Critical Concepts Practice: Safety Assessment
Acknowledgements

The University of Wisconsin-Milwaukee Child Welfare Partnership (MCWP) is happy to introduce this workbook as a companion to its program of training in safety intervention for child welfare staff. The workbook can be used to reinforce learning, shore up or refresh understanding, and otherwise strengthen skills learned in initial training. It can be used flexibly; in a way and at a pace that suits individual learner needs. Using the workbook can also help structure supervisors’ staff development efforts and, in so doing, strengthen the staff-supervisor bond central to staff satisfaction and retention.

This workbook would not have been possible without the invaluable contributions of our partner agencies: Children’s Hospital of Wisconsin Community Services, the Division of Milwaukee Child Protective Services, and SaintA. I would also like to thank MCWP Curriculum and Instruction Managers Erin Nasgovitz and Dion Racks for providing feedback and additional context throughout the writing and editing of this workbook.

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About

Critical Concepts Practice: Safety Assessment reviews the structured, critical thinking process used in analyzing initial information-gathering and safety decision-making. This process is rooted in WI State Standards and prepares case workers to understand what is required to make initial safety decisions and begin next steps in the case process.

The main objectives are to help case managers:

- Use critical thinking and WI State Standards to guide and justify safety intervention decisions at a basic level of proficiency.
- Assess the sufficiency of the safety plan to control identified safety threats.

The Critical Thinking Process

Critical thinking is used in a variety of disciplines and professions. In your current role as a child protective services (CPS) worker, it means that you are skillfully conceptualizing, analyzing, synthesizing, and evaluating information to make decisions about the safety of children in their homes. This process is consistently relied on to help CPS workers make clear and rational decisions. The process is listed below.

**Step 1:** Gather Information
Seek out information that informs you of how a family functions and what conditions exist in the family that could pose a threat to child safety.

**Step 2:** Analyze information and apply to standardized criteria
What verified information do we know and understand about the family and how they function? Apply the standards to this information.

**Step 3:** Come to a conclusion
As a result of the assessment, we now have sufficient information to determine that conditions exist in this family that either do or do not necessitate CPS involvement.

**Step 4:** Make a decision
Determine what type of CPS intervention this family’s condition warrants.

**Step 5:** Develop a plan for intervention
Based on your assessment, you develop a plan of intervention.
Workbook Organization

The five questions answered in the Safety Practicum are used as a guide to discuss the safety assessment process. This workbook is divided into three sections.

SECTION 1 reviews the critical thinking and safety assessment process that is taught at the UW-Milwaukee Child Welfare Partnership (MCWP). To better show how concepts relate to practice we have an example case – The Laura Chavez Case – that is discussed throughout SECTION 1. It is located in blue sidebars like this.

SECTION 2 walks a case worker through the safety decision process for a complete case. Once again, the Laura Chavez Case is used, this time in great detail. The questions used in this section come from the Safety Practicum training worksheet which you can find on page 23.

SECTION 3 gives workers an opportunity to work through the process with an active case at their agency. There is also a full-text of the Noleaf Case that can be used if you cannot find a case.

Who should use this workbook?

Both new and seasoned workers will find this workbook useful. The workbook is a review and not a replacement for trainings or to be used before training has taken place. It is intended to be used by workers who have already taken the following MCWP courses: Online Safety Module, Information Collection, Safety in CPS, and the Safety Practicum.

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**The Chavez Family**

*Overview of the Access Report*

Laura Chavez was transported to the hospital after overdosing on prescription drugs and alcohol in the presence of her daughter, Jeanne Chavez, age 8. Laura’s sister, Christine Dupree expressed her concern that Ms. Chavez’s use of alcohol affects her ability to see that Jennae is fed regularly. Ms. Dupree also indicated that there are maternal grandparents available who may be able to take the child.
Facilitation Directions for Supervisors

This workbook is designed for a supervisor to help guide staff through the different sections. There are two suggested options for how to use this workbook, depending on the experience of the worker.

New Workers

A new worker should read through SECTION 1 and then have a supervisor review that section with her/him and answer any questions the worker may have. After that, the new worker should move on to SECTION 2. In this section the worker should first read Chavez CPS Report and the Maltreatment section of the IA Report, and then answer Questions 1 & 2 on page 23. After those questions are answered, the worker can read the rest of the case and answer Questions 3-5. After finishing SECTION 2, the worker can continue on to SECTION 3 with an active case. The worker and her/his supervisor should meet after SECTION 2 and SECTION 3 and go over the answers.

Seasoned Workers

Seasoned workers can start by reading through SECTION 2 and then have a supervisor review that section with her/him and answer any questions the worker may have. After reading that section, they can continue on to SECTION 3 with an active case. After completing SECTION 3, the worker and supervisor should meet and go over the answers. Seasoned workers should be able to skip SECTION 1, but are welcome to review it. This assumes that they already know the information in SECTION I and only need a refresher on the application of safety standards.
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SECTION 1

Introduction

There are many critical decisions made during the safety assessment process. During safety assessment, you use critical thinking to:

1. Complete an Assessment
2. Make a Decision
3. Plan a Strategy

So, what is assessment? “Assessment” is a standardized process. The State of Wisconsin has standards for Access, Initial Assessment, and Ongoing Services. You are required to follow those standards. The framework outlined in this guide will help you meet those standards. The framework is as follows:

Critical Decisions and Functions

Access
- Receive and document reports of alleged maltreatment from the community
- Identify families that the CPS system must respond to
- Determine the urgency of the response time, and
- Initiate an assessment of child safety and family strengths

Initial Assessment
- Decide whether there are threats to safety and the plan to control any present danger threats
- Make a maltreatment determination and when applicable identify the maltreater
- Decide whether the family is in need of ongoing CPS services

Ongoing
- Decide if the safety plan is sufficient to maintain child safety (Safety Analysis Question #4)
- Continually evaluate and reassess for Impending Danger Threats
- Work with families to create goals for the a case plan or permanency plan that enhance protective capacities
- Promote behavioral changes with families to work towards reunification or other permanancy options
Applying Safety Concepts

Let’s start at the very beginning. A neighbor calls the Division of Milwaukee Child Protective Services because she is concerned that a child is in an unsafe environment and will be harmed. This becomes an open case.

The first information gathered on a case comes to Access and is put into the CHILD PROTECTIVE SERVICE (CPS) REPORT. The agency receives information about suspected child maltreatment from mandated and other community sources (such as neighbors) who are referred to as reporters. Based on this information, the agency determines if the report constitutes an allegation of child maltreatment or threatened harm as defined by Wisconsin statutes (§48.02). If an allegation rises to this level, the report is screened-in for further assessment, and if it does not, the report is screened-out.

Access

- Receive and document reports of alleged maltreatment from the community
- Identify families that the CPS system must respond to
- Determine the urgency of the response time, and
- Initiate an assessment of child safety and family strengths

Screened-In

Screened-in CPS reports move to the next stage of the CPS process, which is Initial Assessment.

Based on all the information gathered as part of the Access process, the CPS agency designates a response time, ranging from an immediate response to within five business days, by which an initial face-to-face contact with the child/family must occur. Response times are determined based on the assessment of danger threats at the point of access.

Screened-Out

Screened-out CPS reports are no longer part of the CPS process. However, the CPS agency may still refer the family to community services or offer to provide voluntary agency services to address family concerns not related to child safety.

The Chavez Family

Overview of the Access Report

Laura Chavez was transported to the hospital after overdosing on prescription drugs and alcohol in the presence of her daughter, Jeanne Chavez, age 8. Laura’s sister, Christine Dupree expressed her concern that Ms. Chavez’s use of alcohol affects her ability to see that Jennae is fed regularly. Ms. Dupree also indicated that there are maternal grandparents available who may be able to take the child.

To better show how concepts relate to practice we have an example case throughout this workbook that you can follow.
Workbook Safety Questions Explanation

The five questions on the following pages come from the Safety Practicum that is part of New Staff training. SECTION I of this workbook details the types of information you should use to answer these questions. SECTION 2 answers each of the questions using a specific case – The Laura Chavez Case. SECTION 3 gives you the opportunity to work through the process with an active case at their agency. A full listing of these questions can be found in the Safety Questions page 23 of SECTION 2.

Question #1: Who is the family and why was the family referred to CPS?

You should include the following information:
- All family members and relationships (both those in the home and also those who have significant relationships to the family or child)
- Information about each family member, significant to the reason for referral
- Reason for Access call

The Chavez Family

Who would be included in Question #1?
- Laura Chavez, mother
- Jeanne Chavez, age 8, daughter
- Jimmy Chavez, Jeanne’s father, deceased
- Christine Dupree, Laura’s sister
- Wayne and Carletta Hancock, Laura’s parents
Present Danger Assessment and Protective Planning

In the beginning of the case there are two points where Present Danger is assessed - Access and Initial Contact. Present Danger Threats refer to an immediate, significant, and clearly observable family condition that is occurring or “in process” of occurring at the point of contact with the family and will likely result in severe harm to a child. There are 23 Present Danger Threats that are listed in the Safety Reference Guide. They are typically assessed in the following order:

1. Clearly observable
2. Significant
3. Immediate
4. Actively occurring
5. Likely to result in severe harm

During this part of the assessment process, a worker is also looking for the Parent/Caregiver Protective Capacities. These are the strengths and characteristics that contribute to a parent’s ability to provide a safe environment for the child. A few examples include:

- History of protecting
- Physically able
- Supports the child
- Accurate perception of child
- Self-ware as parent
- Able to meet child’s emotional needs
- Has strong bond with child
- Expresses love towards child

You can find a detailed listing of protective capacities in the Safety Reference Guide.
So, during Access it is decided that, yes, there is an allegation of child maltreatment. The case is then, screened-in and moves on to Initial Assessment. During Initial Assessment a CPS worker must identify which children are unsafe and in need of Ongoing CPS or Intensive In-Home Services. Your objectives are to **protect** unsafe children, **substantiate** the occurrence of maltreatment, and **identify** problems associated with impending danger and caregiver protective capacities. This information goes into the INITIAL ASSESSMENT - PRIMARY which is designed to insure CPS workers are using a systematic decision-making framework.

**Question #2 (part 1)**: *If the referral is screened-in, what present danger(s) is suspected? What response time is assigned to the Initial Assessment referral?*

Information you should include in this answer are:
- Information is gathered on the family, including reason for CPS referral, danger threats to child or children
- Information gathered on protective capacity of the adult care giver to protect child from suspected danger threat(s)
- What present danger is suspected/or identified at time of call?
- What response time is assigned to referral?

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**The Chavez Family**

*What present danger is suspected?*

There were many for this case, but as an example the following is one of the Present Danger Threats.

*Parent is intoxicated now or consistently under the influence.*

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*Please Note: We have broken Question #2 into two parts in order to better explain the necessary information needed to answer this question. The second part of Question #2 is on the next page.*
Question #2 (part 2)*: At the first face-to-face contact, was the suspected present danger confirmed? If so, how was it? If not, why not? Were there other present danger threats identified that were actively or “in process” of occurring? What protective plan was put in place to control the present danger threat?

- Confirm through observation and interview the present danger threat suspected at Access.
- If the present danger is confirmed, ensure the child is being protected by an able and willing adult or develop a plan which would control for any other present danger threats identified.
- Assess for any additional present danger threats and make sure the protective plan controls them also.
- Once child safety has been ensured, begin the Initial Assessment.

The Chavez Family

Confirm the present danger suspected at Access:

Parent is intoxicated now or consistently under the influence.

Clearly Observable: Laura Chavez is currently under the influence of alcohol and drugs and is unable to provide care for Jennae.

Significant: Laura’s intoxication has her incoherent and unresponsive to Jennae’s needs and unable to provide care. Jennae is left to be responsible for her own care and supervision.

Immediate (“actively occurring or in process”): Laura’s inability to care for Jennae due to her intoxication is active and requires an immediate response from CPS.

Actively occurring: The family condition is playing out at the point of contact with the family. Laura is currently under the influence of a substance and unavailable to provide care or supervision.

Likely to result in severe harm: Jennae could suffer serious physical harm due to her age, and lack of supervision when attempting to meet her own basic care needs.
Assessment Categories for Initial Assessment
(Seven Areas)

During Initial Assessment, it is crucial that sufficient information is collected in order to make an effective decision. The 7 Areas of Assessment the standard that provides a framework to help us understand the family members, family condition, present danger and impending danger.

Question #3: Using the 7 areas of assessment, describe the family.
To ensure that you have included sufficient and relevant information, the following questions must be answered for each section.

- What information is critical in making a safety decision and why?
- How will this information be used in making critical safety decisions?
Seven Areas of Assessment

Each of the 7 areas is described in detail and the next few pages. Text in blue italics are examples from The Chavez Case.

**Maltreatment**

We assess for maltreatment to gather information regarding facts and evidence that supports the presence of maltreatment. This information comes from a worker’s observations, interviews and corroboration.

Useful information may include: **Focus only on the incident**: allegations, description of injuries and or conditions, medical information regarding the maltreatment, law enforcement findings (if applicable), present danger threat and summary of the protective action, sub/un substantiation decision

“Jennae had been transported to the hospital along with her mother, Laura Chavez who had overdosed on prescribed medication and alcohol in the presence of her daughter. Laura was transported to the hospital after her sister came to the apartment and found Laura incoherent.”

**Surrounding Circumstances**

This is our understanding of the context or situation that led up to the maltreatment and the existing behaviors, conditions or circumstances while the maltreatment is occurring. Assessing this separate from maltreatment provides a better understanding of how serious the maltreatment is and helps to identify any other behaviors and conditions that may have an impact on child safety within the environment.

Useful information may include: family explanation and reaction to the maltreatment, collateral contact information regarding the circumstances that support or refute information, duration of behaviors, conditions or circumstances, contributing factors that led up to maltreatment (family stressors, substance use, cultural, religious, etc.) parent response or willingness to be protective and accept intervention

“Laura Chavez has been struggling with depression and anxiety for approximately 10 years. Jennae explained that since her father died, her mother has been ‘sleeping’ most of the day. Jennae said that she and her mother don’t spend much time together and when they do, Jennae is watching movies while her mother sleeps.”
Child Functioning

This area helps the worker to understand how this child acts in various environments. Knowing this provides insight on what factors make the child vulnerable to maltreatment. Assessing child functioning helps to understand how current maltreatment is affecting the child’s functioning. Each child residing in the household is assessed individually.

"While her mother is ‘sleeping’ Jennae tries to “be good” so as not to bother her mother. She will complete her homework, watch TV, play in her room, and make herself food. When Jennae prepares food, her favorite thing to make are grilled cheese sandwiches.”

Adult Functioning

This area provides an understanding of how the adults living in the home act in their everyday lives outside of being a parent. How do they manage life socially, emotionally, behaviorally and intellectually? It is concerned with how the adult handles life stressors and relationships. This area is assessing the adult’s strengths or diminished capacities and their ability to manage their day-to-day responsibilities. Each adult in the home with caregiving responsibilities is assessed separately.

“Ms. Chavez’s explained that her feelings of being sad, overwhelmed, hopeless, and anxious are pervasive and daily; they appear to be significantly impacting her life skills. She reports frequently feeling lonely and having disruptive sleep patterns resulting in her frequently feeling irritable and fatigued. “
Parenting - Discipline

This area focuses on how a parent disciplines and the impact this has on the child/ren in the home. It is important to assess the context, rules, and expectations around the discipline techniques used by the parent/s. By assessing the attitudes, beliefs, and methods used in discipline, we gain knowledge about the relationship of the parent (or caregiver) and the child.

“Ms. Chavez said that she does not feel Jennae needs to be corrected or redirected often because “she is a good girl” and “knows what she needs to do.” At this time there appears to be very minimal boundaries, rules, or structure for Jennae.”

Parenting - Practices

This area assesses the parent’s general nature and approach to parenting. This includes a parent’s protective capacities for understanding of and ability to meet the child’s behavioral, emotional and cognitive needs. Information on how cultural beliefs and practices play a role in parenting style are also in this section.

The relationship can often be characterized as one where the child is in the caregiver role, both emotionally and practically. For example, Jennae notices when her mother is sad or frustrated and will take on the responsibility for consoling and comforting her mother.

Family Functioning

This section assesses how a family operates as a system. This information will assist the worker in planning the next steps for the family. This area helps to identify potential resources that could be used in safety planning, teaming, etc.

“Ms. Chavez and Jennae appear to be isolated from each other on a daily basis. When Jennae is feeling lonely she finds solace with her grandparents, her maternal aunt, or her friend’s family. “
Impending Danger

After you have collected your information (the 7 Areas of Assessment) you need to use that information to make an effective safety decision. This leads to our 4th question.

**Question #4: What impending danger threats exist? How does each of the identified impending danger threats cross the danger threshold?**

This question is a three-part process:

1. Use the 7 Areas of Assessment to identify family behaviors, conditions, or situations that have the potential to directly threaten child safety.
2. Once a negative family condition is identified, use the Danger Threshold definitions (OVOIS) to decide if that is, in fact, a safety threat.
3. Choose the Impending Danger Threat that best describes that safety threat.

Now, let’s go into more detail about each of the above steps.

1. Look back over your answers for the previous question – Question #3. Using what you found in the 7 Areas of Assessment, identify the negative family conditions.

The Chavez Family

*What is a negative family condition?*

Laura Chavez misuses her prescribed medication with alcohol which causes her to be incoherent or to pass out with the inability to be woken. This leaves Jennae without supervision.

*(NOTE: This is not the only negative family condition in this case, but it is the one we will focus on for this example.)*
2. Once you have done that, you should use the Danger Threshold Definitions (OVOIS) to decide if that family condition is a safety threat to the child. The process is often “walking them through the danger threshold.”

There are several useful resources to refer to during this part of the process. The Danger Threshold and Impending Danger Threats section of the Safety Reference Guide and the Threshold Criteria document found in the Appendix of the workbook help you better understand the Danger Threshold Definitions. The Critical Thinking Guide (also in the Appendix) is a chart that can help you see how the 7 Areas inform OVOIS.
The chart below is a useful tool for determining whether a condition meets the danger threshold. Text in *blue italics* are examples from The Chavez Case.

### Danger Threshold Criteria

<table>
<thead>
<tr>
<th>Specific, observable family condition (write in present tense)</th>
<th>Laura Chavez regularly combines alcohol with her prescribed medication, causing her to be incoherent or passed out. This leaves Jennae without supervision. YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable Child</td>
<td>Jennae is 8 years old and when left unsupervised, attempts to meet her own basic needs however, she is unable to make her own decisions. YES</td>
</tr>
<tr>
<td>Out of Control</td>
<td>Ms. Chavez is unable to manage her use of prescription drugs and alcohol. There is no other adult in the home who is able to supervise Jennae, or meet her basic needs when Ms. Chavez cannot. YES</td>
</tr>
<tr>
<td>Imminence</td>
<td>She describes feeling overwhelmed, hopeless, and anxious most of the time and drinks alcohol 2 to 3 times a week to cope with these feelings. She will likely continue to do so. YES</td>
</tr>
<tr>
<td>Could have a severe effect</td>
<td>When Ms. Chavez is passed out, Jennae attempts to meet her own needs by cooking her own food or leaving the family’s home because she is lonely. Both of these activities puts Jennae in a dangerous situation that could be harmful or life threatening. YES</td>
</tr>
</tbody>
</table>

Once you decide that a family condition does cross the danger threshold and is a safety threat, you must choose the Impending Danger threat that best describes that threat to the child. This is sometimes called “best fit.” **You can only use one Impending Danger Threat for each safety threat.**

Impending danger is a state of danger in which family behaviors, attitudes, motives, emotions, and/or situations pose a threat which may not be currently active but can be anticipated to have severe effects on the safety of a child at any time.

Wisconsin has 11 standardized Impending Danger Threats that are used to assess and justify the safety decision at the conclusion of the Initial Assessment and during Ongoing services (including intensive in-home services) with a family. You can find them in the **Safety Reference Guide**.

Remember that for each Impending Danger Threat you must answer the following questions:

- How does each condition cross or not cross the danger threshold?
- How does each threshold criteria relate back to the observable condition?

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**The Chavez Family**

**Which Impending Danger Threat best fits with the threat to the child?**

Impending Danger Threat #3. One or both parents / caregivers is dangerously impulsive or cannot/will not control their behavior.
Let’s do a quick review of what we have covered so far. The chart below shows each step of the safety decision making process that we have discussed in this book and how The Chavez Case fits within this process.

<table>
<thead>
<tr>
<th>Steps</th>
<th>The Chavez Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call comes in and is <a href="#">screened-in or out</a> based on if report constitutes an allegation of child maltreatment or threatened harm as defined by Wisconsin statutes. If an allegation rises to this level the report is screened-in for further assessment, and if it does not, the report is screened-out.</td>
<td>Laura Chavez was transported to the hospital after overdoing on prescription drugs and alcohol in the presence of her daughter, Jeanne Chavez, age 8. Screened-In</td>
</tr>
<tr>
<td>Assessment of <a href="#">Present Danger Threats</a> which looks for immediate, significant, and clearly observable family condition that is occurring or “in process” of occurring at the point of contact with the family and will likely result in severe harm to a child.</td>
<td>Parent is intoxicated now or consistently under the influence.</td>
</tr>
<tr>
<td>Gather sufficient information in order to make an effective decision using the <a href="#">7 Areas of Assessment</a>.</td>
<td>From Adult Functioning: “Ms. Chavez’s explained that her feelings of being sad, overwhelmed, hopeless, and anxious are pervasive and daily; they appear to be significantly impacting her life skills. She reports frequently feeling lonely and having disruptive sleep patterns resulting in her frequently feeling irritable and fatigued.”</td>
</tr>
<tr>
<td>Use information from 7 Areas of Assessment to identify family behaviors, conditions, or situations that have the potential to directly threaten child safety.</td>
<td>Laura Chavez misuses her prescribed medication with alcohol which causes her to be incoherent or to pass out, with the inability to be woken. This leaves Jennae without supervision.</td>
</tr>
<tr>
<td>Use the <a href="#">Danger Threshold definitions</a> (OVOIS) to decide if the negative family condition is a safety threat.</td>
<td>From Out of Control: “Ms. Chavez is unable to manage her use of prescription drugs and alcohol and there is no other adult in the home who can supervise Jennae or meet her basic needs when Laura Chavez cannot.”</td>
</tr>
<tr>
<td>Choose the <a href="#">Impending Danger Threat</a> that best describes the safety threat.</td>
<td>Impending Danger Threat #3. One or both parents / caregivers is dangerously impulsive or cannot/will not control their behavior.</td>
</tr>
</tbody>
</table>
Safety Analysis

The final step in this safety assessment process is to analyze all of the information that has been gathered in order to produce a sufficient safety plan. The intention is to arrive at a decision regarding the most appropriate and least intrusive means for controlling the identified danger threats, therefore assuring child safety. The Safety Planning process is done with your supervisor and team members.

There are four essential analysis questions that must be answered for your safety plan to be sufficient. What follows are the four Safety Analysis Questions with abbreviated descriptions of the sub questions. The Safety Reference Guide has a detailed list of descriptions and explanations for the four safety analysis questions. The two safety analysis forms used in our Safety in Child Protective Services training will also help you answer Safety Question 1 and 4. They are located in the Appendix.

Question #5: Answer and justify the Safety Analysis Questions.

Analysis Question One: How do the Impending Danger Threats play out in this family? (Answer for each identified Impending Danger Threat!)
- How long?
- How frequent?
- How predictable?
- Specific times of day or daily events?
- Impact on adult functioning?

For the next three safety analysis questions, answer once for the family:

Analysis Question Two: Can the family manage and control the Impending Danger Threats without direct assistance from CPS?
- Is there a non-maltreating/ non-threatening caregiver in the home that has sufficient protective capacities to protect and demonstrates a willingness to do so?
- Can the maltreating/threatening caregiver leave the home and remain absent?

Analysis Question Three: How do the Impending Danger Threats play out in this family?

Analysis Question Four: Can the family manage and control the Impending Danger Threats without direct assistance from CPS?

The Chavez Family

Analysis Question One: How do the Impending Danger Threats play out in this family?

Impending Danger Threat #3. One or both parents / caregivers is dangerously impulsive or cannot/will not control their behavior.

Ms. Chavez reports that her drinking has become more pronounced since her husband’s death two years ago. She also reports that she drinks 2-3 times a week or whenever she is feeling lonely, fatigued, or overwhelmed. She says that she starts drinking after Jennae leaves for school. In regard to adult functioning, Ms. Chavez has not worked in the last six months. She has had difficulty maintaining a job, according to her parents for the last two years. This is the same timeframe she reports medicating her emotional state with pills and alcohol.

Analysis Question Two: Can the family manage and control the Impending Danger Threats without direct assistance from CPS?

Ms. Chavez is the only parent in the home and cannot leave because there will be no adult to supervise Jennae.
Analysis Question Three: Can an in-home plan work for this family?

- Parent(s) willing?
- Calm and consistent?
- Parents reside in home?
- No evaluations needed?

Analysis Question Four: What would we need to put in place in the home to control Impending Danger Threats?

- Describes the written plan in detail
  - Safety Control Responses
  - Informal and Formal Providers
  - How specifically providers will control IDT?
  - What would the schedule be for each provider?
- Describe the sufficiency of the plan with justification
  - Do needed services exist?
  - Are they available at the time and levels required?
- How will you communicate with providers?

While Ms. Chavez has cooperated and has a predictable schedule in place at home, she is currently hospitalized and it is unknown as to when she will be returning home.

Ms. Chavez has not been and cannot meet Jennae’s basic care needs, therefore basic parenting and home management services are needed to control for safety. Her parents and sister are willing and qualified to do this. More details of this plan can be found in the complete Chavez Case that will be read as part of SECTION 2.

This is the end of SECTION 1. You should now take the time to talk with your supervisor about what you learned and ask her/him any questions you may have about the content that was reviewed in this section.

You will learn more about Laura Chavez and her daughter, Jennae in SECTION 2. In that section, you will read the whole case, in its entirety, have the opportunity to answer the five Safety Questions, and then see the answers to those questions.
SECTION 2

On the following pages you will read the Laura Chavez Family Initial Assessment and Safety Assessment. After the case, you will see an example of how to answer each of the five questions we have discussed in this workbook so far. If you would like to answer the questions on your own before reading the answers, you can use the worksheet on Page 23. Please ONLY read through the CPS Report and the Maltreatment section of the IA Report to answer Questions 1 & 2 of the worksheet. After you have answered those two questions, read the rest of the case and then answer Questions 3-5.

Please note: This is a complete Initial Assessment Report, which means that there is no missing information. Most of the time there will be additional information you will need to ask the family for, but for this example we have created a case that has all of the information you need to make safety decisions. This was done so that you can focus on the critical thinking process.
Safety Questions

Please ONLY read through the CPS Report and the Maltreatment section of the IA Report to answer Questions 1 & 2. After you have answered those two questions, read the rest of the case and then answer Questions 3-5. You should write your answers on a separate sheet of paper.

1. Family Description: Who is the family and why was the family referred to CPS?

2. If the referral is screened –in; what present danger is suspected? If so, what is it? What response time is assigned to the Initial Assessment referral? At the first face to face contact, was the suspected present danger confirmed? If so, how was it? If not, why not? Was there other present danger threats identified that were actively or “in process” of occurring? What protective plan was put in place to control the identified present danger?

3. Using the 7 areas of assessment, describe the family. Is the information gathered complete? What additional information must you know regarding the 7 areas of assessment?

4. What impending danger threats exist? How does each of the identified impending danger threats cross the danger threshold? What additional information must you know about impending danger?

5. Answer the four safety analysis questions. Identify what additional information you must know in order to sufficiently answer each question.
Laura Chavez Family

CPS Report:

The Division of Milwaukee Child Protective Services received a request from a law enforcement officer for immediate assistance with the placement of 8 year old, Jennae Chavez. Jennae had been transported to the hospital along with her mother, Laura Chavez who had overdosed on prescribed medication and alcohol in the presence of her daughter. Laura was transported to the hospital after her sister came to the apartment and found Laura barely coherent. Maternal Aunt, Christine Dupree called 911 and the Sheriff’s Department responded. The Law enforcement officer indicated that there are maternal grandparents available (per Laura and maternal sister) who may be able to take the child.

In addition to this incident, Laura’s sister, Christine Dupree expressed her concern that Laura’s use of alcohol affects her ability to see that Jennae is fed regularly, supervised daily and properly dressed for school. Christine believes her alcohol consumption limits her ability to properly parent Jennae, which is why she drops in from time to time to check on them.
Initial Assessment Specialist Smith, went to Milwaukee General Hospital to assess the Chavez family.

IAS Smith, spoke with Officer Johnson by telephone, who stated when he arrived at the home of Ms. Chavez, she was observed to be going in and out of consciousness and appeared to be under the influence of substances. This was further observed when she was unable to hold a conversation and appeared incoherent. He stated 8 y/o Jennae Chavez and her maternal Aunt Christine Dupree was present in the home. Officer Johnson stated the physical appearance of the home was observed to have an empty wine bottle on the night stand next to the bed, and stated Ms. Chavez smelled of alcohol. He also observed an open bottle of Paxil 50/mg one per day, which had been prescribed four days prior for 60 pills and had 5-7 pills remaining in the bottle. Officer Johnson stated the paramedics transported Ms. Chavez to the hospital with Jennae, who was released to the care of her maternal aunt Christine Dupree. There are no criminal charges pending at this time.

IAS Smith met with Jennae Chavez, who stated she was in the home cooking for herself when her aunt Christine Dupree arrived at the home. Jennae stated she usually cooks dinner for herself on the gas stove. Jennae arrived home from school at 2:30pm, at that time her mother was in her room with her door closed. Jennae stated she had not attempted to go into her mother’s room as this behavior was typical of her mother to be in the room with the door closed when she arrives home from school. Jennae states she had not seen or spoken with her mother when her aunt Christine Dupree had arrived at 5:30pm in the evening. Jennae stated she became upset when her aunt Christine arrived screamed her mother’s name and called the police. She stated the ambulance took her mother away. Jennae appeared to be dressed appropriately and well-groomed with no visible concerns. She appeared to be worried about her mother and stated her and her mother Laura Chavez resides alone in their home.

IAS Smith spoke with Christine Dupree, who stated when she arrived at her sister’s home Laura Chavez, Jennae was cooking for herself on the stove. Ms. Dupree stated she went into Laura’s room and found her incoherent. She stated she then call 911. She reported Laura appeared to be in and out of consciousness and smelled of alcohol. Ms. Dupree stated Laura has been having concerns of possible depression since the death of her husband. She reported Ms. Chavez has been drinking more often and neglecting her
parenting responsibilities of Jennae. Ms. Dupree stated she often checks in on Jennae and Laura to ensure they are doing okay.

IAS Smith spoke with Dr. Jaroski, who explained Ms. Chavez arrived at Milwaukee General Hospital, having overdosed on prescription medication and alcohol. She has a blood alcohol level 0.16 and disclosed she had taken approximately 10 of the prescribed Paxil pills earlier that day. Ms. Chavez was observed to be in and out of consciousness and unable to walk or stand independently. Ms. Chavez will remain in the hospital for observation.

IAS Smith attempted to meet briefly with Laura Chavez. IAS Smith noticed Laura seemed tired and unable to provide a lot of information regarding her family. Ms. Chavez stated she cannot provide much information at the time regarding the incident. IAS Smith informed Ms. Chavez of the concerns regarding the lack of supervision and her inability to provide care for Jennae at this time, with her current state of functioning. Ms. Chavez agreed to allow her parents Wayne and Carletta be resources for a protective plan for Jennae. IAS Smith informed Ms. Chavez she will meet with her parents to discuss a plan for Jennae remain with them, until more information could be gathered from her. Laura Chavez agreed to a protective plan with her parents.

IAS Smith, spoke with Wayne and Carletta Hancock to discuss a protective plan. Wayne and Carletta expressed concerns regarding Ms. Chavez’s having possible depression since the death of her husband. They stated Jennae spends the weekends with them to give Laura some help with Jennae. Wayne and Carletta appear to be protective of Jennae and have a clear understanding of the need for a protective plan. Mrs. Hancock is not currently employed and have the ability to provide overall care and supervision of Jennae. Background checks and the home assessment was completed no concerns were identified. IAS Smith discussed the protective plan and outlined responsibilities of Wayne and Carletta, and they agreed to comply with the protective plan. Jennae was brought to the home by the Aunt Christine Dupree. A copy of the plan was left with the Hancock’s. This worker returned a copy of the protective plan to the hospital for Laura Chavez.

A Protective Plan was put in place to address the Present Danger Threats: Child is unsupervised and unable to care for self. Parent is intoxicated now or consistently under the influence. Parent is unable or unwilling to perform basic care. Child is being maltreated at the time of report or contact. Parent is out of control (mental illness or other significant lack of control).
INITIAL ASSESSMENT - PRIMARY

Case Name: Chavez  
Case Number: 000-000-00

Referral Date: 01-02-08  
Date Worker Assigned: 01-02-08

CHILD INFORMATION

Child Name: Jennae Chavez  
Date of Birth: 10-04-00

PARENT INFORMATION

Parent Role Name: Laura Chavez  
Date of Birth: 09-14-79

I. CONTACT

Document the interview protocol, contacts, and meetings related to the completion of the initial assessment.

First Contact

Date – First face-to-face contact with family member: 01-02-08
Time – First face-to-face contact with family member: 8:00 pm

Contacts (Include first contact listed above)

<table>
<thead>
<tr>
<th>Date / Time</th>
<th>Who</th>
<th>Note Type</th>
<th>Location</th>
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<td>Collateral</td>
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<td>Dr. Jaroski</td>
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II NARRATIVE FIELDS

A. Maltreatment

Describe the Maltreatment
Describe the maltreatment that occurred. Be specific about the injuries and/or conditions. If the child(ren) received medical attention, describe the findings.

On 01/02/2008 at 5:30 PM a call was received at Access alleging the neglect of Jennae Chavez (8): “Laura overdosed on prescribed medication and alcohol in the presence of her daughter. Laura was transported to the hospital after her sister came to the apartment and found Laura incoherent. Maternal Aunt, Christine Dupree, called 911 and the Sheriff’s department responded. The daughter, Jennae, age 8 was transported to the hospital along with her mother by law enforcement. Law enforcement indicated that there are maternal grandparents available (per Laura and Ms. Dupree) who may be able to take the child. In addition to this incident, Ms. Dupree expressed safety concerns for Jennae. These concerns included: Laura’s use of alcohol, which results in her neglect of the child, and her limited parenting skills.” This report was assigned to IAS Jenny Smith and was screened in with a same day response time.

Deputy Mike Johnson explained that when he arrived on scene, Ms. Chavez was going in and out of consciousness and appeared incoherent. She was unable to hold a conversation and appeared to be heavily under the influences of substances. Deputy Johnson observed an empty wine bottle on the nightstand next to the bed and described that Ms. Chavez smelled of alcohol. Also observed on the nightstand was an open bottle of Paxil 50mg/one per day, which had been prescribed to Ms. Chavez on 12/30/07 for 60 pills. Deputy Johnson noted that despite being filled four days prior, the bottle was estimated to contain only 5-7 pills. Deputy Johnson waited for paramedics who transported Ms. Chavez to the hospital. Deputy Johnson released Jennae to the care of her maternal aunt, Christine Dupree. No criminal charges are pending at this time.

Dr. Jeffrey Jaroski, Milwaukee General Hospital, explained that Ms. Chavez arrived in the Emergency Department overdosed on her prescription medication and alcohol. Ms. Chavez was determined to have a blood alcohol level of 0.16 and later disclosed to Dr. Jaroski that she had taken approximately 10 of the prescribed Paxil earlier that day. Dr. Jaroski explained the combination of alcohol and Paxil increases Paxil’s side-effects including dizziness, sleepiness, and trouble concentrating. Other side-effects which may be exacerbated with alcohol include hallucinations and uncontrollable laughing or crying. Ms. Chavez did not display these particular symptoms, but was noted by Dr. Jaroski to be in and out of consciousness and was unable to stand or walk without assistance.

Jennae said that when her Aunt Christine arrived at the home she was trying to make dinner for herself. Jennae explained that she usually makes dinner for herself and that she had just turned on the gas stove to make a grilled cheese sandwich. Jennae arrived home from school at approximately 2:30pm and at that time her mother Ms. Chavez was already in her bedroom with the door closed. Jennae had not seen or spoken to her mother when Jennae’s Aunt Christine arrived at the house. Jennae explained that it is normal for her mother to be in her bedroom, with the door closed, when Jennae arrives home from school. Jennae was worried when her Aunt Christine became upset, called police, and then the ambulance took her mother away.
Ms. Laura Chavez explained that on the day of the overdose, she began drinking after taking Jennae to school. Throughout the course of the day she estimated that she consumed approximately 10 pills (Paxil, 50mg) and drank a full bottle of wine. Ms. Chavez did not hear Jennae arrive home from school and was not aware that her sister, Ms. Christine Dupree had arrived at the home, or called 911. Ms. Chavez does not know what time she “went to sleep” and doesn’t remember much about how she arrived at the hospital.

Ms. Laura Chavez has been substantiated for neglect of her daughter, Jennae Chavez (8). On January 2, 2008, Ms. Chavez overdosed on a combination of prescription Paxil, 50mg and alcohol, which was confirmed by Dr. Jaroski. When Ms. Chavez’s sister, Christine Dupree, arrived at the home, Ms. Chavez was unable to be woken and was incoherent. Jennae who was found unattended and attempting to light a gas stove, by her maternal aunt, Ms. Christine Dupree. Ms. Chavez’s substance abuse left her unable to provide for the necessary care and supervision of Jennae which placed Jennae at substantial risk of harm.

Describe the Surrounding Circumstances

Ms. Laura Chavez is a single mother of one child, Jennae (8). Ms. Chavez has been struggling with depression and anxiety for approximately ten years. As a senior in high school Ms. Chavez became pregnant and had an abortion. Shortly after that, Ms. Chavez met Jennae’s father, Jimmy Chavez. They met at a party and their relationship progressed quickly. Ms. Chavez became pregnant and thought of the baby as a second chance at becoming a mother. Mr. Chavez did not agree and did not want to have a child. Following Jennae’s birth, Mr. and Mrs. Chavez began arguing more. Mr. Chavez was also known to drink regularly, often to the point of intoxication. Eventually their disagreements began to turn physically violent. Ms. Chavez began to feel more isolated, anxious and less hopeful. Two years ago, Mr. Chavez was stabbed to death in an altercation outside of a bar. Ms. Chavez stated that since then, she has been drinking more and feeling progressively worse.

Jennae explained that since her father died, her mother has been ‘sleeping’ most of the day. Jennae said that she and her mother don’t spend much time together and when they do, Jennae is watching movies while her mother sleeps. Jennae explained that after she arrives home from school, she will work on her homework, play in her room, and will make her own meals. During this time, Ms. Chavez is in her room. Jennae does not typically go into her mother’s room because she doesn’t want to wake her up. Jennae said that there have been times when she has tried to wake her mother up, but that Ms. Chavez could not be roused. When Jennae is feeling lonely she will sometimes leave the home to go see her friends who live in the neighborhood.

Mr. Wayne Hancock and Mrs. Carletta Hancock are the maternal grandparents of Jennae.
Mr. and Mrs. Hancock confirmed that they have seen a change in their daughter, Ms. Chavez since her husband’s death. They suspected that Ms. Chavez was struggling with drinking and her depression and began to visit more often and would take Jennae to their home for the weekend. At the time of Ms. Chavez’s overdose, Mr. and Mrs. Hancock were not aware of the extent of her drinking or her misuse of her prescription medication.

Ms. Christine Dupree, maternal aunt to Jennae, has also been concerned that her sister’s depression had gotten worse; she had suspicions that Ms. Chavez was drinking more, but was not aware of Ms. Chavez’s prescription drug abuse. Due to these concerns, Ms. Dupree also began visiting more and would check in on Jennae during the late afternoon/early evening hours on weekdays.

On January 2, 2008 Ms. Dupree came to the home of Laura Chavez in the afternoon. Ms. Dupree found Jennae unsupervised and attempting to prepare food for herself. Ms. Dupree then went into Ms. Chavez’s bedroom and found her incoherent. Ms. Dupree noticed an empty wine bottle and an open prescription medication bottle on Ms. Chavez’s nightstand. Ms. Dupree continued to try to rouse Ms. Chavez and when she was unsuccessful, called 911. Ms. Dupree remained at the home with Jennae until law enforcement and EMS arrived.

Ms. Chavez also explained that even when she’s not drinking, her emotional state consistently leaves her with very little energy to take care of herself, her home, or to parent Jennae. Ms. Chavez agrees that Jennae takes care of herself and Ms. Chavez. She believes that her feelings of being hopeless and overwhelmed began after she had an abortion during her senior year of high school. These feelings continued to intensify during her marriage and following the death of her husband, Mr. Jimmy Chavez.

Ms. Chavez becomes incapacitated while in the home when she is supposed to be responsible for the basic care of Jennae. This passing out/sleeping is occurring two to three times per week. Ms. Chavez explained that once Jennae leaves for school, she begins to feel lonely and sad regarding her past; she will begin drinking soon after Jennae has left for school. During the day, as she continues to feel anxious she will take her prescription medication while continuing to drink. Ms. Chavez denies ever feeling suicidal, but admits losing track of how many pills she has taken and how often she has taken them. This behavior continues throughout the morning and early afternoon; when Jennae arrives home from school, Ms. Chavez confirmed that she is typically ‘sleeping’ in her room. Ms. Chavez agrees that there have been times when Jennae has tried to wake her, but was unable.

**B. Family Conditions**

**1. Child(ren)’s Functioning**

Describe the child(ren)’s general functioning and effects of any maltreatment.

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Jennae Chavez</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Jennae Chavez, DOB 10/04/2000 is an 8 year old Caucasian and Hispanic female child.</td>
</tr>
</tbody>
</table>
Jennae is in the third grade and attends Dolores Gonzalez Elementary School. Jennae has a few close friends at school and does well in her classes. She explained that she has been to multiple schools, but that Dolores Gonzalez is her favorite school. Jennae explained that she is happy that she gets to speak both Spanish and English with her teachers.

Jennae is very anxious and concerned for her mother’s wellbeing; especially when Jennae leaves her mother at home alone, or when her mother is ‘sleeping’ and Jennae is unable to wake her up. Jennae explained that there are times she wonders if her mother will ever wake up, and it has worried her. Jennae expects that her mother will be ‘sleeping’ when she gets home from school; since this is her normal routine, it does not appear to have caused a noticeable change in Jennae’s behavior. While her mother is ‘sleeping’ Jennae tries to “be good” so as not to bother her mother. She will complete her homework, watch TV, play in her room, and make herself food. When Jennae prepares food, her favorite thing to make are grilled cheese sandwiches.

Jennae has stated that she often feels lonely. On numerous occasions, while her mother is ‘sleeping’ Jennae has left the house to sleep over at a friend’s house (next door neighbor). She indicated that her mother “doesn’t care” that she leaves the house. Jennae informed her grandparents that she will sometimes eat over at a friend’s house if her mother does not feel good and does not cook.

Jennae loves her mother very much and believes that her mother loves her very much. She was not able to describe activities that she and her mother do together. However, Jennae did remember one time where her mother dropped her off at a friend’s birthday party. Jennae has noticed that things have changed between them since her father died. Jennae becomes visibly sullen when talking about her father. She expresses not having many vivid memories of him except that she remembers the arguing and fighting between her parents.

Jennae is not able to describe how she would react in cases of emergency situations. Jennae was able to say her phone number, but did not know the phone numbers to other family members, neighbors, or emergency personnel. Jennae is protective of her mother and it is questionable whether she would call for help for fear of getting her mother in trouble.

Jennae is close with her grandparents, Wayne and Carletta Hancock, and her maternal aunt, Christine Dupree. Jennae expressed feeling safe and loved when she spends time with them. She enjoys spending the weekends at her grandparent’s home and likes visiting with her Aunt Christine when she comes to the house.

Safety Assessment

☐ Child is fearful of home situation.

2. Adult’s Functioning

Describe each adult’s general functioning, daily life management, mental health functioning and substance use. (You may include but not rate pertinent childhood history information.)
Parental Role Name
Laura Chavez

Laura Chavez, DOB 09/14/1979, is a 28 year old Caucasian female. She is a widow and the single mother of one child, Jennae (8).

Ms. Chavez previously worked as a waitress, at a cleaning service, and managed an apartment complex. Mr. and Mrs. Hancock indicate that Ms. Chavez was let go from her apartment management position for missing work and not performing her job responsibilities. Ms. Chavez has not worked for the last eight months and has not had consistent employment for the last two years. Following the death of her husband, Ms. Chavez began receiving survivor’s benefits through Social Security Income (SSI). Ms. Chavez also receives public assistance in the form of Food Share and medical insurance.

Ms. Chavez’s marriage to Mr. Jimmy Chavez has been described as volatile. Ms. Chavez explained that she met her husband at a party and that their relationship became serious very quickly. Ms. Chavez became pregnant soon after meeting Mr. Chavez. Ms. Chavez was happy about the pregnancy and felt it was a second chance for her to be a mother. Ms. Chavez had an abortion during her senior year in high school, which she still regrets. Mr. Chavez did not agree and did not want to have a child, but did agree to get married and raise Jennae together. Following Jennae’s birth, Mr. and Mrs. Chavez began arguing more. Mr. Chavez was also known to drink regularly, often to the point of intoxication. Eventually their disagreements began to turn physically violent. Ms. Chavez began to feel more isolated, anxious and less hopeful. Two years ago, Mr. Chavez was stabbed to death in an altercation outside of a bar. Ms. Chavez stated that since then, she has been drinking more and feeling progressively worse. Ms. Chavez is mourning the death of her husband and has not pursued any romantic relationships.

Ms. Chavez presented as coherent and verbal during interviews. She stated that she wants her life/world to be more fulfilling, but has difficulty believing it ever will be. She often worries and feels overwhelmed by parenting, finances, and the death of her husband, Jimmy. Ms. Chavez does not have any physical or cognitive limitations which would impact her ability to find employment, manage a home, or establish positive relationships. However, Ms. Chavez reports not having adequate energy to meet her own day to day needs.

Ms. Chavez’s explained that her feelings of being sad, overwhelmed, hopeless, and anxious are pervasive and daily; they appear to be significantly impacting her life skills. She reports frequently feeling lonely and having disruptive sleep patterns resulting in her frequently feeling irritable and fatigued. Ms. Chavez did discuss these feelings with her primary care physician, Dr. Phil Goode, and was prescribed Paxil 50mg/once per day. However, until her recent hospital stay, Ms. Chavez was not formally diagnosed or monitored by any mental health professional. Ms. Chavez’s diagnosis has been confirmed by Dr. Jeffrey Jaroski, Milwaukee General Hospital, to be Dysthymic Disorder. Ms.
Chavez’s medication has been switched from Paxil to Effexor, which is likely to be less dangerous when combined with alcohol.

A recent mental health evaluation concluded that Ms. Chavez has been compensating for her feelings of depression with the use of substances. Ms. Chavez will usually drink by herself; she typically begins drinking early in the morning after Jennae is at school. Ms. Chavez acknowledges that she drinks 2-3 times per week. She explained that her use of alcohol helps her to feel numb and says that the “escape” is temporary; more than anything she expresses wanting to forget about past hurts.

Ms. Chavez does not have criminal history.

Safety Assessment
☐ One or both parents / caregivers are dangerously impulsive or they cannot/ will control behavior.
☐ One or both parents / caregivers are violent.

3. Disciplinary Approaches
Describe the disciplinary approaches generally used by the parent and the typical context within which they are used.

<table>
<thead>
<tr>
<th>Parental Role Name</th>
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<tbody>
<tr>
<td>Laura Chavez</td>
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</table>

Ms. Chavez learned her discipline strategies from her own parents. She describes primarily using time outs and verbal explanations to correct Jennae’s behavior. At times, Ms. Chavez describes feeling overwhelmed or frustrated with Jennae which causes her to overreact and yell at Jennae. Ms. Chavez provided an example of overreacting, saying that if Jennae spilled milk that she would yell at her. Ms. Chavez said that she does not feel Jennae needs to be corrected or redirected often because “she is a good girl” and “knows what she needs to do.” At this time there appears to be very minimal boundaries, rules, or structure for Jennae.

Jennae agreed that she does not get into trouble very often. She denied any physical discipline and said that in the past, her mother has yelled or sent her to her room. Mr. and Mrs. Hancock confirmed that Ms. Chavez sets minimal boundaries for Jennae and that, overall, Jennae does not require much discipline or redirection.

4. Parenting Practices
Describe the parents' general parenting practices (nurturing, limit setting, protectiveness, provision of basic care, etc.).

<table>
<thead>
<tr>
<th>Parental Role Name</th>
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<tbody>
<tr>
<td>Laura Chavez</td>
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</table>

There appears to be a strong attachment between Ms. Chavez and Jennae; they individually have expressed deep love for each other. However, the relationship can often
be characterized as one where the child is in the caregiver role, both emotionally and practically. For example, Jennae notices when her mother is sad or frustrated and will take on the responsibility for consoling and comforting her mother. Ms. Chavez explained that when Jennae comes home from school that “she takes care of me.” Ms. Chavez appears to lack self-awareness regarding how her actions, thoughts and emotions affect Jennae.

Ms. Chavez has minimally ensured that adequate physical resources are available to Jennae, which include shelter, clothes and access to food. However, Ms. Chavez appears to believe that Jennae is able to fend for herself; she does not see that her primary responsibility is to protect Jennae. She does not provide security and support through managing the household or supervising Jennae.

Ms. Chavez does not have any physical or cognitive disabilities and with help, is capable of insight into Jennae’s needs. She is physically able to act on behalf of Jennae, however, does not currently possess adequate energy to take action. Ms. Chavez lacks resiliency in that she is consistently feeling overwhelmed and lacks the coping skills necessary to manage her emotions and the demands of parenting a young child.

Ms. Chavez appears to be emotionally immobilized. Ms. Chavez is consumed with her own feelings and anxiety which has left her unable to consistently provide nurturing and support for Jennae. When Ms. Chavez and Jennae interact, they appear to have more of a peer relationship than that of a mother and daughter.

Ms. Chavez lacks self-control with regard to her use of alcohol and prescription medication. Ms. Chavez describes losing track of how much she’s drank and how many pills she’s taken. Ms. Chavez does not set aside her own needs and continues to drink and abuse prescription medication on a routine basis, at least 2-3 times per week. When Ms. Chavez combines alcohol with her medication she is unresponsive, leaving Jennae without parental supervision. During these times, Ms. Chavez is functionally unable to routinely attend to Jennae’s basic needs.

### Safety Assessment

- Child has exceptional needs which parents / caregivers cannot / will not meet.
- No adult in the home will perform parental duties and responsibilities.
- One or both parents / caregivers fear they will maltreat child and / or request placement.
- One or both parents / caregivers lack knowledge, skill, and motivation in parenting which affects the child’s safety.
- Child is perceived in extremely negative terms by one or both of the parents/caregivers.
- One or both parents intend(ed) to seriously hurt the child.
- Parents / caregivers do not have resources to meet basic needs.

### 5. Family’s Functioning

Describe the family's general functioning, strengths, and current stresses. Consider the family’s cultural context.

Ms. Laura Chavez and her daughter, Jennae (8) live together. The roles within the family are blurred and undefined. The day to day interactions between Ms. Chavez and Jennae have fallen into a highly predictable pattern where Ms. Chavez relies on Jennae to care for her and to meet Jennae’s own basic needs.
Ms. Chavez and Jennae identify as a family unit and appear to be bonded with each other. However, they have become more distant since Mr. Jimmy Chavez’s death. Ms. Chavez and Jennae appear to be isolated from each other on a daily basis. When Jennae is feeling lonely she finds solace with her grandparents, her maternal aunt, or her friend’s family. Alternatively, when Ms. Chavez feels sad, hopeless, and overwhelmed, she retreats to her bedroom and will ‘numb’ herself with alcohol and prescription medication.

Mr. Jimmy Chavez, Jennae’s father, has been deceased for approximately two years. Since his death, the paternal side of Jennae’s family has chosen not engage with Jennae or her mother. Ms. Chavez’s parents, Wayne and Carletta Hancock acknowledged that their daughter, Ms. Chavez, is still grieving the loss of her husband. However, they are confused as to why she hasn’t moved beyond her grief. Mr. Hancock stated “it’s been two years” and then expressed frustration about the relationship between Mr. Chavez and their daughter, saying “he was such a bad dude.”

Ms. Chavez and Jennae do have minimal resources to meet basic needs but there is no flexibility or cushion for month to month changes in spending. Ms. Chavez and Jennae also have supportive relationships with close relatives. Mr. and Mrs. Hancock have been very involved in their lives and are invested in Jennae’s safety and well-being. Mr. and Mrs. Hancock also express deep concern for their daughter and have committed to assisting her in whatever ways they can.

Ms. Christine Dupree, maternal aunt to Jennae, said that she is very upset by her sister’s behavior and how it has affected Jennae. Despite these feelings, she is also very supportive and has expressed willingness to assist with Jennae’s care. Ms. Dupree stated that she is willing to do “whatever is necessary” to support the family.

---END OF CASE---
Laura Chavez Family Safety Questions & Answers

1. **Family Description: Who is the family and why was the family referred to CPS?**

   Ms. Laura Chavez, age 28, is a single mother of one child, Jennae Chavez age 8. Jennae’s father, Jimmy Chavez is deceased. Christine Dupree is Laura Chavez’s sister but does not reside in the home. Wayne and Carletta Hancock are Laura Chavez’s parents and also do not reside in the home.

   Laura Chavez’s sister, Christine Dupree, arrived at the Chavez home, found Ms. Chavez was unable to be woken and was incoherent. She observed Jennae, who was unattended, attempting to light a gas stove.

2. **If the referral is screened —in; what present danger is suspected? If so, what is it? What response time is assigned to the Initial Assessment referral? At the first face to face contact, was the suspected present danger confirmed? If so, how was it? If not, why not? Was there other present danger threats identified that were actively or “in process” of occurring? What protective plan was put in place to control the identified present danger?**

   **Present Danger: Parent is intoxicated now or consistently under the influence.**

   **Clearly Observable:** Laura Chavez is currently under the influence of alcohol and drugs and is unable to provide care for Jennae.

   **Significant:** Laura’s intoxication has her incoherent and unresponsive to Jennae’s needs and unable to provide care. Jennae is left to be responsible for her own care and supervision.

   **Immediate (“actively occurring or in process”):** Laura’s inability to care for Jennae due to her intoxication is active and requires an immediate response from CPS.

   **Actively occurring:** The family condition is playing out at the point of contact with the family. Laura is currently under the influence of a substance and unavailable to provide care or supervision.

   **Likely to result in severe harm:** Jennae could suffer serious physical harm due to her age, and lack of supervision when attempting to meet her own basic care needs.

   **Present Danger: Parent is unable or unwilling to perform basic care.**

   **Clearly Observable:** Laura is not providing the basic care needs for Jennae including proper supervision.

   **Significant:** Laura is currently not providing care for Jennae in the home as Jennae cooks and provides self-care daily. Laura stays in her room daily with the door closed for hours at a time.
Immediate (actively occurring or in process of occurring) Laura’s inability to provide care is actively occurring and requires an immediate response from CPS.

Actively Occurring: Laura being unable to provide care to Jennae is actively occurring, as she is having concerns with staying in her room daily with the door closed for hours at a time, and not providing supervision and care.

Likely to result in severe harm: Laura not meeting Jennae’s basic care could cause serious physical harm because Jennae is attempting to meet her own needs.

Present Danger: The child is currently being maltreated at the time of the report or contact.

Clearly Observable: Jennae was unsupervised with Laura unable to meet her needs at the time of contact with the family.

Significant: Laura was unable to walk and was in and out of consciousness, Jennae was cooking for herself without proper supervision.

Immediate: This condition is actively playing out and requires an immediate response from CPS.

Actively occurring: Laura being under the influence, incoherent not meeting Jennae’s basic care needs is actively playing out in the home.

Likely to result in severe harm: If this condition continues to play out in the family it could cause serious physical harm to Jennae.

Present Danger: Child is unsupervised and unable to care for self.

Clearly observable: Laura was not providing supervision or care for Jennae in the home.

Significant: Laura was barely coherent, unresponsive to meet Jennae needs and Jennae was attempting to care for herself.

Immediate: At the time of the report this condition was “actively occurring” at the time of contact with the family.

Actively occurring: Laura being incoherent not meeting Jennae’s basic care needs is actively playing out in the home.

Likely to result in severe harm: If this condition continues to play out in the family it could cause serious physical harm to Jennae.

Continued on next page
**Present Danger at Initial Contact:** The following Present Danger threats were confirmed through gathering information at initial contact.

**Present Danger: Parent is intoxicated now or consistently under the influence.**

*Clearly Observable:* Laura Chavez is currently under the influence of alcohol and drugs and is unable to provide care for Jennae.

*Significant:* Laura’s intoxication has her incoherent and unresponsive to Jennae’s needs and unable to provide care. Jennae is left to be responsible for her own care and supervision.

*Immediate* ("actively occurring or in process"): Laura’s inability to care for Jennae due to her intoxication is active and requires an immediate response from CPS.

*Actively occurring:* The family condition is playing out at the point of contact with the family. Laura is currently under the influence of a substance and unavailable to provide care or supervision.

*Likely to result in severe harm:* Jennae could suffer serious physical harm due to her age and lack of supervision when attempting to meet her own basic care needs.

**Present Danger: Parent is unable or unwilling to perform basic care.**

*Clearly Observable:* Laura is not providing the basic care needs for Jennae including proper supervision.

*Significant:* Laura is currently not providing care for Jennae in the home as Jennae cooks and provides self-care daily. Laura stays in her room daily with the door closes for hours at a time.

*Immediate* (actively occurring or in process of occurring) Laura’s inability to provide care is actively occurring and requires an immediate response from CPS.

*Actively Occurring:* Laura being unable to provide care to Jennae is actively occurring, as she is having concerns with staying in her room daily with the door closed for hours at a time and not providing supervision and care.

*Likely to result in severe harm:* Laura not meeting Jennae’s basic care could cause serious physical harm, because Jennae is attempting to meet her own needs.

**Present Danger: The child is currently being maltreated at the time of the report or contact.**

*Clearly Observable:* Jennae was unsupervised with Laura unable to meet her needs at the time of contact with the family.

*Significant:* Laura was unable to walk and was in and out of consciousness and Jennae was cooking for herself without proper supervision.

*Continued on next page*
Immediate: This condition is active playing out and requires an immediate response from CPS.

Actively occurring: Laura being under the influence, incoherent not meeting Jennae’s basic care needs is actively playing out in the home.

Likely to result in severe harm: If this condition continues to play out in the family it could cause serious physical harm to Jennae.

Present Danger: Child is unsupervised and unable to care for self.

Clearly observable: Laura was not providing supervision or care for Jennae in the home.

Significant: Laura was barely coherent, unresponsive to meet Jennae needs and Jennae was attempting to care for herself.

Immediate: This condition was “actively occurring” at the time of contact with the family.

Actively occurring: Laura being incoherent and not meeting Jennae’s basic care needs is actively playing out in the home.

Likely to result in severe harm: If this condition continues to play out in the family it could cause serious physical harm to Jennae.

NOTE: An additional present danger threat was identified at Initial Contact:

Present Danger: Parent is out of control (mental illness or other significant lack of control)

Clearly observable: Laura is having concerns with possible mental distress and she is not providing for Jennae needs.

Significant: Laura is locking herself in her room daily, leaving Jennae to provide for herself. Laura has not being providing care for Jennae or herself since the death of her husband.

Immediate: This condition was “actively occurring” at the time of contact with the family.

Actively occurring: Laura’s mental distress and not providing care, is actively occurring.

Likely to result in severe harm: If this condition continues to play out in the family it could cause serious physical harm to Jennae.
3. Using the 7 areas of assessment, describe the family.

All of the information below can be found in the Laura Chavez CPS Report and Initial Assessment.

**Maltreatment**

What information is critical in making a safety decision?

From both CPS Report and IA Report: “Jennae had been transported to the hospital along with her mother, Laura Chavez who had overdosed on prescribed medication and alcohol in the presence of her daughter. Laura was transported to the hospital after her sister came to the apartment and found Laura barely incoherent.”

Why?

This information reveals Ms. Chavez’s lack of ability to supervise Jennae when Jennae was left alone with her. Confirms information gathered in the CPS Report.

How will this information be used in making critical safety decisions?

This information will be used to justify the substantiation decision. It will also help to identify possible negative family condition/s.

**Surrounding Circumstances**

What information is critical in making a safety decision?

From IA Report: “Laura Chavez has been struggling with depression and anxiety for approximately 10 years. Jennae explained that since her father died, her mother has been ‘sleeping’ most of the day. Jennae said that she and her mother don’t spend much time together and when they do, Jennae is watching movies while her mother sleeps.”

“Ms. Chavez explained that once Jennae leaves for school, she begins to feel lonely and sad regarding her past; she will begin drinking soon after Jennae has left for school. During the day, as she continues to feel anxious she will take her prescription medication while continuing to drink.”

Why?

This information reveals ongoing underlying conditions that influence Ms. Chavez’s inability to adequately supervise Jennae. This information also reveals Ms. Chavez has a behavioral condition that is affecting her ability to perform her parental responsibilities.

How will this information be used in making critical safety decisions?

This information will be used for describing the Observerable Family Condition/s in the Danger Threshold Criteria and helps us to understand how the family condition plays out in order to answer the Safety Analysis Question #1.
**Child Functioning**

**What information is critical in making a safety decision?**
From IA Report: “While her mother is ‘sleeping’ Jennae tries to “be good” so as not to bother her mother. She will complete her homework, watch TV, play in her room, and make herself food. When Jennae prepares food, her favorite thing to make are grilled cheese sandwiches. Jennae is anxious and concerned for her mother’s wellbeing; especially when she leaves her mother home alone, or when her mother is sleeping and she is unable to wake her.” Jennae has taken on a protective role for her mother and doesn’t want to get her in trouble.

**Why?**
This information enables us to understand Jennae’s daily routine, her emotional state, and how Ms. Chavez’s behavior impacts Jennae’s wellbeing.

**How will this information be used in making critical safety decisions?**
This information will be used to describe how Jennae is vulnerable (helps to understand Jennae’s functioning and factors that make her vulnerable such as fear, age dependency, etc. to the negative family condition (unsupervised while Ms. Chavez is sleeping) and the severity of the impending danger threat: her consistent unsupervised exposure to dangerous elements in her home (Jennae’s unsupervised use of the stove to make herself grilled cheese sandwiches; no adult in the home providing care).

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**Adult Functioning**

**What information is critical in making a safety decision?**
From IA Report: “Ms. Chavez’s explained that her feelings of being sad, overwhelmed, hopeless, and anxious are pervasive and daily; they appear to be significantly impacting her life skills. She reports frequently feeling lonely and having disruptive sleep patterns resulting in her frequently feeling irritable and fatigued. “

**Why?**
This information reveals how Laura Chavez’s manages her life socially, emotionally, behaviorally and her cognitive functioning.

**How will this information be used in making critical safety decisions?**
This information will be used to identify the negative family condition and describe Out of control and the Imminence of the family condition when applying the danger threshold criteria. It will also help us understand how the family conditions play out in Safety Analysis Question #1.
**Parenting - Discipline**

**What information is critical in making a safety decision?**
From IA Report: “Ms. Chavez said that she does not feel Jennae needs to be corrected or redirected often because “she is a good girl” and “knows what she needs to do.” At this time there appears to be very minimal boundaries, rules, or structure for Jennae.”

**Why?**
This information reveals Ms. Chavez’s attitude and beliefs about Jennae’s ability to care for and protect herself.

**How will this information be used in making critical safety decisions?**
This information will be used in describing the Observerable Family Condition, Imminence and Severity when applying the danger threshold criteria.

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**Parenting - Practices**

**What information is critical in making a safety decision?**
From IA Report: “However, the relationship can often be characterized as one where the child is in the caregiver role, both emotionally and practically. For example, Jennae notices when her mother is sad or frustrated and will take on the responsibility for consoling and comforting her mother. Ms. Chavez explained that when Jennae comes home from school that “she takes care of me.” Ms. Chavez appears to lack self-awareness regarding how her actions, thoughts and emotions affect Jennae.”

**Why?**
This information informs us of the dynamics of the relationship between Ms. Chavez and Jennae. It reveals Ms. Chavez’s perception of Jennae’s role in the family and her lack of understanding of how her behavior affects Jennae.

**How will this information be used in making critical safety decisions?**
This information will be used in the Danger Threshold when identify the negative family condition and to describe Observable, Vulnerable Child, Out of Control, Imminence and Severity and Safety Analysis Question #1.

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**Family Functioning**

**What information is critical in making a safety decision?**
From IA Report: “Ms. Chavez and Jennae appear to be isolated from each other on a daily basis. When Jennae is feeling lonely she finds solace with her grandparents, her maternal aunt, or her friend’s family.”

**Why?**
This information reveals the manner in which this family functions, who the informal supports are, and how they manage stress.

**How will this information be used in making critical safety decisions?**
This information will be used to identify informal supports that can be used in safety planning.
4. What impending danger threats exist? How does each of the identified impending danger threats cross the danger threshold? What additional information must you know about impending danger?

**Observerable Family Condition:** Laura Chavez has not been performing parental responsibilities such as supervision and basic care for Jennae.

To understand and describe Observable conditions for this case, information was obtained from: Surrounding Circumstances, Adult Functioning, and Parenting - Practices.

**Vulnerable Child:** Jennae is an 8-year-old and when left unsupervised, attempts to meet her own basic needs however, she is still dependent on Laura.

To understand and describe how vulnerable Jennae is for this case, information was obtained from: Child Functioning and Parenting - Practices.

**Out of Control:** Laura not performing her parental responsibilities and cannot control the impact of her not performing parental responsibilities on Jennae. There is no one else in the home to provide for Jeanne when Laura is not meeting Jennae’s needs.

To understand and describe out of control for this case, information was obtained from: Parenting - Practices, Surrounding Circumstances, and Adult Functioning.

**Imminent:** Laura believes Jennae does not require much daily care and supervision because “she can fend for herself”. Laura has not been actively performing her parental responsibilities for Jennae since the death of Mr. Chavez two years ago.

To understand or describe Imminence for this case, information was obtained from: Adult Functioning, Surrounding Circumstances, and Parenting - Practices.

**Severity:** Jennae is an independent 8 year old who is accustom to cooking and caring for herself. She could have a cooking accident and severely harm herself in the process.

To understand and describe severity for this case, information was obtained from: Maltreatment, Surrounding Circumstances, Parenting - Practices, Adult Functioning, and Child Functioning.

**Impending Danger Threat #1. No adult in the home will perform parental duties and responsibilities.**
**Observerable Family Condition:** Laura Chavez regularly combines alcohol with her prescribed medication, causing her to be incoherent or passed out. This leaves Jennae without supervision.

To understand and describe Observable conditions for this case, information was obtained from: Surrounding Circumstances, Adult Functioning, and Parenting – Practices.

**Vulnerable Child:** Jennae is 8 years old and when left unsupervised, attempts to meet her own basic needs however, she is unable to make her own decisions. She has shown this through lighting the gas stove and leaving the house on her own. She is powerless to control the impact her mom’s AODA use has on her.

To understand and describe why Jennae is vulnerable to the Observable condition for this case, information was obtained from: Child Functioning and Parenting - Discipline.

**Out of Control:** Ms. Chavez uses prescribed medication and alcohol to numb her feelings of sadness, overwhelmed, hopeless and anxious and stops when she falls asleep. She is unable to manage her use of prescription drugs and alcohol. There is no other adult in the home to care for Jennae when Ms. Chavez is incapacitated.

To understand and describe out of control for this case, information was obtained from: Parenting - Practices, Surrounding Circumstances, and Adult Functioning.

**Imminent:** Ms. Chavez describes herself feelings of sadness, overwhelmed, hopeless and anxious as pervasive and drinks alcohol 2 to 3 times a week to cope with these feelings.

To understand or describe Imminence for this case, information was obtained from: Adult Functioning, Surrounding Circumstances, and Parenting – Practices.

**Severity:** When Ms. Chavez is “asleep” Jennae attempts to meet her own needs by cooking her own food or leaving the family’s home because she is lonely. Both of these activities puts Jennae in a dangerous situation that could be severely harmful or life threatening.

To understand and describe severity for this case, information was obtained from: Maltreatment, Surrounding Circumstances, Parenting - Practices, Adult Functioning, and Child Functioning.

*Impending Danger Threat #3. One or both parents / caregivers is dangerously impulsive or cannot/will not control their behavior.*
1. Answer the four safety analysis questions. Identify what additional information you must know in order to sufficiently answer each question.

**Safety Analysis Question #1:** How do the impending danger threats play out in this family?

**Impending Danger Threat #1 No adult in the home will perform parental duties and responsibilities.**

Laura Chavez has not been providing daily meals and supervision for Jennae.

1. **How long?** Total time unknown, but Jennae reports “her mother has been sleeping a lot since her father died” and that was two years ago.
2. **How frequent?** Ms. Chavez reports her emotional state leaves her with very little energy daily, however the passing out/sleeping occurs two to three times per week.
3. **How predictable?** Ms. Chavez emotional state impacts her ability to care for Jennae. She describes her emotional state as feelings of being sad, overwhelmed, hopeless, and anxious.
4. **Specific times?** Whenever Ms. Chavez is left alone with Jennae and is solely responsible for her care.
5. **Prevent adult role functioning?** The underlying reasons, according to Ms. Chavez, for her inability to care for Jennae also affects her ability to meet her own needs.

**Impending Danger Threat #3: One or both parents / caregivers is dangerously impulsive or cannot/ will not control their behavior.**

Laura Chavez’s misuse her prescribed medication with alcohol consumption causes her to be incoherent or to fall asleep, with the inability to be aroused, when she is left alone to care for 8-year-old Jennae.

1. **How long?** Ms. Chavez reports that her drinking has become more pronounced since her husband’s death two years ago. Jennae reports her mother “falls asleep more often since her father’s death.
2. **How frequent?** Ms. Chavez reports drinking two to three times per week.
3. **How predictable?** Ms. Chavez reports it is when she is “feeling lonely and having disruptive sleep patterns resulting in her frequently feeling irritable and fatigued” that she will take her medication and if she continues to feel overwhelmed and sad, she will drink alcohol to “numb” her feelings.
4. **Specific times?** Ms. Chavez reports that she starts drinking after Jennae leaves for school.
5. **Prevent adult role functioning?** Ms. Chavez has not worked in the last six months. She has had difficulty maintaining a job, according to her parents, for the last two years. This is the same timeframe she reports medicating her emotional state with pills and alcohol.

**NOTE:** Areas in the Assessment and Threshold where this information was found were Surrounding Circumstances, Adult Functioning, Parenting Practices, Out of Control and Imminent.
**Safety Analysis Question #2:** Can the family manage and control the impending danger threats without direct assistance from CPS?

1. **Is there a non-threatening non maltreating caregiver in the home?**
   Laura Chavez is the only parent in the home with Jennae and is currently maltreating Jennae.

2. **Can the maltreating/threatening caregiver leave the home and remain absent?**
   Laura Chavez cannot leave the home because there will be no other adult in the home to care for Jennae.

**NOTE:** Areas in the Assessment and Threshold where this information was found were Surrounding Circumstances, Adult Functioning, Parenting Practices, Family Functioning, Out of Control and...

**Safety Analysis Question #3:** Is an in-home CPS managed safety plan an appropriate response for this family?

1. **Are caregivers(s) willing to accept and cooperate with an in-home safety plan response?** This refers to the most basic level of agreement to allow safety control service providers in the home and participate in the plan.
   Ms. Chavez has demonstrated a basic level of cooperation to this point of the interview.

2. **Is the home environment calm and consistent enough at a minimal level so as to assure that a sufficient CPS managed safety response can be provided in the home?** "Calm and consistent" refers to the routine and predictability of the home. The environment must be calm and consistent enough that safety control services can be scheduled and the schedule will be followed.
   The Chavez home has a predictable schedule and follows a daily routine.

3. **Can in-home safety intervention be put into place without the results of any scheduled professional evaluations (mental health, substances)?** The knowledge gained from a professional evaluation would need to be critically important in understanding the Impending Danger Threats or the ability to participate in an in-home plan.
   Information from a professional evaluation is not needed to understand the impending danger threat. Jennae reports her mother sleeps most of the day when she alone with her and Ms. Chavez reports she consumes her medication and drinks alcohol until she passes out two to three times a week.

4. **Are caregivers residing in the home?** (In order to answer "yes" to this question, the family must have a home and be expected to live there for as long as the Safety Plan may be needed. A caregiver must live in the home full-time.)
   Laura Chavez is currently hospitalized for an overdose of prescription medication and alcohol. It is not known at this time when she will be returning to the family’s home.

**NOTE:** Areas in the Assessment and Threshold where this information was found were Maltreatment, Surrounding Circumstances, adult functioning, child functioning, family functioning, Observable, Out of Control, Imminence, Severity.
Before you can answer Safety Analysis Question #4, please read the following updates to the case. After that you must then write an in-home plan using all of the information you have been given so far. We used the worksheet on page 51 to help us develop a sufficient safety plan. It is similar to the Safety Intervention worksheets in the Appendix.

### Case notes

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<td>Type Detail: follow-up</td>
</tr>
<tr>
<td>Worker Making Contact:</td>
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<tr>
<td>Ms. Chavez called to inform this worker that she was released from Good Samaritan Hospital on Thursday, 02/14 and has returned home. Jennae Chavez continues to reside with her maternal grandparents Wayne and Carletta Hancock under the protective plan.</td>
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A follow up meeting with Mrs. Chavez is scheduled in her home on 02/15 at 3:00pm to discuss continuing safety concerns and planning for Jennae.

<table>
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<tr>
<th>Case Name: Laura Chavez</th>
<th>Case ID: 000-000-00</th>
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<td>Date: 02/15</td>
<td>Note 1 of 1</td>
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</tr>
<tr>
<td>Worker Making Contact:</td>
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<tr>
<td>CPS Worker Doe conducted a safety assessment on the Chavez family in the Chavez home at 1414 Meadow Lark Lane, Milwaukee. CPS Worker Doe assessed the home and it was determined to be well furnished with no visible safety hazards. CPS Worker Doe observed minimum clutter and clear walking pathways Ms. Chavez and Jennae have separate bedrooms. There was food in both the refrigerator and the cupboards. CPS Worker Doe discussed with Ms. Chavez the concerns regarding the lack of supervision and care for Jennae and the misuse of her prescription medication mixed with alcohol that prevented her from adequately meeting Jennae’s needs for basic care. CPS Worker Doe discussed with Ms. Chavez the option of an in-home safety plan. Ms. Chavez offered her family, Wayne and Carletta Hancock and Christine Dupree, as resources to keep Jennae supervised and cared for in her home during school days and they both could stay with her parents on weekends. CPS Worker Doe next steps will be to discuss this option and safety services with Mr. and Mrs. Hancock and Christine Dupree.</td>
<td></td>
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Case Name: Laura Chavez  
Case ID: 000-000-00

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<tr>
<td>Wayne Hancock</td>
<td></td>
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<tr>
<td>Carletta Hancock</td>
<td></td>
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<tr>
<td>Christine Dupree</td>
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<td>Jennae Chavez</td>
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<td>Worker Making Contact: Jane Doe</td>
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CPS Worker Doe had a discussion with Wayne and Carletta Hancock prior to Jennae’s return from school. It was arranged that Christine Dupree would pick her up from school today and both will meet with CPS worker Doe in the Hancock home. Mr. and Mrs. Hancock stated that they have enjoyed caring for Jennae this past month and are willing to go to the Chavez home on school days to meet Jennae’s school bus, prepare her evening meals and supervise her homework or evening activities. They have agreed to never leave Jennae alone in Laura Chavez care, but wait until Christine Dupree arrives before they leave. They informed this CPS worker that they agree to the plan to bring both Jennae and Laura to their home on weekends, however, Mr. and Mrs. Hancock were concerned about Laura being around Jennae should she relapse. It was agreed that if Laura presents as intoxicated, they will not allow her in their home on weekends and will immediately call CPS worker Doe or the on-call phone (CPS Worker Doe provided the number to them) to get directions regarding returning with Jennae on school days to the Chavez home. A discussion was had with Ms. Christine Dupree in the Hancock home. She expressed her concern about returning Jennae to the Chavez home. She believes Laura Chavez is emotionally fragile. Ms. Dupree did agree to present to the Chavez home on school days at 7:30pm and remain until Jennae is asleep around 9:30pm. An agreement was developed to communicate weekly, this CPS worker will call on random days for updates on how well the plan is working to meet Jennae’s need for basic care and supervision and visit the Chavez home twice per month. Mr. and Mrs. Hancock and Christine Dupree agreed to call this CPS worker if they have difficulty entering or remaining in the Chavez home for any reason. They agreed not to change any of the activities they agreed to perform before first talking with this CPS worker or her supervisor, Andrew Smith. This CPS worker met with Jennae to discuss her stay with her grandparent and thoughts about returning home. Jennae was very excited about thought of going back home to live with her mother. She said she has been concerned about who is taking care of Laura.

Case Name: Laura Chavez  
Case ID: 000-000-00

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</tbody>
</table>

CPS Worker Doe discussed the results of the interview with Mr. and Mrs. Hancock and Ms. Christine Dupree. An in-home safety plan was described to Mrs. Lauren Chavez, with a start date of, Sunday, 2/20 when Mr. and Mrs. Hancock would bring Jennae home to prepare for school on Monday. Mrs. Dupree will arrive at 7:30pm and will remain until Jennae is asleep, around 9:30pm. Ms. Chavez agrees and understands the need for the in-home safety plan. She further understands that if she disrupts this plan, Jennae could be removed from the family home. The in-home plan was completed, schedules finalized and signatures from Mr. and Mrs. Hancock, Christine Dupree and Laura Chavez obtained.
Safety Analysis Question #4: What would need to be put in place in the home to control the impending danger threat?

1. What safety responses would control the Impending Danger Threats?
   Basic Parenting and Home Management

2. What informal or formal providers could implement those responses?
   Wayne and Carletta Hancock and Christine Dupree

3. Do the providers meet the qualifications for safety response providers?
   Wayne and Carletta Hancock and Christine Dupree were vetted and background checks completed when they were used in the protective plan

4. How, specifically, would providers control the threat?

   Monday through Friday morning on school days Ms. Dupree will arrive at the Chavez home by 7:00am, prepare Jennae’s breakfast, and assist her with backpack prep and getting on school bus.

   Mr. and Mrs. Hancock will ensure there is food in the home daily. Monday through Thursday evenings they will arrive one hour prior to Jennae’s return from school and prepare her dinner, assist with homework, and supervise free time. They will remain in the Chavez home until Ms. Dupree arrives. Jennae will stay in the Hancock home every Friday through Sunday evening and on all non-school days.

5. What would the schedule be for each provider?
   - Monday-Thursday from 7am to 8:30am Christine Dupree will provide basic parenting assistance;
   - Monday-Thursday from 2pm to 7:30pm Wayne and Carletta Hancock will provide basic parenting assistance.
   - Monday-Thursday from 7:30pm to 9:00 Christine will provide basic parenting assistance.
   - Friday 3:00pm to Sunday at 7:30 pm and any non-school day Jennae will stay in the Hancock home where Wayne and Carletta will provide basic parenting assistance.
6. **Review the in-home plan for overall sufficiency. Does the in-home plan, as a whole, provide sufficient control?** *(NOTE: We used the Judging Sufficiency of the Plan in the Appendix to help us with the question.)*

   The safety plan is sufficient because:
   
   - It directly addresses both impending danger threats
   - All services aim to control the impending danger threats not change them
   - All safety services are rendered at identified times and circumstances when Jennae would be in danger from Ms. Chavez diminished protective capacities.
   - The plan is only as intrusive as need be, allowing supervised contact during the time when Jennae is awake and no supervision while she is asleep because there is not information that she was unsafe while asleep or that Ms. Chavez behaved in a manner that would cause Jennae to be unsafe while she was asleep.
   - The plan does not rely on Ms. Chavez to keep Jennae safe or her promise not to leave Jennae unsupervised, uncared for or not to be intoxicated in her present. All safety service providers have been vetted, screened, and invested in following the plan as written.

7. **Do the needed services exist?**

   Yes, they provided these services to the Chavez family prior to DCPS involvement.

8. **Are they available at the level and times required?**

   Yes, Wayne and Carletta Hancock and Christine Dupree were directly asked and all agreed to provide the necessary services at the appointed times on the appointed days.

9. **How will you communicate?**

   The CPS worker will provide Wayne and Carletta Hancock and Christine Dupree the CPS worker’s cellular number for them to make contact for any concerns or support. The CPS worker will contact the Hancock’s and Ms. Dupree randomly every week by telephone and have a face-to–face visit once per month at the Chavez home.
Safety Intervention Worksheet

This worksheet helped us make sure we met all of the qualifications to develop a sufficient Safety plan. It is similar to the Safety Intervention worksheets in the Appendix.

<table>
<thead>
<tr>
<th>Impending Danger Threat</th>
<th>I.D.T. #1. No adult in the home will perform parental duties and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Control Response</td>
<td>Basic Parenting and Home Management</td>
</tr>
<tr>
<td>Safety Service/Action Type</td>
<td>Provider</td>
</tr>
<tr>
<td>Basic Home Management, Pasic Parenting Assistance, And chore service</td>
<td>Wayne and Carletta Hancock and Christine Dupree</td>
</tr>
</tbody>
</table>

Specifically explain how it will control threat
- Monday through Friday morning on school days Ms. Dupree will arrive at the Chavez home by 7:00am prepare Jennae’s breakfast and assist her with backpack prep and getting on school bus.
- Mr. and Mrs. Hancock will insure there is food in the home daily, Monday through Thursday evenings arrive one hour prior to Jennae’s return from school; prepare her dinner; assist with homework and supervise free time. Remain in the Chavez home until Ms. Dupree arrives. Jennae will stay in the Hancock home every Friday through Sunday evening and on all non-school days.

Schedule (frequency, time and duration)
- Monday-Thursday from 7am to 8:30am Christine Dupree will provide basic parenting assistance;
- Monday-Thursday from 2pm to 7:30pm Wayne and Carletta Hancock will provide basic parenting assistance.
- Friday 3:00pm to Sunday at 7:30 pm and any non-school day Jennae will stay in the Hancock home where Wayne and Carletta will provide basic parenting assistance.

<table>
<thead>
<tr>
<th>Impending Danger Threat</th>
<th>I.D.T. #3. One or both parents / caregivers is dangerously impulsive or cannot/ will not control their behavior</th>
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</thead>
<tbody>
<tr>
<td>Safety Control Response</td>
<td>Basic Parenting and Home Management</td>
</tr>
<tr>
<td>Safety Service/Action Type</td>
<td>Provider</td>
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- Friday 3:00pm to Sunday at 7:30 pm and any non-school day Jennae will stay in the Hancock home where Wayne and Carletta will provide basic parenting assistance.
SECTION 3

Now you will have the opportunity to answer the five questions on your own. **We highly recommend that you use an open/active case for this practice**, however as a last resort we have provided a case you can use – The Noleaf Family.

Again, if you have an active case, or can get an active case from your supervisor, that would be your best option. After you have answered all five questions, make sure to set up a time to talk to your supervisor, training supervisor, or mentor to go over you answers.

Should you choose to use the Noleaf Family scenario be aware that the Initial Assessment report is written with incomplete information. You have enough information to make safety decisions regarding the Juan and Carlos Rodriguez, however additional information would enable you to make more confident or stronger safety decisions. When you come across vague or poorly articulated information, identify what additional you need to make a better/stronger or different safety decision.
Safety Questions

Please ONLY read through the CPS Report and the Maltreatment section of the IA Report to answer Questions 1 & 2. After you have answered those two questions, read the rest of the case and then answer Questions 3-5. You should write your answers on a separate sheet of paper.

1. **Family Description:** Who is the family and why was the family referred to CPS?

2. If the referral is screened –in; what present danger is suspected? If so, what is it? What response time is assigned to the Initial Assessment referral? At the first face to face contact, was the suspected present danger confirmed? If so, how was it? If not, why not? Was there other present danger threats identified that were actively or “in process” of occurring? What protective plan was put in place to control the identified present danger?

3. Using the 7 areas of assessment, describe the family. Is the information gathered complete? What additional information must you know regarding the 7 areas of assessment?

4. What impending danger threats exist? How does each of the identified impending danger threats cross the danger threshold? What additional information must you know about impending danger?

5. Answer the four safety analysis questions. Identify what additional information you must know in order to sufficiently answer each question.
The Noleaf Family Case

Family

<table>
<thead>
<tr>
<th>Family</th>
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<tbody>
<tr>
<td>Juan Noleaf Rodriguez</td>
<td>Child</td>
<td>Age 4</td>
</tr>
<tr>
<td>Carlos Noleaf Rodriguez</td>
<td>Child</td>
<td>Age 3</td>
</tr>
<tr>
<td>Melissa Noleaf</td>
<td>Mother</td>
<td>Age 30</td>
</tr>
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The CPS Report

The Division of Milwaukee Child Protective Services received a report from an identified caller alleging “Melissa was moving from house to house and living on the street with her two children until a month ago. The caller reported that Melissa move back in her car following a fight with her boyfriend, Chris Wallace. The caller reported that Melissa got mad and slept in her car with the children about a week ago. The caller said the mother is used to laying around in her car with her clothes in it, and acts like she does not know how to live in a house.

The caller reported Melissa does not keep food in the house for her children. Chris buys the children restaurant food when he is around. 6 months ago there were some cans of food, and no other food in the home. The caller reports that Melissa gives the children OTC sleeping pills from Walgreens that come in a purple bottle. The last time the caller saw this was two days ago.

The caller further reports, Melissa uses white powder drugs and the caller suspects she has been doing this for an extended period. The caller also reports the Melissa smokes marijuana with the children present. The caller has been told that she will leave the children alone when Chris is not home. The caller does not know when the last time this has happened. The caller said Melissa has had two other children removed from her care in the past.
Initial Assessment Information

Extent of Maltreatment

Received a report alleging “Melissa was moving from house to house and living on the street with her two children until a month ago when she got a yearly check from her tribe and moved back into her current apartment with her boyfriend Chris Wallace. The mother got mad and slept in her car with the children about a week ago. The caller said the mother is used to laying around in her car with her clothes in it, and acts like she does not know how to live in a house.

Melissa does not keep food in the house for her children. Chris stays gone for days at a time, and buys the children restaurant food when he is around. 6 months ago there were some cans of food, and no other food in the home.

Melissa gives the children OTC sleeping pills from Walgreens that come in a purple bottle. The last time the caller saw this was two days ago.

Melissa uses white powder drugs and the caller suspects she has been doing this for an extended period. The mother smokes marijuana with the children present. The caller has been told that she will leave the children alone when Chris is not home. The caller does not know when the last time this has happened.

The caller said the mother has two other children that were removed from her care in the past.”

The IAS met with Melissa and she stated she has been living in her home for a month and plans to move to Green Bay in a few months. Melissa stated her children are always fed and she always has food available in the home. The IAS has observed inadequate amounts of food in the home on three separate occasions. Inadequate amounts means that there was not enough food of any kind for three people, or that the food that was present was old and should not be consumed. There were several fast food bags and boxes in the kitchen, but none of them currently had food in it and appeared to have been laying around for a couple of weeks. The home was also observed to be without much furniture and there were only a few packed boxes lying around.

Melissa denies giving her children OTC sleeping pills. IAS did observe some purple bottles in the trash can and on the floor of the bedroom. Melissa stated that those were Chris’ and that she didn’t even know they were there.

Melissa reports she used cocaine once when she was 14 and that was it. She states she does not smoke marijuana with the boys present, but that she does smoke marijuana every week. When asked where the boys are when she does this, she stated, “Usually with Chris or somewhere.” When IAS asked Melissa what that meant, she could not elaborate. When asked how she handles the boys now that Chris is gone when she smokes weed, she did not have an answer and changed the subject.
Melissa took Carlos to St. Luke’s ER a couple of days after an altercation between Melissa and her ex-boyfriend, Chris Wallace, to examine the bump on his head that resulted from him falling. Neither Melissa or Chris touched Carlos, he simply fell when trying to run towards his mother to help her while Chris was yelling at her. Melissa was not able to get Carlos to Children’s for two days. Once he was seen, Carlos was medically cleared with no concerns. This was verified with hospital staff.

Carlos and Juan were asked about the purple bottles and they said that they had pills in them that mom would give them before she left them alone. She only started doing this since Chris left according to Juan. He didn’t know what the pills were, but that they “made his eyes heavy”.

The allegation of neglect to Carlos and Juan by Melissa will be SUBSTANTIATED as there is evidence to suggest the children are being left unsupervised and being given OTC sleeping pills when Melissa leaves them alone. Medical professionals stated there are no concerns with the bump Carlos sustained to his head.

Surrounding Circumstances

Melissa stated that she knows who called in on her. Melissa stated that two weeks ago, she and now ex-boyfriend Chris Wallace got into it and she told him to leave. She contacted police and went to wait outside with her children until they arrived. She reported that Chris came out again and began yelling at her. The police came and made Chris leave. Melissa stated her tires were slashed by Chris and this is why she couldn’t take Carlos in to see the doctor for a couple of days. Melissa stated he did not appear in any pain and she figured he could wait and it was just a normal bump. Melissa stated Chris’ last words to her were “I’m going to make sure you get your kids taken away by CPS.”

The social worker requested police records. Police records indicate no contact at the address listed. Melissa was not able to give names of the officers that were there, so IAS was not able to verify Melissa’s story.

Melissa showed IAS her food stamp card, which has a piece cut off. She reports that Chris damaged her card so she couldn’t use it. Melissa was not able to give a date of when this happened. Melissa stated that the amount of food in the home is low compared to what is “normal.” There was milk and condiments in the fridge, cereal, bread, and cans of corn, beans, and other items in the cupboard, but many of these were expired or stale. Melissa stated that the family recently cooked several meals and needs to wait for Food Share to grocery shop again. Melissa said the family had gone to a food bank earlier in the month and they are not able to return until later next month. The family will go approximately two weeks with minimal food in the home based on observations by IAS.

In regards to the domestic violence, Melissa reports that it will start as an argument and then escalate to Chris putting his hands on her. She reports this happened more recently every other day. Melissa stated that she would tell him to leave and if he didn’t she
would. Melissa stated that the police gave her information on how to get a restraining order but Chris ripped it up. Melissa stated when the cops came this last time, he got all his things and left. Melissa is working with the office at her complex to get her another apartment. Melissa states that if Chris shows up, she will call the police immediately.

Melissa plans on spending the night at her sisters and she has not seen him since he was forced to leave. Melissa stated that their relationship is over and there is no way she will allow him back after how violent he was. Melissa reports she knows that if she allows the children around more violence that they may be taken into custody. Melissa stated she isn’t going to subject them to that anymore. Melissa said she missed the court date for the restraining order as her phone was turned off and she was unaware of when the court date was scheduled. Melissa does not plan to follow up with the restraining order. Melissa reports she has not had any physical contact with Chris since the night of the incident. Melissa’s phone is currently turned off and Chris therefore cannot contact her. There has been a man who has been calling Natasha’s phone and not saying anything when Natasha answers. Melissa believes this may be Chris but she is not sure. There was also a time when a man she believes to be Chris called Melissa’s phone and the children answered the phone. Melissa stated the man asked them why their mom sent the police to his home. After this, Melissa told Chris she had to initiate a restraining order. Melissa has had no contact with Chris since this conversation.

IAS spoke with Chris Wallace at his new apartment. Chris denied ever calling Melissa’s phone since he left a couple weeks ago. Chris stated that he left on his own and that he had no interest in getting back together with Melissa. He said that he didn’t agree with how she was treating her kids or him. Chris stated that Melissa generally sells her food stamps and the damaged one she shows to everyone is one that she stole to try and sell it to buy pills or something. Chris did admit to DV in the home, but said it was generally started by Melissa. He said that he has received several marks from her, but that the children were never present when they fought, except for the last time when he finally left. Chris also stated that he has never been contacted by the police or forced to leave.

Melissa was given a 28 day notice 2 weeks ago, the same day that Chris left, to vacate and must be out of her home. Melissa was given information on Sojourner and Women’s Center for shelter and resources. At this time, Melissa does not have housing and lives out of her car with her two children. She says she doesn’t want to be a burden to others.

Child Functioning

Carlos Noleaf Rodriguez is a 3 year old Native American male. Carlos has Lac du Flambeau heritage, but is not eligible for tribal membership. Carlos is the son of Melissa Noleaf and Juan Rodriguez. Carlos’ father is not involved. Carlos does not attend daycare or school.

Melissa takes Carlos to Indian Health Center for routine medical care. Carlos had a routine child health exam last year. Carlos is up-to-date on his immunizations according
to the Wisconsin Immunization Registry. The flu shot is recommended. Carlos has no medical issues according to Melissa.

Carlos did not have a bump on the back of his head from falling during an altercation between Melissa and Chris Wallace when he was observed by IAS. It was verified that Melissa took Carlos to Children’s ER. He was medically cleared at the time, but the hospital did report concerns that he probably had a concussion from the fall and that he should have been seen that same day. The hospital also reported that Carlos is underweight for a boy his age and that when compared to his health exam last year, he has not made the progress that would be expected. While he is generally healthy, the hospital stated that mom needs to play a better role in making sure that he is healthy.

Based on the observations of the IAS, Carlos is a very active child. He did display some physical aggression towards his brother while they were playing. Carlos is still in diapers and appears to be slightly below on-track developmentally in some areas which matches up to the report from Children’s.

When Melissa was asked to describe Carlos, Melissa described him as “hard headed” and he “gets badder by the day.” Melissa laughed stating Carlos likes to dance. Carlos was observed to be wearing only a diaper and Melissa commented that Carlos does not like to wear clothing.

Juan “Dennis” Noleaf Rodriguez is a 4 year old Native American male. Juan has Lac du Flambeau heritage, but is not eligible for tribal membership. Juan is the son of Melissa Noleaf and Juan Rodriguez. Juan’s father is not involved. Juan does not attend daycare or school.

Melissa takes Juan to Indian Health Center for routine medical care. Juan had a routine child health exam last year. Juan is up-to-date on his immunizations according to the Wisconsin Immunization Registry. The flu shot is recommended. Juan has no medical issues according to Melissa.

Juan does not present with any effects of maltreatment. IAS observed Juan to be a very active child. He also displayed some physical aggression towards his brother while they were playing. Juan appears to be on-track developmentally and medical reports from the Indian Health Center confirm this.

When Melissa was asked to describe Juan, Melissa said he is just like Carlos in that he is “hard headed” and he “gets badder by the day.” Melissa said Juan is a “momma’s boy” who can count from 1 to 5. Juan knows some of his ABC’s but not sequentially. Juan has a favorite blue blanket he carries with him.

When talking to Juan, IAS asked him about his blanket, since it was orange, and he said, “Carlos has a blue blanket. I like Orange. Mommy gets confused a lot.” Juan also stated that he missed Chris and wished he would come back. When asked why, he said because mom leaves us alone at times.
Adult Functioning

Melissa Noleaf is a 30 year old Native American female. She is not a member of any tribe currently, but her father is. Melissa is not currently employed and has not been for quite some time according to her sister, Natasha. Melissa’s father’s land on the reservation was sold and she receives payments between $850 and $1,250. 2 years ago, Melissa stated she received $1,000 from the tribe. Melissa informed the IAS this is an annual stipend. Melissa informed a previous IAS that she was working with that this is a monthly stipend. No confirmation yet on if it is annual or monthly. Melissa reports that she also gets Food Stamps, but did not know when the next “card” was coming.

Melissa stated she did cocaine once when she was a teenager. Melissa at first stated that she used to also smoke marijuana. She denied any current drug use, but later admitted that she still does smoke marijuana on a weekly basis, but that no one in her family knows about it. Melissa denies any mental health diagnoses. However, she does appear to still be dealing with the grief of having her 2 oldest children TPR’d. Melissa does not like to talk about this, but CPS records show that her 2 older children, Daniel and Belle, were taken into custody by CPS due to neglect and then Melissa had her parental rights terminated. According to the report, Melissa would leave them alone and go on drug binges. Melissa stated she has not gotten over it and blames CPS for making a big deal about it. Melissa saw her oldest child when her father passed away. Melissa sees her other child “once in a while”. Melissa has contact information for both of her children.

Melissa stated she was in a relationship with Chris Wallace for 10 months. Melissa reports she ended the relationship because he was domestically violent. Melissa stated it would begin as an argument and then he would push or hit her. Chris denies this and said that she would start to get physical and that he would not lay a hand on her. Her son Juan said he never saw Chris touch his mom. Melissa was seeking a TRO on Mr. Wallace but did not attend the court hearing.

Melissa was attending therapy at Gerald Ignace. Melissa attended for a brief period of time but discontinued therapy. Melissa has had an interest in returning to therapy to address a variety of issues including domestic violence, possible depression, her own childhood, the TPR of her two oldest children, and any other issues Melissa identifies.

Melissa’s sister, Natasha, says that she is not aware of any drug use by Melissa, but that she really doesn’t see her all that often and that just recently she saw her more. Natasha stated she wouldn’t be surprised if Melissa was doing drugs since her attitude and demeanor has changed lately. Natasha declined to further comment on what that meant.

Parenting – Discipline

Melissa Noleaf stated that she does not “beat” her children. She stated for discipline she will first verbally redirect her children. If that doesn’t work she separates them and puts them on time-out for a few minutes. Melissa stated she will spank her children with an open hand over their clothes as a last resort if they don’t calm down or listen. Melissa reports this is more for “shock” value and is not actually painful. Melissa demonstrated a
“spanking”. Both Juan and Carlos state that their mother will spank them with an open hand on their butts and that it does not hurt.

Parenting- General

Melissa was unable to describe her children independently. The IAS had to ask several questions in a variety of fashions for Melissa to describe the children’s likes and developmental stages. Even after this strategy, and even some coaching, Melissa was unable to really differentiate between the boys or give specific information. As noted in child functioning, she was not sure which child had a certain favorite blanket. Juan also describes his mother as being confused often and that she will leave them by themselves.

Melissa described the children together and said they are both “hard headed” and “get badder by the day.” The IAS did not observe Melissa interacting with her children during any of the visits. Melissa’s mother was observed to attempt to dress Carlos and care for the boy while Melissa spoke with this worker on one of the visits. Melissa’s mother did not want to talk to the IAS but did say that she has concerns for her grandkids because of how Melissa acts.

Family Functioning

This family has had extensive involvement with CPS. Melissa identifies many similarities between her current situation and her childhood. Melissa says her parents were involved in a DV relationship and Melissa recalls the DV from her childhood. Melissa is currently homeless and has had a transient lifestyle both as a child and as an adult. Melissa currently has the support of her mother and sister, Natasha, but does not like getting them involved in her business. Melissa is not currently on good terms with her other sister. Melissa refused to give any information regarding that sister.

Melissa has had two children TPR’d in the past, and that is a current stress on this family. There is also stress around the fact that they just got kicked out of their apartment and have been living in their car. Both Carlos and Juan stated that things have gotten worse in their family since Chris left.

---END OF CASE---
Appendix

Threshold Criteria 62

Critical Thinking Guide for Safety Intervention 63

Safety Intervention Worksheet - Analysis Question #1 64

Safety Intervention Worksheet - Analysis Question #4 66

Judging Sufficiency of the Plan 69
Threshold Criteria

**Observable**
This explains the parent’s actions, feelings, thoughts regarding their child/ren. This is explained with making the connection of the condition and affects it has on the child safety. This information is not based on an incident.

**Vulnerable Child**
State the observable condition and discuss what makes the child vulnerable to that condition. This looks at the child’s ability to self-protect from the identified condition/s in the home. There are factors to be assessed include age, physical disabilities, powerlessness, provocative, cognitive abilities... etc.

**Out of Control**
The condition is not being controlled by anything or anybody within the family network. This is the key characteristic about “control” that supports CPS judgments with respect to families. What is the family’s ability to control or manage? This area you are looking at resources within the family unit.

**Severity**
The behavior, family condition or situation could result in severe harm to a vulnerable child. If this behavior, condition, situation continues what are the likely results?

**Imminent**
The behavior or condition is active or likely to become active at any time. When judging this area it’s important to gather information around the patterns of behaviors and the parents’ thoughts and feelings regarding the conditions.
1. How do the Impending Danger Threats play out in the family?

2. Can the family manage and control Impending Danger Threats without direct assistance from CPS?

3. Can an in-home plan work?

4. What would we need to put into place in the home to control Impending Danger Threats?
Safety Intervention Worksheet – Analysis Question 1 (HO 14)

Safety Analysis and Plan

Analysis Question 1: How do the Impending Danger Threats play out in this family?

<table>
<thead>
<tr>
<th>Impending Danger Threat</th>
<th>Family Condition or Behavior</th>
<th>How long?</th>
<th>How frequently?</th>
<th>How predictable? Specific occasions?</th>
<th>Specific times of day or daily events?</th>
<th>Prevent functioning in adult roles?</th>
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Safety Intervention Worksheet – Analysis Question 4 (HO 16)

Group Name: ____________________________________    ___

<table>
<thead>
<tr>
<th>Name</th>
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Analysis Question 4: What would we need to put in place in the home to adequately control the Impending Danger Threats?

<table>
<thead>
<tr>
<th>Impending Danger Threat</th>
<th>Safety Control Response</th>
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Specifically explain how it will control threat

Schedule (frequency, time and duration)

Developed by WCWPDS
Safety in CPS Training (Revised: March, 2013)
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<td>Explain why this is a reasonable role.</td>
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Judging Sufficiency of the Plan

Does the plan specifically address each impending danger threat?

Is everything in the plan a control, not a change, function?

Is it responsive to critical times and circumstances in the family? Does it appropriately balance the need for a sufficient level of service to control the threats with the need to be minimally intrusive?

Is the role of the parent(s) in implementing the plan appropriate? Are the responsibilities reasonable for this person to fulfill at this point in time? Does it avoid asking a parent to control previously uncontrollable behavior?
Critical Concepts Practice: Safety Assessment
Milwaukee Child Welfare Partnership
September 2016