

EMERGENCY RESPONSE REFERRAL INFORMATION

Referral Name: Harding, Ann

Screening Decision: Screen in, immediate

Screener Information:

- Name: Student 10
- Title: Social worker
- Date: 8/22/2015
- Time: 9:43 a.m.
- Caseload#: 1111
- Phone number: 999-999-9999
- Location: Central
- Alerts:
- Law enforcement agency: Small Town PD
- Police report number: 7777777

Home Address: 888 N. Main

- Phone number: 888-888-8888
- Address comments: Upper rear
- Current location of children: Victim is in school, Small Town Elementary.

Victim Information

- Name: Nelson Layer
- AKA:
- Social Security #:
- DOB: 6/4/2007
- Age: 8
- Age code:
- Sex: M
- Ethnicity: Hispanic
- Language: English
- ICWA eligibility: Not ICWA
- School/day care name/address: Small Town Elementary
- Abuse category/alleged perpetrator name: Physical abuse/Jay Layer
- Case worker name (for open case):
- Phone (for open case):
- Caseload #:

Others In Home

Person 1

- Name: Melissa Layer
- Social Security #:
- Sex: F
- Date of birth/age: 7/1/2013 (2)
- Language: English
- Work phone:
- Role: Daughter
- For/to: Ann, Jay
- Case worker name:
- Phone #:
- Caseload #:

Person 2

- Name: Ann Harding
- Social Security #:
- Sex: F
- Date of birth/age: 30
- Language: English
- Work phone:
- Role: Mother
- For/to: Nelson, Melissa
- Case worker name:
- Phone #:
- Caseload #:

Person 3

- Name: Jay Layer
- Social Security #:
- Sex: M
- Date of birth/age: 28
- Language: English
- Work phone:
- Role: Father
- For/to: Melissa
- Case worker name:
- Phone #:
- Caseload #:

Collateral Information

- Name:
- Role:
- For/to:
- Address:
- Primary phone:
- Contact date:
- Contact method:
- Description:

Cross Report Information

- Agency: Small Town PD
- Official contacted: Warren Serge
- Title: Sgt.
- Address:
- Phone number:
- Badge number:
- Cross reported by: Student 10
- Date & time of report: 8/22/2015 10:00 a.m.

Reporter Information

- Name: Les N. Plan
- Agency or organization: Small Town Elementary School
- Relationship: Teacher to Nelson
- Address: 444 South Street
- Primary/secondary phone: 555-555-5555
- Contact date: 8/22/2015
- Contact method: Phone
- Description:
- Reporter type: Mandated reporter/feedback required

Referral HistoryPerson 1

- Referral ID: 1111-1111-1111-1111-111111
- Client name: Ann Harding
- Referral role: Perpetrator
- Referral date: 7/14/2013
- Allegation type: Neglect
- Allegation disposition: Substantiated

Person 2

- Referral ID: 1111-1111-1111111
- Client name: Nelson Layer
- Referral role: Victim
- Referral date: 7/14/2013
- Allegation type: Neglect
- Allegation disposition: Substantiated

Person 3

- Referral ID: 2222-2222-2222222
- Client name: Jay Layer
- Referral role: Perpetrator
- Referral date: 9/25/2011
- Allegation type: Physical abuse
- Allegation disposition: Substantiated

Person 4

- Referral ID: 2222-2222-2222222
- Client name: Julie Todd
- Referral role: Victim
- Referral date: 9/5/2011
- Allegation type: Physical abuse
- Allegation disposition: Substantiated

Screening Narrative

Reporter states that 8-year-old Nelson arrived at school today and teacher observed bruises on Nelson's left and right upper arms. He also has lightly purpled bruising on his left cheek, and his lip is swollen and purple. He said his dad was really mad at him last night and hurt him. Nelson was tearful and having trouble concentrating, so he was brought to the principal's office.



Hotline Tools

Referral ID:	3274-9660-1704-7000036	Assessment Date:	8/22/2015
Referral Name:	Harding, Ann	County of Completion:	Orange
Approval Status:	Not Required	Approval Unit:	
Created by:	Student 10, SDM (8/22/2015)	Last Update by:	Student 10, SDM (8/22/2015)

Step I: Preliminary Screening

Review of screening criteria is not required if:

Evaluate out

- No child under age 18
- Duplicate referral that contains no new information
- Referred to another county
- Allegations of harm in a group home, residential treatment facility, or other institution
- Safely surrendered baby

Step II: Appropriateness of a Child Abuse/Neglect Report for Response

Part A: Screening Criteria

Instructions: Elicit reporter's concerns and mark all that apply.

Physical Abuse

Non-accidental or suspicious injury

- Death of a child due to abuse AND there is another child in the home
- Severe
- Other injury (other than very minor unless child is under 1 year old)
- Caregiver action that likely caused or will cause injury (other than very minor unless child is under 1 year old)
- Prior death of a child due to abuse AND there is a new child, of any age, in the home

Emotional Abuse

- Caregiver actions have led or are likely to lead to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others
- Exposure to domestic violence

Neglect

Severe Neglect

- Diagnosed malnutrition
- Non-organic failure to thrive
- Child's health/safety is endangered
- Death of a child due to neglect AND there is another child in the home

General Neglect

- Inadequate food
- Inadequate clothing/hygiene
- Inadequate/hazardous shelter
- Inadequate supervision
- Inadequate medical/mental health care
- Caregiver absence/abandonment
- Involving child in criminal activity
- Failure to protect
 - Family sexual exploitation
 - Commercial sexual exploitation

- Child has been commercially sexually exploited and/or sex trafficked while **in placement** (notify worker for immediate response and notify licensing)
- Child has been commercially sexually exploited and/or sex trafficked (**not in placement**) -- provide immediate placement support

Threat of Neglect

- Prior failed reunification or severe neglect, and new child in household
- Allowing child to use alcohol or other drugs
- Prior death of a child due to neglect AND there is a new child, of any age, in the home
- Prenatal substance use
- Other high risk birth

Sexual Abuse

- Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator
- Physical, behavioral, or suspicious indicators consistent with sexual abuse
- Sexual act(s) among siblings or other children living in the home
- Family sexual exploitation

Commercial sexual exploitation

- Child has been commercially sexually exploited and/or sex trafficked while **in placement** (notify worker for immediate response and notify licensing)
- Child has been commercially sexually exploited and/or sex trafficked (**not in placement**) -- provide immediate placement support

Threat of sexual abuse

- Known or highly suspected sexual abuse perpetrator lives with child
- Severely inappropriate sexual boundaries

Part B: Screening Decision**Recommended Screening Decision****Recommended Screening Decision:** In-Person Response**Screening Criteria Allegation Type(s):** Physical Abuse**Overrides****Instructions:** Select the appropriate override below. If there are no overrides, select "No Override," and the screening decision will remain the same.**No Override** No override**Override to In-Person Response** In-person response. No criteria are marked, but report will be opened as a referral. No further SDM assessments required. Mark any that apply:

- Courtesy interview at law enforcement's request
- Residency verification
- Response required by court order
- Local protocol (*explain in comments below*)
- Other (*explain in comments below*)

Comments:

Override to Evaluate Out

- Evaluate out. One or more criteria are marked, but referral will be evaluated out. No further SDM assessments required. Mark all that apply:
 - Insufficient information to locate child/family
 - Another community agency has jurisdiction
 - Historical information only

Final Screening Decision**Final Screening Decision:** In-Person Response

Step III: Response Priority**Part A: Decision Trees**

- Allegation concerns maltreatment by SCP AND county policy requires response within 24 hours
- Child is already in custody

Physical Abuse**Within 10 Days**Do **any** of the following apply?

- Medical care currently required due to alleged abuse
- Caregiver's behavior is alleged to be dangerous or threatening to child's health or safety (reasonable person standard)
- Allegation of physical injury to non-mobile child or any child under age 2 (or capability equivalent)
- Is there a nonperpetrating caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?
- Child is vulnerable or fearful
- There is prior history of physical abuse
- There is current concern that domestic violence will impact the safety of the child within the next 10 days
- None of the above

Part B: Response Priority Overrides**Recommended Response Priority****Recommended Response Priority:** Within 10 Days**Overrides****Instructions:** Select the appropriate override below. If there are no overrides, select "No Override," and the screening decision will remain the same.**No Override (no change to response priority)**

- No override

Policy Overrides*Increase to 24 hours whenever:*

- Law enforcement is requesting immediate response
- Forensic considerations would be compromised by slower response
- There is reason to believe that the family may flee

Decrease to ten days whenever:

- Child safety requires a strategically slower response
- The child is in an alternative safe environment
- The alleged incident occurred more than six months ago AND no maltreatment is alleged to have occurred in the intervening time period

Discretionary Override

- Discretionary override

Override Response Priority:**Discretionary Override Reason:**

Final Response Priority**Final Response Priority:** Within 10 Days**Comments****Staff Person Comments:**

Supervisor Comments:

EMERGENCY RESPONSE REFERRAL INFORMATION

Referral Name: Harding, Ann

Screening Decision: Screen in, immediate

Screener Information:

- Name: Student 10
- Title: Social worker
- Date: 8/22/2015
- Time: 10:00 a.m.
- Caseload#: 1111
- Phone number: 999-999-9999
- Location: Central
- Alerts:
- Law enforcement agency: Small Town PD
- Police report number: 7777777

Home Address: 888 N. Main

- Phone number: 888-888-8888
- Address comments: Upper rear
- Current location of children: Victim is in school, Small Town Elementary.

Victim Information

- Name: Nelson Layer
- AKA:
- Social Security #:
- DOB: 6/4/2007
- Age: 8
- Age code:
- Sex: M
- Ethnicity: Hispanic
- Language: English
- ICWA eligibility: Not ICWA
- School/day care name/address: Small Town Elementary
- Abuse category/alleged perpetrator name: Physical abuse/Jay Layer
- Case worker name (for open case):
- Phone (for open case):
- Caseload #:

Others In Home

Person 1

- Name: Melissa Layer
- Social Security #:
- Sex: F
- Date of birth/age: 7/1/2013 (2)
- Language: English
- Work phone:
- Role: Daughter
- For/to: Ann, Jay
- Case worker name:
- Phone #:
- Caseload #:

Person 2

- Name: Ann Harding
- Social Security #:
- Sex: F
- Date of birth/age: 30
- Language: English
- Work phone:
- Role: Mother
- For/to: Nelson, Melissa
- Case worker name:
- Phone #:
- Caseload #:

Person 3

- Name: Jay Layer
- Social Security #:
- Sex: M
- Date of birth/age: 28
- Language: English
- Work phone:
- Role: Father
- For/to: Melissa
- Case worker name:
- Phone #:
- Caseload #:

Collateral Information

- Name:
- Role:
- For/to:
- Address:
- Primary phone:
- Contact date:
- Contact method:
- Description:

Cross Report Information

- Agency: Small Town PD
- Official contacted: Warren Serge
- Title: Sgt.
- Address:
- Phone number:
- Badge number:
- Cross reported by: Student 10
- Date & time of report: 8/22/2015, 10:00 a.m.

Reporter Information

- Name: Erin D. Show
- Agency or organization: Small Town Elementary School
- Relationship: Principal to Nelson
- Address: 444 South Street
- Primary/secondary phone: 555-555-5555
- Contact date: 8/22/2015
- Contact method: Phone
- Description:
- Reporter type: Mandated reporter/feedback required

Referral History

Person 1

- Referral ID: 1111-1111-1111-111111
- Client name: Ann Harding
- Referral role: Perpetrator
- Referral date: 7/14/2013
- Allegation type: Neglect
- Allegation disposition: Substantiated

Person 2

- Referral ID: 1111-1111-11111111
- Client name: Nelson Layer
- Referral role: Victim
- Referral date: 7/14/2013
- Allegation type: Neglect
- Allegation disposition: Substantiated

- Referral ID: 3274-9660-1704-7000036
- Client name: Nelson Layer
- Referral role: Victim
- Referral date: 8/22/2015
- Allegation type: Physical abuse, neglect
- Allegation disposition: Pending

Person 3

- Referral ID: 2222-2222-22222222
- Client name: Jay Layer
- Referral role: Perpetrator
- Referral date: 9/5/2011
- Allegation type: Physical abuse
- Allegation disposition: Substantiated

Person 4

- Referral ID: 2222-2222-22222222
- Client name: Julie Todd
- Referral role: Victim
- Referral date: 9/5/2011
- Allegation type: Physical abuse
- Allegation disposition: Substantiated

Screener Narrative

Reporter states that while in the principal's office, Nelson started to look a little pale. The principal states that she looked closer at Nelson's arms, and the bruises go all the way from the elbow to the shoulder on both sides. Nelson took his shirt off and the principal saw that bruises continued on his shoulders and there were also bruises on his lower back and abdomen. Nelson started sweating and seemed to be breathing fast so she called an ambulance. He is now on his way to St. Somewhere Hospital.



Hotline Tools

Referral ID:	3274-9660-1704-7000036	Assessment Date:	8/22/2015
Referral Name:	Harding, Ann	County of Completion:	Orange
Approval Status:	Not Required	Approval Unit:	
Created by:	Student 10, SDM (8/22/2015)	Last Update by:	Student 10, SDM (8/22/2015)

Step I: Preliminary Screening

Review of screening criteria is not required if:

Evaluate out

- No child under age 18
- Duplicate referral that contains no new information
- Referred to another county
- Allegations of harm in a group home, residential treatment facility, or other institution
- Safely surrendered baby

Step II: Appropriateness of a Child Abuse/Neglect Report for Response

Part A: Screening Criteria

Instructions: Elicit reporter's concerns and mark all that apply.

Physical Abuse

Non-accidental or suspicious injury

- Death of a child due to abuse AND there is another child in the home
- Severe **24 Hour**
- Other injury (other than very minor unless child is under 1 year old)
- Caregiver action that likely caused or will cause injury (other than very minor unless child is under 1 year old)
- Prior death of a child due to abuse AND there is a new child, of any age, in the home

Emotional Abuse

- Caregiver actions have led or are likely to lead to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others
- Exposure to domestic violence

Neglect

Severe Neglect

- Diagnosed malnutrition
- Non-organic failure to thrive
- Child's health/safety is endangered
- Death of a child due to neglect AND there is another child in the home

General Neglect

- Inadequate food
- Inadequate clothing/hygiene
- Inadequate/hazardous shelter
- Inadequate supervision
- Inadequate medical/mental health care
- Caregiver absence/abandonment
- Involving child in criminal activity
- Failure to protect
 - Family sexual exploitation
 - Commercial sexual exploitation

- Child has been commercially sexually exploited and/or sex trafficked while **in placement** (notify worker for immediate response and notify licensing)
- Child has been commercially sexually exploited and/or sex trafficked (**not in placement**) -- provide immediate placement support

Threat of Neglect

- Prior failed reunification or severe neglect, and new child in household
- Allowing child to use alcohol or other drugs
- Prior death of a child due to neglect AND there is a new child, of any age, in the home
- Prenatal substance use
- Other high risk birth

Sexual Abuse

- Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator
- Physical, behavioral, or suspicious indicators consistent with sexual abuse
- Sexual act(s) among siblings or other children living in the home
- Family sexual exploitation

Commercial sexual exploitation

- Child has been commercially sexually exploited and/or sex trafficked while **in placement** (notify worker for immediate response and notify licensing)
- Child has been commercially sexually exploited and/or sex trafficked (**not in placement**) -- provide immediate placement support

Threat of sexual abuse

- Known or highly suspected sexual abuse perpetrator lives with child
- Severely inappropriate sexual boundaries

Part B: Screening Decision**Recommended Screening Decision****Recommended Screening Decision:** In-Person Response**Screening Criteria Allegation Type(s):** Physical Abuse**Overrides****Instructions:** Select the appropriate override below. If there are no overrides, select "No Override," and the screening decision will remain the same.**No Override** No override**Override to In-Person Response** In-person response. No criteria are marked, but report will be opened as a referral. No further SDM assessments required. Mark any that apply:

- Courtesy interview at law enforcement's request
- Residency verification
- Response required by court order
- Local protocol (*explain in comments below*)
- Other (*explain in comments below*)

Comments:

Override to Evaluate Out

- Evaluate out. One or more criteria are marked, but referral will be evaluated out. No further SDM assessments required. Mark all that apply:
 - Insufficient information to locate child/family
 - Another community agency has jurisdiction
 - Historical information only

Final Screening Decision**Final Screening Decision:** In-Person Response

Step III: Response Priority

Response priority decision trees not required

Comments

Staff Person Comments:

Supervisor Comments:

INVESTIGATION SUMMARY

On 8/22/15, a referral was received concerning 8-year-old Nelson. Nelson arrived at school with apparent bruising on both upper arms, slight bruising on left cheek, and a swollen lip. Minutes later, the school called again to say that Nelson had developed symptoms of shock and was being transported by ambulance to St. Somewhere Hospital.

Family consists of the following,

- Ann Harding, who is birth mother to Nelson and Melissa.
- Jay Layer, who is father to Melissa but not Nelson. Mother changed Nelson's last name. Ann and Jay are not married.
- Nelson Layer. Nelson's father's whereabouts are unknown.
- Melissa Layer.

SAFETY

On 8/22/15, the children were unsafe and were placed into protective custody. Their safety was threatened based on the following.

1. The serious injury to Nelson caused by Jay.

Final report of Dr. Feelgood indicates that Nelson had deep bruises on the upper left and right arm, extending from the elbow to shoulder. The bruises were on the outer and back parts of the arm. The bruises had darker round spots within the larger bruise. Dr. Feelgood stated these bruises were consistent with multiple contacts from an adult fist. These bruises extended to the upper rear of Nelson's left and right shoulders. Nelson also had a bruise on his cheek that had three parallel darker bruises within it, which Dr. Feelgood states is consistent with an adult handprint. The most serious injury was bruising in the lower back and abdomen area, and a ruptured spleen, which was surgically repaired. If Nelson had not received prompt medical attention he could have died from this injury. Dr. Feelgood states that these bruises are highly consistent with inflicted injury.

Officer Serge conducted the investigation on behalf of Small Town PD. He advises that Jay Layer, who is mother's live-in boyfriend (Mother changed Nelson's last name, but Jay is not Nelson's father), confessed to beating Nelson the evening of 8/21/15. Jay's written confession states that he was home with the two children while mother went out with friends. He is a construction worker and sometimes has his tools at home. He has warned Nelson to leave his tools alone. Nelson picked up a power nailer and hit the trigger, causing a nail to be expelled. This nail narrowly missed Jay's head and landed in the wall behind him. Jay states he was furious and "really lost it." Jay was arrested for felony child abuse. It was unknown whether he would be able to bail out.

2. The living environment was hazardous.

Home visit conducted on 8/22/15 revealed that the living room of the family's two-bedroom upper rear flat is used by Jay to store his construction tools. He builds homes, and though he was at work at the time of the visit, many tools were in the living room, including a circular saw, miter saw, and power nailer. Eight-year-old Nelson is interested in the tools, and is unlikely to be able to adhere to a rule to not touch these very dangerous tools. The precipitating factor for the assault on Nelson was that he had picked up the power nailer. Worker examined the nailer, which has a safety device that Nelson either figured out how to overcome or had been off. The tools are rechargeable, so do not require plugging in, making them operable at all times. Worker checked the saws and they were operable without any difficulty. In addition to Nelson, Melissa is a two-year-old who is likely to inquisitively handle these tools, with potentially disastrous results.

At the conclusion of 8/22/15 both children were detained. Nelson was in the hospital recovering from surgery. Melissa was placed into foster care since Ann stated she had no nearby relatives. No interventions were possible because Ann was occupied with Nelson's surgery and could not participate in attempting to develop a plan, and it was possible that Jay would bail out and have access to the children.



Safety Assessment

Referral ID: 3274-9660-1704-7000036

Assessment Date: 8/22/2015

Referral Name: Harding, Ann

County of Completion: Orange

Approval Status: Not Submitted

Approval Unit:

Created by: Student 10, SDM (8/22/2015)

Last Update by: Student 10, SDM (8/22/2015)

Household Name:

Were there allegations in this household? Yes No

Assessment Type: Initial Review/Update Referral Closing

Is either caregiver Native American or a person with Indian ancestry?

Yes No Parent not available Parent unsure

Factors Influencing Child Vulnerability

- Age 0 - 5 years Diminished mental capacity (e.g., developmental delay, non-verbal)
- Significant diagnosed medical or mental disorder Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
- Not readily accessible to community oversight

Section 1: Safety Threats and Protective Capacities

Part A: Safety Threats

Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

- Yes No

Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:

 - Serious injury or abuse to child other than accidental.
 - Caregiver fears he/she will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Domestic violence likely to injure child.
 - Excessive discipline or physical force.
 - Drug-/alcohol-exposed infant.
- Yes No

Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
- Yes No

Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
- Yes No

The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- Yes No

Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- Yes No

Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
- Yes No

Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
- Yes No

The family refuses access to the child, or there is reason to believe that the family is about to flee.
- Yes No

Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.

10. Yes Other (specify):
 No

Section 1A: Caregiver Complicating Behaviors

Instructions: If any safety threats above are marked yes, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Mark all that apply to the household.

- Substance abuse
 Domestic violence
 Mental health
 Developmental/cognitive impairment
 Physical condition
 Other (specify):

Section 2: Household Strengths and Protective Actions

Household Strengths: These are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats.

Protective Actions: These are specific actions, taken by one of the child's current caregivers or by the child, that mitigate identified safety threats in the household.

Household strengths and protective actions should be assessed, considered, and built upon when creating a safety plan. Mark all that apply to the household.

Caregiver problem solving

Household Strengths:

- At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions.

Protective Actions:

- At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s).

Caregiver support network

Household Strengths:

- At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network.
 At least one non-offending caregiver exists and is willing and able to protect the child from future harm.
 At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.

Protective Actions:

- At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to take protective actions.

Child problem solving

Household Strengths:

- At least one child is emotionally/intellectually capable of acting to protect him/herself from a safety threat.

Protective Actions:

- At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s).

Child support network

Household Strengths:

- At least one child is aware of his/her support network members and knows how to contact these individuals when needed.

Protective Actions:

- At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was able to help address the safety threat(s).

Other

Household Strengths:

- Other (specify):

Protective Actions:

- Other (specify):

Section 3: Safety Interventions

Instructions: For each identified safety threat, review available protective capacities. With these protective capacities in place, can the following interventions control the threat to safety? Consider whether the threat to safety appears related to the caregiver's knowledge, skill, or motivational issue.

If one or more safety threats are present, consider whether safety interventions 1-8 will allow the child to remain in the home for the present time. If protective capacities 2, 3, and/or 7 are not marked, carefully consider whether any safety interventions 1-8 are appropriate to immediately protect the child. Mark the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by marking item 9 or 10, and follow procedures for initiating a voluntary agreement for taking the child into protective custody. A safety plan form is provided to systematically capture interventions and facilitate follow-through.

Safe With Plan

One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protective interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats. Mark all in-home interventions used in the safety plan.

1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as safety resources.
4. Use of tribal, Indian community service agency, and/or ICWA program resources.
5. Have the caregiver appropriately protect the victim from the alleged perpetrator.
6. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
7. Have the non-offending caregiver move to a safe environment with the child.
8. Legal action planned or initiated - the child remains in the home.
9. Other (specify:)

Unsafe

One or more safety threats are present, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. Check one response only.

10. Have the caregiver voluntarily place the child outside the home, consistent with WIC 11400(o) and (p).
11. Child placed in protective custody because interventions 1-9 do not adequately ensure the child's safety.

Section 4: Safety Decision

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

Safe With Plan. One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protecting interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats.

- Unsafe. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

Comments

Staff Person Comments:

Supervisor Comments:

8/25/15

Safety was reassessed. Ann has removed all of Jay's tools from the living quarters and secured them in their locked storage unit in the basement. The residence was otherwise free of hazards. The fact of the serious injury remains, and though Jay is in jail, bail is possible.

Further review for safety threats found that children would not face other threats should they return home.

Ann has several protective capacities. She fully appreciates the present safety threat related to Jay's abuse of Nelson. She is very willing to participate in safety planning, including keeping Jay away from the children should he bail out of jail. She related the history of her relationships with Jay and with Nelson's father, and two other relationships. Each of these relationships included being physically assaulted by her partner. She realizes that her children are in danger when the men in her life are prone to violence.

Ann is willing to seek a restraining order to protect herself and her children from Jay.

Ann has a couple of friends she hangs out with, but she did not feel she could turn to them for help. Her family lives hours away and she is not very close to them.

Ann came to the office for a visit with Melissa. Ann shows a great deal of appropriate care and affection for Melissa. Melissa is currently being evaluated for developmental disability. She was diagnosed at birth with Down syndrome and is being tested to determine extent of cognitive delay. Ann also describes her relationship with Nelson as being very close. Nelson will be discharged tomorrow.

Ann signed a safety plan and it was agreed that as long as she followed that plan, the children could be home with her.

SAFETY PLAN

Safety Threat	Action
Jay struck Nelson numerous times with a closed fist and open hand on the arms, face, back, and abdomen. Nelson had numerous bruises and a ruptured spleen that required surgery.	<ul style="list-style-type: none">• Jay has been arrested and is in jail.• Mother will not let Jay back into the house even if he gets out on bail.• Mother will apply for a restraining order on 8/26 that will prohibit Jay from contact with mother, Nelson, or Melissa.

The allegation of physical abuse is substantiated with Jay Layer as the perpetrator. This is based on Jay's confession and the doctor's assessment and the police report.

The allegation of neglect is substantiated with Jay Layer and Ann Harding as perpetrators. Home visit confirmed dangerous objects (Jay's tools) in reach of children. Specific incident involved Nelson discharging a power nailer. While tools belonged to Jay, both parents are responsible for protecting their children from hazards.



Safety Assessment

Referral ID: 3274-9660-1704-7000036

Assessment Date: 8/25/2015

Referral Name: Harding, Ann

County of Completion: Orange

Approval Status: Not Submitted

Approval Unit:

Created by: Student 10, SDM (8/25/2015)

Last Update by: Student 10, SDM (8/25/2015)

Household Name:

Were there allegations in this household? Yes No

Assessment Type: Initial Review/Update Referral Closing

Is either caregiver Native American or a person with Indian ancestry?

Yes No Parent not available Parent unsure

Factors Influencing Child Vulnerability

- Age 0 - 5 years Diminished mental capacity (e.g., developmental delay, non-verbal)
- Significant diagnosed medical or mental disorder Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
- Not readily accessible to community oversight

Section 1: Safety Threats and Protective Capacities

Part A: Safety Threats

Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

- Yes No

Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:

 - Serious injury or abuse to child other than accidental.
 - Caregiver fears he/she will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Domestic violence likely to injure child.
 - Excessive discipline or physical force.
 - Drug-/alcohol-exposed infant.
- Yes No

Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
- Yes No

Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
- Yes No

The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- Yes No

Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- Yes No

Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
- Yes No

Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
- Yes No

The family refuses access to the child, or there is reason to believe that the family is about to flee.
- Yes No

Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.

10. Yes No Other (specify):

Section 1A: Caregiver Complicating Behaviors

Instructions: If any safety threats above are marked yes, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Mark all that apply to the household.

- Substance abuse Developmental/cognitive impairment
 Domestic violence Physical condition
 Mental health Other (specify):

Section 2: Household Strengths and Protective Actions

Household Strengths: These are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats.

Protective Actions: These are specific actions, taken by one of the child's current caregivers or by the child, that mitigate identified safety threats in the household.

Household strengths and protective actions should be assessed, considered, and built upon when creating a safety plan. Mark all that apply to the household.

Caregiver problem solving

Household Strengths: At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions.

Protective Actions: At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s).

Caregiver support network

Household Strengths: At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network.

At least one non-offending caregiver exists and is willing and able to protect the child from future harm.

At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.

Protective Actions: At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to take action to protect the child.

Child problem solving

Household Strengths: At least one child is emotionally/intellectually capable of acting to protect him/herself from a safety threat.

Protective Actions: At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s).

Child support network

Household Strengths: At least one child is aware of his/her support network members and knows how to contact these individuals when needed.

Protective Actions: At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was able to help the child.

Other

Household Strengths: Other (specify):

Protective Actions: Other (specify):

Section 3: Safety Interventions

Instructions: For each identified safety threat, review available protective capacities. With these protective capacities in place, can the following interventions control the threat to safety? Consider whether the threat to safety appears related to the caregiver's knowledge, skill, or motivational issue.

If one or more safety threats are present, consider whether safety interventions 1-8 will allow the child to remain in the home for the present time. If protective capacities 2, 3, and/or 7 are not marked, carefully consider whether any safety interventions 1-8 are appropriate to immediately protect the child. Mark the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by marking item 9 or 10, and follow procedures for initiating a voluntary agreement for taking the child into protective custody. A safety plan form is provided to systematically capture interventions and facilitate follow-through.

Safe With Plan

One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protective interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats. Mark all in-home interventions used in the safety plan.

1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as safety resources.
4. Use of tribal, Indian community service agency, and/or ICWA program resources.
5. Have the caregiver appropriately protect the victim from the alleged perpetrator.
6. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
7. Have the non-offending caregiver move to a safe environment with the child.
8. Legal action planned or initiated - the child remains in the home.
9. Other (specify:)

Unsafe

One or more safety threats are present, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. Check one response only.

10. Have the caregiver voluntarily place the child outside the home, consistent with WIC 11400(o) and (p).
11. Child placed in protective custody because interventions 1-9 do not adequately ensure the child's safety.

Section 4: Safety Decision

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

- Safe With Plan. One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protecting interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats.

Unsafe. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

Comments

Staff Person Comments:

Supervisor Comments:



Risk Assessment

Referral ID:	3274-9660-1704-7000036	Assessment Date:	8/25/2015
Referral Name:	Harding, Ann	County of Completion:	Orange
Approval Status:	Not Submitted	Approval Unit:	
Created by:	Student 10, SDM (8/25/2015)	Last Update by:	Student 10, SDM (8/25/2015)

Prior Investigations

	Neglect	Abuse
1. Prior neglect investigations	1	1
<input type="radio"/> a. No prior neglect investigations	0	0
<input type="radio"/> b. One prior neglect investigation	0	1
<input checked="" type="radio"/> c. Two prior neglect investigations	1	1
<input type="radio"/> d. Three or more prior neglect investigations	2	1
2. Prior abuse investigations	1	0
<input type="radio"/> a. No prior abuse investigations	0	0
<input checked="" type="radio"/> b. One prior abuse investigation	1	0
<input type="radio"/> c. Two prior abuse investigations	1	1
<input type="radio"/> d. Three or more prior abuse investigations	1	2
3. Household has previous or current open ongoing CPS case (voluntary/court-ordered)	0	0
<input checked="" type="radio"/> a. No	0	0
<input type="radio"/> b. Yes, but not open at the time of this referral	1	1
<input type="radio"/> c. Yes, household has open CPS case at the time of this referral	2	2
4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child	0	1
<input type="radio"/> a. None/not applicable	0	0
<input checked="" type="radio"/> b. One or more apply (mark all applicable):	0	1
<input type="radio"/> Prior physical injury to a child resulting from child abuse/neglect		
<input checked="" type="radio"/> Prior substantiated physical abuse of a child		

Current Investigations

	Neglect	Abuse
5. Current report maltreatment type (mark all applicable):		
<input checked="" type="checkbox"/> a. Neglect	1	0
<input checked="" type="checkbox"/> b. Physical and/or emotional abuse	0	1
<input type="checkbox"/> c. None of the above	0	0
6. Number of children involved in the child abuse/neglect incident	0	0
<input checked="" type="checkbox"/> a. One, two, or three	0	0
<input type="checkbox"/> b. Four or more	1	1
7. Primary caregiver assessment of the incident	0	0
<input checked="" type="checkbox"/> a. Caregiver does not blame the child	0	0
<input type="checkbox"/> b. Caregiver blames the child	0	1

Family Characteristics

Neglect Abuse

8. Age of youngest child in the home	0	0
<input checked="" type="checkbox"/> a. 2 Years or older	0	0
<input type="checkbox"/> b. Under 2	1	0
9. Characteristics of children in the household	1	1
<input type="checkbox"/> a. Not applicable	0	0
<input checked="" type="checkbox"/> b. One or more present (mark all applicable):	1	*
<input type="checkbox"/> Mental health or behavioral problems		
<input checked="" type="checkbox"/> Developmental disability		
<input type="checkbox"/> Learning disability		
<input type="checkbox"/> Physical disability		
<input type="checkbox"/> Medically fragile or failure to thrive		
10. Housing	0	0
<input checked="" type="checkbox"/> a. Household has physically safe housing	0	0
<input type="checkbox"/> b. One or more apply (mark all applicable):	1	0
<input type="checkbox"/> Physically unsafe; AND/OR		
<input type="checkbox"/> Family homeless		
11. Incidents of domestic violence in the household in the past year	0	1
<input type="checkbox"/> a. None or one incident of domestic violence	0	0
<input checked="" type="checkbox"/> b. Two or more incidents of domestic violence	0	1
12. Primary caregiver disciplinary practices	0	0
<input checked="" type="checkbox"/> a. Employs appropriate discipline	0	0
<input type="checkbox"/> b. Employs excessive/inappropriate discipline	0	1
13. Primary or secondary caregiver history of abuse or neglect as a child	1	1
<input type="checkbox"/> a. No history of abuse or neglect for either caregiver	0	0
<input checked="" type="checkbox"/> b. One or both caregivers have a history of abuse or neglect as a child	1	1
14. Primary or secondary caregiver mental health	1	1
<input type="checkbox"/> a. No past or current mental health problem	0	0
<input checked="" type="checkbox"/> b. Past or current mental health problem (mark all applicable):	1	1
<input checked="" type="checkbox"/> During the past 12 months		
<input checked="" type="checkbox"/> Prior to the last 12 months		
15. Primary or secondary caregiver alcohol and/or drug use	1	1
<input type="checkbox"/> a. No past or current alcohol/drug use that interferes with family functioning	0	0
<input checked="" type="checkbox"/> b. Past or current alcohol drug use that interferes with family functioning (mark all applicable):	1	1
Alcohol		
<input checked="" type="checkbox"/> During the past 12 months		
<input checked="" type="checkbox"/> Prior to the last 12 months		
Drugs		
<input checked="" type="checkbox"/> During the past 12 months		
<input checked="" type="checkbox"/> Prior to the last 12 months		
16. Primary or secondary caregiver criminal arrest history	1	0
<input type="checkbox"/> a. Does not have criminal arrests	0	0
<input checked="" type="checkbox"/> b. Either caregiver has one or more criminal arrests	1	0
Total Score:	8	8

Scoring and Overrides

Scored Risk Level

Neglect Risk Level: High**Abuse Risk Level: Very High****Scored Risk Level: Very High****Overrides**

Instructions: If there are no overrides, select "No override"; the risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If you select a discretionary override, the risk level will increase one level, and you must enter a reason in the box provided.

Policy Overrides (increases risk level to Very High)

- Policy override
- Sexual abuse case AND the perpetrator is likely to have access to the child
 - Non-accidental injury to a child under age 2
 - Severe non-accidental injury
 - Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current)

Discretionary Overrides (increases risk level one level)

- Discretionary override

Override Risk Level:

Discretionary Override Reason:

No Overrides (no change to risk level)

- No override

Final Risk LevelThe final risk level is: **Very High****Recommended Decision**The recommended decision is: **Promote**Planned action: **Promote** **Do not promote**

If recommended decision and planned action do not match, explain why:

Supplemental Questions**1. Either caregiver demonstrates difficulty accepting one or more children's gender or sexual orientation.**

- a. No
- b. Yes

2. Alleged perpetrator is an unmarried partner of the primary caregiver.

- a. No
- b. Yes

3. Another adult in the household provides unsupervised child care to a child under the age of 3.

- a. Not applicable
- b. No
- c. Yes

Is the other adult in the household employed? No Yes**4. Either caregiver is isolated in the community.**

- a. No
- b. Yes

5. Caregiver has provided safe and stable housing for at least the past 12 months.

a. No

b. Yes

Comments

Staff Person Comments:

Supervisor Comments:

Date: 9/14/15 Client assessment
Staff person: Student 10
Method: In-person—home

Clients: Ann
On behalf of: Nelson

Visit for purpose of FSNA
See disposition report



Family Strengths and Needs

Assessment Date: 9/14/2015

Household Name: Layer, Nelson

County of Completion: Orange

Approval Status: Not Submitted

Approval Unit:

Created by: Student 10, SDM (9/14/2015)

Last Update by: Student 10, SDM (9/14/2015)

Clients

Assessed?	Name	Client ID	Age	Has Case	Role
✓	Layer, Nelson	0171-2727-5237-7000068	15 m		Child
	Layer, Linda	0171-2727-5237-7000066	34		
✓	Layer, Jay	0171-2727-5237-7000065	28		Secondary Caregiver
✓	Harding, Ann	0171-2727-5237-7000063	25		Primary Caregiver
✓	Layer, Melissa	0171-2727-5237-7000067	11		Child
	Harding, Mark	0171-2727-5237-7000064	8	✓	
	Harding, Adam	0171-2727-5237-7000062	6	✓	

Primary Caregiver Information

Primary Caregiver: Harding, Ann

- Race:**
- African American/Black
 - Latino/a
 - Asian/Pacific Islander
 - White
 - American Indian/Alaska Native
 - Multiracial
 - Other

Ethnicity:

Tribal Affiliation: Yes No

Tribe Name:

Federally Recognized: Yes No

Sexual Orientation:

- Heterosexual
- Lesbian
- Gay
- Bisexual
- Other
- Not discussed

Gender Identity and Expression:

- Male
- Female
- Transgender
- Other

Religious and/or Spiritual Affiliation:

Other Cultural Identity Important to Caregiver (e.g., immigration status, disability status):

Secondary Caregiver Information

Secondary Caregiver: Layer, Jay

- Race:**
- African American/Black
 - Asian/Pacific Islander
 - American Indian/Alaska Native
 - Latino/a
 - White
 - Other
 - Multiracial

Ethnicity:

Tribal Affiliation: Yes No

Tribe Name:

Federally Recognized: Yes No

Sexual Orientation: Heterosexual Lesbian Other
 Gay Bisexual Not discussed

Gender Identity and Expression: Male Transgender
 Female Other

Religious and/or Spiritual Affiliation:

Other Cultural Identity Important to Caregiver (e.g., immigration status, disability status):

Section 1: Caregiver Strengths and Needs

A. Household Context

Primary **Secondary**
Harding, Ann *Layer, Jay*

The caregiver's perspective of culture and cultural identity:

a. Actively helps create safety, permanency, and child/youth/young adult well-being.	<input type="radio"/>	<input type="radio"/>
b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. Is a barrier to safety, permanency, or child/youth/young adult well-being.	<input type="radio"/>	<input type="radio"/>
d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.	<input type="radio"/>	<input type="radio"/>

Consider how the family's culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence or shape parenting and caregiving. Are there contacts or services within this culture that can be mobilized in the case plan to enhance safety now or over time?

B. Caregiver Domains

Indicate whether the caregiver's behaviors in each domain:

- a:** Actively help create safety, permanency, or well-being for the child/youth/young adult;
- b:** Are neither a strength nor a barrier for child/youth/young adult safety, permanency, or well-being;
- c:** Make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or
- d:** Directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if caregiver actions fit definitions "a" and "c," select "c."

Domains and behaviors identified as "c" on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as "c."

Primary **Secondary**
Harding, Ann *Layer, Jay*

SN1. Resource Management/Basic Needs

The caregiver's resources and management of resources:

a. Actively help create safety, permanency, and child/youth/young adult well-being.	<input type="radio"/>	<input type="radio"/>
b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. Are barriers to safety, permanency, or child/youth/young adult well-being.	<input type="radio"/>	<input type="radio"/>
d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.	<input type="radio"/>	<input type="radio"/>

SN2. Physical Health

The caregiver's physical health:

- a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- c. Is barrier to safety, permanency, or child/youth/young adult well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

SN3. Parenting Practices

The caregiver's parenting practices:

- a. Actively help create safety, permanency, and child/youth/young adult well-being.
- b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
- c. Are barriers to safety, permanency, or child/youth/young adult well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="checkbox"/>

Primary **Secondary**
Harding, Ann *Layer, Jay*

SN4. Social Support System

The caregiver's social support system:

- a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- c. Is barrier to safety, permanency, or child/youth/young adult well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="radio"/>	<input type="radio"/>

SN5. Household and Family Relationships

The caregiver's relationships with other adult household members:

- a. Actively help create safety, permanency, and child/youth/young adult well-being.
- b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
- c. Are barriers to safety, permanency, or child/youth/young adult well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="radio"/>	<input type="radio"/>

SN6. Domestic Violence

The caregiver's intimate relationships:

- a. Actively help create safety, permanency, and child/youth/young adult well-being.
- b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
- c. Are barriers to safety, permanency, or child/youth/young adult well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Primary **Secondary**
Harding, Ann *Layer, Jay*

SN7. Substance Use

The caregiver's actions regarding substance use:

- a. Actively help create safety, permanency, and child/youth/young adult well-being.
- b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
- c. Are barriers to safety, permanency, or child/youth/young adult well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input checked="" type="checkbox"/>
<input type="radio"/>	<input type="radio"/>

SN8. Mental Health

The caregiver's mental health:

- a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- c. Is barrier to safety, permanency, or child/youth/young adult well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

SN9. Prior Adverse Experiences/Trauma

The caregiver's response to prior adverse experiences/trauma:

- a. Actively helps create safety, permanency, and child/youth/young adult well-being.
- b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.
- c. Is barrier to safety, permanency, or child/youth/young adult well-being.

<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="radio"/>	<input type="radio"/>

d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.	<input type="radio"/>	<input type="radio"/>
	Primary <i>Harding, Ann</i>	Secondary <i>Layer, Jay</i>

SN10. Cognitive/Developmental Abilities

The caregiver's developmental and cognitive abilities:

a. Actively help create safety, permanency, and child/youth/young adult well-being.	<input type="radio"/>	<input type="radio"/>
b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are barriers to safety, permanency, or child/youth/young adult well-being.	<input type="radio"/>	<input type="radio"/>
d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.	<input type="radio"/>	<input type="radio"/>

SN11. Other Identified Caregiver Strength or Need (not covered in SN1-SN10)

An additional need or strength has been identified that:

Not applicable

a. Actively helps create safety, permanency, and child/youth/young adult well-being.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.	<input type="radio"/>	<input type="radio"/>
c. Is barrier to safety, permanency, or child/youth/young adult well-being.	<input type="radio"/>	<input type="radio"/>
d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.	<input type="radio"/>	<input type="radio"/>

Description of behaviors:

C. Priority Needs and Strengths

Needs				Strengths		
Response	Domain	Caregiver	Priority?	Response	Domain	Caregiver
d	Parenting Practices	Secondary	✓	No Strengths Identified		
d	Domestic Violence	Both	✓			
c	Social Support System	Both				
c	Household and Family Relationships	Both				
c	Substance Abuse/Use	Secondary				
c	Mental Health/Coping Skills	Primary				

Section 2: Child Strengths and Needs

CSNA: Layer, Nelson

Child Information

Race:

<input type="radio"/> African American/Black	<input checked="" type="checkbox"/> Latino/a	<input type="radio"/> Multiracial
<input type="radio"/> Asian/Pacific Islander	<input type="radio"/> White	<input type="radio"/> Other
<input type="radio"/> American Indian/Alaska Native		

Ethnicity:

Tribal Affiliation: Yes No Parent not available Parent unsure

Tribe Name:

Federally Recognized: Yes No

Sexual Orientation:

<input type="radio"/> Heterosexual	<input type="radio"/> Lesbian	<input type="radio"/> Other
<input type="radio"/> Gay	<input type="radio"/> Bisexual	<input checked="" type="checkbox"/> Not discussed

Gender Identity/Expression:

Male

Female

Transgender

Other

Religious/Spiritual Affiliation:

Other Cultural Identity Important to Child/Youth/Young Adult(e.g., immigration status, disability status):

A. Household Context

The child/youth/young adult's perspective of culture, cultural identity, norms, and past/current experiences of discrimination:

- a. Help him/her create safety, permanency, and well-being for him/herself.
- b. Have no effect on his/her safety, permanency, or well-being.
- c. Make it difficult for him/her to experience long-term safety, permanency, or well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Consider how the child/youth/young adult's culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence him/her. Are there contacts or services within this culture that can be mobilized in the case plan?

B. Child/Youth/Young Adult Domains

Indicate whether the behaviors of the child/youth/young adult in each domain:

- a:** Actively help create safety, permanency, or well-being for him/herself;
- b:** Are neither a strength nor a barrier for his/her safety, permanency, or well-being;
- c:** Make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or
- d:** Directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if child/youth/young adult actions fit definitions "a" and "b," select "b."

Domains and behaviors identified as "c" on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as "c."

Layer, Nelson

CSN1. Emotional/Behavioral Health

- a. The child/youth/young adult's emotional/behavioral health contributes to his/her safety.
- b. No emotional/behavioral concern OR an emotional/behavioral health concern is present, but no additional intervention is needed.
- c. An emotional/behavioral health concern is present, AND it is an ongoing unmet need.
- d. An emotional/behavioral health concern directly contributes to danger to the child/youth/young adult.

CSN2. Trauma

- a. The child/youth/young adult's response to prior trauma contributes to his/her safety.
- b. The child/youth/young adult has not experienced trauma OR the child/youth/young adult has experienced trauma but no additional intervention is needed.
- c. The child/youth/young adult's response to prior trauma is a concern AND it is an ongoing unmet need.
- d. The child/youth/young adult's response to prior trauma is a concern that directly contributes to danger to the child/youth/young adult.

CSN3. Child Development

- a. The child/youth/young adult's development is advanced.
- b. The child/youth/young adult's development is age-appropriate.
- c. The child/youth/young adult's development is limited.
- d. The child/youth/young adult's development is severely limited.
- A regional center referral has been completed.

Layer, Nelson

CSM4. Education

- a. The child/youth/young adult has outstanding academic achievement.
- b. The child/youth/young adult has satisfactory academic achievement OR the child/youth/young adult is not of school age.
- c. The child/youth/young adult has academic difficulty.
- d. The child/youth/young adult has severe academic difficulty.
 - The child/youth/young adult has an individualized education plan.
 - The child/youth/young adult has an educational surrogate parent.
 - The child/youth/young adult needs an educational surrogate parent.
 - The child/youth/young adult is required by law to attend school but is not attending.

CSM5. Social Relationships

- a. The child/youth/young adult has strong social relationships.
- b. The child/youth/young adult has adequate social relationships.
- c. The child/youth/young adult has limited social relationships.
- d. The child/youth/young adult has poor social relationships.

CSM6. Family Relationships

- a. The child/youth/young adult's relationships within his/her family contribute to his/her safety.
- b. The child/youth/young adult's relationships within his/her family do not impact his/her safety.
- c. The child/youth/young adult's relationships within his/her family interfere with long-term safety.
- d. The child/youth/young adult's relationships within his/her family contribute to danger of serious physical or emotional harm to the child/youth/young adult.

Layer, Nelson**CSM7. Physical Health/ Disability**

- The child/youth/young adult's immunizations are current.*
- a. The child/youth/young adult has no health care needs or disabilities.
- b. The child/youth/young adult has minor health problems or disabilities that are being addressed with minimal intervention and/or medication.
- c. The child/youth/young adult has health care needs or disabilities that require routine interventions.
- d. The child/youth/young adult has serious health/disability needs that require ongoing treatment and interventions by professionals or trained caregivers AND/OR the child/youth/young adult has an unmet medical need.

CSM8. Alcohol/ Drugs

- a. The child/youth/young adult actively chooses an alcohol- and drug-free lifestyle.
- b. The child/youth/young adult does not use or experiment with alcohol/drugs.
- c. The child/youth/young adult's alcohol and/or other drug use results in disruptive behavior and conflict.
- d. The child/youth/young adult's chronic alcohol and/or other drug use results in severe disruption of functioning.

CSM9. Delinquency

- a. The child/youth/young adult has no delinquent behavior. There is no indication of delinquent history or behavior.
- b. The child/youth/young adult has no delinquent behavior in the past two years.
- c. The child/youth/young adult is/has engaged in delinquent behavior and may have been arrested or placed on probation in the past two years.
- d. The child/youth/young adult is or has been involved in any violent, or repeated nonviolent, delinquent behavior.
 - The child/youth/young adult has been adjudicated a WIC Section 602 ward.
 - The child/youth/young adult is in need of a WIC Section 241.1 hearing.

Layer, Nelson**CSM10. Relationship With Substitute Care Provider (if child/youth/young adult is in care)**

- Not applicable; child/youth/young adult is not in care.
- a. The child/youth/young adult has developed a strong attachment to at least one substitute care provider.
- b. The child/youth/young adult has no conflicts with the substitute care provider.
- c. The child/youth/young adult has some conflicts with the substitute care provider that have resulted or may result in the child/youth/young adult feeling unsafe or unaccepted in the placement; however, with support, these issues can be mitigated.
- d. The child/youth/young adult has serious conflicts with one or more members of the current substitute care provider's household.

CSN1.1. Independent Living (if age 15.5 or older)

- Not applicable.
- a. The youth/young adult is prepared to function as an adult.
- b. The youth/young adult is making progress toward being prepared for adulthood.
- c. The youth/young adult is attempting to prepare for adulthood but lacks the confidence, emotional maturity, and/or sufficient skills to live independently.
- d. The youth/young adult is not prepared or is refusing to prepare for adulthood.

For youth/young adult age 15.5 and older, check all that apply to preparation for adulthood.

- The youth/young adult is receiving assistance from a regional center.
- The 15.5-year-old assessment has been completed.
- For youth/young adults age 16 or older, a referral to formal services and a credit check application have been completed.
- For youth/young adults age 17 and older, an independent living plan has been completed.
- An exit plan meeting has been held.
- An exit from foster care meeting has been held.
- The youth/young adult is participating in the extension foster care program (AB 12).

CSN1.2. Other Identified Child/Youth/Young Adult Strength or Need (not covered in CSN1-CSN1.1)

An additional need or strength has been identified that:

- Not applicable.
- a. Actively helps him/her create safety, permanency, and well-being for him/herself.
- b. Is not a strength or barrier for safety, permanency, or well-being.
- c. Is a barrier to his/her safety, permanency, or well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:

CSNA: Layer, Melissa

Child Information

Race:	<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	<input checked="" type="checkbox"/> Latino/a <input type="checkbox"/> White	<input type="checkbox"/> Multiracial <input type="checkbox"/> Other
Ethnicity:	<input type="text" value="Not discussed"/>		
Tribal Affiliation:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Parent not available <input type="checkbox"/> Parent unsure
Tribe Name:	<input type="text"/>		
Federally Recognized:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sexual Orientation:	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Not discussed
Gender Identity/Expression:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other		
Religious/Spiritual Affiliation:	<input type="text" value="Not discussed"/>		

Other Cultural Identity Important to Child/Youth/Young Adult(e.g., immigration status, disability status):

A. Household Context

The child/youth/young adult's perspective of culture, cultural identity, norms, and past/current experiences of discrimination:

- a.Help him/her create safety, permanency, and well-being for him/herself.
- b. Have no effect on his/her safety, permanency, or well-being.
- c. Make it difficult for him/her to experience long-term safety, permanency, or well-being.
- d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Consider how the child/youth/young adult's culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence him/her. Are there contacts or services within this culture that can be mobilized in the case plan?

B. Child/Youth/Young Adult Domains

Indicate whether the behaviors of the child/youth/young adult in each domain:

- a:** Actively help create safety, permanency, or well-being for him/herself;
- b:** Are neither a strength nor a barrier for his/her safety, permanency, or well-being;
- c:** Make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or
- d:** Directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if child/youth/young adult actions fit definitions "a" and "b," select "b."

Domains and behaviors identified as "d" on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as "d."

Layer, Melissa

CSN1. Emotional/Behavioral Health

- a. The child/youth/young adult's emotional/behavioral health contributes to his/her safety.
- b. No emotional/behavioral concern OR an emotional/behavioral health concern is present, but no additional intervention is needed.
- c. An emotional/behavioral health concern is present, AND it is an ongoing unmet need.

- d. An emotional/behavioral health concern directly contributes to danger to the child/youth/young adult.

CSN2. Trauma

- a. The child/youth/young adult's response to prior trauma contributes to his/her safety.
- b. The child/youth/young adult has not experienced trauma OR the child/youth/young adult has experienced trauma but no additional intervention is needed.
- c. The child/youth/young adult's response to prior trauma is a concern AND it is an ongoing unmet need.
- d. The child/youth/young adult's response to prior trauma is a concern that directly contributes to danger to the child/youth/young adult.

CSN3. Child Development

- a. The child/youth/young adult's development is advanced.
- b. The child/youth/young adult's development is age-appropriate.
- c. The child/youth/young adult's development is limited.
- d. The child/youth/young adult's development is severely limited.
- A regional center referral has been completed.

Layer, Melissa

CSN4. Education

- a. The child/youth/young adult has outstanding academic achievement.
- b. The child/youth/young adult has satisfactory academic achievement OR the child/youth/young adult is not of school age.
- c. The child/youth/young adult has academic difficulty.
- d. The child/youth/young adult has severe academic difficulty.
- The child/youth/young adult has an individualized education plan.
 - The child/youth/young adult has an educational surrogate parent.
 - The child/youth/young adult needs an educational surrogate parent.
 - The child/youth/young adult is required by law to attend school but is not attending.

CSN5. Social Relationships

- a. The child/youth/young adult has strong social relationships.
- b. The child/youth/young adult has adequate social relationships.
- c. The child/youth/young adult has limited social relationships.
- d. The child/youth/young adult has poor social relationships.

CSN6. Family Relationships

- a. The child/youth/young adult's relationships within his/her family contribute to his/her safety.
- b. The child/youth/young adult's relationships within his/her family do not impact his/her safety.
- c. The child/youth/young adult's relationships within his/her family interfere with long-term safety.
- d. The child/youth/young adult's relationships within his/her family contribute to danger of serious physical or emotional harm to the child/youth/young adult.

Layer, Melissa

CSN7. Physical Health/ Disability

- The child/youth/young adult's immunizations are current.*
- a. The child/youth/young adult has no health care needs or disabilities.
- b. The child/youth/young adult has minor health problems or disabilities that are being addressed with minimal intervention and/or medication.
- c. The child/youth/young adult has health care needs or disabilities that require routine interventions.
- d. The child/youth/young adult has serious health/disability needs that require ongoing treatment and interventions by professionals or trained caregivers AND/OR the child/youth/young adult has an unmet medical need.

CSN8. Alcohol/ Drugs

- a. The child/youth/young adult actively chooses an alcohol- and drug-free lifestyle.
- b. The child/youth/young adult does not use or experiment with alcohol/drugs.
- c. The child/youth/young adult's alcohol and/or other drug use results in disruptive behavior and conflict.
- d. The child/youth/young adult's chronic alcohol and/or other drug use results in severe disruption of functioning.

CSN9. Delinquency

- a. The child/youth/young adult has no delinquent behavior. There is no indication of delinquent history or behavior.
- b. The child/youth/young adult has no delinquent behavior in the past two years.
- c. The child/youth/young adult is/has engaged in delinquent behavior and may have been arrested or placed on probation in the past two years.
- d. The child/youth/young adult is or has been involved in any violent, or repeated nonviolent, delinquent behavior.
 - The child/youth/young adult has been adjudicated a WIC Section 602 ward.
 - The child/youth/young adult is in need of a WIC Section 241.1 hearing.

Layer, Melissa**CSN10. Relationship With Substitute Care Provider (if child/youth/young adult is in care)**

- Not applicable; child/youth/young adult is not in care.
- a. The child/youth/young adult has developed a strong attachment to at least one substitute care provider.
- b. The child/youth/young adult has no conflicts with the substitute care provider.
- c. The child/youth/young adult has some conflicts with the substitute care provider that have resulted or may result in the child/youth/young adult feeling unsafe or unaccepted in the placement; however, with support, these issues can be mitigated.
- d. The child/youth/young adult has serious conflicts with one or more members of the current substitute care provider's household.

CSN11. Independent Living (if age 15.5 or older)

- Not applicable.
- a. The youth/young adult is prepared to function as an adult.
- b. The youth/young adult is making progress toward being prepared for adulthood.
- c. The youth/young adult is attempting to prepare for adulthood but lacks the confidence, emotional maturity, and/or sufficient skills to live independently.
- d. The youth/young adult is not prepared or is refusing to prepare for adulthood.

For youth/young adult age 15.5 and older, check all that apply to preparation for adulthood.

- The youth/young adult is receiving assistance from a regional center.
- The 15.5-year-old assessment has been completed.
- For youth/young adults age 16 or older, a referral to formal services and a credit check application have been completed.
- For youth/young adults age 17 and older, an independent living plan has been completed.
- An exit plan meeting has been held.
- An exit from foster care meeting has been held.
- The youth/young adult is participating in the extension foster care program (AB 12).

CSN12. Other Identified Child/Youth/Young Adult Strength or Need (not covered in CSN1-CSN11)

An additional need or strength has been identified that:

- Not applicable.
- a. Actively helps him/her create safety, permanency, and well-being for him/herself.
- b. Is not a strength or barrier for safety, permanency, or well-being.
- c. Is a barrier to his/her safety, permanency, or well-being.
- d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:

C. Priority Needs and Strengths

Layer, Nelson

Needs

Response	Domain	Priority?
d	Family Relationships	✓
c	Emotional/Behavioral	
c	Physical Health/Disability	

Strengths

Response	Domain
<i>No strengths identified</i>	

Layer, Melissa

Needs

Response	Domain	Priority?
d	Child Development	✓
c	Physical Health/Disability	

Strengths

Response	Domain
<i>No strengths identified</i>	

Comments

Staff Person Comments:

Melissa is being served in a 0-3 program where she gets physical therapy, speech therapy, and occupational therapy related to her Down Syndrome

Supervisor Comments:

Date: 10/6/15 Deliver services
Staff person: Student 10
Method: In-person—home

Clients: Ann
On behalf of: Nelson

1. My children are safe from harm because I choose nonviolent people to be in my life.

Jay is still in jail and Ann has the restraining order. She remains committed to not having Jay return home. Worker noted a pair of men's shoes in the living room, and Ann said she has started dating, but that he does not live there and is a nice, nonviolent man. Worker encouraged Ann to discuss this with her counselor, Toc Toumme, and said that it might be helpful to focus on children right now. Ann said she would consider that.

2. I have hope for my children's future and my future and feel good about waking up most days. I have confidence that I can be a good mother.

Ann started to keep a journal. She is continuing sessions with Toc Toumme and is taking her meds. She feels committed to continuing.

3. I have friends and family I can count on for help when I need it.

Ann contacted her sister and had a nice phone call. No other contact. She has not gone to Parents Anonymous yet. Ann and worker went over available group meetings and Ann picked one she said she would attend.

4. Help Nelson recover from physical abuse.

Nelson has made full recovery from physical injuries and is back in school and full activities. He has been going with his mom to therapy and seeing a play therapist. He still has nightmares.

5. Help Melissa reach her full potential.

Melissa is receiving 0–3 services.

Date: 11/19/15 Assess client
Staff person: Student 10
Method: Phone

Clients: School teacher
On behalf of: Nelson

Checked in with school teacher. Nelson is not resuming his level of school work. He is only partially completing work in class and homework. He seems to drift off into thought rather than concentrate

Date: 11/19/15 Deliver services
Staff person: Student 10
Method: Attempted in-person

Clients: Ann
On behalf of: Nelson

Date: 11/30/15 Deliver services
Staff person: Student 10
Method: In-person—home

Clients: Ann
On behalf of: Nelson

1. My children are safe from harm because I choose nonviolent people to be in my life.

Ann has missed several sessions with Toc Tuomme. She denies that her new boyfriend is living in the house, but interview with Nelson made it sound as though he spends quite a bit of time there. Mother has not provided his identity to worker.

2. I have hope for my children’s future and my future, and feel good about waking up most days. I have confidence that I can be a good mother.

Ann is more guarded about what she tells worker. She says she is taking her meds and writing in her journal and feeling better. She appears lethargic and was not dressed or cleaned up on this visit, at 1:00 p.m.

3. I have friends and family I can count on for help when I need it.

Ann reports reconnecting with her mother by phone and spending Thanksgiving with her family.

4. Help Nelson recover from physical abuse.

Nelson brought home a spelling test that he got 100% on and mother was very proud. She says the nightmares are going away and Nelson seems less “jumpy.”

5. Help Melissa reach her full potential.

Melissa continues in 0–3 programming.

Other issues: Mother had a flat tire on her car. She needs the car for getting to therapy appointments, getting Melissa to 0–3, and getting to Parents Anonymous (she has not gone yet, but promises to do so). Worker helped secure a grant to repair the flat.

Date: 12/15/15

Clients: Ann

Staff person: Student 10

On behalf of: Nelson

Method: In-person—home

1. My children are safe from harm because I choose nonviolent people to be in my life.

Ann broke up with her new boyfriend. He got drunk one night and hit her in the face and she called the police. She realized she was really fooled by the promises he made to never hurt her, but that she should have listened to his ex-girlfriend, who warned her about his violence. Jay pled guilty to felony child abuse and is being sentenced next month.

2. I have hope for my children’s future and my future, and feel good about waking up most days. I have confidence that I can be a good mother.

Ann showed worker her journal. Last month she was writing about how things were never going to work out and maybe she should give her children up to someone who could be a better mom. Over the last two weeks, the entries show more resolve toward doing what she needs to do to be the best mom for her children. She showed a newly filled prescription and admitted she’d stopped taking meds about six weeks ago, but has started again last week.

3. I have friends and family I can count on for help when I need it.

Ann stopped calling her family because she felt reconnecting with them really brought her down again. Toc Tuomme supports the idea of staying clear of family, at least for now. Ann made two phone calls to her high school friends and attended her first Parents Anonymous meeting. She called a person from that group the next day and is going to meet her for a cup of coffee tomorrow.

4. Help Nelson recover from physical abuse.

Nelson is doing better in school and does not have nightmares.

5. Help Melissa reach her full potential.

Melissa continues 0–3.

Date: 1/27/16
Staff person: Student 10
Method: In-person

Clients: Ann
On behalf of: Nelson

MET TO DISCUSS COURT REVIEW:
See status review court report.



Risk Reassessment

Assessment Date: 1/27/2016

Household Name: Harding, Ann

County of Completion: Orange

Approval Status: Not Submitted

Approval Unit:

Created by: Student 10, SDM (1/27/2016)

Last Update by: Student 10, SDM (1/27/2016)

Clients

Assessed?	Name	Client ID	Age	Has Case	Role
✓	Layer, Nelson	0171-2727-5237-7000068			Child
	Layer, Linda	0171-2727-5237-7000066			
	Layer, Jay	0171-2727-5237-7000065			
✓	Harding, Ann	0171-2727-5237-7000063			Primary Caregiver
	Layer, Melissa	0171-2727-5237-7000067			
	Harding, Mark	0171-2727-5237-7000064			
	Harding, Adam	0171-2727-5237-7000062			

Section 1: Risk Reassessment

Instructions: The first four items are scored based on conditions present at the time of the referral that resulted in the case opening. Unless new information has been learned, these should be scored the same as on the initial risk assessment.

	Score
R1. Number of prior neglect or abuse CPS investigations	1
<input type="radio"/> a. None	0
<input checked="" type="radio"/> b. One	1
<input type="radio"/> c. Two or more	2
R2. Household has previous open ongoing CPS case (voluntary/court-ordered)	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
R3. Primary caregiver has a history of abuse and/or neglect as a child	1
<input type="radio"/> a. No	0
<input checked="" type="radio"/> b. Yes	1
R4. Characteristics of children in the household	1
<input type="radio"/> a. Not applicable	0
<input checked="" type="radio"/> b. One or more present (mark all applicable for any child)	1
<input checked="" type="checkbox"/> Developmental disability	
<input type="checkbox"/> Learning disability	
<input type="checkbox"/> Physical disability	
<input type="checkbox"/> Medically fragile or failure to thrive	

Instructions: The following case observations pertain to the period since the last assessment/reassessment.

	Score
R5. New investigation of abuse or neglect since the initial risk assessment or the last reassessment	0
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	2

R6. Primary/secondary caregiver alcohol and/or drug use since the last assessment/reassessment (mark one) **0**

- | P | S | | |
|-------------------------------------|--------------------------|---|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | a. No history of alcohol or drug abuse | 0 |
| <input type="checkbox"/> | <input type="checkbox"/> | b. No current alcohol or drug abuse; no intervention needed | 0 |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Yes, alcohol or drug abuse; problem is being addressed | 0 |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Yes, alcohol or drug abuse; problem is not being addressed | 1 |

R7. Adult relationships in the home **1**

- a. None applicable 0
- b. Yes (mark all that apply) 1
- Harmful/tumultuous relationships
- Domestic violence

R8. Primary caregiver mental health since the last assessment/reassessment (mark one) **1**

- a. No history of mental health problem 0
- b. No current mental health problem; no intervention needed 0
- c. Yes, mental health problem; problem is being addressed 0
- d. Yes, mental health problem; problem is not being addressed 1

R9. Primary caregiver provides physical care of the child that is: **0**

- a. Consistent with child needs 0
- b. Not consistent with child needs 1

R10. Caregiver's progress with case plan objectives (as indicated by behavioral change) **0**

- | P | S | | |
|-------------------------------------|--------------------------|---|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | a. Demonstrates new skills consistent with all family case plan objectives and is actively engaged to maintain objectives | 0 |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Demonstrates some new skills consistent with family case plan objectives and is actively engaged in activities to achieve objectives | 0 |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Minimally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in obtaining the objectives specified in the case plan | 0 |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement | 1 |

Total Abuse Risk Score: 5

Section 3: Scoring and Overrides

Scored Risk Level

Risk Level: High

Overrides

Policy Overrides (increases risk level to very high)

- Policy override
 - Sexual abuse case AND the perpetrator is likely to have access to the child.
 - Non-accidental injury to a child under age 2.
 - Severe non-accidental injury.
 - Caregiver action or inaction resulted in death of a child due to abuse or neglect.

Discretionary Overrides (risk level may be adjusted up or down one level)

- Discretionary override
- Override Risk Level: Low Moderate High Very high

Discretionary Override Reason:

No Overrides (no change to risk level)

No override

Final Risk Level

The final risk level is: **High**

Recommended Decision

The recommended decision is: **Continue Services**

Planned action: **Continue services** **Close**

If recommended decision and planned action do not match, explain why:

Comments

Staff Person Comments:

Supervisor Comments:

COURT RESULTS

Date	Type	Subtype	Results
8/24/15	Detention	300	Finding: Paternity Finding Finding: Other Finding: Child Does Not Come Under ICWA Finding: Notice Given as Required by Law Finding: Reasonable Efforts Made Order: Detained From Mother Order: Legal Auth. for Plcmt. Ordered – Initial
9/28/15	Juris/dispo	None found	Finding: Notice Given as Required by Law Finding: Child Described by Section 300 Order: Other Court Order Order: Legal Auth. for Plcmt. Ordered – Cont. Order: FM Services Ordered Order: Dependency Declared
2/15/16	364 FM Review	None found	Finding: Notice Given as Required by Law Finding: Other Order: Dependency Terminated Order: Jurisdiction Terminated Order: Other Court Order

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF**

DETENTION REPORT

<u>Hearing Date</u>	<u>Hearing Time</u>	<u>Dept./Room</u>	<u>Hearing Type/Subtype</u>
8/24/15	9:00 AM	1A	Detention

IN THE MATTER OF

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Nelson Layer	6/4/2007	8	M	666666
Melissa Layer	7/1/2013	2	F	555555

SUMMARY RECOMMENDATION

On 8/22/15 children were unsafe and were placed into protective custody. Their safety was threatened based on the following.

1. The serious injury to Nelson caused by Jay.

Final report of Dr. Feelgood indicates that Nelson had deep bruises on the upper left and right arm, extending from the elbow to shoulder. The bruises were on the outer and back parts of the arm. The bruises had darker round spots within the larger bruise. Dr. Feelgood stated these bruises were consistent with multiple contacts from an adult fist. These bruises extended to the upper rear of Nelson's left and right shoulders. Nelson also had a bruise on his cheek that had three parallel darker bruises within it, which Dr. Feelgood states is consistent with an adult handprint. The most serious injury was bruising in the lower back and abdomen area, and a ruptured spleen which was surgically repaired. If Nelson had not received prompt medical attention, he could have died from this injury. Dr. Feelgood states that these bruises are highly consistent with inflicted injury.

Officer Serge conducted the investigation on behalf of Small Town PD. He advises that Jay Layer, who is mother's live-in boyfriend (Mother changed Nelson's last name, but Jay is not Nelson's father), confessed to beating Nelson the evening of 8/21/15. Jay's written confession states that he was home with the two children while mother went out with friends. He is a construction worker and sometimes has his tools at home. He has warned Nelson to leave his tools alone. Nelson picked up a power nailer and hit the trigger, causing a nail to be expelled. This nail narrowly missed Jay's head and landed in the wall behind him. Jay states he was furious and "really lost it." Jay was arrested for felony child abuse. It was unknown whether he would be able to bail out.

2. The living environment was hazardous.

Home visit conducted on 8/22/15 revealed that the living room of the family's two-bedroom upper rear flat is used by Jay to store his construction tools. He builds homes, and though he was at work at the time of the visit, many tools were in the living room, including a circular saw, miter saw, and

power nailer. Eight-year-old Nelson is interested in the tools, and is unlikely to be able to adhere to a rule to not touch these very dangerous tools. The precipitating factor for the assault on Nelson was that he had picked up the power nailer. Worker examined the nailer, which has a safety device that Nelson either figured out how to overcome or had been left off. The tools are rechargeable, so they do not require plugging in, making them operable at all times. Worker checked the saws and they were operable without any difficulty. In addition to Nelson, Melissa is a two-year-old who is likely to inquisitively handle these tools, with highly potentially disastrous results.

At the conclusion of 8/22/15, both children were detained. Nelson was in the hospital recovering from surgery. Melissa was placed into foster care since Ann stated she had no nearby relatives. No interventions were possible because Ann was occupied with Nelson’s surgery and could not participate in attempting to develop a plan, and it was possible that Jay would bail out and have access to the children.

CHILD(REN)’S WHEREABOUTS

Nelson is in St. Somewhere Hospital. He will go to the foster home with his sister when he is discharged.

Melissa is in a licensed foster home.

PARENTS/LEGAL GUARDIANS

<u>Name/ Birthdate</u>	<u>Address/ Phone</u>	<u>Relationship/ To Whom</u>
Ann Harding	888 N. Main	Mother
Jay Layer	888 N. Main	Father to Melissa

OTHERS

<u>Name/ Birthdate</u>	<u>Address/ Phone</u>	<u>Relationship/ To Whom</u>
Mike Harding	Unknown	Father to Nelson

INTERPRETER

<u>Interpreter Required</u>	<u>Language</u>	<u>For Whom</u>
------------------------------------	------------------------	------------------------

ATTORNEYS

<u>Name</u>	<u>Address/Phone</u>	<u>Representing</u>
Gill T. Verdict	444 Torte St.	Ann

INDIAN CHILD WELFARE ACT STATUS

The Indian Child Welfare Act does not apply.

The Indian Child Welfare Act does or may apply.

The child(ren), Enter Name(s) of Child(ren), is/are/may be a(n) Indian child(ren) with the Enter Name(s) of Tribe(s), if known tribe(s).

<u>Child's Name</u>	<u>Indian Child</u>	<u>Tribe (If Known)</u>	<u>ICWA Eligible</u>
----------------------------	----------------------------	--------------------------------	-----------------------------

NOTICES

<u>Name</u>	<u>Relationship</u>	<u>Method</u>	<u>Notice Date</u>
--------------------	----------------------------	----------------------	---------------------------

LEGAL HISTORY

LEGAL HISTORY

300 WIC Subsection(s)

<u>Initial Removal</u>	<u>Initial Detention Order</u>	<u>Initial Jurisdiction Finding</u>
-------------------------------	---------------------------------------	--

<u>Initial Disposition Order</u>	<u>Initial 364 FM Review</u>	<u>Second 364 FM Review</u>
---	-------------------------------------	------------------------------------

<u>Initial 366.21(e) – 6 Month FR Review</u>	<u>Initial 366.21(f) – 12 Month FR Review</u>	<u>Initial 366.22 – 18 Month FR Review</u>
---	--	---

<u>FR Services Terminated</u>	<u>Non-Reunification Ordered</u>
--------------------------------------	---

Initial Permanent Plan: Type/Date Ordered

Current Permanent Plan: Type/Date Ordered

Additional Legal History

SUMMARY RECOMMENDATION

Continue protective placement

RECOMMENDATION

Respectfully Submitted,

By

Date

Date

I have read and considered the above report.

Judicial Officer

Date

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF**

JURISDICTION/DISPOSITION REPORT

<u>Hearing Date</u>	<u>Hearing Time</u>	<u>Dept./Room</u>	<u>Hearing Type/Subtype</u>
9/28/15			

IN THE MATTER OF

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Nelson Layer				

SUMMARY RECOMMENDATION

On 8/22/15 Nelson Layer was seriously injured by Jay Layer, the father of Nelson's 2-year-old sister, Melissa, who lived in the home at the time.

Final report of Dr. Feelgood indicates that Nelson had deep bruises on the upper left and right arm, extending from the elbow to shoulder. The bruises were on the outer and back parts of the arm. The bruises had darker round spots within the larger bruise. Dr. Feelgood stated these bruises were consistent with multiple contacts from an adult fist. These bruises extended to the upper rear of Nelson's left and right shoulders. Nelson also had a bruise on his cheek that had three parallel darker bruises within it, which Dr. Feelgood states is consistent with an adult handprint. The most serious injury was bruising in the lower back and abdomen area, and a ruptured spleen, which was surgically repaired. If Nelson had not received prompt medical attention, he could have died from this injury. Dr. Feelgood states that these bruises are highly consistent with inflicted injury.

Officer Serge conducted the investigation on behalf of Small Town PD. He advises that Jay Layer, who is mother's live-in boyfriend (Mother changed Nelson's last name, but Jay is not Nelson's father), confessed to beating Nelson the evening of 8/21/15. Jay's written confession states that he was home with the two children while mother went out with friends. He is a construction worker, and sometimes has his tools at home. He has warned Nelson to leave his tools alone. Nelson picked up a power nailer and hit the trigger, causing a nail to be expelled. This nail narrowly missed Jay's head and landed in the wall behind him. Jay states he was furious and "really lost it." Jay was arrested for felony child abuse.

The allegation of physical abuse is substantiated with Jay Layer as the perpetrator. This is based on Jay's confession, the doctor's assessment, and the police report.

An allegation of neglect was added and is substantiated with Jay Layer and Ann Harding as perpetrators. Home visit revealed that there were dangerous objects (Jay's tools) in reach of children. There was a specific incident involving Nelson discharging a power nailer that had been laying, unsecured, in the living room. While the tools belong to Jay, both parents are responsible for protecting their children from hazards.

The family is at very high risk for future maltreatment.

- Jay was previously an alleged perpetrator in the physical abuse of a 1-year-old daughter of a previous girlfriend. He lived with the girlfriend at the time. The 1-year-old sustained a fractured skull and was hospitalized for several days. Jay had been caring for the child earlier in the day, but the investigator was unable to determine how the child was injured. The mother and Jay parted soon after.
- Ann was previously substantiated for neglect. She was living alone with Nelson at the time and was reported for leaving Nelson, who was 5 years old, home alone for several hours at a time. Mother agreed to provide supervision. No case was opened.
- Parents
 - » Though Jay is in jail, it is possible for him to bail out. Mother has obtained a restraining order and describes intent to not let Jay return to the home. Because he has been out of the home for a very short period of time, he expresses intent to return to the home and is the legal parent for Melissa, and mother has previously returned to relationships with violent men, Jay will be considered part of the household for the present time.
 - » Ann experiences significant depression. She had previously been in therapy with Dr. Martin for two years but had not been to therapy in the last six months. She is diagnosed with major depression. She takes Zoloft, which was prescribed for her by Dr. Smith.
 - » Ann was physically and sexually abused as a child by her stepfather. She is addressing these issues in therapy.
 - » There is a history of domestic violence between Jay and Ann. About once a week Jay would get angry and slap, push, or punch Ann. She has had bruises in the past. This has gone on for the three years they have been together. Jay was physically abusive with prior girlfriends. Ann has been a victim of physical abuse by three previous boyfriends.
 - » Ann does not hit the children, but Jay has hit them in the past. He has used his open hand to hit Nelson and Melissa on the face and arms. Nelson has had bruises on his face and arms in the past, according to Ann.
- Children
 - » Melissa was born with Down syndrome. She has recently completed an evaluation with 0–3 and has significant cognitive delays. She is also mildly delayed on physical milestones.

CASE PLAN ASSESSMENT

Note that Jay was included in assessment to establish what would be required if Ann opted to have Jay return home. If it becomes clear he will not return home, he will not be included in case plan. Jay was not interviewed at this time and would need to be before including him in the case plan.

Ann is most troubled by her current depression. She has trouble sleeping at night, but then often can't get out of bed all day long. Her appetite is often very low, and she has lost "quite a bit of weight" over the past three months. She is currently on antidepressants (prescribed by Dr. Smith), but has only been on them about two weeks. She started to see a therapist, Toc Tuomme, about two months ago. They are working on her own childhood physical and sexual abuse at the hands of her stepfather. Ann often feels hopeless. She does not like her current situation—depending on men for money to support her children, living in a tiny apartment—and she doesn't see much future. She wants a better life for her children, but feels she can't give it to them.

Ann said she was with Jay for nearly three years. It was pretty violent from the beginning. He often hit and pushed her. Though she never had an injury requiring medical care, she often lived in fear of him really hurting herself or the children. He didn't like her to contact her friends or family. He kept the checkbook and credit cards and left her just \$20 at a time, and she had to account for that. Before Jay, Ann had a series of boyfriends, all of whom were violent toward her. She states that Jay also drank quite heavily and smoked pot heavily. He was often drunk, and would get pretty hostile when drinking. She almost preferred when he smoked pot because he was more mellow, but he often just went to sleep. She does not believe he has ever been in treatment. He almost lost his construction job for calling in sick too often because he was hungover. She does not believe he has any mental health concerns.

Ann lost touch with her family after she went into foster care. She still wants nothing to do with her stepfather, but she knows her mother finally divorced him a couple of years ago. She is still mad at her mom for not protecting her, but misses her too. Jay would not let her contact her mother. She has one older sister whom she misses but has not seen in years. She does not have many friends, but there are two friends from high school she will call from time to time. She has not really talked to them about her situation. She feels they would be supportive, but she has been embarrassed to let them know. Jay had quite a few friends that he hung out with, but she doesn't know whether they were really supportive of Jay or just hung out with him. A couple of his buddies helped them move into this apartment and gave him a lift to work when their car wasn't working.

Ann talks about her children in loving and proud ways. She clearly is committed to them, and she was observed interacting with them in loving ways. Now that the tools are out of the living room, there are age-appropriate toys for Nelson and developmentally appropriate toys for Melissa. She wants them to learn right from wrong and has developmentally appropriate ideas about their capabilities and how to work with them.

While Ann does worry about money, she has been able to provide a home for the children for many years. She has already applied for and been granted TANF benefits (worker is Callie Workman). She is exempt from work requirements due to Melissa's disability. She is being assisted with an SSI application through social security administration (worker is Susan S. Iverson). She has been able to pay the bills and provide adequate food. She is careful with her money.

Ann considers herself to be Hispanic, of Guatemalan descent, but indicates that her family has been in the United States for several generations and she mostly identifies with mainstream culture. For example, her birth name is Ann, rather than Ana. She does not experience any conflict related to culture and does not draw particular strength from her culture. She is in good health. Jay's health was also okay. He is White and she doesn't know what his background is—he never mentioned anything one way or the other.

CHILDREN

Nelson has had nightmares since the incident. He jumps or flinches if there is any sudden movement near him. He's been more clingy to mom. A tutor is coming to the house (Nelson can return to school next week), but he doesn't seem able to concentrate. His teacher says he is a pretty bright child, but he's really having a hard time learning right now. It has not gone on long enough to affect his overall school performance, but will be watched. Apart from recovery from the spleen surgery, he is in good health. He will need to have restricted activity for a total of four weeks.

Melissa was diagnosed with Down syndrome shortly after birth. She recently completed a 0–3 assessment and has some significant cognitive delays. A plan is in place for physical, speech, and occupational therapy.

CHILD(REN)'S WHEREABOUTS

Home with mother

PARENTS/LEGAL GUARDIANS

<u>Name/ Birthdate</u>	<u>Address/ Phone</u>	<u>Relationship/ To Whom</u>
----------------------------	---------------------------	----------------------------------

OTHERS

<u>Name/ Birthdate</u>	<u>Address/ Phone</u>	<u>Relationship/ To Whom</u>
----------------------------	---------------------------	----------------------------------

INTERPRETER

<u>Interpreter Required</u>	<u>Language</u>	<u>For Whom</u>
-----------------------------	-----------------	-----------------

ATTORNEYS

<u>Name</u>	<u>Address/ Phone</u>	<u>Representing</u>
-------------	---------------------------	---------------------

The Indian Child Welfare Act does not apply.

The Indian Child Welfare Act does or may apply.

The child(ren), Enter Name(s) of Child(ren), is/are/may be a(n) Indian child(ren) with the Enter Name(s) of Tribe(s), if known tribe(s).

Child's Name **Indian Child** **Tribe (If Known)** **ICWA Eligible**

NOTICES

Name **Relationship** **Method** **Notice Date**

LEGAL HISTORY

LEGAL HISTORY

300 WIC Subsection(s)

Initial Removal **Initial Detention Order** **Initial Jurisdiction Finding**
8/22/15 8/24/15 9/28/15

Initial Disposition Order **Initial 364 FM Review** **Second 364 FM Review**

Initial 366.21(e) – 6 Month FR Review **Initial 366.21(f) – 12 Month FR Review** **Initial 366.22 – 18 Month FR Review**

FR Services Terminated **Non-Reunification Ordered**

Initial Permanent Plan: Type/Date Ordered **Current Permanent Plan: Type/Date Ordered**

Additional Legal History

SUMMARY RECOMMENDATION

RECOMMENDATION

Respectfully Submitted,

By

_____ **Date**

_____ **Date**

I have read and considered the above report.

_____ **Judicial Officer**

_____ **Date**

INDIAN CHILD WELFARE ACT STATUS

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

<u>Name</u>	<u>Date Of Birth</u>	<u>Relationship</u>	<u>To</u>
Ann Harding	5/2/1985	Mother	Nelson Layer, Melissa Layer
Jay Layer		Father	Melissa Layer

CHILD(REN)

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Nelson Layer				
Melissa Layer				

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Completion Date</u>	<u>Projected Date For Termination Of Child Welfare Services</u>
Ann	Remain home		

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

ANN

1. **My children are safe from harm because I choose nonviolent people to be in my life.**

INDICATORS

- No abuse or neglect substantiations for six months
- Jay does not return home
- No violence in the home with Jay or any other adult
- Therapist report of good progress toward understanding how to choose nonviolent partners

- A. **I understand that the violent childhood I had does not need to be repeated, and that I deserve to be treated with love and respect.**

SERVICE

Continued therapy with Toc Tuomme

2. **I have hope for my children’s future and my future, and feel good about waking up most days. I have confidence that I can be a good mother.**

INDICATORS

- Daily journal entries show growing happiness and confidence
- At least 90 days in a row without a day spent completely in bed
- At least 90 days without insomnia or loss of appetite
- Knows and uses at least three things to help when feeling sad
- Therapist report of good progress toward reducing depression

- A. **I understand that my childhood experiences can cause sadness today.**

SERVICE

Continued therapy with Toc Tuomme

- B. **I understand that my sad feelings can be helped by medicine and I use that medicine to help.**

SERVICE

Continue taking antidepressants as prescribed

- C. **I learn and use at least three things to help when I feel sad**

SERVICE

Continued therapy with Toc Tuomme; worker will help obtain a stroller for Melissa so that mother can get out for daily walks.

3. **I have friends and family I can count on for help when I need it.**

INDICATORS

- Develop list of at least three friends or family who agree to be part of a support system.
- In-person contact with at least one person from list per week in at least 20 weeks
- Phone contact with at least one other person from list per week in at least 20 weeks
- Attend Parents Anonymous at least two times per month in at least five months

4. **Help Nelson recover from physical abuse.**

- A. **Help Nelson feel safe again.**

INDICATORS

- Nelson does not flinch when someone moves quickly.
- Nelson does not have nightmares.
- Nelson resumes work he is capable of at school.

SERVICE

Play therapy with Toc Tuomme's associate while mother is in session with Toc Tuomme. CPS will help arrange child care for Melissa.

B. Help Nelson heal physically.

- Follow doctor's instructions for recovery.
- Attend required medical visits.

5. Help Melissa reach her full potential.

A. Learn how to parent a child with Down syndrome.

SERVICE

0-3 program

JAY

Jay is the biological father of Melissa. At this time he is in jail. Should he wish to resume contact with Melissa, he would be entitled to reunification services and a case plan would be developed. He has no legal right to contact with Nelson.

VISITATION SCHEDULE

CHILD(REN) – PARENT(S)/GUARDIAN(S) VISITATION

Jay cannot have minor visitors at the jail. If he is released or goes to prison and wishes contact with Melissa, reunification services would be initiated and a visitation schedule would be developed.

CHILD(REN) – SIBLING(S) VISITATION

CHILD(REN) – GRANDPARENT(S) VISITATION

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

- Monthly visits with Ann to support her achieving goals of case plan
- Help secure a stroller
- Help arrange child care for Melissa while mother and Nelson attend therapy
- Help connect mother with 0-3 program
- Provide mother with information on Parents Anonymous meetings

PLACEMENT SERVICES

CONCURRENT SERVICES PLANNING

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

Monthly

SOCIAL WORKER – PARENT(S)/GUARDIAN(S) CONTACTS

Monthly

SOCIAL WORKER – CARE PROVIDER CONTACTS

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

- Participated in the case plan development.
- Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.

SIGNATURE OF MOTHER/GUARDIAN **DATE**

SIGNATURE OF FATHER/GUARDIAN **DATE**

SIGNATURE OF OTHER **DATE**

SIGNATURE OF OTHER **DATE**

NON-SIGNATURE EXPLANATION

SIGNATURE OF INTERPRETER (1) **DATE**

SIGNATURE OF INTERPRETER (2) **DATE**

SOCIAL WORKER **Caseload** **Phone Number** **DATE**

SUPERVISOR **Phone Number** **DATE**

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF**

STATUS REVIEW REPORT

<u>Hearing Date</u>	<u>Hearing Time</u>	<u>Dept./Room</u>	<u>Hearing Type/Subtype</u>
2/15/16			FM review

IN THE MATTER OF

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Nelson Layer				

SUMMARY RECOMMENDATION

NOTE: Jay Layer remains in prison. Mother has maintained her restraining order against him and remains resolved to not resume a relationship with him. He is now considered to be in a separate household.

- 1. My children are safe from harm because I choose nonviolent people to be in my life.**

INDICATORS

- No abuse or neglect substantiations for six months
- Jay does not return home
- No violence in the home with Jay or any other adult
- Therapist report of good progress toward understanding how to choose nonviolent partners

- A. I understand that the violent childhood I had does not need to be repeated, and that I deserve to be treated with love and respect.**

SERVICE

Continued therapy with Toc Tuomme

There has been no abuse or neglect. Jay has remained in prison. Mother began a relationship with another man and there was one violent incident in the home one month ago. Toc Tuomme reports that while mother has made progress, she is not ready to consistently protect herself or her children from violent partners.

- 2. I have hope for my children's future and my future, and feel good about waking up most days. I have confidence that I can be a good mother.**

INDICATORS

- Daily journal entries show growing happiness and confidence

- At least 90 days in a row without a day spent completely in bed
- At least 90 days without insomnia or loss of appetite
- Knows and uses at least three things to help when feeling sad
- Therapist report of good progress toward reducing depression

A. I understand that my childhood experiences can cause sadness today.

SERVICE

Continued therapy with Toc Tuomme

B. I understand that my sad feelings can be helped by medicine and I use that medicine to help.

SERVICE

Continue taking antidepressants as prescribed

C. I learn and use at least three things to help when I feel sad.

SERVICE

Continued therapy with Toc Tuomme; worker will help obtain a stroller for Melissa so that mother can get out for daily walks.

Mother has kept a journal, more in the beginning and end of the review period than in the middle. The journal reveals a significant increase in depression beginning about six weeks into the review period, followed by missing journal entries. Within the last month entries became more regular and reveal increased commitment toward overcoming depression, and some lifting of symptoms. However, mother spent an entire weekend in bed just about a month ago, and has had significant insomnia until about two weeks ago. She has not resumed a healthy appetite. She has talked with Toc Tuomme about possible strategies to use, and selected taking walks with Melissa in the afternoon as one. However, she has not taken these walks or used other strategies. Toc Tuomme states that she has talked about her childhood experiences but has so far not gotten connected with her feelings about them, or gained much insight into how they affect her today. He feels she will continue to make progress, but it will take more time.

3. I have friends and family I can count on for help when I need it.

INDICATORS

- Develop list of at least three friends or family who agree to be part of a support system.
- In-person contact with at least one person from list per week in at least 20 weeks.
- Phone contact with at least one other person from list per week in at least 20 weeks.
- Attend Parents Anonymous at least two times per month in at least five months.

Mother made some contact with two family members. This ended up being perhaps a trigger to more struggles than it was a help. Mother will discontinue this contact and make contact with

friends. She has made two phone calls to date. She also attended her first Parents Anonymous meeting and made a contact with another participant.

4. Help Nelson recover from physical abuse.

A. Help Nelson feel safe again.

INDICATORS

- Nelson does not flinch when someone moves quickly.
- Nelson does not have nightmares.
- Nelson resumes work he is capable of at school.

SERVICES

Play therapy with Toc Tuomme's associate while mother is in session with Toc Tuomme. CPS will help arrange child care for Melissa.

B. Help Nelson heal physically.

- Follow doctor's instructions for recovery.
- Attend required medical visits.

Nelson has fully recovered physically and in the last month is returning to performing at his ability level at school. His nightmares have recently resolved and he appears less startled. His play therapist reports that Nelson can discontinue therapy at this time.

5. Help Melissa reach her full potential.

A. Learn how to parent a child with Down syndrome

SERVICES

0-3 program

Melissa continues to do well in the 0-3 program. Mother has learned about Down syndrome and has a good understanding of Melissa's potential, and how to help her.

Progress toward case plan goals was partial and it is recommended that FM services be continued.

CHILD(REN)'S WHEREABOUTS

Home with Mother

PARENTS/LEGAL GUARDIANS

<u>Name/ Birthdate</u>	<u>Address/ Phone</u>	<u>Relationship/ To Whom</u>
Ann Harding		

OTHERS

<u>Name/ Birthdate</u>	<u>Address/ Phone</u>	<u>Relationship/ To Whom</u>
-----------------------------------	----------------------------------	---

INTERPRETER

<u>Interpreter Required</u>	<u>Language</u>	<u>For Whom</u>
------------------------------------	------------------------	------------------------

ATTORNEYS

<u>Name</u>	<u>Address/ Phone</u>	<u>Representing</u>
--------------------	----------------------------------	----------------------------

INDIAN CHILD WELFARE ACT STATUS

The Indian Child Welfare Act does not apply.

The Indian Child Welfare Act does or may apply.

The child(ren), Enter Name(s) of Child(ren), is/are/may be a(n) Indian child(ren) with the Enter Name(s) of Tribe(s), if known tribe(s).

<u>Child's Name</u>	<u>Indian Child</u>	<u>Tribe (If Known)</u>	<u>ICWA Eligible</u>
----------------------------	----------------------------	--------------------------------	-----------------------------

NOTICES

<u>Name</u>	<u>Relationship</u>	<u>Method</u>	<u>Notice Date</u>
--------------------	----------------------------	----------------------	---------------------------

LEGAL HISTORY

LEGAL HISTORY

300 WIC Subsection(s)

Initial Removal

Initial Detention Order

Initial Jurisdiction Finding

Initial Disposition Order

Initial 364 FM Review

Second 364 FM Review

Initial 366.21(e) – 6 Month FR Review

Initial 366.21(f) – 12 Month FR Review

Initial 366.22 – 18 Month FR Review

FR Services Terminated

Non-Reunification Ordered

Initial Permanent Plan: Type/Date Ordered

Current Permanent Plan: Type/Date Ordered

Additional Legal History

SUMMARY RECOMMENDATION

RECOMMENDATION

Respectfully Submitted,

By

Date

Date

I have read and considered the above report.

Judicial Officer

Date