



# Assessment of Child Safety



## Case Information

Martin		
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 checked="" type="checkbox"/> Investigation                                 | <input type="checkbox"/> Reunification |
| <input type="checkbox"/> Significant change in case circumstances                 | <input type="checkbox"/> Visitation    |
| <input type="checkbox"/> Reinstatement of parental rights                         |  |

### Child(ren)

Name	Date of birth	Gender	Tribe	In household	Role in case	Date of first FTF visit
Janie Martin	6 years	Female	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
Angie Martin	29 years	Female	N/A	Yes	prfc/perp	

## 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 reported Angie Martin, biological mother to Janie Martin (age 6), has a history of meth use and mental health issues. She is paranoid due to being on a "meth high" for several days and purchased a gun within the past few days. Ms. Martin is hallucinating and believes people are out to get her and her child. This past Sunday, Ms. Martin was at a hotel with Janie and made her sit in the bathtub because she believed people were coming after them.

Janie reported being afraid of her mom because her mom is "crazy." She stated her mom is "on bad drugs." Ms. Martin and Janie do not have a home because Ms. Martin likes to move around to keep people from following them. Janie reported she and Ms. Martin move to different motels, friend's homes or spend the night in the car depending on how Ms. Martin is "feeling." Janie reported Ms. Martin purchased a gun from a friend and she has been sleeping with the gun. On Sunday Ms. Martin became "scary" after "sticking the needle in her arm." Janie reported her mom "acts weird after she sticks the needle in her arm." Ms. Martin picked Janie up from the bed (they were staying at a motel) and threw her into the bathtub. Ms. Martin told Janie people were trying to kill her and "kidnap" Janie. Janie reported being afraid because Ms. Martin was waving the gun around stating she would shoot anyone that walked into the motel room, including them. Janie cried during the interview stating she is tired of being "afraid all the time."

## 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?*

Ms. Martin admitted to a history of methamphetamine use, including "shooting up" about three or four times per week over the last six to nine months. Ms. Martin admitted to "shooting up" in front of Janie, including the night of the "bathroom incident." Ms. Martin exhibited signs of paranoia during her interview as evidenced by looking out the window repeatedly, keeping the lights down low and making comments about "people finding us." Ms. Martin reported she can control the drug use and "doesn't have a problem." When asked about moving on a regular basis Ms. Martin commented "people will find us if we don't move." Ms. Martin and Janie have only been moving around the past year. They used to have an apartment and received Section 8 housing assistance. Ms. Martin and Janie were evicted after the apartment manager found out about Ms. Martin's drug use. Ms. Martin reported people are watching her wherever she goes; and the street lights focus a beam of light on her and then it starts buzzing. Ms. Martin admitted putting Janie in the bathtub on Sunday because "people were going to kidnap her." Ms. Martin admitted to having a loaded gun because she and Janie "need to keep the bad people away." Ms. Martin reported driving to a friend's house about 4am after she "found an escape from the motel." During the interview, Ms. Martin had trouble remaining calm and sitting in a chair. She reported someone was in the attic even though the interview took place at the OKDHS building. Ms. Martin also stated people were under the floor and people were "able to see [her] through the cable wire coming out of the wall." Ms. Martin reported she wouldn't allow anyone to get her child because she would protect her in order to "keep the bad people away." When asked what measures Ms. Martin would take to keep Janie safe, she stated "anything I have to."

Jean Goods, friend of the family, reported Ms. Martin and Janie showed up at her home about 4am. Ms. Martin was in a "state of panic" and believed people were out to get her and kidnap Janie. Janie was crying and frantic and tried to get away from Ms. Martin once she saw Ms. Goods. Ms. Goods reported knowing the family since Ms. Martin was a child, and Ms. Martin has "never been this bad." She has "dabbled" in drugs, but never to this extent. Ms. Goods reported Ms. Martin moved from drinking and using recreational drugs to using methamphetamines in the past year. Ms. Martin has struggled over the past year and "can't seem to get it together." Ms. Goods expressed concern over Ms. Martin's ability to appropriately care for Janie and admitted being afraid that Ms. Martin might hurt Janie if she remains in the state she is currently in.

Other collaterals reported Ms. Martin started using heavy drugs about a year ago, but they are not sure why. She has always drank and smoked marijuana off and on, but this was a big leap for Ms. Martin. The collaterals expressed a great deal of concern for Janie because she appears afraid of her mom now and doesn't ever want to leave with her. They also reported not knowing what Ms. Martin is capable of doing in her current state.

Ms. Martin has two past referrals for substance abuse. The most recent referral was about four months ago and it was in regards to Ms. Martin's drug use. It was reported that Janie was afraid to leave school with her mom and Ms. Martin was exhibiting "strange behavior" when she would pick Janie up from school. The investigation was closed due to failure to locate Ms. Martin and Janie. The other referral was approximately eight months ago in regards to meth use, but it was screened out due to no child abuse or neglect.

Ms. Martin does not have a criminal history.

### **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.

Janie Martin is a six year old child that attends first grade on a sporadic basis. She reported enjoying school, especially spelling. Janie is blonde and tall for her age. She is current on all immunizations and is reportedly a healthy child. Janie enjoys playing with dolls and Hot Wheels cars. Janie doesn't have many of her belongings since they have been left at motels and other places since she and Ms. Martin have to leave quickly when people are trying to find them. Janie expressed sadness over her current situation. She doesn't understand why her mom is so afraid, nor does she understand why people are after them. She expressed fear of the "person in the attic and under the floor." Janie becomes afraid when she sees her mom "playing with needles" because her mom starts "acting weird." Janie reported she used to have a lot of friends when she was in kindergarten, but she doesn't attend school long enough now to make friends.

Ms. Goods and other collaterals reported Janie used to be a happy child, but she has become withdrawn and appears afraid of her mom. She is a healthy child and visits the doctor as needed. The collaterals feel Janie needs a stable home where she doesn't have to be afraid anymore.

#### **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.

Ms. Martin puts Janie in time out and gives her "swats." Janie reported her mom yells at her "for no reason" and is "scary." It was difficult to get discipline information from Ms. Martin as she was exhibiting paranoia and could only state she has to "keep Janie safe." Janie reported her mom has spanked her but not often. She can't remember the most recent spanking incident.

Collaterals reported seeing Ms. Martin yell at Janie and spank her when she gets angry, but it doesn't happen often. Ms. Goods reported Ms. Martin is "too messed up" to pay much attention to Janie. Ms. Goods reported Ms. Martin was spanked as a child, but only when needed. She knew her parents and never had any concerns with them being abusive or causing injuries to Ms. Martin.

#### **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. Martin reported Janie is her life; which is why she has to "protect her from the bad people." Ms. Martin was unable to tell who "the bad people" are. Ms. Martin reported she and Janie eat when they "find a place to stop." There is usually not a lot of time because, according to Ms. Martin, "the people" will find them. Ms. Martin was unable to discuss her daughter's daily schedule or the need for school due to being high on meth. It was difficult to get a good understanding of Ms. Martin's ability to parent Janie due to her extreme condition.

Janie reported she used to enjoy being with her mom, but now she is afraid of "the people" and how her mom acts. Janie reported her mom "plays with needles all the time and acts weird." They usually stop quickly at McDonald's or Sonic for food, but she does remember sometimes getting extremely hungry before her mom would be willing to stop. Janie doesn't have a bedtime due to moving around and not being in a stable environment. She reported her mom is "more fun when she's not playing with needles." Janie doesn't worry when she will eat when they stay at Ms. Goods' home. Janie would like to stay with Ms. Goods because she is afraid of her mom when "she plays with needles." Janie reported her mom used to be better when she was in kindergarten. She doesn't remember her playing with needles and they lived in one place for more than one or two nights.

Ms. Goods reported Ms. Martin used to be a good parent to Janie; however, she changed when she started using meth. Ms. Goods worries about Janie because they will sometimes show up at her house and Janie will have gone without food all day. Janie will also be dirty and in the same clothes as the last time she was at Ms. Goods' home. Ms. Goods reported trying to discuss the situation with Ms. Martin, but she becomes paranoid and takes Janie. Ms. Goods reported Ms. Martin takes good care of Janie when she's not using meth, but those days are "few and far between."

**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.

Angie Martin is homeless and moves from different motels to her friend's home. Ms. Martin has been homeless for the past year after being evicted from her apartment for drug use. Ms. Martin moves to different motels because "the people" are trying to get her and "kidnap Janie." Ms. Martin is currently using meth heavily. She has been "shooting meth" for approximately one year. According to collaterals, Ms. Martin used to only drink alcohol and occasionally smoke pot; however, they are unsure as to why she started using meth about a year ago. Ms. Martin admits to using meth three or four times per week. Ms. Martin refused to discuss why she changed from recreational drugs to methamphetamines. Ms. Martin has never received assistance for her alcohol or drug use, and she currently denies needing any help. Ms. Martin is exhibiting signs of paranoia as evidenced by believing people are trying to get her and kidnap Janie. She also believes people are "in the attic and under the floor." Ms. Martin denies a history of mental illness. She has never taken medication for mental illness or participated in counseling. Ms. Martin is currently unemployed. She reported having a job approximately a year ago, but was fired due to not showing up. Ms. Martin has a high school diploma and some college. She dropped out of college due to getting pregnant with Janie. Ms. Martin reported not knowing who Janie's father is as she "partied a lot in college and never really had just one boyfriend." Ms. Martin has never been married, nor does she have a boyfriend. Ms. Martin reported never having a consistent relationship since high school. Ms. Martin reported Ms. Goods is a support for her. She and Janie spend a lot of time at her home until "the people" find them and they have to leave. Ms. Martin reported her parents died a tragic death about a year ago.

Ms. Goods reported Ms. Martin has experimented with drugs and alcohol since she was a teenager. She mainly drank alcohol and occasionally smoked marijuana, but Ms. Goods never knew her to use heavier drugs. Ms. Goods reported Ms. Martin's behavior changed about a year ago when she started using meth. She doesn't know why Ms. Martin started using such heavy drugs and wishes she could help her. Ms. Goods reported Ms. Martin doesn't have a history of mental illness, nor does her family. Ms. Martin didn't become paranoid until she started using heavy drugs. Ms. Goods has always had good relationships and she doesn't believe anyone is really after Ms. Martin or Janie.

**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)

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: