

Safety Reference Guide



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Safety Foundation Training Reference Guide

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Information to Support Safety Assessment (RG 1)

1. Maltreatment

What is the extent of the maltreatment and your finding?

Maltreatment refers to actual maltreating behavior and the current physical and/or psychological effects...what is occurring or has occurred and what are the results, e.g., hitting, injuries. A finding of abuse and neglect is based upon information gathered related to indication that maltreatment has or is occurring. When there is no indication of abuse or neglect, the Maltreatment question should describe what was found in relation to the allegation(s) that were made in the referral and how the determination was made.

2. Surrounding Circumstance

What surrounding circumstances accompany the maltreatment?

Circumstances

Thoroughly describe the event(s) leading up to and influencing child maltreatment. Consider and seek understanding regarding what was going on with the family, the caretaker(s) and/or the child(ren) that contributed, caused or result in abuse and/or neglect. It is important to include the caretaker(s)' explanation for what occurred related to the maltreatment.

Relevant Areas of Assessment:

- No surrounding circumstances
- Consistent with caretaker explanation
- First time occurrence, unintentional, event of situational related
- Substance usage or DV accompanying maltreatment
- Deliberate
- Use of an instrument
- Circumstances are unknown

Duration of maltreatment

How long has maltreatment been occurring? Is maltreatment an isolated incident or chronic in nature? The duration of the maltreatment is an important influence on the likelihood of maltreatment occurring again in the future. It is necessary to note however, that the duration of maltreatment is not in itself a determinant of the severity of maltreatment that may occur (i.e. chronic neglect situations). Worker analysis should also consider the extent or severity of maltreatment that has already occurred.

Relevant Areas of Assessment:

- Isolated incident
- History of maltreatment; previous CPS involvement; progressing in severity
- Has occurred over a period of time without serious results
- Long term with serious results

Caretaker Reaction

It is important to consider the caretaker(s)' reaction to the maltreatment. Are caretaker(s)' remorseful? Do caretaker(s)' justify the maltreatment? Like the duration of maltreatment, the caretaker reaction to the maltreatment is another indicator of risk and depending on circumstances may be an indication of an unsafe child.

Relevant Areas of Assessment:

- Caretaker remorseful
- Caretaker does not accept responsibility
- Denies maltreatment occurred; blames others
- Maltreatment is justified by caretaker

3. Child Functioning

How does the child function on a daily basis?

Child Functioning is concerned with how the child predominately acts day in and day out. It is important to emphasize that the assessment should target a child's pervasive and/or routine functioning, rather than the child's response to CPS intervention.

Assessment should include a consideration for a child's physical, behavioral, emotional/ temperament and cognitive functioning.

Relevant Areas of Assessment include:

- Capacity for attachment; attachment and bonding with other family members
- Academic performance (if applicable)
- Interaction with peers
- Hobbies and general activities
- Verbal and non-verbal communication; responsiveness to others
- Mental health
- Physical health
- Motor skills
- Perceptions of self; perceptions of others
- Expressions of feelings and emotions
- Self control

When gathering, documenting and analyzing child functioning information, consider the child's behavior, emotions, temperament, physical and cognitive functioning in terms of consistency, reasonableness, appropriateness with age and/or illustrative of the norm of expected development.

4. Parenting- Discipline

What are the disciplinary approaches used by the caretakers, and under what circumstances?

Parenting-Discipline focuses attention and evaluation on discipline only. This is a very distinct category of study, which targets and isolates one aspect of parenting: the disciplinary approach. No other parenting practices or issues are to be considered with respect to this assessment question. There are three general overriding areas of assessment pertaining to parenting discipline that must be understood by the completion of the assessment process:

1. What is the caretaker(s)' typical approach to discipline?

Relevant Areas of Assessment:

- Disciplinary approaches are varied; creative; effective
- Discipline is inconsistent
- Avoids or abstains from apply disciplinary approaches
- Use of negative approaches
- Lack parenting knowledge related to disciplinary approaches
- Harsh discipline; non-discriminating discipline
- Unpredictable patterns

2. How do caretaker(s) maintain themselves when carrying out disciplinary measures?

Relevant Areas of Assessment:

- Maintains self control
- Discipline is applied in fair and just ways
- Holds reasonable expectations for child's capacity
- Sometimes reactive when disciplining
- Indications that caretaker may occasionally lose control
- Discipline may sometimes occur as a result of anger or frustration
- May deliberately vent anger and frustration out on the child

3. What purpose does the discipline service for both the child and caretaker(s)?

Relevant Areas of Assessment:

- Recognizes child's growth and control needs
- Appropriately balances setting boundaries and teaching
- Attempts to balance teaching and punishing
- Views discipline as primarily punishment
- Demonstrates disciplinary expectations that child cannot meet
- Discipline is used as a method for intimidation, control and compliance
- Discipline is viewed as the primary, essential function of parenting

5. Parenting-General

What are the overall, typical, and pervasive parenting practices used by the caretaker?

Parenting-General explores the general nature and approach to parenting. When considering this assessment question, it is important to keep focused on the overall parenting that is occurring and not a specific maltreatment incident or disciplinary approaches, which may influence your study and analysis pertaining to this question. Among the issues for consideration pertaining to parenting-general are as follows:

Relevant Areas of Assessment:

- Parenting style
 - Source of parenting style
 - Expectations
 - Consistency in parenting
 - Tendency toward positive parenting
 - Control in parenting role
- Feelings and perceptions about being a parent
 - Reasons for being a parent
 - Degree of satisfaction in caretaker role
 - Motivated as a parent
- History of parenting
 - Parenting successes
 - Perceived parenting challenges, struggles or failures
 - History of protective behavior
- Perceptions of children
 - Viewpoint of child and influence on parenting practice
- Emotional caregiver protective capacities
 - Empathetic
 - Demonstration of attachment and bonding
 - Nurturing
 - Sensitivity to child
 - Aligned and supportive of child
- Behavioral caregiver protective capacities
 - Caretaker(s)' ability to set needs aside in favor of the child
 - Responsive
 - Provides basic care
 - Acts on child's strengths, limitations and needs
 - Protectiveness
 - Parenting skill
- Cognitive caregiver protective capacities
 - Recognition child's needs
 - Adequacy of parenting knowledge
 - Understands child's strengths, limitations and needs

6. Adult Functioning

How does the adult function on a daily basis?

Adult General Functioning is concerned with how the adults in the family feel, think, and act on a daily basis with respect to life events and life management.

When completing information gathering and documentation related to Adult Functioning, focus on how the caretaker functions generally, rather than in relation to their response to intervention. Further it is important to distinguish between a caretaker's individual adult functioning separate from the parenting role. The Adult Functioning assessment question deals only with an adult caretaker's routine behaviors, emotions, temperament and cognitive functioning that is illustrative of who that person is as an adult.

Among the issues for consideration pertaining to adult functioning are as follows:

Relevant Areas of Assessment:

- Behavioral Patterns
 - Substance usage; substance misuse; dependency
 - Self Control; impulsivity; aggression; violence
 - Relationship/ interaction with others; social isolation
 - Communication
 - Flexibility
 - Adherence to social norms
- Emotional Patterns
 - Coping; stress management; stressors unmanageable
 - Emotional control
 - Stability
 - Mental Health
- Cognitive Patterns
 - Problem solving
 - Judgment and decision-making
 - Reality orientation
 - Thought processing
 - Cognitive functioning

This material was adapted from a collaborative project between the National Resource Center on Child Protective Services and the Nevada Division of Children and Family Services.

When Do We Assess Impending Danger Threats? (RG 2)

Impending Danger Threats must be assessed at these times in the life of a primary caregiver case:

Conclusion of Initial Assessment

If the agency transfers cases to a new worker for Ongoing Services, it must transfer with a Safety Plan in place (not a protective plan). This applies to primary caregiver cases.

First Contacts after Case Transfer

Consider whether Impending Danger Threats are still the same and whether they are being controlled by the least intrusive means possible. Document.

Conclusion of Family Assessment and Engagement

Family Assessment and Engagement must be completed within 60 days of the supervisor's signature signifying the approval of initial assessment decisions.

Prior to Placing a Child out of the Home

Unless emergency conditions, as described in s.48.19(1), Stats. are present.

Conditions in the Home Change

When conditions change positively or negatively. This includes someone moving into or out of the home, but isn't limited to this. A Safety Assessment would be required, for example, if a parent who has a significant period of sobriety relapses.

There is a New Report of Maltreatment Screened In on an Open Case

Case Progress Evaluation

Standards require a Safety Assessment at Case Progress Evaluation for any family with an out-of-home Safety Plan. Safety Assessment is integrated into the documentation for Case Progress Evaluation.

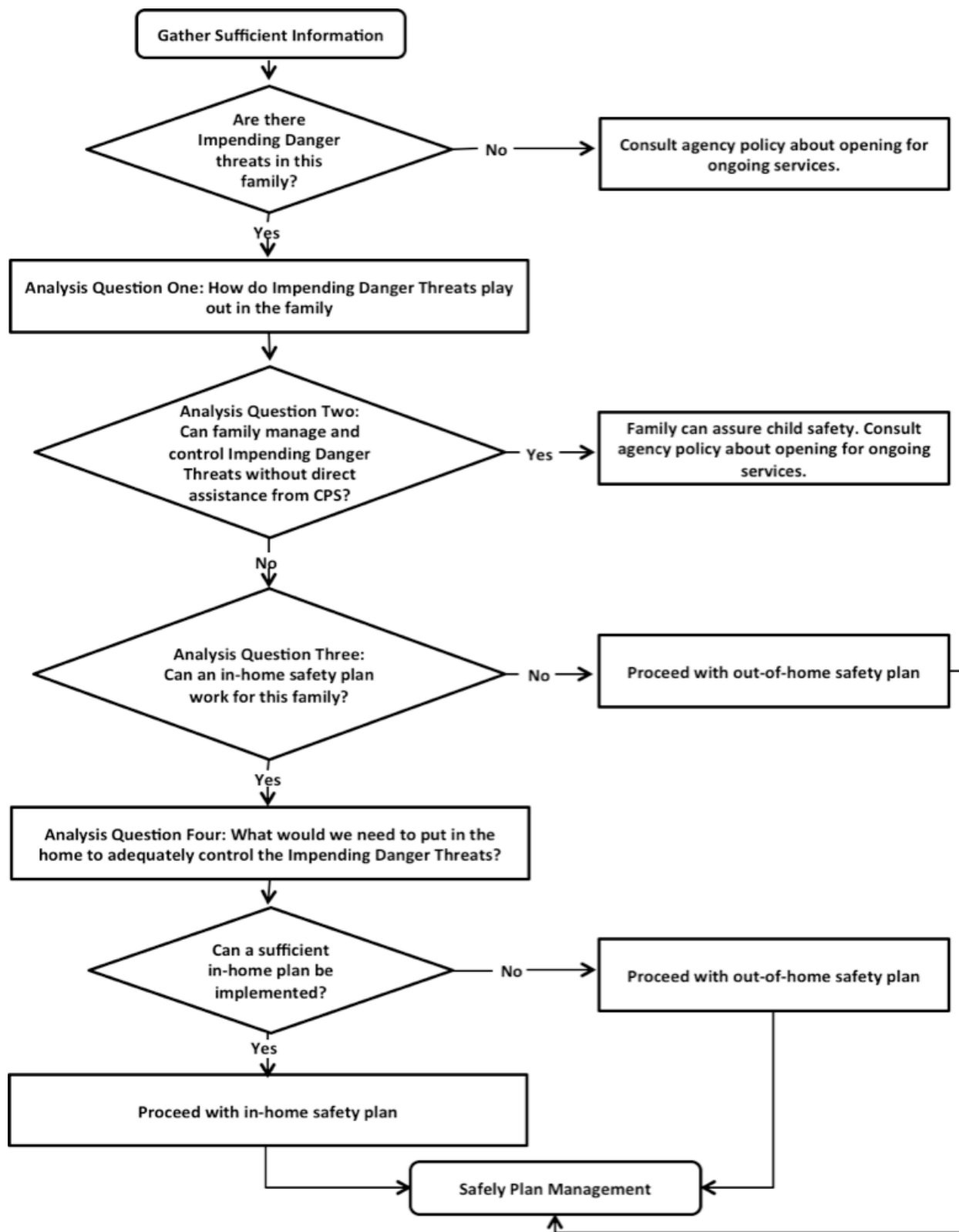
Prior to Reunification

Usually this involves moving from an out-of-home to an in-home Safety Plan. In rare instances, family circumstances may change so significantly that no safety plan is needed after reunification.

Prior to Disengaging an In-Home Safety Plan

Prior to Closing a Case

Steps in Safety Intervention to Control Impending Danger Threats (RG 3)



Safety Assessment, Analysis and Planning in eWiSACWIS (RG 4)

Use: Danger Threshold and Impending Danger Threat Definition

https://apps.dcf.wisconsin.gov/?action=EDIT&SFTY_ASMNT_PLAN_ID_CASE=9222747&SFTY_ASMNT_PLAN_ID - Windows In...

eWiSACWIS TM Print Spell Check Help

General
 Name: Mom Madison Worker: Caitlin M. Cake Approval Date: Type: **Prior to Case Closur** Completed

Part. Info	Safety Assessment	Description of Safety Threats	Plan Analysis
	<input type="radio"/> Yes <input checked="" type="radio"/> No	No adult in the home will perform parental duties and responsibilities. Details	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	One or both parents/caregivers are violent. Details	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior. Details	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	One or both parents/caregivers have extremely negative perceptions of the child. Details	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	Family does not have or use resources necessary to assure the child's basic needs. Details	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	One or both parents/caregivers fear they will maltreat the child and/or request placement. Details	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	One or both parents/caregivers intend(ed) to seriously hurt the child. Details	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. Details	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	The child has exceptional needs which the parents/caregivers cannot or will not meet. Details	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	Living arrangements seriously endanger the child's physical health. Details	
	<input checked="" type="radio"/> Yes <input type="radio"/> No	The child is profoundly fearful of the home situation or people within the home. Details	

Safety Assessment and Conclusion
 One or more factors that negatively affect safety are identified: Yes No
 Date of Safety Assessment:

Options:

Done Trusted sites Protected Mode: Off 100%

Use: Analysis Question One: How do the Impending Danger Threats play out in this family?

The screenshot shows a web browser window with the URL <https://apps.dcf.wisconsin.gov/> and the page title "Safety Assessment, Analysis and Plan - Windows Internet Explorer". The application header is "eWiSACWIS" and includes navigation icons for TM, Print, Spell Check, and Help.

The "General" section contains the following information:
Name: Mom Madison Worker: Caitlin M. Cake Approval Date: Type: Prior to Case Closur Completed

The "Description of Safety Threats" section is active, showing a table with one row. The text in the table is:
The child is profoundly fearful of the home situation or people within the home. Row 1 of 1

Below the table, there is a "Description:" label and a large text input area. A blue arrow points to this input area.

The "Services Available/Accessible" section contains two questions with radio button options:
All Needed Services/activities provided. Yes No
All Needed Services/activities/providers are available at level/time required. Yes No

At the bottom, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons.

Use Analysis Question 2: Can the family manage and control the Impending Danger Threats without direct assistance from CPS?

And

Analysis Question 3: Can an in-home plan work for this family?

The screenshot displays the 'eWiSACWIS' web application interface. At the top, the browser address bar shows 'https://apps.dcf.wisconsin.gov/ - Safety Assessment, Analysis and Plan - Windows Internet Explorer'. The application header includes the 'eWiSACWIS' logo and navigation icons for Print, Spell Check, and Help. Below the header, the 'General' section contains fields for Name (Mom Madison), Worker (Caitlin M. Cake), Approval Date, and Type (Prior to Case Closur), along with a 'Completed' checkbox. The main content area is divided into tabs: 'Part. Info', 'Safety Assessment', 'Description of Safety Threats', and 'Plan Analysis'. The 'Plan Analysis' tab is active and contains two sections: 'Parent / Caregiver Protective Capacity' and 'Analysis'. In the 'Parent / Caregiver Protective Capacity' section, the question 'Can and will the non-maltreating parent or another adult in the home protect the child(ren)?' is followed by radio buttons for 'Yes', 'No', and 'N/A', with 'No' selected. Below this is a text area for justification. The 'Analysis' section contains five questions, each with 'Yes' and 'No' radio buttons, all of which have 'Yes' selected. At the bottom of the form, there is an 'Options' dropdown menu, a 'Go' button, and 'Save' and 'Close' buttons. The browser status bar at the bottom shows 'Done', 'Trusted sites | Protected Mode: Off', and a zoom level of 100%.

Use: Analysis Question 4: What would we need to put in place in the home to control Impending Danger Threats?

Identified Safety Factor and Description
 The child is profoundly fearful of the home situation or people within the home.
 Description:

Safety Services

Service/Activity:	Basic Parenting Assistance	Delete
Provider/Resp. Person:		Row 1 of 1
Specifically explain the safety services/activity and how it will control the threat identified.		

This needed service/activity exists. Yes No
 Service/activity/provider is currently available at level/time required. Yes No

Insert Save Close

The Standards for a Safety Plan (V.C.I) requires a description of the accessibility and suitability of safety service providers and details of how CPS will manage the plan and communicate with the family and providers. There is not an eWiSACWIS prompt for this information. It can be documented in the narrative box for the safety plan or in the case note.

Analysis Question One: How do the Impending Danger Threats play out in this family? (RG 5)

We need to understand how the Impending Danger Threats play out in this family before we can determine what kind of safety response can control them. The more we understand about how they operate, the better our plan will be.

There are five questions to consider that structure our study of how Impending Danger Threats play out in the family:

How long have conditions in the family posed a safety threat?

In general, threats that have been operating for a long time become more deeply embedded in the family. They may be harder to manage.

Intensity of a threat needs to be considered, too. A threat that is relatively new in the life of the family but operating at a high intensity can also be difficult to manage.

Threats that are more difficult to manage may require more frequent services and more intensive management of the safety plan.

Example: A parent is gambling and there is no money for the child's basic needs. This will probably be harder to control if it has been going on for a long time.

Example: A father has developed a major depression since his partner died. This has only been going on for a few months, but has psychotic features. Even though it is of shorter duration, it is so acute it will be difficult to manage.

How frequently does the condition pose a threat?

Understanding frequency of the threat helps us start the process of planning our response to control it. The frequency with which the threat is active directs how frequently we need action to control it.

Example: A young, single mother is very isolated and blames her new baby. Though she can manage this during the week while she is at school and work, it is a threat to the child on weekend nights when her friends are out having fun and she needs to stay home with the baby.

Example: A young, single mother is very isolated and blames her new baby. She feels terrible all the time, sees the baby as deliberately causing her misery and has urges to punish him for it.

The first mother will require services on the weekend. The second mother will require services much more frequently.

How predictable is the Impending Danger Threat? Are there occasions when it is likely to be active?

The more we can predict when and how the threat will be active, the better we can plan to control the impact it has on the safety of the child. Understanding predictability is critical to developing a precise safety plan.

Are there situations or events that trigger the Impending Danger Threat to become active?

Are there signs it is becoming active?

Example: A parent binge drinks every payday and becomes aggressive. We can predict the occurrence. We will be sure to have a plan in place to keep the child safe every payday.

If it is difficult to predict when the Impending Danger Threat will be active, it is hard to plan for controlling it. Our safety plan will need to be more conservative with a higher level of effort. We may need to include in-home monitoring of what is happening in the family so that we can keep on top of any Impending Danger Threat becoming active.

Are there specific times of day or daily events that require control of Impending Danger Threats?

Are there exact times when the Impending Danger Threat is active? This is related to predictability and frequency but deserves consideration of its own. Consider the caregivers' schedules. There may be times that need control to be in place because of who is in the home at that time.

Example: The child may be safe when both parents are home, but not when the threatening parent is there alone. We need controls in place during these times.

Consider daily events or activities that trigger the operation of Impending Danger Threats.

Example: The child has severe Attention Deficit Disorder and his inability to stay on task and complete chores independently frustrates the parent who then strikes out impulsively. Getting everyone ready for school and work and out the door in the morning is an especially concerning time.

These specific times or events need an intervention to control them even if they take place at times that are inconvenient for us, like outside of normal business hours

Do Impending Danger Threats prevent the caregiver from adequately functioning in primary adult roles?

The question here is really about the capacity of the caregiver. How much can we expect from him or her? This is not a “yes” or “no” question. We need to describe the scope of the impact of the condition on the parent’s life.

Example: The parent’s depression is so pervasive he can’t function in a job, shop or keep up the house. We can’t expect him to be very active in our Safety Plan. We’ll need to do more to compensate for his inability to function.

If the Impending Danger Threats are constantly and totally incapacitating to caregiver functioning, it will be harder to develop a sufficient in-home plan. This is especially true if the family doesn’t have relatives and other informal supports available. We are more likely to decide, at the end of our analysis, that we need an out-of-home Safety Plan. This is just a caution, however we haven’t proceeded far enough in our analysis to make that judgment yet.

Analysis Question Two: Can the family manage and control the Impending Danger Threats without direct assistance from CPS? (RG 6)

Now that we understand how the Impending Danger Threats play out in the family, we need to consider whether the family can shield the child from them on their own, without CPS directing and managing it. This is reflective of the CPS value of honoring family autonomy. We only impose control if the family can't do it on their own.

There are two ways the family could fulfill the goal of assuring child safety.

Is there a non-maltreating/non-threatening caregiver in the home that has sufficient protective capacities to protect and demonstrates willingness to do so?

In order to decide whether this is an option, consider if the caregiver:

- Has demonstrated the ability to protect the child in the past?
- Is properly attached with the child?
- Is empathetic and believes the child?
- Is physically and emotionally able to intervene and protect?
- Clearly understands specific threats to safety?
- Has a specific plan for protection?
- Is cooperative and properly aligned with CPS?
- You must have affirmative answers to all these questions before you can have confidence that the caregiver is able to protect without CPS assistance.

Example: A child with significant medical needs receives care from her mother while her father works during the day. Recently the child's physical state has deteriorated and a physical exam establishes that the child has developed bedsores because her mother is not changing her position during the day. The mother is overwhelmed with her responsibilities and avoiding the child. When her father learns of this, he hires a home health aide to provide this needed care.

Example: The mother's live-in boyfriend periodically uses cocaine and becomes agitated. He recently became aggressive toward the child when he was high. The mother is appropriately concerned for the child. She has detailed plans for leaving with the child and staying with a good friend if her boyfriend comes home high again. There is no reason to believe her boyfriend would stop them, since he doesn't want anyone around when he is high.

Sometimes a non-threatening caregiver does not realize the threat to the child until an incident of maltreatment occurs. The caregiver's response to the incident gives us information to consider in making this judgment.

Can the maltreating/threatening caregiver leave the home and remain absent?

In order to decide whether this is an option, consider:

- Who initiated the idea? It is a stronger option if the threatening caregiver initiated the plan.
- What are the threatening caregiver's attitudes about the plan? It is a better option if s/he is remorseful and concerned about the child.
- What is the threatening caregiver's general personality? This is not a strong option if the threatening caregiver is manipulative or impulsive.
- How reasonable and practical is this option? Can the family function without this person in the home?
- Where will the threatening caregiver reside? This is a stronger option if the threatening caregiver has a stable, adequate alternative living arrangement. S/he will not be likely to remain out of the home if the alternative does not provide a reasonable standard of living.
- How does the remaining caregiver feel about the plan? The remaining caregiver needs to have a strong commitment to the plan that will remain steady across time. S/he needs to have a stronger commitment to the child than the partner.
- Can the remaining caregiver meet the needs of the family alone? Will the children receive adequate care with the remaining caregiver? Will s/he have the financial means to care for the children?
- Can we have confidence in the plan without actively monitoring it?
- Are there legal sanctions available to formalize the plan and enforce it?

Example: The child reports her father has been sexually abusing her when her mother is gone. When her mother learns of this, she believes the child and is committed to her safety. The father is remorseful and offers to leave the home. He will live with his brother and continue to contribute financially to the family. Criminal charges have been filed and he is ordered to have no contact with the child. The mother is clearly aligned with the child and plans to call 911 if the father would come to the home.

In order to judge whether the remaining caregiver is able to provide for the child, all the points under the first question are pertinent.

Analysis Question Three: Can an in-home plan work for this family? (RG 7)

Whenever possible, we want to control the threats to safety in the home so that the child does not need to leave. Placement introduces trauma and loss for the child. The parents are also in a better position to learn new parenting behaviors when they continue to be responsible for the care of their child. Considering the aspects of the third analysis question is an important part of demonstrating reasonable efforts to avoid placement and honoring family integrity.

There are four questions we will consider in order to judge whether an in-home plan is appropriate for this family. We need to have a “yes” answer to all four of these questions in order to proceed with creating an in-home plan.

1. Are parents/caregivers willing for services to be provided and will they cooperate with service providers?

This refers to the most basic level of agreement to allow safety control service providers in the home and participate in the plan. The caregivers do not need to agree with the Safety Assessment. They do not need to like the plan. They do not need to interact with you in a manner you would characterize as “cooperative”. Willingness to allow the plan to avoid placement of the child is sufficient. The caregivers must be willing to engage with the safety control service providers who will be in the home.

2. Is the home environment calm and consistent enough at a minimal level so that services can be provided and service providers will be safe in the home?

Calm and consistent refers to the routine and predictability of the home. The environment must be calm and consistent enough that safety control services can be scheduled and the schedule will be followed.

A home is not sufficiently calm and consistent if there are frequently groups of outside people congregating in the home who would interfere with the ability to provide services, and these people will not disperse when safety control service providers arrive. Judgments about things like “calm and consistent” and the intrusiveness of people in the home can be easily influenced by culture. Guard against imposing your personal values.

The home must be a safe place for safety control service providers. If there is anyone in the home who is a threat to the physical safety of providers, an in-home plan is not possible.

3. Can safety services that control all the conditions affecting safety be put in place without the results of any scheduled evaluations?

Professional evaluations may include medical, mental health or substance abuse evaluations.

You would answer “no” to this question only if you cannot develop an in-home Safety Plan without the specific knowledge you would gain from the evaluation results. That knowledge would need to be critically important in understanding the Impending Danger Threats or the ability to participate in an in-home plan.

Example: The father has recently suffered a traumatic brain injury. The mother reports wide mood swings and threatening behavior. You may need evaluation that addresses his potential for violence before you can judge whether an in-home plan could be sufficient and safe for safety control service providers.

Example: You are unable to gather sufficient information to judge the pattern of the caregiver’s cocaine use. There are some indications the caregiver has developed paranoia due the chronic use. The absence of this information makes it impossible to understand when control services would be necessary. You need a substance abuse evaluation to provide information about the frequency of use, pattern of use and degree of impairment of the caregiver.

Mental health and substance abuse issues are encountered frequently in CPS work and may be central to the caregiver’s ability to provide for the child. Often, an evaluation is necessary in order to begin the treatment process. You may feel great urgency to get the evaluation under way so that these issues can be addressed. Do not confuse the urgency you feel with a need to have evaluation results for safety planning. In these circumstances, the evaluation can and should be pursued in tandem with the in-home Safety Plan.

Example: The mother of an infant appears to be severely depressed and stays in bed much of the day. The baby’s father cares for him in the evening when he is home from work. You know you need someone to care for the baby all day when the father is working. While you may reasonably feel urgency to get a mental health evaluation for the mother as soon as possible in order to address her depression, it is not necessary in order to put a Safety Plan in place.

4. Are parents/caregivers residing in the home?

In order to answer “yes” to this question, the family must have a home and be expected to live there for as long as the Safety Plan may be needed. The families with whom we work often experience instability in housing due to poverty. You need to make a judgment about whether the current living situation is stable enough to allow an in-home plan.

Living in a car does not provide sufficient stability for an in-home plan. If the family is temporarily living with others, you will need to judge the stability of that living situation. The other questions here will help you do so.

The family may be currently facing threat of eviction. Your answer to this question will depend on how inevitable that eviction may be. It may be that our first safety response needs to be addressing the concrete need for housing support.

A caregiver must live in the home full-time.

Analysis Question Four: What would we need to put in place in the home to control Impending Danger Threats? (RG 8)

- What safety responses would control the Impending Danger Threats?
- What informal or formal providers could implement those responses?
- Do the providers meet the qualifications for safety response providers?
- How, specifically, would providers control the threat?
- What would the schedule be for each provider?
- Review the in-home plan for overall sufficiency. Does the in-home plan, as a whole, provide sufficient control?
- Do the needed services exist?
- Are they available at the level and times required?
- How will you communicate with providers and the family to actively manage the in-home safety plan?

Safety Control Responses (RG 9)

These responses are frequently used in CPS in-home safety plans to control the Impending Danger Threats. This list is intended to stimulate your thinking, but do not allow it to limit your creativity.

Separation

Separation involves arranging for any member or members of the family to be out of the home for a period of time. It may involve any period of time from an hour to a weekend to several days in a row. It may involve a parent leaving the home if the child is left with a parent or caregiver with sufficient capacity to provide adequate care. What the family member does and where he or she goes is really secondary to the goal of giving the caregiver and child time away from each other.

Separation may be an appropriate safety response in a range of family conditions. In a family where the accumulation of caregiving responsibilities or build up of tension or other negative emotions pose a threat to safety, separation can interrupt this cycle. Separation may be imposed during times or circumstances that are particularly volatile. Some circumstances require provisions for flexible respite care when the parent feels the need for it. This response may provide a needed break for the child, as well as the parent. Because it usually involves a provider, it introduces an element of supervision of the family, as well. Separation may be used in combination with other safety responses at times that providers are not available. It may be used until another preferred safety response becomes available.

Separation may involve informal or formal providers. The child may stay with a friend, neighbor or relative for part of a day or a weekend. These informal connections are a preferred option for separation as they are generally less stressful for the child. The child may spend time in day care, after school care or recreational activities. Foster care providers may be used for short-term respite. The parent may leave the home for a break or during a critical time of day or circumstance. Where the parent goes and what s/he does is not that significant as long as the plan can be formalized and monitored.

Concrete Resources

Concrete resources are an appropriate safety response when a shortage of family resources or resource utilization threatens child safety. Concrete resources may involve provision of food, clothing or housing. It may include day care while a parent works. Sometimes a family may require transportation related to child safety, such as transportation to necessary medical care. A concrete service may repair the home so that it is safe. Financial supports are also concrete resources.

Concrete resources may be provided by informal providers, community based organizations, faith communities or governmental services.

Crisis Management

A crisis is a situation that involves disorganization and emotional upheaval and results in an inability to adequately function and problem solve. The purpose of crisis management is resolution of the crisis and immediate problem solving in order to control the threat to safety.

Crisis management may be required due to a parent's general personality, life circumstances or underlying conditions that result in periods of immobilization and/or high emotion. The family may be living in circumstances that are volatile and safety planning may, therefore, include a contingency plan in case of crisis. A crisis management response must be available immediately in the time of crisis and must, therefore, have flexible availability. This is not a response that can be scheduled in advance on a set schedule.

Crisis management may utilize informal or formal providers. Some families have connections with friends or relatives who have been able to help them resolve crises in the past. These people can be built into the Safety Plan as long as they have flexible availability. A community may have a mobile response team that can provide crisis management. Crisis phone lines have good availability and may be part of crisis management. Frequently, in-home teams that are providers for other safety responses make provisions for response in times of crisis.

Social Connection and Emotional Support

Social connection and emotional support is an appropriate safety response for a parent whose isolation and unmet emotional needs result in threats to child safety. This is only an appropriate safety response if the planned connection and support has an immediate impact on the parent's behavior toward the child. For example, a young, inexperienced mother can respond to her infant's needs for care when someone is there several times a week to tend her emotional needs, discuss how she is doing and provide praise and support for her efforts with the baby. In the absence of this, the mother is distracted by her own emotional state and withdraws from the care of the child. This response may also be appropriate for parents who are overwhelmed with parenting responsibilities or developmentally disabled. The ability to anticipate scheduled social connection and emotional support often helps parents avoid feeling alone and overwhelmed between scheduled meetings. As a secondary benefit, social connection and emotional support responses may provide some degree of monitoring of what is happening in the home. This is not the primary function, however.

Social connection and emotional support may involve informal or formal providers. Providers may include, but are not limited to: friends, neighbors, relatives, volunteers, agency paraprofessionals, home-based teams, support groups, or the CPS worker.

Supervision and Monitoring

Supervision and monitoring involves someone in the home overseeing family activity or conditions. This should not be confused with the CPS worker's responsibility to supervise the in-home plan as part of the safety management responsibilities. Supervision and monitoring may be an appropriate response during times in which the threat to safety is likely to manifest. Supervision is only an appropriate response if the presence of the provider will diffuse the situation or the provider can take action to thwart any threat to safety. Supervision and monitoring may also be an appropriate response to keep track of what is happening in the family and monitor the emotional climate. For example, this may be an effective response for a family with a high degree of tension between a parent and child. The provider may come in several times per week and assess the tension level, discuss what has happened in the family since the last meeting and discuss any circumstances likely to occur before the next meeting. This is only an appropriate response if such discussions have an immediate impact on the parent's functioning that is sustained until the next meeting. The provider must have a clear understanding of how to respond if s/he finds the level of tension is too high to respond to periodic supervision or the family needs some kind of emergency response during the time the provider is in the home.

Supervision and monitoring may involve informal or formal providers. Informal providers, such as friends, neighbors or relatives, may be especially effective for providing supervision during critical times of day or family events (such as putting the child to bed). Formal providers may include, but are not limited to: in-home teams, agency paraprofessionals and the CPS worker.

Basic Parenting and Home Management

Basic parenting and home management usually involves compensating for the parent's inability to perform basic parenting and other life skills that affect child safety. Basic parenting includes functions like feeding, bathing and supervision. While the provider may seek to involve the parent in these functions and do some teaching, the response is only appropriate on a Safety Plan if the goal is control, not changing the parent's behavior. The provider is responsible for seeing the functions are performed. Basic home management involves functions like maintaining a safe home and managing money. The provider assumes responsibility for these functions are so that the child is safe.

Basic parenting and home management may involve informal or formal providers. Providers may include, but are not limited to: friends, neighbors, relatives, volunteers, service organizations, agency paraprofessionals, protective payees, in-home teams and the CPS worker.

Medical and Mental Health Intervention

Medical and mental health intervention includes medical or mental health services that are intended to control a threat to child safety, not change a medical or mental health condition. This may include provision of medical care in the home like monitoring health conditions, such as blood sugar level, that may affect safety or providing specialized care, such as maintenance of a feeding tube or breathing support. This response may include supervision of medication that controls threats to safety such as medication to control mental illness or substance use. Medical or mental health assessments are never a safety control response because they are intended to provide information, not control behavior.

Medical and mental health intervention may include informal providers such as friends, neighbors or relatives. Though many of these functions require special skills, an informal provider may monitor medication compliance or be trained to perform special medical services such as maintaining a feeding tube. Formal providers include, but are not limited to: home health services, public health staff, mental health personnel, substance abuse personnel, nurses and physicians

Safety Control Responses and eWiSACWIS Safety Service/Action Types (RG 10)

Separation

- Child-Oriented Activity
- Daycare
- Hospitalization
- Respite Care

Concrete Resources

- Chore Services
- Daycare
- Financial Services
- Food/Clothing Service
- Housing Services
- Transportation Services

Crisis Management

- Individual or Family Crisis Counseling

Social Connection and Emotional Support

- Social/Emotional Support

Supervision and Monitoring

- Supervision/Observation

Basic Parenting and Home Management

- Basic Home Management/Life Skills
- Basic Parenting Assistance
- Chore Services
- Unique Child Condition Service

Medical Intervention

- Hospitalization
- In-Home Health Care
- Emergency Alcohol or Drug Abuse Services
- Emergency Medical Care

Qualifications of Safety Response Providers (RG 11)

Safety response providers may be informal providers (extended family, friends, neighbors, connections from faith or other organizations) or formal providers (contract service providers, public health, day care or other services). In either instance, they must meet the following qualifications to be included in the in-home Safety Plan.

- **They must be available when required.**
Once you have identified the times a safety response is needed, you must find providers who are available during those times. Formal service providers must have availability that is flexible enough to meet the family's need. Informal providers must be available when needed and be able to maintain that availability as long as the Safety Plan is needed. In either instance, the provider must understand why that particular schedule is critical to assuring child safety.
- **They must be properly aligned with the child and CPS.**
Safety response providers must understand the child's need for protection and see that as the priority. Informal providers with pre-existing relationships with the family must be aligned with the child and view that alignment as in the best interests of everyone in the family. A provider who is primarily aligned with the parent and sees the child as responsible for the problems is not a qualified safety response provider.

Both formal and informal safety response providers must understand and respect the role of CPS. They must understand the need for CPS to take primary responsibility for assuring child safety in the current family circumstances. They must respect the CPS role of directing their actions with the family and act accordingly.

- **They must be trustworthy and committed.**
If they are to be a safety response provider, you must have confidence they will follow through with the plan as designed. You must be sure they will perform their role and continue to do so through the life of the in-home Safety Plan.
- **They must understand the Impending Danger Threats.**
They must have a clear understanding of why the child is not safe and how the Impending Danger Threats play out in the family. Share information from Analysis Question One with them so that they better understand family dynamics.

- **They must understand their function.**

They must have a clear understanding of what they are being asked to do and a thorough understanding of how they will spend their time when in the home. General instructions like “provide supervision” are not sufficient. They will fulfill their role in a more meaningful way if they receive explicit instruction. “When you arrive talk with the dad about what has happened since you were last there. Identify any problems that may be developing and check to see how he is feeling toward the child. Get the child’s perspective on this, as well. Be sure there isn’t any fighting or blaming going on while you are there. Be sure things are not tense between them when you leave.”

Be sure formal service providers understand they are in the home to provide a response meant to control Impending Danger Threats, not treatment services designed to facilitate long term change. Many formal providers come from a treatment orientation and easily slip into the role that is most familiar to them. Sometimes it may be appropriate to have them work on some change-oriented goals while they are in the home. For example, an in-home service team providing supervision and monitoring as part of a safety plan may also help the parent develop appropriate expectations of the child. Be sure the safety function remains the highest priority. It is their primary reason for being there. This may require close management of the Safety Plan and frequent communication with the provider.

- **The provider must be supportive and encouraging.**

The relationship between the caregivers and provider will be critical to the success of the Safety Plan. Even under good circumstances, it is often difficult for families to maintain their participation in a Safety Plan. This will be exacerbated if the provider’s attitude is punitive or judgmental. Everyone who works with the caregivers should be committed to encouraging them to resume their role as primary protector of the child as soon as possible.

- **They must recognize signs of problems and know what to do if they see those signs.**

The discussion with the provider must include anticipation of problems the family may have and planning for what to do in those circumstances. How should the provider intervene with family members if problems arise when the provider is there? Are there circumstances under which the child would need to be separated from the parent? Who will provide consultation and direction to the provider if problems occur? How can the provider contact this person? The Safety Plan is stronger if the provider has a clear picture of what problems require intervention and what that intervention should look like.

Qualities of Sufficient Safety Plans (RG 12)

Necessary Responses and Providers are Available Now

All responses described in the in-home Safety Plan need to be available immediately. You cannot put some of the providers in place and wait for the others. If necessary services will be delayed due to a waiting list or other practicalities, you must put some other response or provider in place to serve that function until your preferred service is available. In some instances, this may require short-term out-of-home placement until the service is available.

Control Services – Not Change Services

The purpose of our Safety Plan is to assure child safety while we are working toward change in the family. We need a Safety Plan to safeguard the child because change takes time and is uncertain. Be sure the change services are on the case plan, where they belong. The services on the Safety Plan must impose control or substitute for the caregivers' diminished protective capacity until the caregivers are able to take over this function on their own.

Specifically Addresses each Impending Danger Threat

Your in-home Safety Plan needs to be crafted by considering each of the identified Impending Danger Threats and what it would take to control it. This is where you start. You don't start by looking at what services are available and plugging them in. You don't develop a global plan for safety. Your plan needs to be responsive to the specific threats you have identified. They drive the planning process.

The Plan Needs to have Immediate Impact

It needs to be clear that the plan will be effective in controlling the Impending Danger Threats or their impact on the child as soon as it is in place.

The Level of Service Needs to be Sufficient to Control the Impending Danger Threats

There needs to be sufficient frequency and duration of services so that it can control the Impending Danger Threats or their impact on the child. Refer to your answers to Analysis Question One and consider your answers to the questions about duration, frequency and predictability to inform this judgment.

The Plan is only as Intrusive as it Needs to Be

A sufficient Safety Plan is a balance. It needs to include enough service to control the Impending Danger Threats, but it cannot be any more intrusive than it needs to be. The first consideration here is whether you can control the Impending Danger Threats with an in-home Safety Plan. That is certainly less intrusive to family integrity than an out-of-home plan. This consideration is also a necessary component of demonstrating reasonable efforts to avoid placement.

You need to consider the goal of least intrusive level of services that is sufficient to control the Impending Danger Threats when developing your in-home Safety Plan, as well. These plans sometimes fail because service participation is overwhelming for parents. Having someone in

your home every day is difficult and stressful. The practical impact of a plan may make it difficult for the parents to continue meeting their other responsibilities in life. When developing the in-home Safety Plan, be sure every service contact is necessary. Consider the issue of intrusiveness from the family's cultural perspective. Continue monitoring this as the plan is implemented. If the Impending Danger Threats can be controlled with a lower level of service, modify it immediately. This is an important aspect of managing the Safety Plan.

The Plan Needs to Cover Critical Times and Circumstances

Your answers to Analysis Question One will help you with this. Consider the information you have about critical times of day or events that trigger operation of the Impending Danger Threats. Think about the caregivers' and childrens' schedules. Your Safety Plan needs to address these critical times, even if they are inconvenient for service providers. The availability of appropriate informal resources, such as extended family, neighbors or friends, can be a real asset when the family needs provider availability nights and weekends.

The Plan Doesn't Rely on Caregivers' Promises to Stop Behaviors or Act Differently Toward the Child

"I promise I'll never do it again" is not an adequate Safety Plan, even when delivered with sincerity and commitment. You can't rely on caregivers' intentions to be different. If it were that simple, the child probably wouldn't be unsafe in the first place.

Sometimes, the crisis of an event of maltreatment or CPS intervention can precipitate changes in a caregiver's behavior. You don't want to dismiss that possibility but you can't rely on it without evidence of the change. An in-home plan to control the Impending Danger Threats is still necessary. If the parent does change his or her behavior, the plan can be modified or disengaged. This is one of the reasons close management of the Safety Plan is necessary.

You do need to rely on caregivers' promises to allow and participate in the Safety Plan. This discussion with them is part of Analysis Question Three that allows you to move forward with an in-home plan.

CHILD PROTECTIVE SERVICES SAFETY INTERVENTION STANDARDS

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**Bureau of Programs and Policies
Division of Children and Family Services
Wisconsin Department of Health and Family Services**

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SAFETY INTERVENTION STANDARDS

Introduction

A thorough understanding of child safety decisions and actions is essential and relevant for both initial assessment/investigation and ongoing Child Protective Services (CPS). Safety assessment, safety analysis, safety planning, and the management of child safety occur in every aspect of CPS involvement with a family. CPS has the following fundamental safety intervention responsibilities:

CPS Access:

- Gathering information related to present and impending danger threats to child safety; and
- Making screening, urgency, and response time decisions based on threats to child safety.

CPS Initial Assessment/Investigation:

- Collecting thorough safety related information with respect to individual and family member functioning;
- Analyzing the information in order to determine whether a child is safe or unsafe;
- Developing safety plans that are effective in assuring child safety and are the least intrusive to the family; and
- Overseeing and managing child safety.

CPS Ongoing:

- Evaluating the existing safety plan developed during initial assessment/investigation;
- Managing and assuring child safety through continuous assessment, oversight, and adjustment of safety plans that are effective in assuring child safety and are the least intrusive to the family;
- Engaging families in a case planning process that will identify services to address threats to child safety by enhancing parent/caregiver protective capacities; and
- Measuring progress related to enhancing parent/caregiver protective capacities and eliminating safety related issues.

A collaborative relationship between CPS and parents/caregivers that is based on practice principles of respect, honesty, equity, and self determination is critical for effective safety assessment, planning, and management. The parents or caregivers are viewed as the primary authorities in the family and are most accountable for safety and

security within the family unit. CPS seeks to have a partnership with parents/caregivers, in so far as reasonable and possible, for the purpose of enhancing parent/caregiver protective capacity to enable parents and caregivers to provide a safe home for their children independent of CPS.* In addition to the relationship between CPS and parents/caregivers, it is important to seek out involvement from extended family, community supports, friends, etc. who can help parents/caregivers and CPS manage child safety.

* NOTE: Refer to the Glossary for the definition of safe home.

I. Safety Intervention

I.A. Definition and Principles of Practice

Safety intervention refers to all the decisions and actions required throughout CPS involvement with the family to assure that an unsafe child is protected. Safety intervention respects the constitutional rights of each family member and utilizes the least intrusive intervention to keep a child safe.

Safety intervention consists of:

- Collecting information about the family to assess child safety;
- Identifying and understanding present and impending danger threats;
- Evaluating parent/caregiver protective capacities;
- Determining if a child is safe or unsafe, and
- Taking necessary action to protect an unsafe child.

If a child is unsafe, the following apply:

- Engaging parents/caregivers in the development and implementation of a safety plan;
- Continuously managing safety plans that assure child safety;
- Creating and implementing case plans that enhance parent/caregiver protective capacities and decrease impending danger threats;
- Supporting and empowering a parent/caregiver in taking responsibility for the child's protection, and
- Establishing a safe, permanent home for an unsafe child.

When a child is unsafe, CPS must collaborate with the family to develop and implement a protective or safety plan.

Parents/caregivers are an important resource in developing protective or safety plans. This does not mean that parents/caregivers are responsible for or have to agree with the need for a safety plan to control present or impending threats to safety but they do

have to be willing to be involved and cooperate with the use of a protective or safety plan. Once it has been determined that a child is unsafe, CPS should take action as necessary to control threats to child safety. While parents/caregivers must be kept fully informed of safety decisions and involved in safety planning, CPS has the responsibility to control threats to child safety. The level of CPS involvement and/or intrusion with a family with respect to controlling and managing child safety depends on how threats to safety are operating in a family and the willingness and capacity of parents/caregivers to follow through with the requirements of a safety plan.

I.B. Court Intervention

If the family is unable or unwilling to control present danger and/or impending danger threats to safety through the use of an in-home safety plan, CPS must consult with the district attorney/corporation counsel to assure that necessary services (in-home or out-of-home) are ordered by the court and implemented or take other reasonable action (e.g. Temporary Physical Custody) to immediately assure child safety.

I.C. ICWA Requirements

In all aspects of safety intervention, an Indian child's family and tribe must be informed and the Indian Child Welfare Act (ICWA) must be followed. [25 USC 1901 to 1923]

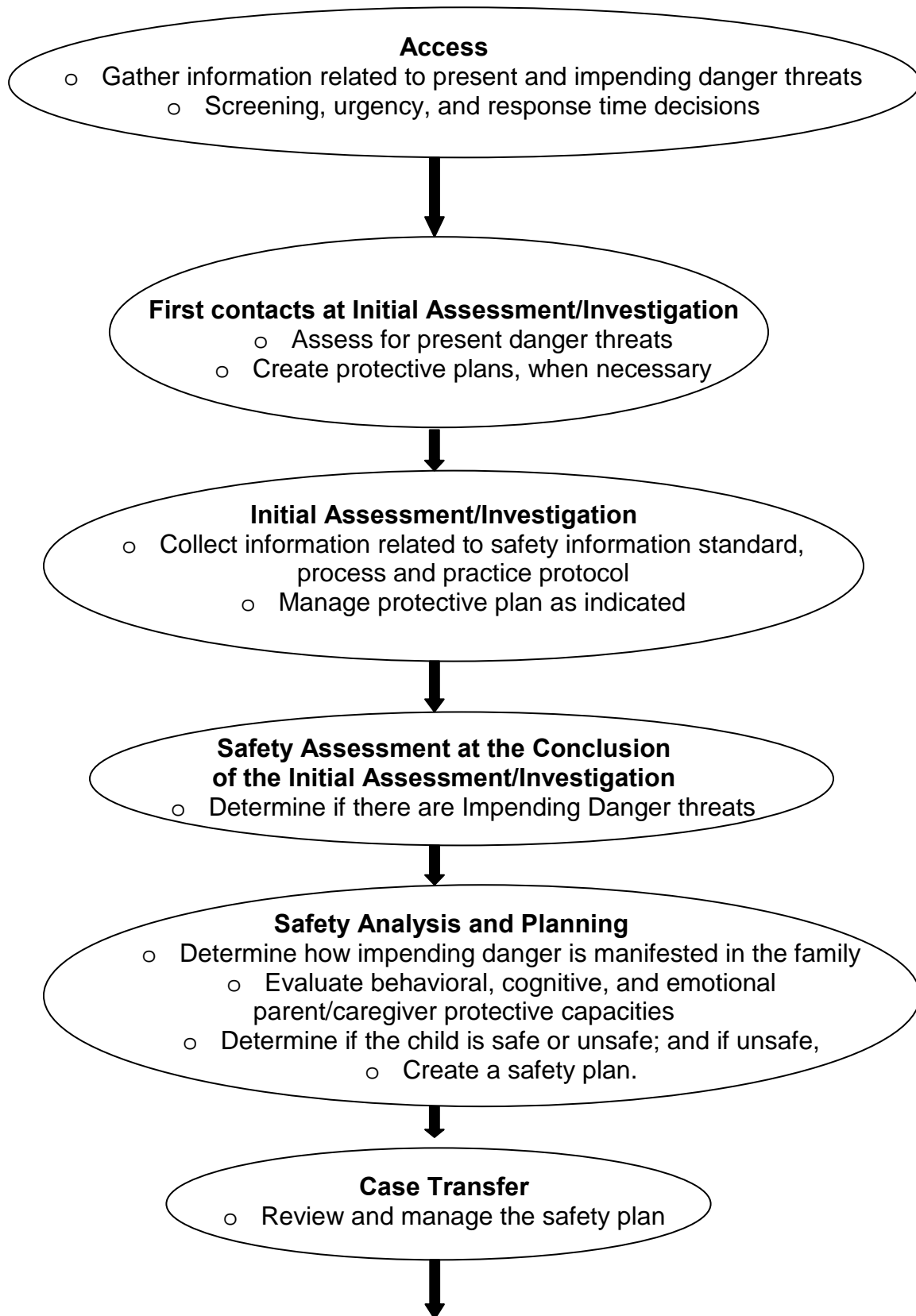
If a petition is filed on behalf of an Indian child, as defined in the Indian Child Welfare Act, CPS must notify the tribe, tribes or Bureau of Indian Affairs as required in ICWA and in accordance with the policy "Identification of Indian Children and Proper Notification in Cases Subject to the Indian Child Welfare Act." [DCFS Memo Series 2006-01]

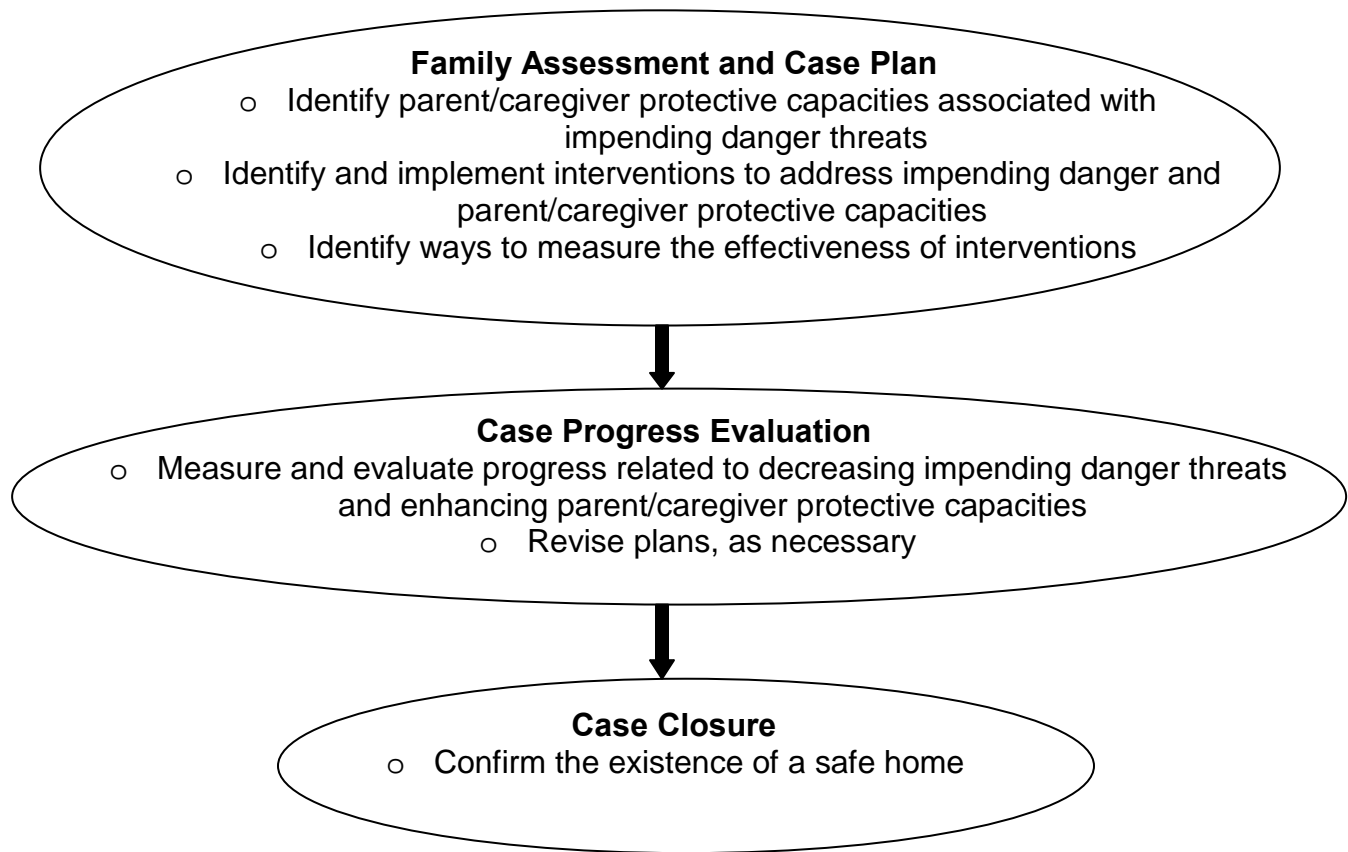
When an Indian child is placed in out-of-home care all ICWA requirements regarding placement preferences must be followed. All actions taken to comply with ICWA must be documented in the case record.

Additionally, the ICWA requires notification to the appropriate tribe when an Indian child is removed from his or her parent or Indian Custodian for temporary placement in a foster home or institution or the home of a guardian or conservator where the parent or Indian Custodian cannot have the child returned upon demand.

CPS Case Flow and Safety Intervention

There are key decision-making points in the CPS case process as it relates to child safety. However, these critical points in safety intervention are not mutually exclusive and can occur throughout CPS involvement. When there is a new report of maltreatment or safety threats emerge in Ongoing Services, CPS assesses threats to safety and, when appropriate, develops and implements a safety plan to control identified threats. The following chart shows the relationship between safety assessment, safety analysis, and safety planning throughout the CPS case process.





II. Assessing and Controlling Present Danger Threats at the Initial Contact with Families

At the onset of the Initial Assessment/Investigation or at any point of CPS involvement with families when there is a reported crisis or a new referral, CPS will begin a safety assessment by focusing on whether there are present danger threats to a vulnerable child's safety. (See *Safety Appendix 1: Present Danger Threats to Child Safety and Safety Appendix 2: The Vulnerable Child*)

Present danger threats are the primary basis for assessing child safety at the onset of the Initial Assessment/Investigation. While it is possible to begin gathering information at first contact with families that may reveal indications of impending danger (e.g. prior involvement at either initial assessment/investigation or ongoing services provision), typically impending danger can only be identified through the collection of information about the family/ family member functioning. (See *Safety Appendix 6: The Danger Threshold and Impending Danger Threats to Child Safety*)

II.A. Assessing for Present Danger Threats

CPS must assess and evaluate the family and home situation to determine whether a child is in present danger at the following points in the case process:

- information gathering and screening at Access
- determining the response time at Access
- making the initial face-to-face contact with the child(ren)
- making the initial face-to-face contact with the parents/caregivers

A protective plan is an immediate, short term strategy in response to the identification of present danger threats. The protective plan provides a child with adult supervision and care to control present danger threats and to allow for the collection of information that can be used to determine impending danger and parent/caregiver protective capacities. A protective plan may be a voluntary arrangement made between a family and an agency (in the home or outside the home), or it may be a plan put in place via a temporary physical custody (TPC) request to the court.

II.B. Creating a Protective Plan

With the identification of present danger threats, CPS must establish a protective plan. (See: *Safety Appendix 3: Establishing and Implementing the Protective Plan*) A protective plan must include immediate action(s) to control present danger threats while more information about the family is being gathered through the course of the initial assessment/investigation.

When creating a protective plan CPS must:

- inform the parents/ caregivers why the child is determined to be unsafe (present danger threats),
- identify with the parents/caregivers what protective plan options are available and acceptable,
- inform the parents/caregivers of the role of CPS to assure the child is protected,
- attempt to use resources within the family network to develop the protective plan,
- confirm that there is agreement by all participants,
- put the plan into place before CPS leaves the family/situation, and
- consult with a supervisor or her/his designee regarding the protective plan by the next working day.

In cases where resources within the family network are not available, accessible, or appropriate, CPS must use formal resources to develop the protective plan. It is typical in these situations to have a combination of informal and formal resources that are put in place for the protective plan.

A protective plan involving emergency removal must be used when present danger threats exists and family network or formal resources are not available or accessible or parents/caregivers are unable/unwilling to permit CPS to implement a protective plan.

II.C. Documentation

A protective plan must contain specific information regarding how present danger threats will be controlled.

Details of a protective plan must include a description of:

- the identified present danger threats that result in an unsafe child,
- how the protective plan is intended to control identified threats to each child's safety including:
 1. the name(s) of the responsible/protective adult(s) related to each protective action, and an explanation of the person(s) relationship to the family,
 2. the actions/services to assure child safety including frequency and duration,
 3. the child's location, alleged maltreater, and parent/caregiver access, and
 4. how CPS will oversee/manage the protective plan, including communication with the family and providers.

A copy of the protective plan must be provided to the family and, if appropriate the out-of-home care provider. When children are placed through a temporary physical custody request (TPC), this document and supporting case information serve as the protective plan.

III. Safety in Out-of-Home Placement

III.A. Evaluating Safety in Unlicensed and Licensed Homes When Placing a Child in Out-of-Home Care as Part of a Protective Plan

Whenever CPS implements an out-of-home protective plan either in a licensed or unlicensed home to control present danger threats, CPS must assess and evaluate the safety of the placement setting as outlined below:

- Prior to implementing the out-of-home protective plan, CPS must assess and evaluate the safety of the placement through direct contact with the substitute caregiver. This also includes a discussion of the expectations and their role in the protective plan as well as any issues related to the care of the child.
- Prior to a child's placement with an unlicensed caregiver (e.g. relatives, friends, neighbors), CPS must request a check of law enforcement records on all individuals residing in the identified placement home. If a home visit is not conducted at the time of the time of placement in an unlicensed home, CPS must document in the family case record how child safety was ensured in the placement setting.
- When a home visit is not conducted at the time of placement in an unlicensed home, CPS must, within 24 hours of placement, conduct a home visit to assess safety and the home conditions, and to assist the caregiver in setting up whatever provisions are needed for the care of the child.
- When a child is placed in an unlicensed home, a CPS records check must be completed within 24 hours of placement.
- Within five (5) working days of placement in a licensed home, CPS must conduct a home visit to reassess the home conditions and assist the caregiver in setting up whatever provisions are needed for the care of the child.

(See: *Safety Appendix 4: Present Danger Threats in Placement Homes*)

III.B. Documentation

Information related to *III. Safety in Out-of-Home Placement* must be documented in the family case record.

IV. Safety Management during Initial Assessment/Investigation

IV.A. Overseeing the Protective Plan and Monitoring Safety

The protective plan remains in effect during the period of initial assessment/investigation or until information is gathered to either eliminate the need for a protective plan or create a safety plan based on impending danger threats. For the duration of the protective plan, CPS must review the adequacy of the protective plan weekly and modify, when necessary.

V. Safety Information and Safety Assessment, Analysis, and Plan

V.A. Gathering Safety Related Information during the Initial Assessment/Investigation

In accordance with the CPS Investigation Standards, when the alleged maltreatment is by a primary caregiver, CPS must conduct interviews and gather the following information to assess impending danger and develop safety plans:

1. The extent of maltreatment
2. The circumstances surrounding the maltreatment
3. Child functioning
4. Adult functioning
5. Parenting and disciplinary practices

(See: Safety Appendix 5: Information Needed to Support Safety Decisions and Safety Appendix 6: The Safety Threshold and Impending Danger Threats to Child Safety)

The CPS Investigation Standards also require an assessment of family functioning. This information is related to risk concerns and not threats to child safety.

V.B. Safety Assessment and Safety Analysis

CPS must complete a safety assessment at the conclusion of the initial assessment/investigation of alleged maltreatment by a primary caregiver. The basis for assessing child safety at the conclusion of the initial assessment/investigation is the identification of impending danger threats. If impending danger threats are identified, then a child may be unsafe. (See *Safety Appendix 6: The Safety Threshold and Impending Danger Threats to Child Safety*)

If a safety assessment indicates that a child may be unsafe, a safety analysis must be completed to determine if a child is safe or unsafe by:

- identifying how impending danger threats are occurring in this family, and
- assessing the parent's/caregiver's ability and capacity to provide protection.

The same day a child has been judged to be unsafe (i.e. presence of impending danger and insufficient parent/caregiver protective capacities) CPS must develop and put into place a safety plan.

Initial assessment/investigation information related to adult functioning and parenting should reveal if there are parent/caregiver protective capacities sufficient to manage impending danger. Additional information may be necessary to further identify parent/caregiver protective capacities that will assure child safety.

In most cases, the same day a child is judged to be unsafe a plan to control for child safety must be developed and put in place. There may be extenuating circumstances that are documented in the family case record that allow for the safety plan to be created and implemented within a few days. For instance, a child may not be exposed or be immediately accessible to the parent/caregiver that poses an impending danger or a child is presently safe due to the existence of a protective plan that has been in effect since the beginning of the initial assessment/investigation. That protective plan remains in place until such time as the safety plan is fully established.

If the safety assessment indicates that a child may be unsafe, a safety analysis is completed to further examine specifically how impending danger identified in the safety assessment is occurring in a family and evaluate the capacity of the parent/caregiver or family members to assure child safety. A child is unsafe when the safety analysis concludes that parent/ caregiver protective capacities are insufficient to manage or mitigate impending danger and assure protection. (See *Safety Appendix 7: Parent/Caregiver Protective Capacities*)

If a child is unsafe, a determination needs to be made regarding the level of intervention required to control and manage impending danger threats, including the need for an in-home safety plan, an out-of-home safety plan, or a safety plan that combines in-home and out-of-home options.

V.C.1. Safety Plan

A safety plan is only required when a child is concluded to be unsafe. A safety plan is a written arrangement between parents/caregivers and CPS that establishes how impending danger threats will be managed. The safety plan is implemented and active as long as impending danger threats exist and parent/caregiver protective capacities are insufficient to assure a child is protected. The safety plan must describe in detail:

- the specific impending danger threats,
- the safety services that will be used to manage impending danger threats,
- the names of formal and informal providers that will provide safety services,
- the roles and responsibilities of the safety services providers including a description of the availability, accessibility and suitability of those involved,
- the action/services including frequency and duration, and
- how CPS will manage/oversee the safety plan, including communication with the family and providers.

(See *Safety Appendix 8: Safety Plan Information* and *Safety Appendix 9: Safety Services Information*)

CPS should consider the least intrusive means possible to control impending danger and involve parent/caregivers in a discussion about the results of the safety analysis and the need for a safety plan. CPS should inform parents/caregivers about their rights related to accepting/cooperating with the safety plan as well as any alternatives or consequences.

In order to develop a safety plan that uses the least intrusive means possible, CPS should:

- work to engage parent/caregiver in understanding and accepting the need for a safety plan,
- enlist the parent/caregiver in a process of identifying and fully considering available safety management services/options.

Careful consideration is first given to the use of in-home safety management options followed by combinations of in-home and out-of-home safety management options, before concluding that out-of-home safety management is the only acceptable means to manage impending danger and assure child protection.

V.C.2. Developing a Safety Plan

When developing a safety plan, CPS must first use the in-home safety management criteria in *Safety Appendix 10: In-home Safety Management Criteria* to determine if an in-home safety plan can be implemented and is sufficient to control impending danger threats to assure child safety. CPS must also confirm that parents/caregivers are willing to cooperate with an in-home safety plan and agree with the expectations, designated tasks, and time commitments set forth in the safety plan.

When an in-home safety plan cannot assure that impending danger threats will be managed, CPS must develop an out-of-home safety plan using the criteria in *Safety Appendix 11: Out-of-Home Safety Management Criteria*. CPS must inform the substitute caregivers of the expectations and their role in the safety plan as well as discuss any issues related to the care of the child.

An out-of-home safety plan must clearly outline what is needed (e.g. conditions, expectations, safety services) for the child to return home with an in-home safety plan.

Prior to an unsafe child's placement in a relative or foster home, CPS must formally assess the safety of the placement setting.

V.C.3 Documentation/Supervisory Approval

The safety assessment, analysis and plan must be approved by a supervisor or her/his designee and documented in the family case record.

VI. Initiation of CPS Ongoing Services

VI.A. Reviewing the Safety Plan at the Initiation of Ongoing Services

The review of the safety plan by the newly assigned worker must include:

- a transition meeting between the initial assessment/investigation worker and the newly assigned worker to discuss the specific expectations for CPS oversight of the safety plan,
- meeting face-to-face with parents/caregivers and children within seven (7) working days from the initiation of ongoing services to review their understanding of the safety plan and their roles and responsibilities,
- communicating with safety plan participants/providers, either in person or by telephone, to confirm their continued commitment to and involvement in the safety plan as well as their understanding of their roles and responsibilities, and
- modifying the safety plan as necessary and assuring that all parties involved in the safety plan are informed and remain committed.

Note: There are other times in the case process when a case is transferred from one worker to another or from one county to another. In these circumstances, CPS workers must also have a transition meeting to discuss the specific expectations for CPS oversight of the safety plan.

Attention to child safety is critical during the transition to ongoing services. Key factors associated with safety management oversight include:

1. Contact with the Parents/Caregivers and Children.

The need for contact is qualified by what is happening in a case at the time of case transfer. Based on information from the safety assessment and analysis, some case circumstances may support the need for immediate contact. These may include, but are not limited to:

- changes in circumstances that may impact child safety,
- the complexity or volatility of safety threats,
- the type of safety plan (in-home or out-of-home) and the need to respond differently to each,
- child vulnerability including susceptibility and accessibility to the safety threat(s),
- the level of effort/frequency of activities in the safety plan and reliability of those involved in the safety plan, and
- the confidence related to parent/caregiver participation and commitment to child safety.

2. Evaluation of the Safety plan

CPS staff needs to be proficient in safety management to assure that safety threats are controlled and managed at the needed frequency, duration, and service level. Furthermore, evaluation requires confirming that the safety actions taken by CPS and others match impending danger threats and compensate for the identified diminished parent/caregiver protective capacities.

3. Immediate Adjustment of the Safety plan

Safety planning needs to be understood as dynamic. CPS must act promptly and thoroughly when a safety plan is judged to be insufficient and in need of modification.

VII. Safety Intervention in CPS Ongoing Services Family Assessment and Case Planning Process

The process of assessing parent/caregiver protective capacities meets the requirements set forth in the Adoption and Safe Families Act concerned with integrating safety concerns in case plans and achieving safe homes. Understanding and using the concept of parent/caregiver protective capacities is the basis to address diminished protective capacities and safety threats in case plans.

VII.A. Family Assessment

Conducting the Assessment of Protective Capacities

To assess and identify parent/caregiver protective capacities when a child is unsafe, CPS should:

- review the results of the initial assessment/investigation, safety analysis and plan, and other relevant records,
- verify that the safety plan continues to control safety threats,
- make attempts to engage the family in a collaborative partnership in identifying any parent/caregiver protective capacities that must change to assure child safety,
- evaluate the parent's/caregiver's readiness to change, and
- gather information from the family's informal and formal support system to better understand safety threats, parent/caregiver protective capacities, unmet family needs, and prospective solutions and resources.

(See Safety Appendix 6: The Safety Threshold and Impending Danger Threats to Child Safety and Safety Appendix 7 Parent/Caregiver Protective Capacities)

VII.A. Decisions and Conclusions at Family Assessment

To address child safety, CPS must make decisions and conclusions about the following:

- What parent/caregiver protective capacities are diminished and, therefore, result in impending danger to the child?
- What is the impact of adult functioning on parenting practices?
- What is the impending danger to the child based on how safety threats are manifested in the family?
- Are safety threats being adequately managed and controlled?

Involving Parents/Caregivers in Designing a Case Plan

CPS should discuss with parents/caregivers:

- the circumstances and family conditions involving impending danger,
- the rationale and necessity for safety and case plan services,
- the implications for parent/caregiver participation and commitment to case plans,
- the potential outcomes of successful or unsuccessful case plans, and
- specifically what conditions of the home or parent/caregiver behaviors need to change.

VII.B. Case Plan

VII.B. Case Plan Content

Consistent with the “Ongoing Services Standards and Guidelines for Child Protective Services”, when the family has an out-of-home or in-home safety plan, the first priority for case planning must be reducing the threats to child safety and enhancing the protective capacities of the parents/caregivers so that the family can assure child safety without CPS intervention.

The case plan must include:

1. Identified goals, developed with the family, which are specific, behavioral and measurable with a focus on enhancing parent/caregiver protective capacities in order to establish child safety and a safe home.
2. Identified services and specified roles and responsibilities of providers, family members, and the ongoing service worker to assist the family in achieving the identified goals.

Consideration of the following questions can aid in developing case plans that are successful and focus on changing conditions that make the child(ren) unsafe:

- How can existing enhanced parent/caregiver protective capacities be used to help facilitate change?
- What change strategy (case plan) will most likely enhance protective capacities and decrease impending danger?
- How ready, willing, and able are parents/caregivers to address impending danger and diminished protective capacities, and are there any case management implications?

VII.C. Family Assessment and Case Plan Documentation/Supervisory Approval

Consistent with the “Ongoing Services Standards and Guidelines for Child Protective Services”, the family assessment and case plan, which includes safety intervention information, must have supervisory approval (or her/his designee) and be documented in the family case record within sixty (60) days from the initiation of Ongoing Services.

VIII. Managing Safety during Ongoing Services

Continually evaluating the effectiveness of what has been planned to control safety threats (safety plans) or enhance parent/caregiver protective capacities (case plans) is a critical CPS responsibility in safety and case management. Because family dynamics/situations can change, it is necessary to monitor safety on a continuing basis.

Case management, as applied to safety intervention, refers to

- attempting to engage parents/caregivers in a process for change,
- identifying parents/caregiver protective capacities,
- integrating parent/caregiver protective capacities into case plans,
- arranging and implementing services focused on enhancing parent/caregiver protective capacities,
- communicating routinely with parents/caregivers and service providers,
- identifying and removing barriers and conflict that can jeopardize the successful implementation of the safety plan,
- evaluating parent/caregiver progress, and
- closing the case when a safe home has been achieved.

VIII.A. Monitoring the Safety Plan

In-Home Safety Plan

The CPS Ongoing Services worker must continuously conduct a review and evaluation of the adequacy of an in-home safety plan.

This includes:

- twice a month face-to face contact, at a minimum, with parents/caregivers and child unless a need for more immediate contact is indicated by the information obtained about the family by a safety service provider, and
- once a month contact, at a minimum, with service providers involved in the safety plan.

Out-of-Home Safety Plan

The CPS Ongoing Services worker must continuously conduct a review and evaluation of the adequacy of an out-of-home safety plan. This includes:

- monthly, at a minimum, face-to-face contact with the out-of-home caregiver and child, and
- monthly, at a minimum, face-to-face contact with parents.

Note: CPS must also complete a formal re-assessment of the safety of the placement every six months. This must include confirmation of the continuing suitability of the providers, the absence of safety threats, the presence of indicators that the environment is safe, and the child's adjustment to the placement.

In families where there is an in-home safety plan, information gathered from the parents/caregivers, child, and service providers is used to evaluate and confirm child safety by:

- assuring that the services put in place continue to adequately control identified safety threats,
- assuring that the commitments by the family and providers remain in tact,
- determining whether previously identified safety threats have been eliminated or if the severity has been reduced or increased,
- determining if new safety threats have emerged, and
- modifying the safety (related to impending danger threats) or case plan (related to protective capacities), when appropriate.

In families where there is an out-of-home safety plan, information gathered from the parents/caregivers, child and out-of-home care provider is used to:

- assess if safety threats in the parental home are in effect,
- determine if conditions have changed/can be controlled with the provision of services to allow the child to return home with an in-home safety plan, and
- assess if the child's out-of-home care provider is continuing to meet the child's needs and provide for their protection/safety, and modify the safety or case plan, when appropriate.

VIII.B. Documentation

Information related to the requirements of safety management must be documented in the family case record.

IX. Case Progress Evaluation

The case progress evaluation is a formal opportunity for the family and the Ongoing Services worker to assess and evaluate progress toward enhancing parent/caregiver protective capacities or reducing or eliminating safety threats and to make any needed modifications to the plan to support the family in establishing and maintaining a safe home for their children.

IX.A. Measuring and Evaluating Progress and Change

As part of monitoring an in-home or out-of-home safety plan (*refer to Section VIII.A. Monitoring the Safety plan*) the Ongoing Services worker must conduct a case progress evaluation every 90 days after the initiation of the case plan in order to evaluate the effectiveness of the case plan and measure progress and change.

The goals in the case plan are used as the basis for evaluating progress and change related to enhancing parent/caregiver protective capacities related to impending danger threats.

When the case progress evaluation indicates that the case plan needs to be modified due to changes in parent/caregiver protective capacities or threats to safety, the Ongoing Services worker, in collaboration with parents/caregivers, must revise the plan or create a new case plan.

IX.B. Documentation/Supervisory Approval

Case Progress Evaluation information must be documented in the family case record and approved by a supervisor or her/his designee.

X. Reunification

Reunification represents a specific event within ongoing CPS safety management. It is possible to reunify after parents/caregivers have made progress related to addressing issues associated with safety threats and parent/caregiver protective capacities. The essential question is, "Can the child be kept safe within the home if he or she is returned home?"

X.A. Reunification Criteria and Process

Prior to a child being reunified, the following safety criteria must be met:

- Child safety can be maintained within the child's home,
- Circumstances and behavior that resulted in removal can now be managed through an in-home safety plan, and
- A judgment can be made that an in-home safety plan can be sustained while services continue.

When the results of the case progress indicate that diminished parent/caregiver protective capacities are sufficiently enhanced to manage threats to safety, CPS initiates the process to reunify a child with his or her family.

As a part of this process CPS must:

- conduct a safety assessment and analysis before completing the reunification process, and
- when a child is unsafe, create an in-home safety plan to be implemented when the child is reunified. The in-home safety plan must be managed in accordance with these Standards.

XI. Case Closure

XI.A.1. Safety at Case Closure

Safety intervention at case closure relates to confirming that there are no safety threats or that sufficient parent/caregiver protective capacities exist to protect the child from impending danger.

The CPS responsibilities in making a determination that a safe home exists include:

- a formal safety assessment to make a judgment concerning the absence or presence of safety threats, and
- reassessing parent/caregiver protective capacities.

The Ongoing Services worker should work with the family to assure informal or formal supports are in place prior to case closure. These supports include arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent/caregiver resources and assistance once CPS involvement ends.

XI.A.2. Documentation/Supervisory Approval

Case closure information must be documented in the family case record and approved by a supervisor or her/his designee.

XII. Exceptions

XIII.A. Exceptions can only be made to these Standards when the justification for the exception and the alternative provision to meet the requirement(s) is documented in the case record and approved by a supervisor or her/his designee. Exceptions cannot be granted for requirements of state statutes, federal law, or administrative rules.

GLOSSARY

The management and treatment of threats to child safety is based on concepts that should be fully understood and applied. The foundation for what CPS does during safety intervention is grounded on these concepts. The proficient use of the ideas that are expressed through these definitions is fully dependent on a versatile working knowledge of what these concepts are and how they have relevance, give meaning and apply to safety intervention.

1. **Impending Danger** is a foreseeable state of danger in which family behaviors, attitudes, motives, emotions and/or situations pose a threat which may not be currently active, but can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention. The danger may not be obvious at the onset of CPS intervention or occurring in a present context, but can be identified and understood upon more fully evaluating individual and family conditions and functioning. There are eleven (11) impending danger threats contained as criteria on the Safety Assessment for assessing, determining, and recording the presence of impending danger.
2. **Parent or Caregiver Protective Capacities** refers to personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his or her child. A protective capacity is a specific quality that can be observed, understood and demonstrated as a part of the way a parent thinks, feels, and acts that makes her or him protective.
3. **Present Danger Threats** refer to immediate, significant and clearly observable family condition that is actively occurring or “in process” of occurring at the point of contact with a family and will likely result in severe harm to a child.
4. **Protective Plan** refers to an immediate, short term action that protects a child from present danger threats in order to allow completion of the initial assessment/investigation and, if needed, the implementation of a safety plan.
5. **Reunification** refers to a safety decision to modify an out-of-home safety plan to an in-home safety plan based on an analysis that a) impending danger threats can be controlled; b) parent/caregiver protective capacities have been sufficiently enhanced; and c) parent/caregivers are willing and able to accept an in-home safety plan.
6. **Safe Home** refers to the required safety intervention outcome that must be achieved in order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstance that once established can be judged to assure a child’s safety and provide a permanent living arrangement. A safe home is qualified by the absence or reduction of threats of severe harm; the presence of sufficient parent or caregiver protective

capacities; and confidence in consistency and endurance of the conditions that produced the safe home. The term “safe home” is used in the Adoption and Safe Families Act (ASFA) as the objective of CPS intervention.

7. **Safety** refers to the absence of present or impending danger to a child or routinely demonstrated parent or caregiver protective capacities to assure that a child is protected from danger.
8. **Safety Analysis** refers to an examination of safety intervention information; impending danger threats as identified by the safety assessment; and parent/caregiver protective capacities.
9. **Safety Assessment** means the identification and focused evaluation of impending danger threats as part of the initial CPS intervention and continues throughout the life of the case.
10. **Safety Intervention** refers to all the actions and decisions required throughout the life of a case to a) assure that an unsafe child is protected; b) expend sufficient efforts necessary to support and facilitate a child’s parents/caregivers taking responsibility for the child’s protection; and c) achieve the establishment of a safe, permanent home for the unsafe child. Safety intervention consists of identifying and assessing threats to child safety; planning and establishing safety plans that assure child safety; managing safety plans that assure child safety; and creating and implementing case plans that enhance the capacity of parents/caregivers to provide protection for their children.
11. **Severe Harm** refers to detrimental effects consistent with serious or significant injury; disablement; grave/debilitating physical health or physical conditions; acute/grievous suffering; terror; impairment; even death.
12. **Threat to Child Safety** refers to specific conditions, behavior, emotion, perceptions, attitudes, intent, actions or situations within a family that represent the potential for severe harm to a child. A threat to child safety may be classified as present danger threats or impending danger threats.
13. **Unsafe** refers to the presence of present or impending danger to a child and insufficient parent or caregiver protective capacities to assure that a child is protected.

SAFETY APPENDIX 1

Present Danger Threats to Child Safety DEFINITIONS AND EXAMPLES

Maltreatment

- **The child is being maltreated at the time of the report or at initial contact**
This means that the child is being maltreated at the time the report is being made, maltreatment has occurred the same day as the initial contact, or maltreatment is in process at the time of the initial contact. This does not include chronic neglect that is reported as being ongoing but does not necessarily meet the criteria for present danger.
- **Severe to extreme maltreatment of the child is suspected, observed, or confirmed**
This includes severe or extreme forms of maltreatment and can include severe injuries, serious unmet health needs, cruel treatment, and psychological torture.
- **The child has multiple or different kinds of injuries**
This generally refers to different kinds of injuries, such as bruising and burns, but it is acceptable to consider one type of injury on different parts of the body.
- **The child has injuries to the face or head**
This includes any kind of physical injury to the face or head of the child alleged to be the result of maltreatment.
- **The maltreatment demonstrates bizarre cruelty**
This includes such things as locking up children, torture, extreme emotional abuse, etc.
- **The maltreatment of several victims is suspected, observed, or confirmed**
This refers to more than one child currently being maltreated, rather than other children having been maltreated in the past. This does not include chronic ongoing neglect cases, where there is more than one alleged child victim, if the neglect situation does not meet the criteria for present danger.
- **The maltreatment appears premeditated**
The maltreatment appears to be the result of a deliberate, preconceived plan or intent.

➤ **Dangerous (life threatening) living arrangements are present**

This is based on specific information reported which indicates that a child's living situation is an immediate threat to his/her safety. This includes serious health and safety circumstances such as unsafe buildings, serious fire hazards, accessible weapons, unsafe heating or wiring, etc. It is dependent upon the age and self-protective capacities of the child.

➤ **The current report represents a serious threat to the child and there is a history of reports**

This threat requires no qualification about the nature of the previous reports as in whether they were minor or serious. Family history of reports should always be considered in relation to other threats when making judgments about present danger threats to a child. Serious is consistent with moderate to extreme maltreatment associated with serious family difficulties or stresses, questionable protective capacities, and concerning parental behavior.

➤ **The child is accessible to a maltreater**

This is a present danger threat if the suspected maltreatment is severe to extreme. This applies to circumstances where the maltreater has current access as well as where the maltreater will have access in the very near future, such as at the end of the school day. This also refers to situations where there is only one parent/caregiver, who is isolated from others, and therefore, spends significant amounts of time providing care for a child.

Child

➤ **Parent's viewpoint of child is bizarre.**

This refers to an extreme viewpoint that could be dangerous for the child, not just a negative attitude toward the child. It is consistent with the level of seeing the child as demon possessed.

➤ **Child is unable to care for self and unsupervised or alone at the time of the report**

This only applies if the child is truly without care, it does not apply to a person complaining that the parent has left the child with them and hasn't picked the child up yet. It also only applies to a child left unsupervised now. If the child was unsupervised the previous night but is not alone now, it is not a present danger threat of harm.

➤ **Child needs medical attention at the time of the report**

This applies to a child of any age. To be a present danger threat of harm, the medical care required must be significant enough that its absence could seriously affect the child's health and well-being. Lack of routine medical care is not a present danger threat.

- **Child is fearful or anxious of the home situation at the time of the report**
This applies to children who are described as being obviously afraid of their home situation, their present circumstances, or of a person because of a personal threat.

Parent

- **Parent is intoxicated (alcohol or other drugs) now or is consistently under the influence**
This refers to a parent who is intoxicated or under the influence of drugs most of the time. The parent's ability to care for the child is more important than the use of a substance (drinking compared to intoxicated). Special consideration should be given in cases where methamphetamine use or the manufacturing of methamphetamine is reported. CPS should coordinate the response with law enforcement.
- **Parent is out of control (mental illness or other significant lack of control)**
This can include bizarre or dangerous behaviors as addressed below, but also includes mental or emotional distress where a parent cannot manage their behaviors in order to meet their parenting responsibilities related to providing basic, necessary care.
- **Parent is demonstrating bizarre behaviors**
This will require interpretation of the reported information and may include unpredictable, incoherent, outrageous, or totally inappropriate behavior.
- **Parents are unable or unwilling to perform basic care**
This only refers to those parental duties and responsibilities consistent with basic care or assuring safety, not to whether the parent is generally effective or appropriate.
- **Parent is acting dangerous now or is described as dangerous**
This includes a parent described as physically or verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in an aggressive manner, etc.
- **Parents' whereabouts are unknown**
This includes situations when a parent cannot be located at the time of the report and this affects the safety of the child.

- **One or both parents overtly reject intervention.**
The key word here is “overtly.” This means that the parents refuse access to the child. This means that the parents essentially avoid all CPS attempts at communication and completion of the initial assessment/investigation. In all likelihood this will be considered and acted upon as a present danger threat since it is probable that the overt rejection will begin at the initial contact or closely thereafter thus requiring a protective plan in order for the initial assessment/investigation to continue.
- **Both parents/caregivers cannot or do not explain the child’s injuries and/or conditions.**
Parents/caregivers are unable or unwilling to explain maltreating conditions or injuries which are consistent with the facts.

Family

- **The family may flee**
This will require judgment of case information. Transient families, families with no clear home, or homes that are not established, etc., should be considered. This refers to families who are likely to be impossible or difficult to locate and does not include families that are considering a formal, planned move.
- **The family hides the child**
This includes families who physically restrain a child within the home as well as families who avoid allowing others to have contact with their child by passing the child around to other relatives, or other means to limit CPS access to the child.
- **Child is subject to present/active domestic violence**
This refers to presently occurring domestic violence and child maltreatment or a general recurring state of domestic violence that includes child maltreatment where a child is being subjected to the actions and behaviors of a perpetrator of domestic violence. There is greater concern when the abuse of a parent and the abuse of a child occur during the same time.
- **Family is isolated and there is a report of serious maltreatment**
This refers to both geographic and social isolation. This is a dependent threat, i.e. in and of itself, the isolation of a family is not a present danger threat.
- **Situation may/will change quickly and there is a report of serious maltreatment**
This is not truly a present danger threat of harm, but is pertinent in judging the need to respond in that the change in the situation may result in the loss of opportunity to gather important information

SAFETY APPENDIX 2

The Vulnerable Child

Introduction

Is there a vulnerable child in this family?

Child vulnerability refers to a child's capacity for self-protection. This definition helps to challenge the tendency of associating vulnerability primarily with age.

The Safety Assessment

Child vulnerability is the first conclusion you make when completing a safety assessment. If you conclude that there is not a vulnerable child in the family/household, no further safety assessment is necessary and no safety plan is required. When, however, you determine that a vulnerable child lives in the family/household, then you proceed with completing the safety assessment.

Safety is an issue only when there is a vulnerable child in a family.

Judging Child Vulnerability

In order to judge child vulnerability, you will need to observe the family and gather information to evaluate the child, understand the role the child has in the family, and have a sense of the parent- child interaction or relationship. While the vulnerability of some children is obvious simply by observation (e.g., an infant), it is not uncommon that a CPS worker cannot make an adequate judgment on the vulnerability of a child until the conclusion of the initial assessment/investigation.

The following will assist in judging child vulnerability:

Age – Children from birth to six years old are always vulnerable. Be hyper-vigilant about infants.

Physical Disability – Regardless of age, children who are physically handicapped and therefore unable to remove themselves from danger are vulnerable. Those who, because of their physical limitations, are highly dependent on others to meet their basic needs are vulnerable.

Mental Disability – Regardless of age, children who are cognitively limited are vulnerable because of a number of possible limitations: recognizing danger, knowing who can be trusted, meeting their basic needs and seeking protection.

Provocative – A child’s emotional, mental health, behavioral problems can be such that they irritate and provoke others to act out toward them or to totally avoid them.

Powerless – Regardless of age, intellect and physical capacity, children who are highly dependent and susceptible to others are vulnerable. These children typically are so influenced by emotional and psychological attachment that they are subject to the whims of those who have power over them. Within this dynamic, you might notice children being subject to intimidation, fear, and emotional manipulation. Powerlessness could also be observed in vulnerable children who are exposed to threatening circumstances which they are unable to manage.

Defenseless – Regardless of age, a child who is unable to defend him/herself against aggression is vulnerable. This can include those children who are oblivious to danger. Remember that self-protection involves accurate reality perception particularly related to dangerous people and dangerous situations. Children who are frail or lack mobility are more defenseless and therefore vulnerable.

Non Assertive – Regardless of age, a child who is so passive or withdrawn to not make his or her basic needs known is vulnerable. A child who is unable or afraid to seek help and protection from others is vulnerable.

Illness – Regardless of age, some children have continuing or acute medical problems and needs that make them vulnerable.

Invisible – Children that no one sees (who are hidden) are vulnerable. A child who has limited or no adult contact outside the home and is not available to be noticed or observed should be considered to be vulnerable regardless of age.

Summary

- Child vulnerability is the first conclusion you make when completing a safety assessment.
- A judgment about child vulnerability is based on the capacity for self-protection.
- Self-protection refers to being able to demonstrate behavior that 1) results in defending oneself against threats of safety and 2) results in successfully meeting one’s own basic (safety) needs.
- Child vulnerability is not a matter of degree. Kids are vulnerable to threats to safety or they are not.
- Vulnerability means being defenseless to threats of safety.
- Child vulnerability is not based on age alone.
- There are many characteristics of older children that make them vulnerable to threats to safety.

- If there are no vulnerable children in a family/household, then no additional safety assessment or safety planning is necessary.
- As a safety assessment concern, a child's vulnerability informs us about the predisposition for suffering more serious injury.
- As a safety planning issue, a child's vulnerability helps inform us about what is needed to manage threats and assure protection.

SAFETY APPENDIX 3

ESTABLISHING AND IMPELEMENTING THE PROTECTIVE PLAN

The following questions provide a guide for considering the establishment of immediate protective plans:

- Specifically, what are the threats that you are concerned with? What danger must be controlled?
- Is the family network interested in and capable of carrying out a protection plan?
- Is there any source within the family network that can serve to reduce the safety concern? (e.g., non abusing spouse, extended family, etc.) How do you know if they are willing/able?
- What natural resources seem to exist within the family network?
- What do you know about these resources (people)? How can you find out?
- Do resources and supports seem sufficient and available to address the threats to safety during the next few hours and days?
- What are the parents'/caregivers' and family's likely responses to my concerns?
- How do you deal with the parents/caregivers and the situation?
- Does a crisis exist? Are the threats associated with a crisis?
- How is the family responding to the crisis? What meaning does that have for action you must take?
- Will a protective plan stimulate a crisis? What are the implications of that?
- Is classic crisis intervention needed? What does that involve?
- Does the family have immediate needs that must be addressed? (e.g. housing, food, some sort of care). How does that affect your decisions? What can you offer? What actions are necessary by you? By them?
- Can an in-home protection plan be established? How will you involve the parents/caregivers/family network? What roles and responsibilities will they have? What roles and responsibilities will be given to others? How independent are others from the family in respect to exerting their protection role?
- How do you know the plan will work?
- Who else is involved?
- What is your role?
 - ◆ Does the child need a medical evaluation or immediate medical care? Why? How do you communicate this to the parents? How will you carry this out?
 - ◆ What are the immediate next steps? How will you know and believe their responses, commitments etc. re the next steps?
- Is legal action necessary to help assure the sufficiency of the protective plan? What steps are necessary to carry this out?

Examples of protective plans include but are not limited to:

- A maltreating or threatening person agrees to leave and remain away from the home and child until such time as the initial assessment/investigation is complete.
- A responsible, suitable person agrees to reside in the household and supervise the child at all times and/or as needed to assure protection until the initial assessment/investigation is complete.
- The child is cared for part or all of the time outside the child's home by a friend, neighbor, or relative until the initial assessment/investigation is complete.
- The child is formally placed in out-of-home care pending the completion of the initial assessment/investigation.

SAFETY APPENDIX 4

PRESENT DANGER THREATS IN PLACEMENT HOMES

Present danger threats in placement homes can be different than present danger threats in a child's own home. When assessing safety of relative or foster care providers for the first time CPS should consider the following:

- A child's exceptional needs or behaviors placement caregivers cannot or will not meet or manage.
- A child who may be seen by placement caregivers as responsible for the child's parents' problems or for problems the prospective placement caregivers are experiencing or may experience.
- Placement caregivers who may be sympathetic toward the child's parents; who may justify the parents' behavior; who may believe the parents rather than CPS and the child; and/or who may be supportive of the child's parents' point of view.
- Any history of or active criminal behavior associated with the placement home.
- The potential for placement caregivers to allow parents access to the child.
- Whether the placement caregiver family is an active CPS case; whether there is a history of CPS involvement or history of reports.

The presence of any of these safety concerns along with present danger threats should be fully studied and understood and may represent a basis for not choosing a placement.

SAFETY APPENDIX 5

INFORMATION NEEDED TO SUPPORT SAFETY DECISIONS

1. The Extent of Maltreatment

- nature and extent of maltreatment
- symptoms
- specific events and circumstances
- condition and location of the presenting child
- duration
- progression
- pattern

2. Circumstances Surrounding the maltreatment

- isolation
- stress and coping
- violence
- multi-generational / historical
- explanation for maltreatment, events or family circumstances
- openness and truthfulness
- mental health issues
- substance use issues
- parents'/caregivers' response to CPS.
- history and duration of the maltreatment; chronicity and pervasiveness.
- contextual issues such as the use of objects, threats, intentional, bizarre.

3. Child Functioning

- child vulnerability
- special needs or unusual behaviors
- sense of security compared to fearfulness
- developmental status
- physical health and healthcare
- if school age, school attendance and performance
- suicidal, homicidal, or dangerously impulsive behavior
- developmentally/age appropriate social outlets; peer relationships; physical activity
- history of being sexually reactive/sexual acting out
- signs of positive attachment with parent or caregiver
- nature of affect; mood; temperament
- behaviors in terms of being within or beyond normal limits
- sleeping arrangements
- child perceptions about intervention for self or other family members

- appropriateness of child's responsibilities within the home and family
- condition of the child
- usual location(s) of the child
- accessibility of the child to danger or threatening people

4. Adult Functioning

- reality orientation
- reality perception
- problem awareness, acknowledgement, acceptance
- self evaluation as part of life situation
- openness and defensiveness
- mood and temperament
- emotional control
- self control
- self aware
- coping
- impulse management
- problem solving; planning
- judgment
- acts
- assertive
- approach to meeting needs and desires
- accountable
- dependable
- reliable
- trustworthy
- sensible
- settled

5. Parenting and Disciplinary Practices

- Parent/caregiver self perception and attitude about parenting
- Parent/caregiver history of parenting including how parent/caregiver was parented
- Parenting style; awareness and rationale for parenting style
- Parent/caregiver knowledge of child development
- Parent/caregiver perception of the child
- Parent/caregivers recognition of the child's needs
- Nature of attachment existing between parent/caregiver and child
- Parent/caregiver expressed concern and empathy for the child
- Parent/caregiver tolerance of the child
- Parent/caregiver reaction toward the child; manner of responding
- Interaction between the parent/caregiver and child
- Parent/caregivers manner of expression and communication with the child

- Parent/caregiver alignments; alignment with child
- Parent/caregivers attitudes about; willingness and ability to supervise and protect
- Parent/caregivers ability to accurately identify threats to child safety; recognize danger
- Parent/caregivers ability to defer their own personal needs in favor of the needs of their child
- Parent/caregivers recognition of a child's need for supervision and protection
- Parent/caregivers perception regarding their responsibility to protect
- Parent/caregivers motivation to protect and meet basic needs
- Parent/caregivers ability to recognize a child's strengths, needs and limitations
- The nature of child care in terms of providing basic needs compared to the child's age and his/her extent of self sufficiency
- Parents'/caregivers' understanding and beliefs about their primary role to assure basic needs and protection
- Parents'/caregivers' knowledge and skill to provide basic needs
- Parents'/caregivers' ability to access resources and/or plan how to use resources to meet basic needs
- Type and nature of disciplinary approaches
- Purpose for discipline
- Plan for approaching discipline
- Parents'/caregivers' self awareness regarding the effectiveness of disciplinary approaches and their reaction(s) toward the child
- Parents'/caregivers' expectations for the child behavior and response
- Parents'/caregivers' emotional state related to discipline
- Balance of discipline as a function of parenting compared to other parenting responsibilities

SAFETY APPENDIX 6

THE DANGER THRESHOLD AND IMPENDING DANGER THREATS TO CHILD SAFETY

The definition for impending danger indicates that threats to child safety are family conditions that are *specific and observable*. A threat of impending danger is something CPS sees or learns about from credible sources. Family members and others who know a family can describe threats of impending danger. These dangerous family conditions can be observed, identified, and understood. If CPS cannot describe in detail a family condition or parent/caregiver behavior that is a threat to a child's safety that he or she has seen or been told about then that is an indication that it is not a threat of impending danger. Child vulnerability is always assessed and determined separate from identifying impending danger. If a case does not include a vulnerable child then safety is not an issue.

The **Danger Threshold** refers to the point at which family behaviors, conditions or situations rise to the level of directly threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. These family behaviors, conditions, or situations are active at a heightened degree, a greater level of intensity, and are judged to be out of the parent/caregiver or family's control thus having implications for dangerousness.

The danger threshold is the means by which a family condition can be judged or measured to determine if a safety threat exists. The danger threshold criteria includes: family behaviors, conditions or situations that are observable, specific and justifiable; occurring in the presence of a vulnerable child; are out-of-control; are severe/extreme in nature; are imminent; and likely to produce severe harm. The danger threshold includes only those family conditions that are judged to be out of a parents'/caregiver's control and out of the control of others within the family. This includes situations where the parent/caregiver is able to control conditions, behaviors, or situations but is unwilling or refuses to exert control.

Danger Threshold Definitions

- **Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen, identified and understood and are subject to being reported, named, and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.
- **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and

susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from others.

- **Out-of-Control** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system. The family cannot or will not control these dangerous behaviors, conditions or situations.
- **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible, even likely, outcomes without intervention.
- **Severity** refers to the degree of harm that is possible or likely without intervention. As far as danger is concerned, the safety threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death. The danger threshold is also in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

Impending Danger Threats - Definitions and Examples

1. No adult in the home will perform parental duties and responsibilities.

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are considered at a basic level.

This threat includes both behaviors and emotions illustrated in the following examples.

- Parent's/caregiver's physical or mental disability/incapacitation makes the person unable to provide basic care for the child.

- Parent/caregiver is or has been absent from the home for lengthy periods of time and no other adults are available to care for the child without CPS coordination.
- Parent/caregiver has abandoned the child.
- Parent/caregiver arranged care by an adult, but their whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
- Parent/caregiver does not respond to or ignores a child's basic needs.
- Parent/caregiver allows the child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver ignores or does not provide necessary, protective supervision and basic care appropriate to the age and capacity of the child.
- Parent/caregiver is unavailable to provide necessary protective supervision and basic care because of physical illness or incapacity.
- Parent/caregiver is or will be incarcerated thereby leaving the child without a responsible adult to provide care.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child.
- Child has been left with someone who does not know the parent/caregiver.

2. One or both parents/caregivers are violent.

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be regularly, generally or potentially active.

This threat includes both behaviors and emotions as illustrated in the following examples.

Domestic Violence:

- Parent/caregiver physically and/or verbally assaults their partner and the child witnesses the activity and is fearful for self and/or others.
- Parent/caregiver threatens, attacks, or injures both their partner and the child.
- Parent/caregiver threatens, attacks, or injures their partner and the child attempts or may attempt to intervene.
- Parent/caregiver threatens, attacks, or injures their partner and the child is harmed even though the child may not be the actual target of the violence.
- Parent/caregiver threatens to harm the child or withhold necessary care from the child in order to intimidate or control their partner.

General violence:

- Parent/caregiver whose behavior outside of the home (drugs, violence, aggressiveness, hostility, etc.) creates an environment within the home that could reasonably cause severe consequences to the child (e.g. drug parties, gangs, drive-by shootings).
- Parent/caregiver who is impulsive, explosive or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).

3. One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.

This threat is about self-control (e.g. a person's ability to postpone or set aside needs, plan, be dependable, avoid destructive behavior, use good judgment, not act on impulses, exert energy and action or manage emotions. Parent's/caregiver's lack of self control places vulnerable children in jeopardy. This threat includes parents/caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse issues).

Poor impulse control or lack of self-control includes behaviors other than aggression and can lead to severe consequence to a child.

- Parent/caregiver is seriously depressed and functionally unable to meet the child's basic needs
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.
- Substance abuse renders the parent/caregiver incapable of routinely/consistently attending to child's basic needs.
- Parent/caregiver makes impulsive decisions and plans that leave the child in precarious situations (e.g. unsupervised, supervised by an unreliable person).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situational) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g. addiction to substances, gambling, computers) that are uncontrolled and leave the child in potentially severe situations (e.g. failure to supervise or provide other basic care)
- Parent/caregiver is delusional or experiencing hallucinations.
- Parent/caregiver cannot control sexual impulses (e.g. sexual activity with or in front of the child).

4. One or both parents/caregivers have extremely negative perceptions of the child.

"Extremely" means a negative perception that is so exaggerated that an out-of-control response by the parent/caregiver is likely and will have severe consequences for the child.

This threat is illustrated by the following examples.

- Child is perceived to be evil, deficient, or embarrassing.

- Child is perceived as having the same characteristics as someone the parent/caregiver hates or is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions to the child.
- Child is considered to be punishing or torturing the parent/caregiver (e.g., responsible for difficulties in parent's/caregiver's life, limitations to their freedom, conflicts, losses, financial or other burdens).
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parent's/caregiver's intimate relationship and/or other parent.
- Parent/ caregiver see the child as an undesirable extension of self and views the child with some sense of purging or punishing.

5. Family does not have or use resources necessary to assure the child's basic needs.

“Basic needs” refers to family's lack of 1) minimal resources to provide shelter, food, and clothing or 2) the capacity to use resources for basic needs, even when available.

This threat is illustrated in the following examples.

- Family has insufficient money to provide basic and protective care.
- Family has insufficient food, clothing, or shelter for basic needs of the child.
- Family finances are insufficient to support needs that, if unmet, could result in severe consequences to the child.
- Parent/caregiver lacks life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g. drugs) other than for basic care and support thereby leaving them without their basic needs being adequately met.

6. One or both parents/caregivers fear they will maltreat the child and/or request placement.

This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a parent's distraught/extreme “call for help.” A request for placement is extreme evidence with respect to a caregiver's conclusion that the child can only be safe if he or she is away from the caregiver.

This threat is illustrated in the following examples.

- Parent/caregiver states they will maltreat.
- Parent/caregiver describes conditions and situations that stimulate them to think about maltreating the child.

- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things that the child does that aggravate or annoy them in ways that makes them want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out-of-control.
- Parent/caregiver is distressed or "at the end of their rope" and are asking for relief in either specific ("take the child") or general ("please help me before something awful happens") terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

7. One or both parents/caregivers intend(ed) to seriously hurt the child.

Parents/caregivers anticipate acting in a way that will assure pain and suffering. "Intended" means that before or during the time the child was harmed, the parent's/caregiver's conscious purpose was to hurt the child. This threat is distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt.

"Seriously" refers to causing the child to suffer physically or emotionally. Parent/caregiver action is more about causing a child pain than about a consequence needed to teach a child.

This threat includes both behaviors and emotions as illustrated in the following examples.

- The incident was planned or had an element of premeditation.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g. cigarette burns).
- Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting pain or injury.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident.
- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child.

8. One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.

This refers to basic parenting that directly affects meeting the child's needs for food, clothing, shelter, and required level of supervision. The inability and/or unwillingness to meet basic needs create a concern for immediate and severe consequences for a vulnerable child.

This threat is illustrated in the following examples.

- Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child's needs and capacity.
- Parent's/caregiver's expectations of the child far exceed the child's capacity thereby placing the child in situations that could result in severe consequences.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child's age).
- Parent's/caregiver's parenting skills are exceeded by a child's special needs and demands in ways that will result in severe consequences to the child.
- Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity.
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the child's needs that could result in severe consequences to the child.
- Parents/caregivers do not believe the child's disclosure of abuse/neglect even when there is a preponderance of evidence and this has or will result in severe consequences to the child.

9. The child has exceptional needs which the parents/caregivers cannot or will not meet.

"Exceptional" refers to specific child conditions (e.g., developmental disability, blindness, physical disability, special medical needs). This threat is present when parents/caregivers, by not addressing the child's exceptional needs, create an immediate concern for severe consequences to the child.

This does not refer to parents/caregivers who do not do particularly well at meeting the child's special needs, but the consequences are relatively mild. Rather, this refers to specific capacities/skills/intentions in parenting that must occur and are required for the "exceptional" child not to suffer serious consequences.

This threat exists, for example, when the child has a physical or other exceptional need or condition that, if unattended, will result in imminent and severe consequences and one of the following applies:

- Parent/caregiver does not recognize the condition or exceptional need.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition which results in severe consequences for the child.
- Parent's/caregiver's expectations of the child are totally unrealistic in view of the child's condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

10. Living arrangements seriously endanger the child's physical health.

This threat refers to conditions in the home that are immediately life-threatening or seriously endanger the child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

This threat is illustrated in the following examples.

- Housing is unsanitary, filthy, infested, a health hazard.
- The house's physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
- The home has easily accessible open windows or balconies in upper stories.
- The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to the child that could result in severe consequences to the child.
- People who are under the influence of substances that can result in violent, sexual, or aggressive behavior are routinely in the home or have frequent access

11. The child is profoundly fearful of the home situation or people within the home.

"Home situation" includes specific family members and/or other conditions in the living arrangement. "People in the home" refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up.

The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present a child who does

not verbally express fear but their behavior and emotion clearly and vividly demonstrate fear.

This threat is illustrated in the following examples.

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal, running away).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
- Child's fearful response escalates at the mention of home, specific people, or specific circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

SAFETY APPENDIX 7

PARENT/CAREGIVER PROTECTIVE CAPACITIES

The following parental protective capacity areas of assessment are related to personal and parenting behavior, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's children. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection. They are "strengths" that are specifically associated with one's ability to perform effectively as a parent in order to provide and assure a consistently safe environment.

Assessment of a parent/caregiver's capacity to protect a child begins with identifying and understanding how specific safety threats are occurring within the family system. At this point in the case process a worker determines what specific protective capacities are associated with the threats to child safety. The following definitions and examples should be used as a tool in assisting a worker in identifying the specific protective capacities that must be enhanced.

Children are unsafe because of threats to safety that cannot be controlled or mitigated by the parent/caregiver. Together, the worker and family identify strategies to enhance their capacity to provide protection for their child. For ongoing CPS there are three questions to answer which will then direct case planning:

- what is the reason for CPS involvement (safety threats)?
- what must change (protective capacities associated with identified safety threats)?
- how do we get there (case plan directed at enhancing protective capacities)?

Through the family assessment process, the Ongoing Services worker identifies enhanced and diminished parent/caregiver protective capacities. Enhanced protective capacities are strengths that can contribute to and reinforce the change process. Conversely, diminished protective capacities are the focus of the case plan. These are the areas that must change in order for parents/caregivers to resume their role and responsibility to provide protection for their children and create a safe home.

Assessing and understanding parent/caregiver protective capacities is the study and decision-making process that examines and integrates safety concerns into the case plan. It begins with the first meeting with the parents and child and is related to understanding personal and parenting behavior as well as cognitive and emotional characteristics that can be directly associated with being protective of one's children. This assessment is directly related to understanding and managing impending danger threats and correlating those identified threats to diminished parent/caregiver protective capacities. Diminished protective capacities are then addressed in the case plan.

Parent/Caregiver Protective Capacities

<u>Behavioral Protective Capacities</u>	<u>Cognitive Protective Capacities</u>	<u>Emotional Protective Capacities</u>
<ul style="list-style-type: none"> • Has a history of protecting • Takes action. • Demonstrates impulse control. • Is physically able. • Has and demonstrates adequate skill to fulfill caregiving responsibilities. • Possesses adequate energy. • Sets aside her/his needs in favor of a child. • Is adaptive as a parent/caregiver. • Is assertive as a parent/caregiver • Uses resources necessary to meet the child’s basic needs. • Supports the child. 	<ul style="list-style-type: none"> • Plans and articulates a plan to protect the child. • Is aligned with the child. • Has adequate knowledge to fulfill care giving responsibilities and tasks. • Is reality oriented; perceives reality accurately. • Has an accurate perception of the child. • Understands his/her protective role. • Is self-aware as a parent/caregiver. 	<ul style="list-style-type: none"> • Is able to meet own emotional needs. • Is emotionally able to intervene to protect the child. • Is resilient as a parent/caregiver. • Is tolerant as a parent/caregiver. • Displays concern for the child and the child’s experience and is intent on emotionally protecting the child. • Has a strong bond with the child and is clear that the number one priority is the well-being of the child. • Expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child’s perspective and feelings.

The following definitions and examples are not to be applied as a checklist, but rather provide a framework in which to consider and understand how to direct CPS services to reduce or eliminate threats to child safety by enhancing parent/caregiver protective capacities.

Definitions and Examples

Behavioral Protective Capacities

The parent/caregiver has a history of protecting

This refers to a person with many experiences and events in which they have demonstrated clear and reportable evidence of having been protective.

- People who have protected their children in demonstrative ways by separating them from danger; seeking assistance from others; or similar clear evidence.
- Parents/caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.

The parent/caregiver takes action.

This refers to a person who is action-oriented in all aspects of their life.

- People who proceed with a positive course of action in resolving issues.
- People who take necessary steps to complete tasks.

The parent/caregiver demonstrates impulse control.

This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways.

- People who think about consequences and act accordingly.
- People who are able to plan.

The parent/caregiver is physically able and has adequate energy.

This refers to people who are sufficiently healthy, mobile and strong.

- People with physical abilities to effectively deal with dangers like fires or physical threats.
- People who have the personal sustenance necessary to be ready and on the job of being protective.

The parent/caregiver has/demonstrates adequate skill to fulfill responsibilities.

This refers to the possession and use of skills that are related to being protective as a parent/caregiver.

- People who can care for, feed, supervise, etc. their children according to their basic needs.
- People who can handle and manage their caregiving responsibilities.

The parent/caregiver sets aside her/his needs in favor of a child.

This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own.

- People who do for themselves after they've done for their children.
- People who seek ways to satisfy their children's needs as the priority.

The parent/caregiver is adaptive as a caregiver.

This refers to people who adjust and make the best of whatever caregiving situation occurs.

- People who are flexible and adjustable.
- People who accept things and can be creative about caregiving resulting in positive solutions.

The parent/caregiver is assertive as a caregiver.

This refers to being positive and persistent.

- People who advocate for their child.
- People who are self-confident and self-assured.

The parent/caregiver uses resources necessary to meet the child's basic needs.

This refers to knowing what is needed, getting it, and using it to keep a child safe.

- People who use community public and private organizations.
- People who will call on police or access the courts to help them.

The parent/caregiver supports the child.

This refers to actual and observable acts of sustaining, encouraging, and maintaining a child's psychological, physical and social well-being.

- People who spend considerable time with a child and respond to them in a positive manner.
- People who demonstrate actions that assure that their child is encouraged and reassured.

Cognitive Protective Capacities

The parent/caregiver plans and articulates a plan to protect the child.

This refers to the thinking ability that is evidenced in a reasonable, well thought out plan.

- People who are realistic in their idea and arrangements about what is needed to protect a child.
- People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.

The parent/caregiver is aligned with the child.

This refers to a mental state or an identity with a child.

- People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety.
- People who consider their relationship with a child as the highest priority.

The parent/caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.

This refers to information and personal knowledge that is specific to caregiving that is associated with protection.

- People who have information related to what is needed to keep a child safe.

- People who know how to provide basic care which assures that children are safe.

The parent/caregiver is reality oriented; perceives reality accurately.

This refers to mental awareness and accuracy about one's surroundings; correct perceptions of what is happening; and the viability and appropriateness of responses to what is real and factual.

- People who describe life circumstances accurately and operate in realistic ways.
- People who alert to, recognize, and respond to threatening situations and people.

The parent/caregiver has accurate perceptions of the child.

This refers to seeing and understanding a child's capabilities, needs, and limitations correctly.

- People who recognize the child's needs, strengths, and limitations. People who can explain what a child requires, generally, for protection and why.
- People who are accepting and understanding of the capabilities of a child.

The parent/caregiver understands his/her protective role.

This refers to awareness.....knowing there are certain responsibilities and obligations that are specific to protecting a child.

- People who value and believe it is her/his primary responsibility to protect the child.
- People who can explain what the "protective role" means and involves and why it is so important.

The parent/caregiver is self-aware.

This refers to a parent's/caregiver's sensitivity to one's thinking and actions and their effects on others – on a child.

- People who understand the cause – effect relationship between their own actions and results for their children.
- People who understand that their role as a parent/caregiver is unique and requires specific responses for their children.

Emotional Protective Capacities

The parent/caregiver is able to meet own emotional needs.

This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.

- People who use reasonable, appropriate, and mature/adult-like ways of satisfying their feelings and emotional needs.

The parent/caregiver is emotionally able to intervene to protect the child.

This refers to mental health, emotional energy, and emotional stability.

- People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately with respect to protectiveness.

The parent/caregiver is resilient

This refers to responsiveness and being able and ready to act promptly as a parent/caregiver.

- People who recover quickly from set backs or being upset.
- People who are effective at coping as a parent/caregiver.

The parent/caregiver is tolerant

This refers to acceptance, understanding, and respect in their parent/caregiver role.

- People who have a big picture attitude, who don't over react to mistakes and accidents.
- People who value how others feel and what they think.

The parent/caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.

This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure.

- People who show compassion through sheltering and soothing a child.
- People who calm, pacify, and appease a child.

The parent/caregiver and child have a strong bond and the parent/caregiver is clear that the number one priority is the child.

This refers to a strong attachment that places a child's interest above all else.

- People who act on behalf of a child because of the closeness and identity the person feels for the child.
- People who order their lives according to what is best for their children because of the special connection and attachment that exists between them.

The parent/caregiver expresses love, empathy, and sensitivity toward the child.

This refers to active affection, compassion, warmth, and sympathy.

- People who relate to, can explain, and feel what a child feels, thinks and goes through.

Examples of Demonstrated Protectiveness

Judging whether a parent/caregiver is and will continue to be protective can be accomplished by examining specific attributes of the person as identified in the previous definitions and examples. Confirmation of how those attributes are evidenced in real life demonstration will provide confidence regarding the judgment that a parent/caregiver is and will continue to be protective in relation to threats to child safety. Here are examples of demonstrated protectiveness:

The parent/caregiver has demonstrated the ability to protect the child in the past while under similar or comparable circumstances and family conditions.

The parent/caregiver has made appropriate arrangements which have been confirmed to assure that the child is not left alone with the maltreating person. This may include having another adult present within the home that is aware of the protective concerns and is able to protect the child.

The parent/caregiver can specifically articulate a plan to protect the child.

The parent/caregiver believes the child's story concerning maltreatment or impending danger safety threats and is supportive of the child.

The parent/caregiver is intellectually, emotionally, and physically able to intervene to protect the child.

The parent/caregiver does not have significant individual needs which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc.

The parent/caregiver has adequate resources necessary to meet the child's basic needs which allows for sufficient independence from anyone that might be a threat to the child.

The parent/caregiver is capable of understanding the specific safety threat to the child and the need to protect.

The parent/caregiver has adequate knowledge and skill to fulfill parenting responsibilities and tasks that might be required related to protecting the child from the safety threat. This may involve considering the parent's/caregiver's ability to meet any exceptional needs that a child might have.

The parent/caregiver is cooperating with CPS' safety intervention efforts.

The parent/caregiver is emotionally able to carry out his or her own plan to provide protection and/or to intervene to protect the child; the parent/caregiver is not intimidated by or fearful of whomever might be a threat to the child.

The parent/caregiver displays concern for the child and the child's experience and is intent on emotionally protecting as well as physically protecting the child.

The parent/caregiver and the child have a strong bond and the parent/caregiver is clear that his/her number one priority is the safety of the child.

The non threatening parent/caregiver consistently expresses belief that the threatening parent/caregiver or person is in need of help and that he or she supports the threatening parent/caregiver getting help. This is the non threatening parent's/caregiver's point of view without being prompted by CPS.

While the parent/caregiver is having a difficult time believing the threatening parent/caregiver or person would severely harm the child, he or she describes and considers the child as believable and trustworthy.

The parent/caregiver does not place responsibility on the child for problems within the family or for impending danger safety threats that have been identified by CPS.

SAFETY APPENDIX 8

SAFETY PLAN INFORMATION

In-home Safety plan refers to safety management so that safety services, actions, and responses assure a child can be kept safe in his own home. In-home safety plans include activities and services that may occur within the home or outside the home, but contribute to the child remaining home. People participating in in-home safety plans may be responsible for what they do inside or outside the child's home. An in-home safety plan primarily involves the home setting and the child's location within the home as central to the safety plan, however, in-home safety plans can also include periods of separation of the child from the home and may even contain an out-of-home placement option such as on weekends (e.g. respite).

Out-of-home Safety plan refers to safety management that primarily depends on separation of a child from his home, separation from the safety threats, and separation from parents/caregivers who lack sufficient protective capacities to assure the child will be protected. Out-of-home safety plans can include safety services and actions in addition to separation or out-of-home placement. Out-of-home safety plans should always contain a family interaction plan based on the unique circumstances of each case. Out-of-home safety plans can contain some in-home safety management dimension to them. Out-of-home safety plans can include safety service providers and others concerned with safety management besides the out-of-home care providers.

Safety plans can involve in-home and out-of-home options combined in such a way to assure a child is protected. Depending on how safety threats are occurring within a family, separation may be necessary periodically, at certain times during a day or week or for blocks of time (e.g. day care, staying with grandma on weekends), or all the time until conditions for return home can be met. Therefore, when developing safety plans, CPS scrutinizes when separation is required to assure protection and if combinations of in-home and out-of-home management options may be sufficient to assure protection. Alternatively when CPS determines that only an out-of-home safety plan is appropriate (i.e., child is placed full time) consideration is also given to including in-home safety options/services to provide a bridge for working toward achieving conditions for return and reducing the amount of time that a child is in out-of-home placement.

SAFETY APPENDIX 9

SAFETY SERVICES INFORMATION

Safety Services refers to actions; items and resources provided, supervision identified as part of a safety plan occurring specifically for controlling or managing impending danger threats.

Safety Service Providers refers to anyone who participates as one responsible for safety management within a safety plan. Safety service providers can be professionals, para-professionals, lay persons, volunteers, neighbors or relatives.

Accessibility of Safety Service Providers refers to the extent to which those responsible for safety management are close enough with respect to time and proximity for timely involvement in a safety plan.

Availability of Safety Service Providers refers to whether those responsible for safety management within a safety plan exist in sufficient quantities under the circumstances prescribed by the safety plan.

SAFETY APPENDIX 10

In-home Safety Management Criteria

1. The parents/caregivers must be residing in the home that is an established residence.
2. The home environment must be calm and consistent enough so that safety actions, safety services, and safety service providers can be in the home and providers can be safe.
3. The parents/caregivers are willing:
 - a. to accept an in-home safety plan,
 - b. to allow safety services to be implemented within the home according to the safety plan, and
 - c. to be cooperative with those who are participating in carrying out the safety plan (i.e., safety service providers) within the home.

Criteria for a Sufficient In-Home Safety plan

1. Safety actions, safety services, and safety service providers must be immediately available and accessible.
2. The safety plan must be action oriented to control impending danger threats.
3. The actions and services included as part of a safety plan must have immediate impact with respect to controlling safety threats.
4. Safety plans cannot be based upon promissory commitments from parents/caregivers.

SAFETY APPENDIX 11

Out-of-home Safety Management Criteria

1. Safety threats, as analyzed, are so extreme or occurring within the family in such a way that prevents in-home safety management.
2. A child's behavior is so provocative or out-of-control that this prevents in-home safety management.
3. The nature of the home environment is so chaotic, unpredictable, or dangerous that it prevents in-home safety management.
4. The parents/caregivers are unwilling to accept an in-home option for the safety plan and are unwilling to accept available providers and other people, resources, or safety services.
5. The parents'/caregivers' willingness to accept an in-home option for the safety plan cannot be confirmed or relied upon.