



Assessment of Child Safety



Case Information

Bell

Family name	Referral date	Referral number
-------------	---------------	-----------------

Child welfare (CW) specialist name	County	Case
------------------------------------	--------	------

Assessment Purpose:

- Assessment/Individualized service plan (ISP) development
- Investigation
- Significant change in case circumstances
- Case closure
- Reunification
- Visitation
- Reinstatement of parental rights

Child(ren)

Name	Date of birth	Gender	Tribe	In household	Role in case	Date of first FTF visit
Casey Bell	8 years	Female	Cherokee	Yes	Victim	
Larry Bell	7 years	Male	Cherokee	Yes	Victim	
Lance Bell	4 years	Male	Cherokee	Yes	Victim	

Parent or person responsible for child (PRFC)

Name	Date of birth	Gender	Tribe	In household	Role in case	Date of first FTF visit
Allison Bell	32 years	Female	Cherokee	Yes	PRFC/Per	
Dane Bell	34 years	Male	n/a	No	absent	

I. Six Key Questions Used in Gathering Information

Compiling sufficient information in these six areas provides an understanding of how the family functions and their protective capacities that allow a child safety decision to be made.

Conduct an Assessment of Child Safety (AOCS) per Oklahoma Administrative Code (OAC) 340:75-3-300, OAC 340:75-4-12.1, or OAC 340:75-6.

For Child Protective Services and Family-Centered Services:

Assess, observe, and gather information from the child(ren) and every person responsible for the child (PRFC) in the family, and at least two collaterals, unless protocol is modified by the supervisor.

For Family-Centered Services and Permanency Planning:

Assess, observe, and gather information from the child(ren) and every PRFC in the family, and all

individuals providing support and service providers. The ongoing AOCS is completed and stored in the KIDS case File Cabinet.

1. Maltreatment - What is the extent of the abuse and/or neglect?

Describe the extent of the alleged maltreatment to determine if the child(ren) has been abused or neglected, considering what is occurring or has occurred. Information gathered in this section provides evidence to support or rule out child maltreatment.

Upon arriving at the Bell home, specialist observed the conditions of the front yard to be littered with aluminum cans, trash, broken glass, dog feces, broken window panes, torn sheets, various broken toys, wood boards with nails sticking up, a very large pile of ashes where the dog was laying, an extension cord running from their trailer to the maternal grandparent's home, a broken four wheeler, tarps covering a portion of the house next to the dilapidated porch, burned curtains coming out of windows, holes in the sides of the trailer, a malodorous futon mattress hanging from the side of the porch, wires hanging from the roof, a porch with boards missing in several places, broken cement blocks, broken glass outside the broken window panes, and a tree growing into the side of the home. The odor from the home was that of animal and human excrement and urine. The interior of the home had a worn out, dirty, and stained couch and love seat. The carpet was heavily stained with dirt, grime, and worn down to the foundation. Food, trash, broken glass, medicine bottles, aluminum cans, old newspapers, an unusable wood burning stove, wires hanging from the ceilings, large holes in the ceiling and walls, plastic covering windows, feces, and urine spots were observed in the living room. The kitchen had a stove covered with food, molded food, mildew, grease drippings, and unwashed pots and pans sitting on the stove. The refrigerator contained molded food items, stains, spillage on the bottom, and had a smell of rotten food. There was an extension cord running down the middle of the hall to the bathroom. The bathroom had feces and urine on the floor. The commode was full of brown solids and brown liquids, and it was not in running order. The bathtub was unusable. The walls had brown stains which appeared to be smeared fecal matter. The odor was of raw sewage. The floors had soiled underwear from the children and other clothing Ms. Bell stated the dogs had used as their restroom. There was no washer or dryer in the home. The connections for the washer and dryer were exposed with a large hole to the ground cut where the pipes ran under the house. In the hallway, fecal matter and fecal footprints were visible. The master bedroom had unwashed clothing laying on the floor. The closet had a crack in it where the outside was visible. Medicine bottles were on the night stand along with trash, food wrappers, and other debris. The cat had used piles of clothing for her litter box. The window panes in this room and the other bedroom were broken. The second bedroom had minimal clutter and trash. There was broken glass on the floor from the window being busted. The children's bedroom in the front had large piles of clothing in the floor. There were no beds or mattresses for the children to sleep on. The room smelled of feces and urine. The children do not sleep in the bedroom room; they sleep on an old futon mattress in the living room with their mom. The futon mattress was originally black, but had faded to gray with large spots of discoloration all over it. The smell from the futon mattress was immediately overwhelming when the specialist approached it.

The children were playing outside. The oldest daughter, Casey 8 yo, had hair matted to the back of her head. The hair was tangled and the specialists could see lice and nits in the hair. Casey had a thick coat of ash and dirt on her skin. Her clothes were an orange flower dress she kept tugging up to stay on her small framed body. Casey had scars and scabs on her arms and legs. Her feet were calloused and red in certain areas around the toenails. Larry, 7yo, had a film of dirt covering his hands, arms, legs and feet. Larry had several red sores on his legs and a few on his arms. He thinks they were bug bites or flea bites. Larry's shorts were hanging on his hips and were dirty and muddy around the waist and on the back side. He was not wearing a shirt and was starting to

sunburn. Lance is a 4 yo male who likes to stick his tongue out when asked questions. Lance refused to answer many questions and Casey would answer for him. Lance had a thick layer of dirt and ash on his body. He had a scratch on his head, but did not know how it got there. Lance had a few red sores on his arms and legs. He would cough once in a while, but didn't think he was sick. He shook his head no when asked. Lance's toenails were red in the cuticle area. The specialist thought they looked infected by the width of the red swelling. Lance had a definite smell of defecating and not cleaning his bottom properly.

2. Circumstances - What surrounding circumstances accompany the maltreatment?

Describe the circumstances and behaviors or conditions surrounding the alleged maltreatment, including intent, explanation(s) given, acknowledgement, attitude, history, or pattern of maltreatment, criminal history, and presence of other problems. In other words, include *what happened, why did it happen, has it happened before, and without intervention, is it likely to happen again?*

The following is Child Welfare History for Allison Bell: 5/22/2019, Neglect - Inadequate or Dangerous Shelter for Casey, Larry and Lance by Allison Bell Substantiated Services Recommended; 5/16/2018, Neglect - Inadequate or Dangerous Shelter and Neglect-Inadequate Physical Care for Casey, Larry and Lance Bell by Allison Bell; 4/24/2016, Neglect - Inadequate or Dangerous Shelter for Casey Bell by Allison Bell; 1/29/2013, Neglect - Inadequate Physical Shelter for Casey Bell by Allison Bell, Ruled Out; and Abuse-Beating/Hitting/ Slapping by Allison Bell, Ruled Out.

No criminal history was found on Ms. Bell.

Allison Bell reported her house just recently got in bad condition; however, it was determined through extensive discussion with Ms. Bell that the house had been slowly decaying and she did not have the money for the needed repairs. She admitted to going to Catholic Charities to get clean clothing for herself and the children because she does not have a washing machine or the plumbing needed for a washing machine. Ms. Bell has been to Cherokee Nation on several occasions to ask for help but was turned down. Ms. Bell reported understanding she needs a new safe place for the children, and her plan was to move when she got her paycheck for delivering papers.

Collaterals reported Ms. Bell has lived in the home with her children for approximately two to three years. One collateral reported offering Ms. Bell to stay with her, but Ms. Bell refused to move. Collaterals reported Ms. Bell is lazy and doesn't like to clean house. She would be required to clean if she lived with family members; therefore, she refuses. Some family members have offered for the children to reside with them, but Ms. Bell refused.

3. Child Functioning - How does each child in the home function on a daily basis?

Describe vulnerability, special needs, physical and emotional health, child development status, school performance, peer/social/sibling relationships, role within the family, attachment with PRFC(s), mood and behavior, age appropriate functioning, response to CW intervention, fearfulness, supports, and sexual reactive or acting out behavior, and verbal and social skills. Ensure sleeping arrangements are safe and appropriate.

Casey, 8 yo, is in the third grade. She enjoys school and is ready for summer break to end. Casey has red hair that was matted with lice, knots and tangles. Casey is an outgoing child that exhibited maturity beyond her eight years. She reports having one friend at school, but not having many friends due to smelling bad and wearing dirty clothes. Casey does well in school; however, she

does receive assistance in speech therapy. Casey struggles with putting together different words. Casey reported being close to her siblings, and caring for them on a daily basis. Casey plays with her siblings and makes sure they find food to eat. Casey is a thin child who described being hungry often. She goes without food on occasion to make sure her two brothers have enough.

Larry is 7 years old and is in the 1st grade. Larry has red hair and freckles and is an active and outgoing little boy. Larry has new teeth coming in crooked, but he denies ever visiting the dentist. Larry is a thin child, yet tall for his age. Larry enjoys playing outside and riding his bike. He showed a strong attachment to Casey as evidenced by sitting in her lap often and holding her hand. Larry appeared to have a speech impediment as he is difficult to understand. Casey reported Larry participates in speech therapy at school. Larry has friends at school and his best friend is Eric. Larry misses Eric and is looking forward to summer ending and school beginning.

Lance is 4 years old and sticks his tongue out anytime a question is asked. Casey answers Lance's questions without hesitation. She reported Lance is difficult to understand and chooses not to speak to strangers. Lance is a thin child with red hair and freckles. Casey reported she is teaching him the ABC song and how to count. Lance is able to count to five; which Casey appeared excited about. Lance does not attend daycare, nor is he in preschool.

Casey appeared close to both her siblings and she appeared to be the main caretaker, as evidenced by their interactions and her speaking for them on occasion. During interviews, the boys would look to Casey for encouragement, they would sit on her lap and hold her hand. The children never responded to Ms. Bell, nor did she interact with the children. Casey reported being unable to remember the last time she or her brothers went to the doctor. They have never been to the dentist.

4. Discipline - Describe the disciplinary approaches used by each PRFC and under what circumstances?

Describe methods of discipline used, frequency, and purpose of discipline by including examples of appropriate purposes, such as: providing direction, managing behavior, and/or teaching; emotional state of each PRFC when disciplining; each child's perception of discipline methods; PRFCs' agreement on discipline; each PRFC's view of his or her own discipline experience; cultural implications; and if the discipline is based on reasonable expectations of the child and whether it works.

The children indicate they rarely get in trouble. If they do, they have to "go play outside." Sometimes they have their bikes taken away or have to go to their room. Casey states she sometimes gets in trouble for "talking back" to her mother. Larry said he gets in trouble when he "smacks Lance." Both Casey and Larry state Lance "never gets in trouble." The children state their mother has "raised a flyswatter" but then tells them to "get, get."

Ms. Bell is a single mother. She reports becoming overwhelmed due to being the only person to discipline the children. Ms. Bell will discipline the children by grounding them or giving them a time out. She doesn't have to get on to them very often. As a child, Ms. Bell was disciplined by her mom and stepdad. She doesn't have anything to do with her real dad. Ms. Bell believes she is able to discipline the children so they understand what is going on and why they are in trouble.

5. Parenting - Describe the overall family values and cultural influences within the family, the overall typical and pervasive parenting practices used by each PRFC.

Discuss each PRFC's knowledge and expectations related to child development and parenting, each PRFC's perceptions of each child, and the tolerance and interaction between each PRFC and each child. This includes a description of the protective capacities of each PRFC and whether or not they are sufficient to keep the child safe.

Ms. Bell reports enjoying being a mother. She is a single mother raising three children; however, she does use the extended family to help her when she needs help. The children do respond well to Ms. Bell, however, Larry and Lance respond more to Casey than their mom. There was not much food in the house, and according to Casey, the children go hungry when they can't find anything good to eat. By good, Casey is referring to food that is not molded or spoiled. Ms. Bell plays with her children, but not often. She usually has the children play outside so she can watch tv. Ms. Bell does not see a need for the children to go to the doctor or dentist. She doesn't have any teeth and reported she's "better off without them." Ms. Bell spoke highly of her children. She expressed feelings of love and happiness when her children are around. Ms. Bell expressed concern for the housing condition, but she doesn't see it as being a hazard to the children. Ms. Bell expressed concern over not being able to provide better quality food for her children, but she reported not having the money. Ms. Bell previously received food stamps; however, she failed to renew her application in time. Ms. Bell reports she will re-apply when she gets around to it.

6. Adult Functioning - answer for each PRFC - How does the adult function with respect to daily life management and general adaptation? What mental health functioning and/or substance use is apparent on a daily basis?

Describe how the PRFC feels, thinks, and acts on a daily basis with focus on functioning and coping skills. Describe the PRFC's coping and stress management abilities, self-control in relationships, problem solving abilities, judgment and decision making, home and financial management, employment history, domestic violence, behavioral and physical health capacity, social and familial support, and cultural norms.

Allison Bell has a relaxed view of life. She believes things "will happen when they are supposed to happen." Ms. Bell lives in a two bedroom home with her three children. The home is in deplorable condition; however, Ms. Bell was not concerned about this. Ms. Bell reported she does not like to clean and do housework. Ms. Bell has resided in this home approximately three years. She does not pay rent as the owner is her friend and allows her and the children to live there for free. Ms. Bell previously lived in apartments where she and the children would move about every six months to a year due to being evicted. Ms. Bell stated she would be evicted due the unsanitary conditions; however, she never felt her home was unsanitary. Ms. Bell has a General Education Diploma. She did not graduate high school, nor has she attended college. Ms. Bell is not currently employed, nor has she been employed in the past few years. Ms. Bell previously received SNAP; however, she failed to follow up in a timely manner. Ms. Bell does not feel stress, nor does she exhibit any concern for the current situation. Ms. Bell believes everything will "work itself out." Ms. Bell works odd jobs on occasion such as delivering papers, but it's not regular work.

Ms. Bell denied any history of substance abuse or mental illness. She admitted to being in a past "violent relationship" with the children's father. He was abusive to her which included hitting, pushing, pulling hair and choking on two or three occasions. Ms. Bell filed a Protective Order against Mr. Bell several years ago, but she's not sure what happened to it. Mr. Bell went to prison approximately four years ago for drug trafficking and received a twenty five year sentence. Ms. Bell has not been in a relationship since Mr. Bell went to prison.

The specialist attempted to make contact with Mr. Bell in prison. He refused to speak to the specialist.

Ms. Bell is close to her family and has several friends. They have offered to take the children and help with the current situation, but Ms. Bell did not want assistance.

Collaterals report frustration with Ms. Bell refusing to make things better for her children. They have tried to assist her, but she fails to follow through or doesn't want their assistance. Collaterals expressed concern about Ms. Bell's lack of motivation and desire to make things better for her and her children. She has "let herself go and doesn't seem to desire any changes."

II. Protective Capacities of PRFC(s)

Assess the PRFC's available skills and/or resources that can be mobilized to contribute to the ongoing protection of the child. Protective capacities refer to how a person, thinks, acts, or feels.

- Demonstrates a pattern of deferring his or her own needs in order to meet the child(ren)'s needs
PRFC # 1 _____ PRFC # 2 _____
- Demonstrates an ability to meet child(ren)'s basic and emotional needs
PRFC # 1 _____ PRFC # 2 _____
- Shows support/concern for child(ren)'s health, safety, and well being
PRFC # 1 _____ PRFC # 2 _____
- Demonstrates necessary skills to meet the child(ren)'s safety needs, chooses to do so, and can specifically describe times in the past when he or she has protected the child(ren)
PRFC # 1 _____ PRFC # 2 _____
- Demonstrates he or she is physically capable of protecting the child(ren)
PRFC # 1 _____ PRFC # 2 _____
- Demonstrates he or she is emotionally and mentally stable enough to intervene and protect the child(ren)
PRFC # 1 _____ PRFC # 2 _____
- Demonstrates the ability to be tolerant, accepting, and understanding of the child(ren)
PRFC # 1 _____ PRFC # 2 _____
- Demonstrates an ability to recognize and understand potential safety threats to the child(ren)
PRFC # 1 _____ PRFC # 2 _____
- Demonstrates he or she has ability to think reasonably and has a plan to protect the child(ren)
PRFC # 1 _____ PRFC # 2 _____
- Demonstrates a positive perception of child(ren) and has appropriate expectations based upon each child's development

PRFC # 1 _____ PRFC # 2 _____

Can readily identify actions necessary to protect the child(ren) from serious harm and has ability to access resources to do so

PRFC # 1 _____ PRFC # 2 _____

Conclusions about the enhanced or diminished PRFC(s)' protective capacities and how they affect the child(ren):

III. Safety Threats/Impending Danger

Identify impending danger or safety threats by thoroughly collecting and assessing information regarding PRFC functioning to sufficiently assess and understand how family conditions occur.

Note: Impending danger exists only when the family conditions:

- are out of control;
- are severe;
- are specific and observable;
- are certain to happen in the next several days; and
- involve a child who is vulnerable either through age, disability, or inability to self-protect.

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

This safety threat refers to conditions in the home that create life-threatening conditions or threaten to seriously endanger a child's physical health. Yes No

Child(ren)	Associated PRFC(s)

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

2. PRFC(s) in the home lack the knowledge, skills, motivation, or abilities to perform parental duties and responsibilities

This refers to basic parenting that directly affects a child's safety. It includes the PRFC's failure to provide adequate food, clothing, shelter, supervision, and/or protection from harm. Yes No

Child(ren)	Associated PRFC(s)

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

3. PRFC(s) intends or intended to hurt the child

This refers to a PRFC who acts in a way that will result in pain and suffering. "Intended" suggests before or during the time the child was mistreated, the PRFC's conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the PRFC meant to discipline or punish the child, and the child was inadvertently hurt. Yes No

Child(ren)	Associated PRFC(s)

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

4. PRFC(s) does not have resources to meet basic needs

"Basic needs" refers to the family's lack of: (1) minimal resources to provide shelter, food, and clothing; or (2) the capacity to use resources when they were available. The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause injury, serious medical or physical health problems, starvation, or serious malnutrition. Yes No

Child(ren)	Associated PRFC(s)

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

5. Child has exceptional needs the PRFC(s) cannot or will not meet

"Exceptional" refers to specific child conditions, such as intellectual disability, blindness, or physical ability, either organic or naturally induced, as opposed to parentally induced. By not addressing the child's exceptional needs, the PRFC will not or cannot meet the child's basic needs. Yes No

Child(ren)	Associated PRFC(s)

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

6. Child is extremely fearful of the home situation

To meet this criterion, the child's fear must be obvious, extreme, and related to some perceived danger that child feels or experiences. Yes No

Child(ren)	Associated PRFC(s)

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

7. PRFC(s) is violent and/or is unwilling or unable to control the violence

Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be actively occurring or certain to occur in the near future. The PRFC exhibits violence that is unmanaged and/or unpredictable. Yes No

Child(ren)	Associated PRFC(s)

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

8. PRFC(s) cannot or will not control behavior

There must be specific information to suggest that a PRFC's impulsive, addictive, bizarre, compulsive, depressive, and/or similar behaviors cannot be controlled by the individual or anyone else in the household. Yes No

Child(ren)	Associated PRFC(s)

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

9. PRFC(s) has extremely unrealistic expectations or an extremely negative perception of the child

"Extremely" refers to a perception so negative that, when present, it creates child safety concerns and/or the perception or expectation of the child is totally unreasonable and/or rigid. Yes No

Child(ren)	Associated PRFC(s)

Describe specific behaviors and/or conditions associated with this threat and how they affect the child(ren):

IV. Safety Decision

Child(ren) is (select one):

- SAFE** - Based on the safety assessment, there is a determination that all of the children are in an environment without any safety threats or where threats are being managed by a protective PRFC.
- UNSAFE** - Based on the safety assessment, there is a determination at least one of the the child(ren) is, or is believed to be in an environment with safety threats and without a protective PRFC.
- Not Applicable** Unable to locate, failure to cooperate, or child death.

Comments/Summary when safe:

CW specialist signature

Date

CW supervisor signature

Date

V. Safety Threat Intervention

Check each step taken to protect the child(ren).

- Child death – no sibling
- Family-centered services case (FCS) –
 - Poor prognosis indicators per FCS policy evaluated and discussed with supervisor

CW supervisor signature _____ Date _____

- In home safety plan
- Out-of-home safety plan
- Recommend court involvement for a deprived petition.

CW specialist signature

Date

CW supervisor signature

Date

Services

Services provided:

Comments:

Services recommended:

Comments: