



FLORIDA SAFETY DECISION MAKING FRAMEWORK Progress Update

Case Name: _____ **FSFN Case ID:** _____ **Date of Most Recent Safety Plan:** _____

Worker Name: _____ **Approval Date:** _____

HOUSEHOLD COMPOSITION

Child Name	Date of Birth	Primary Goal	Concurrent Goal	Current Placement

Parent/ Legal Guardian(s)/ Other Adult Household Members in Caregiving Role:

Name	Date of Birth

Family Support Network:

Name	Role

MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Additional Ongoing Information:

Comment [JJ1]: The Case Name will not be updated once the Progress Update Page is approved and frozen. This is to prevent the template from being updated each time the user goes into the case and creates another Progress Update page.

Comment [amj2]: Case Name; FSFN Case ID; Worker Name and Approval Date pre-fill from the Progress Update header; Date of Most Recent Safety Plan pre-fills from the database

Comment [JJ3]: Once the Progress Update is approved the page is frozen and this Progress Update Template reflects the information from the Progress Update page at the time it was frozen.

Comment [amj4]: Pre-fills with all children included in the Children group box on the Participants tab.

Comment [JJ5]: The Child Name will not be updated once the Progress Update Page is approved and frozen. This is to prevent the template from being updated each time the u...

Comment [amj6]: Pre-fills from the Participants tab, which pulls from Person Management.

Comment [JJ7]: The Date of Birth will not be updated once the Progress Update Page is approved and frozen. This is to prevent the ...

Comment [amj8]: Primary and Concurrent Court Approved Permanency Goals. Pre-fills from each child's Legal Record with the curre...

Comment [amj9]: Pre-fills with the Service Category and Service Type of each child's current Out-of-Home Placement.

Comment [JJ10]: The Curent Placement will not be updated once the Progress Update Page is approved and frozen. This is to prevent the ...

Comment [JJ11]:

Comment [amj12]: Pre-fills with all participants captured in the Parent/Legal Guardian(s)/ Other Adult Household Member(...

Comment [DA13]: Pre-fills with all participants captured in the Family Support Network group box on Progress Update.

Comment [amj14]: Pre-fills with the Maltreatment and Nature of Maltreatment and Additional Ongoing Information text fields on ...

Related Impending Danger Threats: Based on case information specific to the Extent of Maltreatment and Circumstances Surrounding Maltreatment Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	Impending Danger Threat?
Parent's/Legal Guardian's or Caregiver's intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or caregiver intended to seriously injure the child.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent's/Legal Guardian's or Caregiver's explanations are inconsistent with the illness or injury.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger the child's physical health.	<input type="checkbox"/> Y <input type="checkbox"/> N
There are reports of serious harm and the child's whereabouts cannot be determined and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or the family refuses access to the child to assess for serious harm.	<input type="checkbox"/> Y <input type="checkbox"/> N
Parent/Legal Guardian or Caregiver is not meeting the child's essential medical needs AND the child is has already been seriously harmed or will likely be serious harmed.	<input type="checkbox"/> Y <input type="checkbox"/> N
Other: Explain.	<input type="checkbox"/> Y <input type="checkbox"/> N

Comment [amj15]: Pre-fills from the Maltreatment and Nature of Maltreatment tab – Impending Danger Threats group box. The "Impending Danger Threat?" column pre-fills with the applicable Y or N indicator based on the Yes/ No selection made. In addition, if the "Other: Explain" Danger Threat is Y, the information documented within the associated text field will pre-fill within the table.

CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child’s vulnerability based on threats identified.

Comment [amj16]: Pre-fills from the Child Functioning group box for each child on the Family Assessment Areas tab on the Progress Update.

<Child 1>

<Child 2>

Related Child Functioning Impending Danger Threats:	Impending Danger Threat?
Based on case information specific to the Child Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	
Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian or Caregiver are unwilling or unable to manage to keep the child safe.	<input type="checkbox"/> Y <input type="checkbox"/> N

Comment [amj17]: Pre-fills from the Child Functioning tab – Impending Danger Threats group box. The “Impending Danger Threat?” column pre-fills with the applicable Y or N indicator based on the Yes/ No selection made.

ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult’s physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

Comment [amj18]: Pre-fills from the Adult Functioning group box for each adult on the Family Assessment Areas tab on the Progress Update.

<Adult 1>

<Adult 2>

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Related Adult Functioning Impending Danger Threats:	Impending Danger Threat?
Based on case information specific to the Adult Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	
Parent/Legal Guardian or Caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm to the child.	<input type="checkbox"/> Y <input type="checkbox"/> N

Comment [amj19]: Pre-fills from the Adult Functioning tab – Impending Danger Threats group box. The "Impending Danger Threat?" column pre-fills with the applicable Y or N indicator based on the Yes/ No selection made.

PARENTING

General – What are the overall, typical, parenting practices used by the parents/legal guardians? Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

Comment [amj20]: Pre-fills from the Parenting group box for each adult on the Family Assessment Areas tab on the Progress Update.

<Adult 1>

<Adult 2>

Related Parenting Impending Danger Threats:	Impending Danger Threat?
Based on case information specific to the Parenting General and Parent Discipline Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	
Parent/Legal Guardian or Caregiver is not meeting child's basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.	<input type="checkbox"/> Y <input type="checkbox"/> N
Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or caregiver is fearful he/she will seriously harm the child.	<input type="checkbox"/> Y <input type="checkbox"/> N
Parent/Legal Guardian or Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.	<input type="checkbox"/> Y <input type="checkbox"/> N

Comment [amj21]: Pre-fills from the Parenting tab – Impending Danger Threats group box. The "Impending Danger Threat?" column pre-fills with the applicable Y or N indicator based on the Yes/ No selection made.

REASONS FOR ONGOING INVOLVEMENT

Danger Statement (Develop in collaboration with the family)

Comment [amj22]: Pre-fills with the Danger Statement captured on the Progress Update – Reason(s) for Ongoing Involvement tab.

FAMILY CHANGE STRATEGY

Family Goal: Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family.)

Comment [amj23]: Pre-fills with the Family Goal; Ideas; and Potential Barriers captured on the Protective Capacity Analysis and Family Change Strategy tab of the Progress Update.

Ideas: Describe ideas parent/legal guardian, worker, child or other network members have for moving toward the Family Goal.

Potential Barriers: Describe things that could get in the way of change from the family's perspective and/or the family team's perspective.

CHILD NEED INDICATORS

Children	Child Needs									
	Emotional/ Trauma	Behavioral (e.g. risk taking behavior, runaway, etc)	Development	Education	Physical Health/ Disability	Family Relationships	Peer/ Adult Relationships	Cultural Identity	Substance Awareness	Life Skills Development
<Child 1>										
<Child 2>										
<Child 3>										
<Child 4>										

Comment [amj24]: Pre-fills from the Protective Capacity Analysis and Family Change Strategy tab on the Progress Update and displays the selected rating within the column for each applicable child. Each child's name is displayed vertically as shown. For each child a new column is displayed.

PRIORITY NEEDS

<Child 1>	Rating	Parent Meeting Needs?
Emotional/ Trauma	D	Y
Education	D	Y
Peer/ Adult Relationships	D	N
Cultural Identity	D	N
Life Skills Development	D	Y

<Child 2>	Rating	Parent Meeting Needs?
Physical Health/ Disability	D	Y
Family Relationships	C	Y
Peer/ Adult Relationships	C	N
Cultural Identity	C	N
Substance Awareness	C	Y

Comment [amj25]: Pre-fills from the Priority Needs section on the Progress Update page – Child Needs tab. Each Child is displayed in its own table as shown. The Rating column displays the rating selected and the Parent Meeting Needs column displays the yes or no selection.

If the parent is meeting the need, describe their actions. If the parent needs support or assistance to meet the needs of the child, the need will be addressed in the Case Plan.

Comment [amj26]: Pre-fills from the Child Needs tab of the Progress Update page.

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PROTECTIVE CAPACITIES

Adults	Capacity Categories and Types																	
	Behavioral					Cognitive					Emotional							
	Controls Impulses	Takes Action	Sets aside own needs for child	Demonstrates adequate skills Adaptive as a Parent/Legal Guardian	History of Protecting	Is self aware	Is intellectually able	Recognizes threats	Recognizes child's needs	Understands protective role	Plans and articulates plans for protection	Meets own emotional needs	Is resilient	Is tolerant	Is stable	to the child	Is positively attached with child	Is aligned and supports the child
<Adult 1>																		
<Adult 2>																		
<Adult 3>																		
<Adult 4>																		

Comment [amj27]: Pre-fills from the Protective Capacity Analysis and Family Change Strategy tab on the Progress Update and displays the selected rating within the column for each applicable adult. Each adult's name is displayed vertically as shown. For each adult a new column is displayed.

PRIORITY NEEDS

<Adult 1>	Rating	Include in Case Plan?
Controls Impulses	D	Y
Demonstrates adequate skills	D	Y
Is self aware	D	N
Recognizes child's needs	D	N
Understands protective role	D	Y
Meets own emotional needs	C	Y
Is positively attached with child	C	Y
Is aligned and supports the child	C	Y

Comment [amj28]: Pre-fills from the Priority Needs section on the Progress Update page – Protective Capacity Analysis and Family Change Strategy tab. Each Adult is displayed in its own table as shown. The Rating column displays the rating selected and the Include in Case Plan column displays the yes or no selection.

<Adult 2>	Rating	Include in Case Plan?
Controls Impulses	D	Y
Demonstrates adequate skills	C	Y
Is self aware	C	N
Recognizes child's needs	C	N
Understands protective role	C	Y

If a diminished protective capacity will not be addressed in the Case Plan, describe the assessment process to reach this conclusion.

Comment [amj29]: Pre-fills from the Protective Capacity Analysis and Family Change Strategy tab of the Progress Update.

MOTIVATION FOR CHANGE

Adult	Motivation
Adult 1	Pre-Contemplation
Adult 2	Action

Comment [amj30]: Pre-fills with the Motivation for Change from the Progress Update page – Protective Capacity Analysis and Family Change Strategy tab. Each adult captured in the Motivation for Change section of the page is displayed in the table and the selected motivation is displayed in the Motivation column.

IN-HOME SAFETY ANALYSIS AND PLANNING

The Parent/Legal Guardians are willing for an In-Home Safety Plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.	Yes
The home environment is calm and consistent enough for an In-Home Safety Plan to be implemented and for safety service providers to be in the home safely.	No
Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.	Yes
An In-Home Safety Plan and the use of In-Home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.	Yes
The Parent/Legal Guardians have a physical location in which to implement an In-Home Safety Plan.	Yes

In-Home Safety Plan is determined. Summarize the conditions that have changed since last safety analysis to support reunification with an In-Home safety plan.

Comment [amj31]: Pre-fills from the Safety Summary and Planning tab of the Progress Update page and only pre-fills if displayed on the Safety Summary and Planning tab.

If “No” to any of the criteria for IN-HOME SAFETY ANYALYSIS AND PLANNING above - continue Out-of-Home Placement. Summarize conditions for return.

Comment [amj32]: Pre-fills from the Safety Summary and Planning tab of the Progress Update page and only pre-fills if displayed on the Safety Summary and Planning tab.

CURRENT SAFETY PLAN ASSESSMENT FOR SUFFICIENCY

- Safety plan is sufficient, no need for changes to the plan at this time.
- Safety plan is not sufficient, not controlling for child safety or no longer applicable; change in safety plan is needed.
- Safety plan is no longer needed.

Based on the determination selected above, describe the assessment process to reach this conclusion.

OUTCOME(S) EVALUATION

<p>Outcome #1:</p> <p>Outcome Achievement:</p> <p>Applies to the following caregivers:</p>	<p>Est. Cost to Parent(s) (if applicable):</p>
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Comment [amj33]: Pre-fills from the Safety Summary and Planning tab of the Progress Update and only pre-fills if displayed on the Safety Summary and Planning tab. Displays the radio button selection made with the associated text field below.

Comment [amj34]: Pre-fills from the Outcome(s) Evaluation tab on the Progress Update.

Who	Actions/Tasks	Estimated Completion Date	Task Completed	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Frequency of Service
Provider Name		FSFN Provider	Provider Address			Provider Phone Number	Provider Email	
Service Category				Service Type			Task Complete	
Who	Actions/Tasks	Estimated Completion Date	Task Completed	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Frequency of Service
Provider Name		FSFN Provider	Provider Address			Provider Phone Number	Provider Email	
Service Category				Service Type			Task Complete	

Comment [amj35]: Based on the Provider selected (if applicable), the FSFN Provider will display Yes or No, indicating if the provider was selected or user entered text; the Provider's Address, Phone Number and Email address will also be displayed.

Overall Outcome Progress:	
Explanation of progress assessment:	

Comment [amj36]: Pre-fills from the Progress Update and is for each outcome.

Outcome #2:									
Outcome Achievement:									
Applies to the following caregivers:						Est. Cost to Parent(s) (if applicable):			
Who	Actions/Tasks	Estimated Completion Date	Task Completed	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Frequency of Service	
Provider Name		FSFN Provider	Provider Address			Provider Phone Number		Provider Email	
Service Category			Service Type			Task Complete			
Who	Actions/Tasks	Estimated Completion Date	Task Completed	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Frequency of Service	
Provider Name		FSFN Provider	Provider Address			Provider Phone Number		Provider Email	
Service Category			Service Type			Task Complete			

Overall Outcome Progress:	
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Explanation of progress assessment:

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Changes in case plan goals, outcomes, actions and/or supports:

Changes in case plan needed

Barriers To Achieving Desired Case Plan Outcomes:

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Comment [amj37]: Pre-fills from the Progress Update and is for all outcomes overall, not for each individual outcome.