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| **Case Information** |
| Child(ren) Name(s):                    |
| Parent/Caregiver Name:      | Parent/Caregiver/Non-Custodial Name(s):      |
| Date and Time of Interaction:      | On time/Late to Interaction:      |
| Place/Location of Interaction:       |
| Participants in Interaction:       |

The elements to explore in assessing safety include three basic constructs: threats of maltreatment, child vulnerability, and caretaker’s protective capacities.

* **Threats of Maltreatment** means the aggravating factors that combine to produce a potentially dangerous situation.
* **Child Vulnerability** means the degree that a child cannot on the child’s own avoid, negate or minimize the impact of present or impending danger.
	+ **Present Danger** means immediate, significant, and clearly observed maltreatment which is occurring to a child in the present or there is an immediate threat of maltreatment requiring immediate action to protect the child.
	+ **Impending Danger** means a foreseeable state of danger in which family behaviors, attitudes, motives, emotions, or the child’s physical environment poses a threat of maltreatment.
* **Protective Capacities** means family strengths or resources that reduce, control, and/or prevent threats of maltreatment.

**Safety:** **(*refer to the safety concerns identified on the Family Interaction Plan and document here)***

**Goals of Family Interaction**

What are the identified goals outlined in the Family Interaction Plan?

1.

2.

3.

In responding to the questions below, attend to cultural and developmentally appropriate behaviors or responses.

**Children’s Behavior (*things to consider when assessing progress relating to identified goals).*** When observing multiple children, address strengths and needs for the specific child under the “other” section.

***How did the child(ren) respond when seeing parent? Check specific behaviors by checking appropriate box(es):***

[ ]  Ran to greet parent [ ]  Able to make eye contact with parent

[ ]  Hugged parent [ ]  Accepted physical contact with parent

[ ]  Engaged with parent rather than toy or other object [ ]  Other (explain):

[ ]  NA (i.e. infant)

***Was the child(ren)’s affect during the interaction age appropriate? Check specific behaviors by marking appropriate box(es): Check yes or no by marking appropriate box(es):***

Seemed at ease with the parent [ ]  Yes [ ]  No [ ]  NA

Gave parent a lot of eye contact [ ]  Yes [ ]  No [ ]  NA

Appeared to seek approval of parent [ ]  Yes [ ]  No [ ]  NA

Easily startled by parents actions/language [ ]  Yes [ ]  No [ ]  NA

Able to be comforted by parent when upset [ ]  Yes [ ]  No [ ]  NA

Initiated & responded to physical contact [ ]  Yes [ ]  No [ ]  NA

Initiated conversation with parents [ ]  Yes [ ]  No [ ]  NA

[ ]  Other (explain):

***The child demonstrated healthy connection with the parent(s) in the following ways. Check yes or no by marking appropriate box(es):***

Looked to parent for nurturing [ ]  Yes [ ]  No [ ]  NA

Looked to parent for comfort when upset [ ]  Yes [ ]  No [ ]  NA

Calmed by parent when upset [ ]  Yes [ ]  No [ ]  NA

Upset if parent left the room [ ]  Yes [ ]  No [ ]  NA

Calmed down when parent returned [ ]  Yes [ ]  No [ ]  NA

Smiling, cooing (infant) [ ]  Yes [ ]  No [ ]  NA

[ ]  Other (explain):

***Was the child(ren)’s affect after the interaction age appropriate? Check yes or no by marking appropriate box(es):***

Sad interaction ended [ ]  Yes [ ]  No [ ]  NA

Child was receptive to parents prompt in ending interaction [ ]  Yes [ ]  No [ ]  NA

[ ]  Other (explain):

**Parent’s Behavior (*things to consider when assessing progress relating to identified goals).*** When observing both parents, address strengths and needs for the specific parent under the “other” section.

***Was the parent prepared to participate in the interaction? Check yes or no by marking appropriate box(es):***

Parent was alert [ ]  Yes [ ]  No [ ]  NA

Did not appear under the influence [ ]  Yes [ ]  No [ ]  NA

Home is safe for interactions [ ]  Yes [ ]  No [ ]  NA

Planned for interaction regarding meals/sacks/activities [ ]  Yes [ ]  No [ ]  NA

Did not rely on others to bring supplies for interaction [ ]  Yes [ ]  No [ ]  NA

Focused conversation with children rather than adults [ ]  Yes [ ]  No [ ]  NA

[ ]  Other (explain):

***What was the parent’s initial reaction/interaction with the child(ren)? Check yes or no by marking appropriate box(es):***

Acknowledged child(ren) verbally or physically [ ]  Yes [ ]  No [ ]  NA

Asked how the child(ren) were and what been up to [ ]  Yes [ ]  No [ ]  NA

[ ]  Other (explain):

***Did the parent demonstrate accurate knowledge of child(ren)’s development? Check yes or no by marking appropriate box(es):***

Set rules for the child(ren) during the interaction [ ]  Yes [ ]  No [ ]  NA

Redirected child(ren)’s behaviors as necessary [ ]  Yes [ ]  No [ ]  NA

Set limits based on age/ability of child(ren) [ ]  Yes [ ]  No [ ]  NA

Child(ren) responded well to the activity [ ]  Yes [ ]  No [ ]  NA

[ ]  Other (explain):

***Was the parent actively engaged in the interaction? Check yes or no by marking appropriate box(es):***

Focused on child and activity throughout interaction [ ]  Yes [ ]  No [ ]  NA

Focused on engaging in age appropriate conversation [ ]  Yes [ ]  No [ ]  NA

Initiated and engaged in play with the child(ren) [ ]  Yes [ ]  No [ ]  NA

[ ]  Other (explain):

***The parent demonstrated healthy connection with the child(ren) in the following ways. Check yes or no by marking appropriate box(es):***

Responded to cues the child(ren) were hungry/tired/upset [ ]  Yes [ ]  No [ ]  NA

Appropriately comforted child(ren) when upset [ ]  Yes [ ]  No [ ]  NA

Smiled at child(ren) during interaction [ ]  Yes [ ]  No [ ]  NA

Actively responded to child(ren)’s questions or requests/needs[ ]  Yes [ ]  No [ ]  NA

Talked with the child(ren) during interaction [ ]  Yes [ ]  No [ ]  NA

Praised or made positive comments to the child(ren) [ ]  Yes [ ]  No [ ]  NA

Refrained from making negative comments to the child(ren) [ ]  Yes [ ]  No [ ]  NA

[ ]  Other (explain):

***How did the parent promote healthy separation at the end of the interaction? Check yes or no by marking appropriate box(es):***

Sad interaction ended but was appropriate with child(ren) [ ]  Yes [ ]  No [ ]  NA

Gave child(ren) prompts that interaction was ending [ ]  Yes [ ]  No [ ]  NA

Gave child(ren) emotional support without prompting [ ]  Yes [ ]  No [ ]  NA

[ ]  Other (explain):

*Did the parent(s) stay for the entire interaction?* [ ]  Yes [ ]  No

*If no, explain why not?*:

**Summary:** **(*document any mitigating factors impacting interactions either positively or negatively)***

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| PROGRESS OBSERVED: |

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| --- |
| SAFETY CONCERNS: |

|  |
| --- |
| ACTION STEPS: |

Completed by:

Date: