoing assessment. Therapy to begin as soon as possible.
2/3/14	H/V	Only mom home. Mom said Cara went to the store with her Aunty. I asked Marsha about her continued contact with the school. Claire's most recent progress report indicated a decline in completion of homework resulting in a drop in all grades. Mom expressed her stress in keeping up with documentation to keep TANF going. She's tried a couple of times to get ahold of the counselor but hasn't been able to connect. Parent support specialist is scheduled to be at the home tomorrow. Mom said that she hasn't been able to schedule Cara's therapy.

Date of Contact	Type of Contact	In-Home Case Notes
2/3/14	T/C	Called to Mom's sister, Doris. Confirmed that Cara was with her earlier today. She said that she tries to take Cara a few times a week so her sister can do what she needs to do. She said she will help Marsha set up therapy appointments for Cara.
2/14/14	T/C	Parent support specialist called worker and left a message indicating she was at the home on 2/13/14 and had some concerns. Specialist is concerned about home management and supervision of children.
2/17/14	T/C	Worker called Mom and asked her to complete a UA.
3/5/14	H/V	Mom and Cara at home. Cara looked like she hadn't bathed in a day or two. Her hair was matted and generally dirty. Mom expressed frustration with trying to keep up with all the things she had to do. Parent support specialist gave her some recipes to try and helped her pick up the house a little. Claire brought a note home asking for Mom to stop by to review her work. Worker asked Mom how often she has spent time with parent support specialists. Mom stated she's missed a few times because of needing to take care of TANF things and stuff for the girls.
4/1/14	T/C	Parent support specialist called to share that she'd like to schedule a meeting to discuss progress and next steps. She'd like mom to be a part of the discussion. Meeting scheduled for 4/16/14.
4/2/14	H/V	Mom will go in for UA today. Worker asked Mom to complete a substance abuse assessment. Mom shared that she is trying her best.
4/3/14	T/C	UA result: Negative
4/4/14	Supervisory Staff	Reviewed case. Case has been open for about six months. Worker to complete safety and risk re-assessments and make recommendation for extension or case closure.
4/16/14	O/V	Meeting with Mom and parent support specialist.
4/22/14	H/V	Worker met with Mom in the home. The parent support specialist has been to the home since we last met.
5/5/14	T/C	Parent support program called to share that they've completed the time-limited intervention with Marsha Taylor. If services are to continue they will need an updated referral. Specialist recommending ongoing services.
5/7/14	H/V	Home visit. Marsha, Doris, Claire and Cara were there. Worker reviewed parent support program intervention with Mom. TANF continues. Home was satisfactory. Claire was working on some school work. Asked Claire how things were going and she said "okay." Doris said that the family could handle things from now on and would make sure everything was good for the girls".
5/21/14	Supervisory Staffing	Reviewed completed risk and safety assessments. Recommended that the case be closed. Supervisor approved. Will notify family that

Date of Contact	Type of Contact	In-Home Case Notes
		the case will be closed.
5/23/14	T/C	Called mother. Let her know that the Department was closing her case.

**Department of Children and Families
Safety Assessment and Safety Conclusion**

Case Name: Taylor

Child(ren): Claire D.O.B.: 3-1-2003
 Cara D.O.B.: 9-3-2011

Parent 1: Marsha Taylor

Parent 2: Adam Davis (not in home)

Date of Assessment: 10-31-2013

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, conditions, or situations that are unrestrained, resulting in an unpredictable and possibly chaotic family environment not subject to influences, manipulation, or abilities that are within the family's control. Such out-of-control family conditions pose a danger.
- **Severity:** refers to the effects of maltreatment that have already occurred and/or the 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 or inevitability that danger and severe harm are possible or even likely outcomes without intervention.
- **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.
- **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 is 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 0–6 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 ensure 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
5. The family does not have or use resources necessary to ensure the 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 ensure 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. 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:

Given Cara's age, she requires a level of supervision that the parent in the home is not consistently providing – safety threat #1. Both children are vulnerable to safety threat #5 as there is an insufficient amount of food in the home and mother has not followed through the steps to secure adequate amount of food through public assistance and the father is not contributing to the household income. Both children are vulnerable to safety threat #10 as home presents some unsafe and unsanitary living conditions; although mother has taken steps to improve since initiation of safety assessment.

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

State the basis for your professional judgment 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.

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.
- 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, under what circumstances, whether others are involved, whether all five safety threshold criteria apply, and the inability of the family to control the threat to child safety.

Mother's supervision of the children is inconsistent, at times placing the children at risk. Mother's failure to follow through with obtaining level of public assistance required results in food insecurity. Mother's potential use of substances may factor into not demonstrating her protective capacities.

Father does not currently reside in the home and has minimal contact. Should father have contact with mother, #2 may emerge has a new safety threat. Condition of the home environment should continue to be monitored as a potential impending safety threat.

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
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

Ben Thomas
Worker

10-31-2013
Date

Barb White
Supervisor

10-31-2013
Date

**Department of Children and Families
Safety Assessment and Safety Conclusion**

Case Name: Taylor
Child(ren): Claire D.O.B.: 3-1-2003
Cara D.O.B.: 9-3-2011

Parent 1: Marsha Taylor
Parent 2: Adam Davis (not in home)
Date of Assessment: 1-10-2014

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, conditions, or situations that are unrestrained, resulting in an unpredictable and possibly chaotic family environment not subject to influences, manipulation, or abilities that are within the family's control. Such out-of-control family conditions pose a danger.
- Severity: refers to the effects of maltreatment that have already occurred and/or the 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 or inevitability that danger and severe harm are possible or even likely outcomes without intervention.
- 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.
- 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 is 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 0–6 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 ensure 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
5. The family does not have or use resources necessary to ensure the 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 ensure 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. 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:

With the assistance of the parent support specialist, the mother is acquiring the parenting knowledge and skills necessary to meet the children's needs - Safety Threat #8. However, as evidenced by the home being in disarray recently and mother failing to show for UAs, mother may not have the motivation to apply the skills learned on a consistent basis. Given Cara's age and developmental delays she is vulnerable to the threat as she relies heavily on her parent to provide for her safety needs.

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

State the basis for your professional judgment 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.

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.
- 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, under what circumstances, whether others are involved, whether all five safety threshold criteria apply, and the inability of the family to control the threat to child safety.

Mother's supervision of the younger child is improving but her parenting is inconsistent, at times placing the toddler at risk. Mother's potential substance abuse may factor into not demonstrating her protective capacities.

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

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

Kerry Díaz
Worker

1-10-2014
Date

Neil Campbell
Supervisor

1-10-2014
Date

**Department of Children and Families
Safety Assessment and Safety Conclusion**

Case Name: Taylor
Child(ren): Claire D.O.B.: 3-1-2003
Cara D.O.B.: 9-3-2011

Parent 1: Marsha Taylor
Parent 2: Adam Davis (not in home)
Date of Assessment: 5-19-2014

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, conditions, or situations that are unrestrained, resulting in an unpredictable and possibly chaotic family environment not subject to influences, manipulation, or abilities that are within the family's control. Such out-of-control family conditions pose a danger.
- Severity: refers to the effects of maltreatment that have already occurred and/or the 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 or inevitability that danger and severe harm are possible or even likely outcomes without intervention.
- 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.
- 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 is 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 0–6 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 ensure 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
5. The family does not have or use resources necessary to ensure the 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 ensure 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. 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:

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

State the basis for your professional judgment 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.

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.
- 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:

There were no safety threats identified. Risk level is low.

F. Impending Danger Description:

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

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
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

Kerry Díaz
Worker

5-19-2014
Date

Neil Campbell
Supervisor

5-21-2014
Date

**Department of Children and Families
Risk Assessment**

Case Name: Taylor
Child(ren): Claire D.O.B.: 03-01-2003
Cara D.O.B.: 09-03-2011
Parent 1: Marsha Taylor
Parent 2: Adam Davis (not in home)
Date of Assessment: October 31, 2013

Neglect Scale

N1. Current report is for neglect

- No (0)
 Yes (1)

N2. Prior assessments (*assign highest score that applies*)

- None (-1)
 One or more, abuse only (1)
 One or two for neglect (2)
 Three or more for neglect (3)

N3. Household has previously received child protective services

- No (0)
 Yes (1)

N4. Number of children involved in the child abuse/neglect incident

- One, two, or three (0)
 Four or more (1)

N5. Age of youngest child in the home

- Two or older (0)
 Under two (1)

N6. Characteristics of children in household (*add for score*)

- Not applicable (0)
 One or more present (*mark all applicable & add*)
 Developmental, learning, or physical disability (1)
 Medically fragile or failure to thrive (1)
 Mental health or behavioral problem (1)

N7. Primary caregiver physical care of the child

- Consistent with child needs (0)
 Inconsistent with child needs (1)

N8. Primary caregiver has a history of abuse or neglect as a child

- No (0)
 Yes (1)

N9. Primary caregiver has/had a mental health problem

- None/not applicable (0)
 Current or prior mental health problem (1)

N10. Primary caregiver has/had an alcohol and/or drug problem

- None/not applicable (0)
 One or more apply (*mark all applicable*) (2)
 Alcohol
 Drugs
 Marijuana
 Methamphetamine
 Heroin
 Cocaine
 Other: Suspected but unknown drug of choice

N11. Primary caregiver has criminal arrest history

- No (0)
 Yes (1)
If yes, check either or both:
 Arrests Conviction

N12. Current housing

- Not applicable. 0
 One or more apply 1
 Physically unsafe; AND/OR
 Family homeless

TOTAL NEGLECT SCALE RISK SCORE = 5

Abuse Scale

A1. Current report is for physical abuse

- No (0)
 Yes (1)

A2. Prior assessments (*assign highest score that applies*)

- None (-1)
 One or more, abuse only (1)
 One or two for neglect (2)
 Three or more for neglect (3)

A3. Household has previously received child protective services

- No (0)
 Yes (1)

A4. Number of children involved in the child abuse/neglect incident

- One, two, or three (0)
 Four or more (1)

A5. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child

- None/not applicable (0)
- One or more of the following apply (1)
 - Prior physical injury to a child resulting from CA/N
 - Prior substantiated physical abuse of a child

A6. Characteristics of children in household (*score 1 if any present*)

- Not applicable (0)
- One or more present (*mark all applicable*) (1)
 - Delinquency history
 - Developmental disability
 - Learning disability
 - Mental health or behavioral problem

A7. Domestic violence in the household in the past year

- No (0)
- Yes (1)

A8. Primary caregiver employs excessive/inappropriate discipline

- No (0)
- Yes (1)

A9. Primary caregiver has a history of abuse or neglect as a child

- No (0)
- Yes (1)

A11. Primary caregiver has/had a mental health problem

- No (0)
- One or more apply (1)
 - During the last 12 months
 - Prior to the last 12 months

TOTAL ABUSE SCALE SCORE: 2

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

Neglect Score

- 1-1
- 2-5
- 6-8
- 9 +

Abuse Score

- 1-0
- 1-3
- 4-5
- 6 +

Scored Risk Level

- Low
- Moderate
- High
- Very High

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

Sexual abuse AND the perpetrator is likely to have access to the child/victim.

- Non-accidental injury to a child under age 2.
- Severe non-accidental injury.
- Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE: 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

Signature and Approval

Ben Thomas
Worker

10-31-2013
Date

Barb White
Supervisor

10-31-2013
Date

**Department of Children and Families
Risk Assessment**

Case Name: Taylor
Child(ren): Claire D.O.B.: 03-01-2003
 Cara D.O.B.: 09-03-2011
Parent 1: Marsha Taylor
Parent 2: Adam Davis (not in home)
Date of Assessment: January 10, 2014

Neglect Scale

N1. Current report is for neglect

- No (0)
 Yes (1)

N2. Prior assessments (*assign highest score that applies*)

- None (-1)
 One or more, abuse only (1)
 One or two for neglect (2)
 Three or more for neglect (3)

N3. Household has previously received child protective services

- No (0)
 Yes (1)

N4. Number of children involved in the child abuse/neglect incident

- One, two, or three (0)
 Four or more (1)

N5. Age of youngest child in the home

- Two or older (0)
 Under two (1)

N6. Characteristics of children in household (*add for score*)

- Not applicable (0)
 One or more present (*mark all applicable & add*)
 Developmental, learning, or physical disability (1)
 Medically fragile or failure to thrive (1)
 Mental health or behavioral problem (1)

N7. Primary caregiver physical care of the child

- Consistent with child needs (0)
 Inconsistent with child needs (1)

N8. Primary caregiver has a history of abuse or neglect as a child

- No (0)
 Yes (1)

N9. Primary caregiver has/had a mental health problem

- None/not applicable (0)
- Current or prior mental health problem (1)

N10. Primary caregiver has/had an alcohol and/or drug problem

- None/not applicable (0)
- One or more apply (*mark all applicable*) (2)
 - Alcohol
 - Drugs
 - Marijuana
 - Methamphetamine
 - Heroin
 - Cocaine
 - Other: unclear; mother no-show for UAs, but saying she would test positive

N11. Primary caregiver has criminal arrest history

- No (0)
 - Yes (1)
- If yes, check either or both:
- Arrests
 - Conviction

N12. Current housing

- Not applicable. 0
- One or more apply 1
 - Physically unsafe; AND/OR
 - Family homeless

TOTAL NEGLECT SCALE RISK SCORE = 5

Abuse Scale

A1. Current report is for physical abuse

- No (0)
- Yes (1)

A2. Prior assessments (*assign highest score that applies*)

- None (-1)
- One or more, abuse only (1)
- One or two for neglect (2)
- Three or more for neglect (3)

A3. Household has previously received child protective services

- No (0)
- Yes (1)

A4. Number of children involved in the child abuse/neglect incident

- One, two, or three (0)
- Four or more (1)

A5. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child

- None/not applicable (0)
- One or more of the following apply (1)
 - Prior physical injury to a child resulting from CA/N
 - Prior substantiated physical abuse of a child

A6. Characteristics of children in household (*score 1 if any present*)

- Not applicable (0)
- One or more present (*mark all applicable*) (1)
 - Delinquency history
 - Developmental disability
 - Learning disability
 - Mental health or behavioral problem

A7. Domestic violence in the household in the past year

- No (0)
- Yes (1)

A8. Primary caregiver employs excessive/inappropriate discipline

- No (0)
- Yes (1)

A9. Primary caregiver has a history of abuse or neglect as a child

- No (0)
- Yes (1)

A11. Primary caregiver has/had a mental health problem

- No (0)
- One or more apply (1)
 - During the last 12 months
 - Prior to the last 12 months

TOTAL ABUSE SCALE SCORE: 1

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

Neglect Score	Abuse Score	Scored Risk Level
<input type="checkbox"/> -1-1	<input type="checkbox"/> -1-0	<input type="checkbox"/> Low
<input checked="" type="checkbox"/> 2-5	<input checked="" type="checkbox"/> 1-3	<input checked="" type="checkbox"/> Moderate
<input type="checkbox"/> 6-8	<input type="checkbox"/> 4-5	<input type="checkbox"/> High
<input type="checkbox"/> 9 +	<input type="checkbox"/> 6 +	<input type="checkbox"/> Very High

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

Sexual abuse AND the perpetrator is likely to have access to the child/victim.

- Non-accidental injury to a child under age 2.
- Severe non-accidental injury.
- Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE: 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

Signature and Approval

Kerry Diaz
Worker

1-10-2014
Date

Neil Campbell
Supervisor

1-10-2014
Date

**Department of Children and Families
Risk Assessment**

Case Name: Taylor
Child(ren): Claire D.O.B.: 03-01-2003
Cara D.O.B.: 09-03-2011
Parent 1: Marsha Taylor
Parent 2: Adam Davis (not in home)
Date of Assessment: May 19, 2014

Neglect Scale

N1. Current report is for neglect

- No (0)
 Yes (1)

N2. Prior assessments (*assign highest score that applies*)

- None (-1)
 One or more, abuse only (1)
 One or two for neglect (2)
 Three or more for neglect (3)

N3. Household has previously received child protective services

- No (0)
 Yes (1)

N4. Number of children involved in the child abuse/neglect incident

- One, two, or three (0)
 Four or more (1)

N5. Age of youngest child in the home

- Two or older (0)
 Under two (1)

N6. Characteristics of children in household (*add for score*)

- Not applicable (0)
 One or more present (*mark all applicable & add*)
 Developmental, learning, or physical disability (1)
 Medically fragile or failure to thrive (1)
 Mental health or behavioral problem (1)

N7. Primary caregiver physical care of the child

- Consistent with child needs (0)
 Inconsistent with child needs (1)

N8. Primary caregiver has a history of abuse or neglect as a child

- No (0)
 Yes (1)

N9. Primary caregiver has/had a mental health problem

- None/not applicable (0)
 Current or prior mental health problem (1)

N10. Primary caregiver has/had an alcohol and/or drug problem

- None/not applicable (0)
 One or more apply (*mark all applicable*) (2)
 Alcohol
 Drugs
 Marijuana
 Methamphetamine
 Heroin
 Cocaine
 Other: Suspected

N11. Primary caregiver has criminal arrest history

- No (0)
 Yes (1)
If yes, check either or both:
 Arrests Conviction

N12. Current housing

- Not applicable. 0
 One or more apply 1
 Physically unsafe; AND/OR
 Family homeless

TOTAL NEGLECT SCALE RISK SCORE = 1 .

Abuse Scale

A1. Current report is for physical abuse

- No (0)
 Yes (1)

A2. Prior assessments (*assign highest score that applies*)

- None (-1)
 One or more, abuse only (1)
 One or two for neglect (2)
 Three or more for neglect (3)

A3. Household has previously received child protective services

- No (0)
 Yes (1)

A4. Number of children involved in the child abuse/neglect incident

- One, two, or three (0)
 Four or more (1)

A5. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child

- None/not applicable (0)
- One or more of the following apply (1)
 - Prior physical injury to a child resulting from CA/N
 - Prior substantiated physical abuse of a child

A6. Characteristics of children in household (*score 1 if any present*)

- Not applicable (0)
- One or more present (*mark all applicable*) (1)
 - Delinquency history
 - Developmental disability
 - Learning disability
 - Mental health or behavioral problem

A7. Domestic violence in the household in the past year

- No (0)
- Yes (1)

A8. Primary caregiver employs excessive/inappropriate discipline

- No (0)
- Yes (1)

A9. Primary caregiver has a history of abuse or neglect as a child

- No (0)
- Yes (1)

A11. Primary caregiver has/had a mental health problem

- No (0)
- One or more apply (1)
 - During the last 12 months
 - Prior to the last 12 months

TOTAL ABUSE SCALE SCORE: 0

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

Neglect Score

- 1-1
- 2-5
- 6-8
- 9 +

Abuse Score

- 1-0
- 1-3
- 4-5
- 6 +

Scored Risk Level

- Low
- Moderate
- High
- Very High

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

Sexual abuse AND the perpetrator is likely to have access to the child/victim.

- Non-accidental injury to a child under age 2.
- Severe non-accidental injury.
- Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE: 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

Signature and Approval

Kerry Diaz
Worker

5-19-2014
Date

Neil Campbell
Supervisor

5-21-2014
Date

Department of Children and Families
IN-HOME SAFETY PLAN

Family Name: Taylor

Date: October 31, 2013

Safety Threat #	Action Plan and family/community supports What action has or will be taken to protect each child in relation to every identified Safety Factor?	CWS Safety Management Responsibilities How and when/how often will worker monitor the Safety Plan? (face-to-face, telephone, etc.)
<p>Safety Threat #1 No adult in the home is performing basic parenting duties and responsibilities that ensure child safety.</p>	<p>Who: Marsha Taylor Will do what (action): 1. Provide sufficient supervision to children. By when/how often: 1. Sufficient supervision on an ongoing basis</p>	<p>face-to-face home visits</p>
<p>Safety Threat #5. The family does not have or use resources necessary to ensure the child's safety.</p>	<p>Who: Marsha Taylor Will do what (action): 1. Complete application for TANF and food stamps By when/how often: 1. Complete application for TANF/food stamps within ten days</p>	<p>Case Worker to follow-up within five days and then again at tenth day</p>
<p>Safety Threat #10. Living arrangements seriously endanger a child's physical health.</p>	<p>Who: Marsha Taylor Will do what (action): 1. Maintain safe and sanitary home environment By when/how often: 1. Ongoing</p>	<p>face-to-face home visits</p>

Signatures and Dates for In-Home Safety Plan:

I have discussed the attached In-Home Safety Plan with the caregiver(s) and all those who are responsible for carrying out the plan.

Social Worker: Ben Thomas Date: 10/31/2013

I understand that if I do not follow through with the plan, there may be a reassessment to see if my child can still remain safely in the home.

Parent/Caregiver: Marsha Taylor Date: 11/1/2013

Parent/Caregiver: _____ Date: _____

Other In-Home Safety Plan Participants:

I understand that if I do not follow through with the action items in the plan, there may be a reassessment to see if the child can still remain safely in the home.

Name: _____ Relationship: _____ Signature: _____
Date: _____

Name: _____ Relationship: _____ Signature: _____
Date: _____

Supervisory Approval of In-Home Safety Plan:

Supervisor: Barb White Date: 10/31/2013

Department of Children and Families
IN-HOME SAFETY PLAN

Family Name: Taylor

Date: November 14, 2013

<p style="text-align: center;">Safety Threat #</p>	<p style="text-align: center;">Action Plan and family/community supports What action has or will be taken to protect each child in relation to every identified Safety Factor?</p>	<p style="text-align: center;">CWS Safety Management Responsibilities How and when/how often will worker monitor the Safety Plan? (face-to-face, telephone, etc.)</p>
<p>Safety Threat #1 No adult in the home is performing basic parenting duties and responsibilities that ensure child safety.</p>	<p>Who: Marsha Taylor and Doris Wilson</p> <p>Will do what (action): Ms. Taylor will provide sufficient supervision to both Claire and Cara, including not leaving Cara unattended outside the house. Ms. Taylor will arrange for Ms. Wilson to provide supervision of the children in her absence. Ms. Wilson agrees to provide supervision for the children. Claire will be instructed to contact Ms. Wilson if she and her sister are left unattended in the evenings.</p> <p>By when/how often:</p> <ol style="list-style-type: none"> 1. Sufficient supervision on an ongoing basis. 2. Ms. Wilson will monitor the family through in-person visits and phone calls. 3. Ms. Wilson will contact the worker if there is failure to provide appropriate supervision. 	<p>Face-to-face home visits with Ms. Taylor Telephone calls to Ms. Wilson</p>

Safety Threat #	Action Plan and family/community supports What action has or will be taken to protect each child in relation to every identified Safety Factor?	CWS Safety Management Responsibilities How and when/how often will worker monitor the Safety Plan? (face-to-face, telephone, etc.)
Safety Threat #5. The family does not have or use resources necessary to ensure the child's safety.	Who: Marsha Taylor Will do what (action): 1. Complete application for TANF and food stamps 2. Participate with worker in efforts to secure food resources By when/how often: 1. Complete application for TANF/food stamps within ten days	Case Worker to follow up within five days and then again at tenth day Home visits to monitor food sufficiency
Safety Threat #10. Living arrangements seriously endanger a child's physical health.	Who: Marsha Taylor Will do what (action): 1. Maintain safe and sanitary home environment 2. Work with parent support specialist on household management to eliminate safety threats By when/how often: 1. Maintain progress on cleaning home environment and work with parent support specialist upon initiation of services.	Home visits and reports from parent support specialist

Signatures and Dates for In-Home Safety Plan:

I have discussed the attached In-Home Safety Plan with the caregiver(s) and all those who are responsible for carrying out the plan.

Social Worker: Kerry Díaz Date: 11/14/2013

I understand that if I do not follow through with the plan, there may be a reassessment to see if my child can still remain safely in the home.

Parent/Caregiver: *Marsha Taylor* Date: 11/14/2013

Parent/Caregiver: _____ Date _____

Other In-Home Safety Plan Participants:

I understand that if I do not follow through with the action items in the plan, there may be a reassessment to see if the child can still remain safely in the home.

Name: Doris Wilson Relationship: sister Signature: *Doris Wilson*

Date: 11/14/2013

Name: _____ Relationship: _____ Signature: _____

Date: _____

Supervisory Approval of In-Home Safety Plan:

Supervisor: *Neil Campbell* Date: 11/14/2013

Department of Children and Families

In-Home Case Plan

Case Name: Taylor
Child(ren): Claire Davis D.O.B.: 03-01-2003
Cara Davis D.O.B.: 09-03-2011
Parent 1: Marsha Taylor
Parent 2: Adam Davis (not in home)
Plan Date November 14, 2013

Case Plan Items

1. Marsha Taylor agrees to participate in random UAs as directed by the in-home worker. If any random UA result is positive, Marsha Taylor further agrees to complete a substance abuse assessment and follow the recommendations resulting from that assessment.
2. Marsha Taylor agrees to follow up with obtaining a developmental assessment for Cara Davis and following the recommendations of that assessment. The in-home worker will assist Ms. Taylor with scheduling appointments and transportation if needed.
3. The in-home worker shall arrange for Parent Support Services for Ms. Taylor in her home to address parenting skills and home management. Ms. Taylor agrees to participate in the service.
4. Marsha Taylor agrees to work with school personnel to improve Claire Davis's school performance.
5. Marsha Taylor agrees to work with the in-home worker to apply for and obtain any public assistance for which she and the children are eligible.
6. Marsha Taylor agrees to follow up to obtain any necessary dental care for Claire Davis.
7. Marsha Taylor agrees to maintain safe housing and provide appropriate levels of supervision for her two children, Claire Davis and Cara Davis.

Signatures

Marsha Taylor
Parent 1

11-14-2013
Date

Parent 2

Date

Kerry Diaz
In-Home Worker

11-14-2013
Date

Neil Campbell
In-Home Supervisor

11-14-2013
Date