



FLORIDA SAFETY DECISION MAKING METHODOLOGY

Family Functioning Assessment - Ongoing

Case Name: Croft, Amy
Worker Name: Smith, Brianna

FSFN Case ID: 100555888
Approval Date: 2/18/2013

Date of Most Recent Safety Plan: 1/23/13

I. HOUSEHOLD COMPOSITION

Child Name	Date of Birth	Primary Goal	Concurrent Goal	Current Placement
Makenzie Thomas	7/11/2011	Reunification	Adoption	Wells Foster Home
Micah Thomas	4/7/2004	Reunification	Adoption	Wells Foster Home
<i>If additional rows are needed, enter all additional individuals here:</i>				

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

Name	Date of Birth
Amy Croft	3/8/xx
Blake Thomas	2/9/xx
<i>If additional rows are needed, enter all additional individuals here:</i>	

Family Support Network

Name	Role
Lisa and Ben Clement	Maternal Grandparents
Brenda Wise	Paternal Great Grandmother
<i>If additional rows are needed, enter all additional individuals here:</i>	

II. MALTREATMENT AND NATURE OF MALTREATMENT

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

Hotline Intake 2013-622805-01 was received on 1/6/13 alleging that Amy Croft, mother of Micah and Makenzie, along with mother's friend, were arrested for cooking crystal methamphetamine and trafficking drugs from the friend's home. The children were not present at the time of the arrest, however both children have been frequenting the home in which the meth was being manufactured. The children were left in the care of Donna Hamilton, a friend with whom the mother had been residing with the children. Hamilton was



FLORIDA SAFETY DECISION MAKING METHODOLOGY

Family Functioning Assessment - Ongoing

also on probation for manufacturing and distribution of methamphetamine. The reporter advised against the children remaining in Hamilton's home.

Micah, 2½ years and Makenzie, 9 years, were placed into emergency foster care on 1/7/13 after their mother, Ms. Croft, was arrested for manufacturing and distribution of methamphetamine. Micah had been frequenting the home where Ms. Croft was arrested and where methamphetamine was manufactured, resulting in his exposure to hazardous conditions. It was also determined during the investigation that mother had not been adequately providing for the basic needs of Micah or Makenzie, to include supervision. At the time of Ms. Croft's arrest, Blake Thomas, father to Micah and Makenzie, was not available to provide for care, as he is currently incarcerated for probation violations as a result of domestic violence towards the mother, Ms. Croft.

Ms. Croft's explanation for her arrest was inconsistent with her history. Ms. Croft reports that she was unaware of what was going on in the home and that she was helping a friend out to make some money to care for the children. Ms. Croft's history with DCF and arrests include prior history of manufacturing and distribution of methamphetamine, as well as methamphetamine abuse. In addition, Ms. Croft's history includes frequent periods of transient housing and exposing her children to hazardous living conditions, including manufacturing of methamphetamine and substantial drug usage by household members.

Ms. Croft completed substance abuse in-patient treatment for methamphetamine and was discharged 2/15/12. The drug treatment was court-ordered as part of her probation. During the time Ms. Croft was in treatment, Micah and Makenzie stayed with their father. Ms. Croft returned to the home with Micah, Makenzie and Mr. Thomas when she was discharged.

Mr. Thomas and Ms. Croft's relationship has been continually unstable for the past four years, with Ms. Croft leaving the family home for months at a time and then returning to the home. Mr. Croft reports that this is often the time that she is using, when she leaves. At times she takes Micah and other times she leaves him with Mr. Thomas. She has not ever taken Makenzie with her, until this last time that she left Mr. Thomas.

Approximately four months ago Ms. Croft left the family home. Ms. Croft alleges that she left due to being afraid of Mr. Thomas, so she left to keep her children safe. Mr. Thomas alleges that Ms. Croft left due to her relapsing on methamphetamine and that she had found out that he was aware of her use. Ms. Croft was afraid Mr. Thomas would leave with Micah and Makenzie.

Since leaving the family home, Ms. Croft has been relying on friends to assist her in taking care of Micah and Makenzie and providing her with a place to stay. She has been staying with Donna Hamilton the past couple of months.

Mr. Thomas is currently incarcerated for a probation violation. He is on probation for domestic violence as he assaulted Ms. Croft two years ago. Mr. Thomas has physically assaulted Ms. Croft, to include beating, kicking, and punching. Mr. Thomas violated his probation this fall when he was stopped for a DUI; drinking is a violation of his probation. The father acknowledges that he was aware of the mother's



FLORIDA SAFETY DECISION MAKING METHODOLOGY Family Functioning Assessment - Ongoing

use of methamphetamine since her release from treatment and that he has been trying to see Micah and Makenzie since she left the residence, but has been unsuccessful. Mr. Thomas was unaware of Ms. Croft's manufacturing, but reports that this was not surprising to him, as he and Ms. Croft were both involved with manufacturing methamphetamine in the past.

Both Micah and Makenzie were seen for medical exams for possible exposure to methamphetamine manufacturing. Both children were medically cleared. Makenzie did not have any traces of methamphetamine, which is consistent with her report that she had not been to the home where methamphetamine was being manufactured with her mother. Makenzie believes that Ms. Croft would bring Micah there while she was at school.

Micah was medically cleared, and did not have any traces of methamphetamine. CPT recommended that it was still important that he be monitored over the course of the next several months for continued assessment of any effects that may be related to his exposure to methamphetamine.

Makenzie is aware of her mother's drug usage. She is able to articulate what methamphetamine is and how it is used. She has seen her mother use drugs in the past, however has not seen her use for the past couple of months. Makenzie thinks that her mother is using again, because of how she acts towards her and Micah.

Ms. Croft has been involved with DCF with prior children, to include losing custody of her oldest child due to substance misuse. That child was placed for adoption by the agency.

Maltreatment: Verified for Substance Misuse, Environmental Hazards and Family Violence Threatens Child

Analysis: Micah and Makenzie Thomas have been exposed to hazardous living arrangements and parents who have not provided for the basic care and supervision needs of their children. Mr. Thomas engaged in violence and destructive adult behavior which resulted in his incarceration and subsequent inability to provide for his children. Ms. Croft continues to abuse substances, in particular methamphetamine, and leaves her children with care providers that are not equipped to provide for their needs, nor are indicative of safe persons. Ms. Croft has been demonstrating a pattern of placing her needs above those of her children for the past four years, resulting in Micah and Makenzie being unsafe. Neither Mr. Thomas or Ms. Croft appear to have insight regarding the need for Micah and Makenzie to be safe, and neither parent acknowledges their actions as being contrary to Micah and Makenzie's safety.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collateral contact made with CPT for medical information for children.



FLORIDA SAFETY DECISION MAKING METHODOLOGY

Family Functioning Assessment - Ongoing

Additional Ongoing Information

As of 2/19/13 the parents remain unavailable to provide care for their children due to their incarceration. Mr. Thomas has had his probation revoked and he will remain in jail for the next 3 years to complete his sentence from his prior convictions. Ms. Croft will be released from jail within two weeks and will reside at a half-way house where she will be able to have contact with the children. There have been no additional maltreatment allegations or concerns during this time frame.

III. 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.

Micah

Micah has been residing in the Wells foster home for one month. Micah will be turning three in two months. Since arriving at the Wells foster home, Micah has begun to attend a small kids play group with the foster mother. Due to Micah not being potty trained he was not been able to attend a daycare or preeschool to meet his need for social interaction. The children's play group has been able to provide Micah with social interaction with children his own age. The foster mother reports that Micah has had a hard time adjusting to the play group and often has to be coaxed into playing with the other children and not retreating to the adults in the room. The foster mother has been working with Micah on his social interactions and provides redirection when needed, such as when Micah demonstrates frustration with others or when he seeks out adults rather than interacting with the other children.

Micah has begun to be potty trained. The foster mother reports that this has been a challenge for Micah, but that they have made some progress. Makenzie is happy to see that Micah is being potty trained and thinks that this will be good for Micah, so that he can go to school.

Micah has been also struggling with the routine in the house, primarily around establishing a bed time routine. Makenzie and Micah each have their own room at the foster home and this is a significant change for Micah, as he has always shared a room with Makenzie. At night the foster mother will report that he struggles to go to sleep unless Makenzie is there with him in the room. Makenzie has been assisting the foster mother in getting Micah to sleep and will often read to him at night to get him to go to sleep. However, during the night Micah will awake and cry when he sees that Makenzie is not there. While these were frequent when the children were first placed in the home, they appear to be decreasing, as Micah is becoming more comfortable in the home.

The foster mother has established a medical provider for Micah and has had one check-up since being placed in the home. The medical provider did not have any concerns regarding Micah and will be seeing Micah again in one month for his three -year old well child check up.

Micah has had phone contact with his parents since being placed in the foster home and two Sunday visits at the jail supervised by Mrs. Wells.



FLORIDA SAFETY DECISION MAKING METHODOLOGY

Family Functioning Assessment - Ongoing

Analysis: Micah is adjusting to the foster home and the establishment of a routine. There has been some struggle with his adjustment with the sleeping arrangements and at times also struggles to seek out the caregivers in the home, other than Makenzie. Micah is developing some social skills with children his own age which will benefit Micah as he begins pre-school next fall. He has had a doctor's appointment and is healthy.

Makenzie Thomas

Makenzie continues to reside in the Wells foster home with her sibling Micah. Makenzie is currently attending Walter Symons Elementary School, where she is in the third grade. Makenzie has recently been placed on an IEP at school due to her educational delays. Makenzie will be receiving services through her IEP in regards to her reading comprehension and math skill development.

Makenzie's daily routine has significantly changed since being placed in the foster home. The foster mother has established a routine for Makenzie and Micah. This has been a challenge at first for Makenzie, as she is very independent, however the foster mother has been working with Makenzie on how to ensure that she does not lose some of her independence, while also keeping appropriate roles for a 9 year old. Makenzie is able to focus on getting herself ready in the morning now, as opposed to taking care of Micah. Makenzie does not take the bus to school, as the foster mother drives her in the morning. And following school, Makenzie has been enrolled in an after school program through the Boys and Girls Club that allows Makenzie social interaction with her peers, as well as there is a homework group that Makenzie can participate in if she chooses. Makenzie attends the afterschool program three days a week.

Makenzie was seen for her first dental exam this month. Makenzie has been referred to an orthodontist due to a large overbite that may need to be corrected. In addition, there were several of her baby teeth that the dentist is concerned about as the teeth show a significant amount of decay. The dentist is hoping that those teeth come out on their own soon, or he may have to remove them should the decay get worse.

Makenzie did see a medical provider to establish a system of care, however there were no needs noted and Makenzie will not have another medical appointment for routine care for the next year.

The foster mother and the school counselor both report that Makenzie is settling into a "new" routine and that she has been more open in school and at the house. The foster mother is concerned about Makenzie in her role of caretaking Micah, so they have been working on how Makenzie can assist the foster mother, rather than doing the caretaking of Micah.

Makenzie has had phone contact with her parents since being placed in the foster home and two Sunday visits at the jail supervised by Mrs. Wells. Makenzie reports still being angry with her parents and hopes that this time things will be different with them. Makenzie likes being in the foster home and does not



FLORIDA SAFETY DECISION MAKING METHODOLOGY

Family Functioning Assessment - Ongoing

have any concerns about living there with her brother.

Analysis: Makenzie is currently residing in foster care with her brother. She has some educational deficits that are being addressed through an IEP to help her achieve grade level milestones. Makenzie has been struggling in her new role within the foster family--in particular not being the primary caretaker of Micah. Makenzie is still angry with her parents, however is displaying hopefulness in regards to things in their lives being different.

Observations and Interviews: Micah, Makenzie, Mrs. Wells, IEP team

IV. 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.

AMY CROFT

Ms.Croft, age 30, is incarcerated and will be relocated in two weeks to a halfway house that is designated for inmates who are substance abusers. The purpose of the transition to the halfway house was for Ms.Croft to re-engage with her substance abuse providers from last year when she was incarcerated. There is no anticipated timeframe for how long Ms.Croft will be at the halfway house or if Ms. Croft will be able to remain at the halfway house versus returning to jail.

Ms.Croft, due to her criminal charges pending was not able to discuss her current drug usage, however does not deny that use was occurring. She elaborated on her history of use, not including the last 10 months since being released from treatment. Ms.Croft reports that her drug of choice has always been methamphetamine. While she did experiment with other drugs in the past, she does not see the purpose of experimenting at her age, she knows what she likes to use and is not using now.

Ms.Croft does not know what "makes" her use. The sense of the high she feels when she is using she describes as "amazing." Ms.Croft feels that she could do anything when she is using and she likes that feeling. Ms.Croft does not see how her use has affected her children, other than not being there for them. She feels not always being there for her children was appropriate because she knew that Makenzie or Mr. Thomas would take care of them.

Ms.Croft would like to have her children back with her and she would like to not being jail any longer. Ms.Croft is able to identify that her use has resulted in her incarceration, which Ms.Croft does not enjoy.

In regards to her relationship with Mr.Thomas, Ms. Croft would like to remain with Mr.Thomas, but she also knows that he has some significant criminal charges pending against him and that chances are that he is not getting out anytime soon. Ms.Croft is not sure if she would wait for him or not, or if she would seek out a new relationship with someone once she is out of jail. Ms.Croft does feel that Mr.Thomas and



FLORIDA SAFETY DECISION MAKING METHODOLOGY Family Functioning Assessment - Ongoing

her have a good relationship and would like to see that remain.

In discussing the last treatment that Ms.Croft completed and the aftercare that was provided, Ms. Croft feels that there was no plan for once she was done with treatment. Ms.Croft went back to the home and that's when things fell apart. Ms.Croft would like to see something be different this time if she is able to go back to treatment—which is dependent on the court process.

Ms.Croft was able to identify several areas that she would like to work on, such as getting her GED, dealing with her criminal case so that she can go home, and trying to establish a stable home for herself and her kids.

Analysis: Ms.Croft is in pre-contemplation regarding the need to change and what must change to provide for her children. Ms Croft's criminal charges and pending outcomes presents a challenge in regards to moving forward for Ms.Croft. Should she be sentenced to jail, then the outcomes she wishes to achieve are not realistic and if she is not sentenced to jail, her outcomes appear to be miss-targeted in regards to the establishment of a safe home for the children. Ms. Croft is not able to fully discuss her history due to the criminal charges, however based upon her stage of change, she may not be ready to discuss her usage and the association to the neglect and safety of the children yet.

BLAKE THOMAS

Blake Thomas is currently incarcerated, with no anticipated release date. Mr.Thomas, per his attorney will serving the remainder of his sentence, approximately 3 years. Mr.Thomas knows that during this time he will most likely not have contact with his children, unless via the phone or other means. Mr. Thomas feels remorse for his current incarceration, however is not able to articulate, other than not getting caught, on how to remain out of the judicial system. Mr.Thomas lacks the insight into his criminal activity and the affects on his children, mainly not being able to provide for their care.

Mr.Thomas is not yet able to articulate any outcomes that he would like to see achieved in regards to changing his behavior to be able to provide for his children safely. Mr.Thomas feels that he will be incarcerated, so there is no purpose to "working" with the agency.

Analysis: Mr.Thomas is in the pre-contemplation stage of change. Mr.Thomas does not associate his current incarceration as an opportunity for change. Mr.Thomas was not able to identify any areas of his life, outside of being in jail that he would like to change.

Observations and Interviews: Mr.Thomas, Mrs.Croft

V. PARENTING

General – What are the overall, typical, parenting practices used by the parents/legal guardians? Discipline/Behavior Management – What are



FLORIDA SAFETY DECISION MAKING METHODOLOGY Family Functioning Assessment - Ongoing

the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

Ms. Croft describes her parenting as being absent and most likely “not good.” Ms. Croft relates her experience as a child being raised by her mother and father, as what she thought as the way to raise children. As a child Ms. Croft was left to care for herself, which she believes taught her about independence and not relying on others. Ms. Croft would like to see her children be independent, which she sees in Makenzie, but maybe learn a new way of teaching Makenzie about independence. Ms. Croft can articulate how the parenting style she is using is similar to that of her parents, with instead of alcohol use she has substituted drug usage that has resulted in Makenzie “growing up” fast.

Ms. Croft desires to be a good parent to Makenzie and Micah, but feels that she does not have the resources to do so. Ms. Croft admits that the last time she went to parenting classes that she was not there to learn, but rather viewed it as something she had to do in order to not go to jail. The parenting class was part of her treatment program and you had to have 100% compliance or you went back to jail. Ms. Croft recognizes at that time her focus was not going back to jail, not parenting.

During calls and visits with Makenzie, Ms. Croft talks primarily about herself and her needs. She does not discuss Makenzie’s struggles in school and her need to let adults be the caregivers for Micah.

BLAKE THOMAS:

Mr. Thomas has limited parenting skills and acknowledges his limited parenting skills. Mr. Thomas has never provided for the care of any of his five children without assistance, either from others or from the children themselves. Mr. Thomas is not clear on what he would need to be able to parent his children, as he does not see himself as being a single parent to the children. Mr. Thomas defers to Ms. Croft as the parental figure in the home for the children and plans to have Ms. Croft are the “parent” and he is the fun dad.

VI. REASONS FOR ONGOING INVOLVEMENT

Danger Statement (Develop in collaboration with the family)

VII. 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.)

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.



FLORIDA SAFETY DECISION MAKING METHODOLOGY

Family Functioning Assessment - Ongoing

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VIII. CHILD NEED INDICATORS

If there are more than five children that need to be assessed, utilize Appendix C – Child Needs Assessment to assess the additional children.

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
Makenzie Thomas	B	A	A	D	A	C	B	B	B	A
Micah Thomas	B	B	B	A	A	B	C	B	A	A
	A	A	A	A	A	A	A	A	A	A
	A	A	A	A	A	A	A	A	A	A
	A	A	A	A	A	A	A	A	A	A

IX. PRIORITY NEEDS

Child	Need (List all Needs)	Rating (List Rating for Each Need)	Parent Meeting Needs? (Indicate Yes/No for Each Need)
Makenzie Thomas	Education Family Relationships	D C	No No
Micah Thomas	Family Relationships	C	No

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.

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X. PROTECTIVE CAPACITIES

If there are more than five Parent/Legal Guardians that need to be assessed, utilize Appendix D Protective Capacities Assessment.

Adults	Capacity Categories and Types		
	Behavioral	Cognitive	Emotional



FLORIDA SAFETY DECISION MAKING METHODOLOGY

Family Functioning Assessment - Ongoing

	Controls Impulses	Takes Action	Sets aside own needs for child	Demonstrates adequate skills	Adaptive as a Parent/Legal Guardian	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	Expresses love, empathy, sensitivity to the child	Is positively attached with child	Is aligned and supports the child
Amy Croft	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Blake Thomas	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

XI. PRIORITY NEEDS

Parent/Legal Guardian	Protective Capacity (List all Protective Capacities with a C/D Rating)	Rating (List Rating for Each Protective Capacity)	Include in Case Plan? (Indicate Yes/No for Each Protective Capacity)
Amy Croft			
Blake Thomas			

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

XII. MOTIVATION FOR CHANGE

Adult	Motivation
Amy Koch	Select
Blake Thomas	Select
	Select
	Select
	Select

**IF ANY CHILD IS IN AN OUT OF HOME PLACEMENT, PROCEED TO SECTION XIII.
IF ALL CHILDREN ARE IN HOME, PROCEED TO SECTION XIV.**



FLORIDA SAFETY DECISION MAKING METHODOLOGY

Family Functioning Assessment - Ongoing

XIII. IN-HOME SAFETY ANALYSIS AND PLANNING (removal home)

	Yes	No
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Parent/Legal Guardians have a physical location in which to implement an in-home safety plan.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If “Yes” to all of SECTION XIII above – an In-Home Safety Plan shall be executed which would allow a child to return home with the use of in-home safety services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services can be determined and initiated.

❖ A safety plan must be implemented, monitored, and actively managed by the department.

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.

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

Conditions for return are based upon the parent(s) obtaining housing with an environment that is calm and consistent for in home services to be provided. Calm and consistent conditions include the absence of any physical violence, drug production or use, and predictable routines for scheduling in-home safety providers. In addition, safety services will need to be identified that would control for the safety of Micah and Makenzie for an in home safety plan to be established. Safety services would address the safety of Micah and Makenzie while his parent(s) are absent from the home or when they are not performing parenting duties, such as responding to both childrens' need for supervision, assisting Micah with potty-training, ensuring that Michah's care is not dependent on Makenzie to take actions, assisting Makenzie with her homework and other activities recommended in her IEP for practice at home.

XIV. 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.



FLORIDA SAFETY DECISION MAKING METHODOLOGY Family Functioning Assessment - Ongoing

Ms. Croft and Mr. Thomas were engaged in face to face and telephonic meetings to conclude the ongoing Family Functioning Assessment and assess the appropriateness of the current safety plan. The children were visited by the case manager on several occasions at the foster home, where their safety was assessed for appropriateness of the out of home safety plan, with no concerns for safety noted.

While the parents are willing for an in home safety plan to be established, their current incarceration prohibits the development of an in home safety plan.