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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: |

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| --- |
| ACTION STEPS: |

Completed by:

Date: