



Assessment of Child Safety



Case Information

Brooks

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

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

Assessment Purpose:

- | | |
|--|--|
| <input type="checkbox"/> Assessment/Individualized service plan (ISP) development | <input type="checkbox"/> Case closure |
| <input type="checkbox"/> Investigation <input type="checkbox"/> Reinstatement of parental rights | <input type="checkbox"/> Reunification |
| <input type="checkbox"/> Significant change in case circumstances | <input type="checkbox"/> Visitation |

Child(ren)

| Name | Date of birth | Gender | Tribe | In household | Role in case | Date of first FTF visit |
|---------------|---------------|--------|-------|--------------|--------------|-------------------------|
| Rayna Brooks | 6 years | Female | N/A | Yes | Victim | |
| Daniel Brooks | 5 years | Male | N/A | 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 |
|-----------------|---------------|--------|-------|--------------|--------------|-------------------------|
| Jennifer Brooks | 22 years | Female | N/A | Yes | PRFC/per | |
| Jason Brooks | 24 years | Male | N/A | Yes | PRFC/per | |

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.

It was alleged that Jennifer Brooks spanked Rayna, age 6 1/2, with a belt leaving bruises on her buttocks.

Rayna reported her mom gave her "swats" when she got up in the middle of the night because of a bad dream and Mrs. Brooks had to put her back into bed. The "swats" consisted of being spanked with Mrs. Brooks' belt which caused bruising to Rayna's buttocks. Rayna reported her "bottom" hurt and had black marks. Rayna reported her mom spanks her with a belt when she gets into trouble at school or when she doesn't mind at home. She stated Mrs. Brooks will give her "1 or 2 or sometimes 5 swats." Rayna reported having bruises on her bottom after getting swats from her mom. Rayna admitted to having bruises in the past when her mom gave her swats, and they "usually go away in a few days." This is the first time the bruises have hurt and stayed longer than a few days. Rayna was unable to provide any type of timeline as to when she last received bruises.

Daniel reported his sister, Rayna, "got swats for getting up at night." He stated Rayna has "ouchies" on her "bottom" that are black in color. Daniel reported receiving swats from Mrs. Brooks before for getting into trouble for talking or not minding. He admitted to having bruises a couple of times, but they weren't painful. Daniel couldn't remember the last time he received bruises.

The bruises on Rayna covered her bottom and the top of her legs. They were long and spread across both butt cheeks. The bruises were black and blue in color with some areas beginning to turn yellow.

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?*

CW history was found on this family. Approximately eight months ago a referral was received due to excessive discipline. The referral stated Mr. and Mrs. Brooks require their children to sit in time out for several hours at a time. The investigation was substantiated with services recommended. Mr. and Mrs. Brooks put Rayna and Daniel in time out for approximately five hours at the kitchen table due to speaking during Mrs. Brooks' favorite show, Gray's Anatomy. Mr. and Mrs. Brooks agreed to participate in counseling and CHBS; however, they failed to follow through.

Another past investigation was found in Arkansas where the family lived prior to a year ago. The past investigation was in regards to inappropriate discipline which resulted in bruising to Rayna by Jennifer Brooks. Rayna received bruises after Mrs. Brooks spanked her for wetting her pants. Mrs. Brooks stated in the investigation that "Rayna is a big girl and only babies wet their pants." Mr. and Mrs. Brooks participated in parenting classes and the case was closed.

Mrs. Brooks denied leaving bruises on Rayna stating she had no clue what the specialist was talking about. Mrs. Brooks reported if any of her kids have a bad dream she would not beat them as "that is ridiculous." Mrs. Brooks reported when her children have a bad dream she will walk them

back to their room and wait for them to go back to sleep. When the family lived in Little Rock, Arkansas Rayna had a lot of bad dreams. Mrs. Brooks would be up most of the night trying to calm her down. Mrs. Brooks admitted to giving her children one or two swats either with her hand or a belt when they don't mind, but she denied ever leaving bruises. Mrs. Brooks did admit the children's skin will turn red after receiving swats, but never bruises. After a long discussion with Mrs. Brooks, she admitted there is a possibility Rayna had bruises. Mrs. Brooks admitted getting frustrated with Rayna for not wanting to go back to sleep and she spanked her. Mrs. Brooks stated she was tired and might have spanked Rayna "a little hard."

Mr. Brooks denied Jennifer Brooks left bruises on Rayna. He admitted Mrs. Brooks will spank the children with her hand or a belt, but she doesn't leave bruises. Mr. Brooks reported Rayna has a tendency to get up often at night due to bad dreams. Mrs. Brooks will usually walk Rayna or the other children back to bed and lay with them until they fall asleep. Mr. Brooks does not have any concerns with how Mrs. Brooks spanks the children.

Collaterals denied ever seeing bruises on the children; however, they agreed Mr. and Mrs. Brooks are "a little hard" on the children. Mr. and Mrs. Brooks expect too much of the children and tend to get angry when the children "can't live up to their expectations." Mr. and Mrs. Brooks believe children should be seen and not heard. They become angry when the children make noises, especially if they feel it's a disruption to others. One collateral discussed the situation with Mr. and Mrs. Brooks; however, they stated they will "raise their children to be respectable adults that follow rules and know their places in the world." The collaterals do not believe Mr. and Mrs. Brooks would ever harm the children on purpose, but they could be a little easier on the children and understanding of how children behave.

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.

The children do not have any special needs and they are in good health. Rayna does have asthma; however, it is not severe. She uses an inhaler as needed. The children are covered by Soonercare; however, Mr. and Mrs. Brooks have yet to find a doctor. They had a doctor for the children in Arkansas the children were able to see as needed.

Rayna is a six years old and functions on an age appropriate level as evidenced by having the ability to recall events. Mr. and Mrs. Brooks reported Rayna does not have any developmental delays. She's currently in the 1st grade and doing well. Rayna does not receive any special education services. Rayna reported her favorite subject is spelling. Rayna has several friends at school and friends that live on her street. Her best friend is Kaity. Rayna enjoys playing with Barbie dolls and climbing trees. Mr. and Mrs. Brooks reported Rayna has a history of night terrors. She saw her doctor in Arkansas a couple of years ago due to the night terrors, but the doctor reported everything was normal. Mrs. Brooks reported frustration with Rayna having all the night terrors because she is hard to calm down and Rayna is always cranky the next day.

Daniel is a shy five year old who is currently enrolled in kindergarten. He is doing well in kindergarten and is learning his ABC's and numbers. Daniel has friends in school and enjoys getting

to play with them everyday. Mr. and Mrs. Brooks reported Daniel is healthy and current on all immunizations. He's usually active and outgoing, but tends to be shy with new people. Daniel enjoys playing with Hot Wheels and action figures. His parents report Daniel has a "vivid imagination" and can entertain himself for long periods of time.

Mr. and Mrs. Brooks reported Rayna and Daniel get along well with each other and enjoy playing together. They do fight over toys on occasion, but "nothing out of the ordinary." The parents report the children are more attached to Mrs. Brooks because she is home with them more often. They are attached to Mr. Brooks as well, but he works a lot of hours and attends school twice a week.

The specialist was able to observe the children around Mr. and Mrs. Brooks. They appeared comfortable around their parents and didn't exhibit any behavior problems or fear. The children were both playful and interactive with each other as well as their parents. Rayna and Daniel have their own bedrooms, and sometimes sleep in the same room. When they get scared, Daniel will usually sleep on Rayna's floor next to her bed. He usually takes his pillow and blanket and quietly lays down without waking Rayna.

Collaterals reported Rayna and Daniel are good kids that get along well. They are attached to each other and their parents. Rayna and Daniel do well in school and function on an age appropriate level. Collaterals report visiting the children often and not having any concerns about their behaviors or developmental functioning.

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.

Both children report receiving timeouts and spankings as discipline. The timeouts are usually for an hour, but they state "it feels like longer." They aren't allowed to speak or move while in timeout. They both report receiving spankings with a belt or hand by their mother. This is on the bottom, with pants down. They get in trouble for things such as "talking out of turn, talking back, being loud, not going to bed on time, or not doing chores."

Mr. and Mrs. Brooks reported putting the children in timeout either in the corner or at the table. The parents usually put the children in timeout for forty five minutes to an hour if they act right, but it could be longer depending on their behavior. Mrs. Brooks admitted to spanking the children with her hand or the belt as needed. Spankings usually consist of one or two swats, sometimes more depending on "how bad they are." Mrs. Brooks admitted to leaving bruises on Rayna last year when they lived in Arkansas, but it was unintentional. Mrs. Brooks stated she only spansks "once in a while" because the "table does a lot of work." The mother told the specialist she will try to correct the children's behavior and use discipline as a teaching tool. She never disciplines the children out of anger. Mrs. Brooks feel the children understand why they are in trouble. Mr. and Mrs. Brooks reported the children will get into trouble for hitting on each other, fighting, mouthing, making too much noise, interrupting, or acting bad at school. Mr. Brooks reported making the children sit in time out at the kitchen table with their hands under their legs or crossed on the table for at least 45 minutes, but usually longer because the children won't sit still. Mr. and Mrs. Brooks determine the

length of time based off the children's behavior. The longest the children have ever been in timeout was eight hours due to being mouthy and not wanting to take a nap. Mr. and Mrs. Brooks reported the children struggled with sitting that long, but they "needed to learn." The children were required to sit at the table and stay awake since they "didn't want a nap." When the children would begin to fall asleep, Mr. and Mrs. Brooks would holler to wake them up and make them sit up straight.

When asked about how they were raised Mrs. Brooks reported her parents spanked and used timeout. She does remember having bruises on occasion due to having to pick a switch off the tree in their front yard. Mrs. Brooks feels the discipline worked on her, so she doesn't see why it shouldn't be used on her children.

Mr. Brooks reported being grounded and put into timeout as a child. He doesn't remember ever being spanked; which is why he leaves the spanking to Mrs. Brooks. Mr. Brooks is okay with spanking, but he prefers to use timeout.

Collaterals reported Mr. and Mrs. Brooks use "harsh" discipline with the children. They do not believe Mr. and Mrs. Brooks would ever harm their children, but their discipline is not realistic for the children's young ages. One collateral reported it's "stressful" when the family comes to visit because they feel sorry for the children. Mr. and Mrs. Brooks expect the children to behave as adults and don't understand that children get loud and rambunctious.

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.

Mr. and Mrs. Brooks describe their parenting style as "firm." They believe children should behave and follow rules. Mr. and Mrs. Brooks described their children: Daniel is quiet and carefree and Rayna is a talker. Mrs. Brooks reports being a "tolerant parent" as she is able to "put up with a lot." Mrs. Brooks takes the children to the park, the family celebrates holidays together, they go outside, throw the ball, fingerpaint and color. Mr. and Mrs. Brooks reported being able to put the needs of the children above her own. Mrs. Brooks provided an example of this, stating she has had the same clothes since she was 16 years old as she will buy new clothes for the children instead. Mrs. Brooks reported the children need food, clothing and shelter to survive on a daily basis. Mrs. Brooks is able to show support and concern for the children as she is able to identify the needs of the children. Mrs. Brooks stated she is able to protect the children from harm as she would not let anything happen to them. Mrs. Brooks reported she learned her parenting knowledge and skill from her parents. Mr. Brooks spends time with the children; however, he works a lot of hours. Mrs. Brooks is a stay at home mom.

Collaterals reported Mr. and Mrs. Brooks are good parents, but they are "too strict and rigid." They have expectations of the children that "don't make any sense," such as expecting kids to be quiet all the time. Collaterals do not believe Mr. and Mrs. Brooks would ever intentionally hurt their children; however, they feel the children will "start to deceive" because they "can't act like children."

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.

Ms. Brooks reports her approach to life is being independent and doing things on her own. Mrs. Brooks' goal in life is to own her own ranch. She believes herself to be a positive person as she is always in a good mood. Mrs. Brooks does not see herself as an impulsive person as she thinks before she acts. To relax, Mrs. Brooks will either color or go outside. Mrs. Brooks reported when she gets stressed out or has a problem she figures out the solutions herself. Mrs. Brooks denied any history of substance abuse, mental illness or domestic violence. Mrs. Brooks reported she "had to grow up" when she got pregnant at 16. She and Mr. Brooks got pregnant with Rayna and "learned to be parents." They were able to finish high school with the help of their parents, but it was hard. Mrs. Brooks has never been employed as she stays home with the children. Mrs. Brooks would like to get a job/career one day, but not until the children are older.

Mr. Brooks reported dealing with stress well. He usually deals with things "one at a time" and solves the problem. Mr. Brooks currently attends night college classes twice a week after leaving his job. He has a difficult job, but reported enjoying it very much. Mr. Brooks hopes to graduate with an accounting degree and one day be able to support his family financially. Mr. Brooks would like to spend more time with his children, but he feels the necessity to graduate college as soon as possible so he can provide for them. Mr. Brooks denied any history of substance abuse, mental illness or domestic violence.

Mr. and Mrs. Brooks report having a good relationship with each other. They are very much in love and look forward to sharing their life together. Mr. and Mrs. Brooks deny past relationships as they have been together since they were 15. They feel like "life is a struggle" but they can get through it together. They also believe "things will be better one day" after Mr. Brooks graduates from college.

The family currently receives \$640 a month in food stamps. They do not pay any rent due to the home being owned by Mr. Brooks' parents, but they would like to "pay them back one day." Mr. and Mrs. Brooks are active members in the local Baptist Church. They feel supported by their own families as well as their church family. Mr. and Mrs. Brooks are aware of community supports and are willing to access them as needed.

Collaterals reported Mr. and Mrs. Brooks function well and are both responsible adults. They take care of their family and work hard to provide for their children. Collaterals reported Mr. and Mrs. Brooks have never been caught up in drugs or anything else "criminal." They feel the family will do better in a few years once Mr. Brooks graduates from college.

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: