



# QUARTER 4

## PIP 1.1.2

### Rural



IMPENDING DANGER AND CAREGIVER  
PROTECTIVE CAPACITY:  
NEVADA DEFINITIONS AND REFERENCE GUIDE

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## **IMPENDING DANGER AND CAREGIVER PROTECTIVE CAPACITY:**

### **NEVADA DEFINITIONS AND REFERENCE GUIDE**

*Impending Danger Threats are dangerous family conditions that represent situations/circumstances; caregiver behaviors, emotions, attitudes, perceptions, motives, and intentions which place a child in a continuous state of danger that are out of control in the presence of a vulnerable child and therefore likely to have severe effects on a child at any time in the near future.*

These dangerous family conditions exist within the child's home as a result of those with caregiving responsibility possessing diminished *Caregiver Protective Capacity*.

*Caregiver Protective Capacity* refers to one's (personal and caregiving) behavioral, cognitive, and emotional characteristics that specifically and directly can be associated with being protective to one's young. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection.

#### **Caregiver Protective Capacity Characteristics:**

- **Behavioral** refers to specific action, activity, performance that is consistent with and results in parenting and protective vigilance.
- **Cognitive** refers to specific intellect, knowledge, understanding, and perception that results in parenting and protective vigilance.
- **Emotional** refers to specific feelings, attitudes, identification with a child, and motivation that results in parenting and protective vigilance.

Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families. Identifying impending danger requires thorough information collection regarding family/caregiver functioning to sufficiently assess and understand how family conditions occur. The information is collected through interviews with all the relevant family network sources and is categorized and documented in the Nevada Initial Assessment (NIA).



The definition for impending danger indicates that dangerous family conditions that are out of control and likely to result in severe harm to a child are *specific and observable*, and the threat to child safety can be clearly understood and described in assessment content. All impending danger threats that are identified within the family network must meet the safety threshold criteria.

### **Impending Danger and the Safety Threshold Criteria**

The safety threshold criteria must be applied when considering and identifying any of the impending danger threats. In other words, the specific justification for identifying any of the impending danger threats is based on a specific description of how negative family conditions meet the safety threshold criteria.

The Safety Threshold is the point at which a negative condition goes beyond being concerning and becomes dangerous to a child's safety. Negative family conditions that rise to the level of the Safety Threshold and become Impending Danger Threats are, in essence, negative circumstances and/or caregiver behaviors, emotions, and so on that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity.

### **Danger Threshold Criteria and Definitions**

- **Observable** refers to family behaviors, conditions, or situations representing a danger to a child that are specific, definite, real, can be seen and understood, and are subject to being reported 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 who is 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 protective 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.
- **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. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.



- **Severity** refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition, or situation that is out of control. 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 safety threshold is in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child.



There are 14 standardized impending danger threats that are used to assess child safety. The identification of any one of the 14 impending danger threats means that a child is in a state of danger. The impending danger threats and the caregiver protective capacities listed below are in the sequential order as they appear in the categorical areas of study within the NIA (the six questions).

## **The Nevada Initial Assessment (NIA)**

### **Assessment Area 1 and 2: Extent of Maltreatment and Surrounding Circumstances Accompanying Maltreatment**

*There are no specific caregiver protective capacities associated with these categories of study.*

**Living arrangements seriously endanger the physical health of the child(ren).**

This threat refers to conditions in the home which are immediately life-threatening or seriously endangering a 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 cause or potentially cause serious illness).

#### **Application of the Danger Threshold Criteria**

To be out of control, this safety threat does not include situations that are not in some state of deterioration. The threat to a child's safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.

The living arrangements are at the end of the continuum for deplorable and immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions.

Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.

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.



- There are natural or man-made hazards located close to the home.
- The home has easily accessible open windows or balconies in upper stories.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety.

**One or both parents/caregivers intend(ed) to hurt the child and show no remorse.**

This refers to caregivers who anticipate acting in a way that will result in pain and suffering. "Intended" suggests that before or during the time the child was mistreated, the parents'/primary caregivers' conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt.

Application of the Danger Threshold Criteria

This safety threat seems to contradict the criterion "out of control." People who "plan" to hurt someone apparently are very much under control. However, it is important to remember that "out of control" also includes the question of whether there is anything or anyone in the household or family that can control the safety threat. In order to meet this criterion, a judgment must be made that (1) the acts were intentional; (2) the objective was to cause pain and suffering; and (3) nothing or no one in the household could stop the behavior.

Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. Furthermore, the whole point of this safety threat is pain and suffering which is consistent with the definition of severe effects.

While it is likely that often this safety threat is associated with punishment and that a judgment about imminence could be tied to that context, it seems reasonable to conclude that caregivers who hold such heinous feelings toward a child could act on those at any time—soon.

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

- The incident was planned or had an element of premeditation, and there is no remorse.
- 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), and there is no remorse.
- Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting pain and/or injury, and there is no remorse.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident, and there is no remorse.



- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there is no remorse.
- Parent/caregiver does not acknowledge any guilt or wrong-doing, and there was intent to hurt the child.
- Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
- Parent/caregiver may feel justified, may express that the child deserved it, and they intended to hurt the child.

**One or both parents/caregivers cannot or do not explain the child's injuries and/or conditions.**

#### Application of the Safety Threshold Criteria

Parents/caregivers are unable or unwilling to explain maltreating conditions or injuries of a child. An unexplained serious injury is a present danger and remains so until an explanation alters the seriousness of not knowing how the injury occurred or by whom.

This threat is illustrated in the following examples.

- Parent/caregiver acknowledges the presence of injuries and/or conditions of the child but denies knowledge as to how they occurred.
- Parent/caregiver appears to be totally competent and appropriate but does not have a reasonable or credible explanation about how the injuries occurred.
- Parent/caregiver accepts the presence of the child's injuries and conditions but does not explain the injuries or appear to be concerned about them.
- Facts observed by child welfare staff and/or supported by other professionals (such as medical evaluations) that relate to the incident, injury, and/or conditions contradict the parent's/caregiver's explanations.
- The history and circumstantial information are incongruent with the parent's/caregiver's explanation of the injuries and conditions of the child.



### **Assessment Area 3: Child Functioning**

*There are no specific caregiver protective capacities associated with this category of study.*

#### **A child is extremely fearful of the home situation.**

“The home situation” includes specific family members and/or other conditions in the living situation (e.g., frequent presence of known drug users in the household).

#### **Application of the Danger Threshold Criteria**

Do you know when fear is out of control? Have you ever felt that way? Can you imagine a child being so afraid that his fear is out of control? Can you imagine a family situation in which there is nothing or no one within the family that will allay the child’s fear and assure a sense of security? To meet this criterion, the child’s fear must be obvious, extreme, and related to some perceived danger that child feels or experiences.

By trusting the level of fear that is consistent with the safety threat, it is reasonable to believe that the child’s terror is well-founded in something that is occurring in the home that is extreme with respect to terrorizing the child. It is reasonable to believe that the source of the child’s fear could result in severe effects.

Whatever is causing the child’s fear is active, currently occurring, and an immediate concern of the child. Imminence applies.

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).
- 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, people, or circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.



## Assessment Area 4: Adult Functioning

### Caregiver Protective Capacities- Adult Functioning

#### BEHAVIORAL

<b><u>The caregiver demonstrates impulse control.</u></b>	<p>This refers to a person who is deliberate and careful, who acts in managed and self-controlled ways.</p> <ul style="list-style-type: none"><li>• People who do not act on their urges or desires.</li><li>• People that do not behave as a result of outside stimulation.</li><li>• People who avoid whimsical responses.</li><li>• People who think before they act.</li><li>• People who are planful.</li></ul>
<b><u>The caregiver takes action.</u></b>	<p><b>Takes Action-</b> This refers to a person who is action-oriented as a human being, not just a caregiver.</p> <ul style="list-style-type: none"><li>• People who perform when necessary.</li><li>• People who proceed with a course of action.</li><li>• People who take necessary steps.</li><li>• People who are expedient and timely in doing things.</li><li>• People who discharge their duties.</li></ul> <p><b>History of Protecting-</b> This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples might include:</p> <ul style="list-style-type: none"><li>• People who've raised children (now older) with no evidence of maltreatment or exposure to danger.</li><li>• People who've protected his or her children in demonstrative ways by separating them from danger, seeking assistance from others, or similar clear evidence.</li><li>• Caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.</li></ul> <p><b>Physically Able-</b> This refers to people who are sufficiently healthy, mobile, and strong.</p> <ul style="list-style-type: none"><li>• People who can chase down children.</li><li>• People who can lift children.</li><li>• People who are able to restrain children.</li><li>• People with physical abilities to effectively deal with dangers like fires or physical threats.</li></ul> <p><b>Adequate Energy-</b> This refers to the personal sustenance necessary to be ready and on the job of being protective.</p>



	<ul style="list-style-type: none"> <li>• People who are alert and focused.</li> <li>• People who can move, are on the move, ready to move, will move in a timely way.</li> <li>• People who are motivated and have the capacity to work and be active.</li> <li>• People express force and power in their action and activity.</li> <li>• People who are not lazy or lethargic.</li> <li>• People who are rested or able to overcome being tired.</li> </ul> <p><b>Assertive-</b> This refers to being positive and persistent.</p> <ul style="list-style-type: none"> <li>• People who are firm and convicted.</li> <li>• People who are self-confident and self-assured.</li> <li>• People who are secure with themselves and their ways.</li> <li>• People who are poised and certain of themselves.</li> <li>• People who are forceful and forward.</li> </ul> <p><b>Uses Resources to Meet Basic Needs-</b> This refers to knowing what is needed, getting it, and using it to keep a child safe.</p> <ul style="list-style-type: none"> <li>• People who get people to help them and their children.</li> <li>• People who use community public and private organizations.</li> <li>• People who will call on police or access the courts to help them.</li> <li>• People who use basic services such as food and shelter.</li> </ul>
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## COGNITIVE

<b><u>The person is self-aware as a caregiver.</u></b>	<b>Self-aware-</b> This refers to sensitivity to one's thinking and actions and their effects on others – on a child. <ul style="list-style-type: none"><li>• People who understand the cause – effect relationship between their own actions and results for their children.</li><li>• People who are open to who they are, to what they do, and to the effects of what they do.</li><li>• People who think about themselves and judge the quality of their thoughts, emotions, and behavior.</li><li>• People who see that the part of them that is a caregiver is unique and requires different things from them.</li></ul>
<b><u>The caregiver is intellectually able/capable.</u></b>	<b>Adequate Knowledge to Fulfill Caregiving Duties-</b> This refers to information and personal knowledge that is specific to caregiving that is associated with protection. <ul style="list-style-type: none"><li>• People who know enough about child development to keep kids safe.</li><li>• People who have information related to what is needed to keep a child safe.</li><li>• People who know how to provide basic care which assures that children are safe.</li></ul>
<b><u>The caregiver recognizes and understands threats to the child.</u></b>	<b>Recognizes Threats-</b> 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. <ul style="list-style-type: none"><li>• People who describe life circumstances accurately.</li><li>• People who recognize threatening situations and people.</li><li>• People who do not deny reality or operate in unrealistic ways.</li><li>• People who are alert to danger within persons and the environment.</li><li>• People who are able to distinguish threats to child safety.</li></ul>



## EMOTIONAL

<p><b><u>The caregiver is able to meet own emotional needs.</u></b></p>	<p>This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.</p> <ul style="list-style-type: none"> <li>• People who use personal and social means for feeling well and happy that are acceptable, sensible, and practical.</li> <li>• People who employ mature, adult-like ways of satisfying their feelings and emotional needs.</li> <li>• People who understand and accept that their feelings and gratification of those feelings are separate from their child.</li> </ul>
<p><b><u>The caregiver is resilient as a caregiver.</u></b></p>	<p>This refers to responsiveness and being able and ready to act promptly.</p> <ul style="list-style-type: none"> <li>• People who recover quickly from setbacks or being upset.</li> <li>• People who spring into action.</li> <li>• People who can withstand.</li> <li>• People who are effective at coping as a caregiver.</li> </ul>
<p><b><u>The caregiver is tolerant as a caregiver.</u></b></p>	<p>This refers to acceptance, allowing and understanding, and respect.</p> <ul style="list-style-type: none"> <li>• People who can let things pass.</li> <li>• People who have a big picture attitude, who don't over react to mistakes and accidents.</li> <li>• People who value how others feel and what they think.</li> </ul>
<p><b><u>The caregiver is stable and able to intervene to protect the child.</u></b></p>	<p><b>Stable-</b> This refers to mental health, emotional energy, and emotional stability.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• People who are not consumed with their own feelings and anxieties.</li> <li>• People who are mentally alert, in touch with reality.</li> <li>• People who are motivated as a caregiver and with respect to protectiveness.</li> </ul>



## **Impending Danger Threats-** **Adult Functioning**

**A parent or caregiver is violent and no adult in the home is protective of the child(ren).**

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

### Application of the Danger Threshold Criteria

To be out of control, the violence must be active. It moves beyond being angry or upset particularly related to a specific event. The violence is representative of the person's state of mind and is likely pervasive in terms of the way they feel and act. To identify this impending danger threat there must be specific information to suggest that a caregiver's volatile emotions and tendency toward violence is a defining characteristic of how he or she often behaves and/or reacts toward others. The caregiver exhibits violence that is unmanaged, unpredictable, and/or highly consistent. There is nothing within the family or household that can counteract the violence.

The active aspect of this sort of behavior and emotion could easily lash out toward family members and children, specifically, who may be targets or bystanders; vulnerable children who cannot self-protect—who cannot get out of the way and who have no one to protect them—could experience severe physical or emotional effects from the violence. This includes situations involving domestic violence whereby the circumstance could result in severe effects including physical injury, terror, or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent emotions and behavior. To the extent the violence is a pervasive aspect of a person's character or a family dynamic, occurs either predictably or unpredictably, and has a standing history, it is conclusive that the violence and likely severe effects could or will occur for sure and soon.

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

- Family violence involves physical and verbal assault on a parent in the presence of a child; the child witnesses the activity and is fearful for self and/or others.
- Family violence is occurring and a child is assaulted.
- Family violence is occurring and a child may be attempting to intervene.
- Family violence is occurring and a child could be inadvertently harmed even though the child may not be the actual target of the violence.
- Parent/caregiver who is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things).



- Parent/caregiver whose behavior outside of the home (e.g., drugs, violence, aggressiveness, hostility) creates an environment within the home which threatens child safety (e.g., drug parties, gangs, drive-by shootings).
- Family violence is out of control due to nothing within the household to manage or mitigate the caregiver(s) behavior.

**One or both parents/caregiver'(s) emotional stability, developmental status, or cognitive deficiency seriously impairs their ability to care for the child(ren).**

#### Application of the Safety Threshold Criteria

The lack of the caregiver's ability to meet the immediate needs of a child may be due to a physical disability, significant developmental disability, or mental health condition that prevents adequate parental role performance. The disability or condition is significant, pervasive, and consistently debilitating to the point where the child's protection needs are being compromised.

This threat is illustrated in the following examples.

- The parent/caregiver's mental, intellectual, and/or physical disability prohibits his/her ability to adequately and consistently assure that a child's essential basic and safety needs are met.
- The parent/caregiver exhibits a distorted perception of reality and the disorder reduces his/her ability to control his/her behavior (unpredictable, incoherent, delusional, debilitating phobias) in ways that threaten safety.
- The parent/caregiver exhibits depressed behavior that manifests feelings of hopelessness or helplessness and is immobilized by such symptoms, resulting in a failure to protect and provide basic needs.
- The parent/caregiver is observed to be acting bizarrely and is unable to respond logically to requests or instructions.
- The parent/caregiver is not consistent in taking medication to control his/her mental disorder that threatens child safety.
- Parent/caregiver's intellectual capacities affect judgment in ways that prevent the provision of adequate basic needs.
- The parent/caregiver is significantly developmentally disabled and is observed to be unable to provide appropriate care for the child.
- Expectations of the child far exceed a child's capacity.
- Parent/caregiver is unaware of what basic care is required for the child.
- Parent/caregiver's knowledge and skills are not sufficient to address a child's unique needs.
- Parent/caregiver does not want to be a parent and avoids providing basic care responsibilities.



### **One or both parents/caregivers cannot control their behavior.**

This threat is concerned with self-control. It is concerned with a person's ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the lack of caregiver self-control that places vulnerable children in jeopardy. To identify this impending danger threat there must be specific information to suggest that a caregiver's impulsive behaviors, addictive behaviors, bizarre behaviors, compulsive behaviors, depressive behaviors, etc. cannot be controlled by the individual. The out-of-control behaviors result in the inability or unwillingness of the caregiver to provide for the basic needs and safety of the child.

#### Application of the Danger Threshold Criteria

This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions resulting in sudden explosive temper outbursts, spontaneous uncontrolled reactions, and loss of control during high stress or at specific times like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but, clearly, much of self-control issues rest in emotional areas. Emotionally disturbed caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties. Finally, those who use substances may have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.

Severity should be considered from two perspectives. The lack of self-control is significant. That means that it has moved well beyond the person's capacity to manage it regardless of self-awareness, and the lack of control is concerned with serious matters as compared, say, to lacking the self-control to exercise. The effects of the threat could result in severe effects as caregivers lash out at children, fail to supervise children, leave children alone, or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be rather clear and add to the certainty one can have about severe effects probably occurring in the near future.

This includes behaviors other than aggression or emotion that affect child safety as illustrated in the following examples.

- Parent/caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.



- Parent/caregiver makes impulsive decisions and plans which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situationally) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g., addiction to substances, gambling or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).
- Parent/caregiver is delusional and/or experiencing hallucinations.
- Parent/caregiver cannot control sexual impulses.
- Parent/caregiver is seriously depressed and functionally unable to meet the children's basic needs.

<p><b>Family does not have resources to meet basic needs.</b></p>
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“Basic needs” refers to the family’s lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources if they were available.

#### Application of the Danger Threshold Criteria

There could be two things out of control here. There are not sufficient resources to meet the safety needs of the child. There is nothing within the family’s reach to address and control the absence of needed protective resources. The second question of control is concerned with the caregiver’s lack of control related to either impulses about use of resources or problem solving concerning use of resources.

The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g. infant, ill, fragile, etc.).

This threat is illustrated in the following examples.

- Family has no money.
- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.



- Parents/caregivers lack life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g., drugs) other than their basic care and support thereby leaving them without their basic needs being adequately met.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.

## **Assessment Area 5 and 6: Parenting Discipline and Parenting General**

### **Caregiver Protective Capacities-** **Parenting Discipline and Parenting General**

#### **BEHAVIORAL**

<p><b><u>The caregiver sets aside her/his needs in favor of a child.</u></b></p>	<p>This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own.</p> <ul style="list-style-type: none"> <li>• People who do for themselves after they've done for their children.</li> <li>• People who sacrifice for their children.</li> <li>• People who can wait to be satisfied.</li> <li>• People who seek ways to satisfy their children's needs as the priority.</li> </ul>
<p><b><u>The caregiver has/demonstrates adequate skill to fulfill caregiving responsibilities.</u></b></p>	<p>This refers to the possession and use of skills that are related to being protective.</p> <ul style="list-style-type: none"> <li>• People who can feed, care for, supervise children according to their basic needs.</li> <li>• People who can handle, manage, oversee as related to protectiveness.</li> <li>• People who can cook, clean, maintain, guide, shelter as related to protectiveness.</li> </ul>
<p><b><u>The caregiver is adaptive as a caregiver.</u></b></p>	<p>This refers to people who adjust and make the best of whatever caregiving situation occurs.</p> <ul style="list-style-type: none"> <li>• People who are flexible and adjustable.</li> <li>• People who accept things and can move with them.</li> <li>• People who are creative about caregiving.</li> <li>• People who come up with solutions and ways of behaving that may be new, needed and unfamiliar, but more fitting.</li> </ul>



## COGNITIVE

<b><u>The caregiver recognizes the child's needs.</u></b>	<p><b>Accurate Perceptions of the Child-</b> This refers to seeing and understanding a child's capabilities, needs, and limitations correctly.</p> <ul style="list-style-type: none"><li>• People who know what children of certain age or with particular characteristics are capable of.</li><li>• People who respect uniqueness in others.</li><li>• People who see a child exactly as the child is and as others see the child.</li><li>• People who recognize the child's needs, strengths, and limitations. People who can explain what a child requires, generally, for protection and why.</li><li>• People who see and value the capabilities of a child and are sensitive to difficulties a child experiences.</li><li>• People who appreciate uniqueness and difference.</li><li>• People who are accepting and understanding.</li></ul>
<b><u>The caregiver understands his/her protective role.</u></b>	<p>This refers to awareness...knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child.</p> <ul style="list-style-type: none"><li>• People who possess an internal sense and appreciation for their protective role.</li><li>• People who can explain what the "protective role" means and involves and why it is so important.</li><li>• People who recognize the accountability and stakes associated with the role.</li><li>• People who value and believe it is his/her primary responsibility to protect the child.</li></ul>
<b><u>The caregiver plans and articulates a plan to protect the child.</u></b>	<p>This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan.</p> <ul style="list-style-type: none"><li>• People who are realistic in their idea and arrangements about what is needed to protect a child.</li><li>• People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child.</li><li>• People who are aware and show a conscious focused process for thinking that results in an acceptable plan.</li><li>• People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.</li></ul>



## EMOTIONAL

<p><b><u>The caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.</u></b></p>	<p>This refers to active affection, compassion, warmth, and sympathy.</p> <ul style="list-style-type: none"> <li>• People who fully relate to, can explain, and feel what a child feels, thinks, and goes through.</li> <li>• People who relate to a child with expressed positive regard and feeling and physical touching.</li> <li>• People who are understanding of children and their life situation.</li> </ul>
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<p><b><u>The caregiver is positively attached to the child.</u></b></p>	<p>This refers to a strong attachment that places a child's interest above all else.</p> <ul style="list-style-type: none"> <li>• People who act on behalf of a child because of the closeness and identity the person feels for the child.</li> <li>• People who order their lives according to what is best for their children because of the special connection and attachment that exists between them.</li> <li>• People whose closeness with a child exceeds other relationships.</li> <li>• People who are properly attached to a child.</li> </ul>
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<p><b><u>The caregiver supports and is aligned with the child.</u></b></p>	<p><b>Supports-</b> This refers to actual, observable sustaining, encouraging and maintaining a child's psychological, physical and social well-being.</p> <ul style="list-style-type: none"> <li>• People who spend considerable time with a child filled with positive regard.</li> <li>• People who take action to assure that children are encouraged and reassured.</li> <li>• People who take an obvious stand on behalf of a child.</li> </ul> <p><b>Aligned-</b> This refers to a mental state or an identity with a child.</p> <ul style="list-style-type: none"> <li>• People who strongly think of themselves as closely related to or associated with a child.</li> <li>• People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety.</li> <li>• People who consider their relationship with a child as the highest priority.</li> </ul> <p><b>Displays Concern for the child-</b> This refers to a sensitivity to understand and feel some sense of responsibility for a child and</p>
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	<p>what the child is going through in such a manner to compel one to comfort and reassure.</p> <ul style="list-style-type: none"> <li>• People who show compassion through sheltering and soothing a child.</li> <li>• People who calm, pacify, and appease a child.</li> <li>• People who physically take action or provide physical responses that reassure a child, that generate security.</li> </ul>
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## **Impending Danger Threats-** **Parenting Discipline and Parenting General**

**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 to be considered at a basic level.

### Application of the Danger Threshold Criteria

The caregiver who normally is responsible for protecting the child is absent, likely to be absent, or is incapacitated in some way or becomes incapacitated. Nothing within the family can compensate for the condition of the caregiver which meets the out-of-control criterion.

Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, kidnapped, seriously ill, even dying.

That the severe effects could occur in the now or in the near future is based on understanding what circumstances are associated with the caregiver's absence or incapacity, the home condition, and the lack of other adult supervisory supports.

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

- Parent's/caregiver's physical or mental disability/incapacitation renders the person unable to provide basic care for the children.
- Parent/caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.
- Parents/caregivers have abandoned the children.
- Parents arranged care by an adult, but the parents'/primary caregivers' whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
- A substance abuse problem renders the parents/primary caregivers incapable of routinely/consistently attending to the children's basic needs.
- Parent/caregiver is or will be incarcerated, thereby leaving the children without a responsible adult to provide care.



**One or both parents/caregivers have extremely unrealistic expectations of a child.**

“Extremely” is meant to suggest the caregivers’ unrealistic expectations are apparently and overtly negative to a heightened degree that there are implications that the child is likely to be severely harmed.

Application of the Danger Threshold Criteria

The expectation of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver’s perception or expectations or explaining it away to the caregiver. It is out of control.

The extreme expectation places far too much responsibility on a child, is totally developmentally inappropriate, is psychological distressing, and may be physically dangerous.

The extreme expectation is in place not in the process of development. It is pervasive concerning all aspects of the child’s existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver.

This threat is illustrated by the following examples.

- A child is expected to take care of himself including feeding, clothing and physical hygiene, yet the child is far too young or undeveloped to do so.
- A child is expected to stay alone or supervise other younger children.
- A child is expected to take care of household responsibilities or even care for adults which requires the child to be exposed to or use household items or appliances that endanger the child.
- Parent/caregiver does not respond to or ignores a child’s basic needs.
- Parent/caregiver allows child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child and the parent/caregiver is present or approves.

**One or both parents/caregivers have extremely negative perceptions of a child.**

“Extremely” is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate. The caregivers’ negative perceptions toward the child are apparent and overtly negative to a heightened degree that there are implications that the child is likely to be severely harmed.



### Application of the Danger Threshold Criteria

This refers to exaggerated perceptions. It is out of control because their point of view of the child is so extreme and out of touch with reality that it compels the caregiver: to react to the child, avoid the child, mentally and emotionally terrorize the child, or allow the child to be in dangerous situations. The perception of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver's perception or explaining it away to the caregiver. It is out of control.

The extreme negative perception fuels the caregiver's emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.

The extreme perception is in place not in the process of development. It is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or totally withdraw at any time and, certainly, it can be expected within the near future.

This threat is illustrated by the following examples.

- Child is perceived to be the devil, demon-possessed, evil, a bastard, or deformed, ugly, deficient, or embarrassing.
- Child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/primary caregivers' relationship and stands in the way of their best interests.
- Parent/caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing.

**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 "call for help."



### Application of the Danger Threshold Criteria

Out of control is consistent with conditions within the home having progressed to a critical point. The level of dread as experienced by the caregiver is serious and high. This is no passing thing the caregiver is feeling. The caregiver feels out of control. The caregiver is afraid of what he or she might do. 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.

Presumably, the caregiver who is admitting to this extreme concern recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.

The caregiver establishes that imminence applies. The admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time, and it could be in the near future.

This threat is illustrated in the following examples.

- Parents/caregivers state they will maltreat.
- Parent/caregiver describes conditions and situations which stimulate them to think about maltreating.
- 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 the parent/caregiver in ways that make the parent want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out of control.
- Parents/caregivers are distressed or "at the end of their rope" and are asking for some relief in either specific (e.g., "take the child") or general (e.g., "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.

**One or both parents/caregivers lack parenting knowledge, skills, and motivation which affects child safety.**

This refers to basic parenting that directly affects a child's safety. It includes parents/primary caregivers lacking the basic knowledge or skills which prevent them from meeting the child's basic needs or their lack of motivation resulting in the parents/primary caregivers abdicating their role to meet basic needs or failing to adequately perform the parental role to meet the child's basic needs. This inability and/or unwillingness to meet basic needs creates child safety concerns.



### Application of the Danger Threshold Criteria

When is this family condition out of control? Caregivers who do not know and understand how to provide the most basic care such as feeding infants, hygiene care, or immediate supervision. The lack of knowledge is out of control since it must be consistent with capacity problems such as serious ignorance, retardation, social deprivation, and so forth. Skill, on the other hand, must be considered differently than knowledge. People can know things but not be performing or just don't perform. The lack of aptitude must be clear. The basis for ineptness may vary. Caregivers may be hampered by cognitive, social, or emotional influences. Motivation is yet another matter. People may be very capable, have plenty of pertinent knowledge, but simply don't care or can't generate sufficient energy to act. Remember, any of these are out of control by virtue of the behavior of the caregiver and the absence of any controls internal to the family.

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 unsafe situations.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper or how to protect or supervise according to the child's age).
- Parents'/caregivers' parenting skills are exceeded by a child's special needs and demands in ways that affect safety.
- 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 does not want to be a parent and does not perform the role, particularly in terms of basic needs.
- 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 (whether known or unknown).
- 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 children's needs thereby affecting the children's safety.
- Parents/caregivers do not believe the children's disclosure of abuse/neglect even when there is a preponderance of evidence, and this affects the children's safety.



**Child has exceptional needs which the parents/caregivers cannot or will not meet.**

“Exceptional” refers to specific child conditions (e.g., retardation, blindness, physical disability) which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child’s exceptional needs, will not or cannot meet the child’s basic needs.

Application of the Danger Threshold Criteria

The caregiver’s ability and/or attitude are what is out of control. If you can’t do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either.

This does not refer to caregivers who do not do very well at meeting a child’s needs. This refers to specific deficiencies in parenting that must occur for the “exceptional” child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, “exceptional” includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to soon.

This threat is illustrated in the following examples.

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/caregiver does not recognize the condition.
- 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 or the safety threat.
- 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.



# **Division of Child and Family Services**

## **Nevada Initial Assessment Supervisory Quality Assurance Tool**

### **Protocol and Interviews**

Child victim(s) interviewed.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine

Other children in household interviewed.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Non maltreating caregiver interviewed.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Alleged Maltreating caregiver interviewed.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Other family members interviewed.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Other sources were included in information collection appropriately.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

### **Information Collection**

#### *Sufficient Information Re: Extent of Maltreatment*

Identification of type of maltreatment.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Details about symptoms and severity of effects of maltreatment.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Details about severity of maltreatment.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Identification of the person responsible for the maltreatment.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

#### *Sufficient Information Re: Nature of Maltreatment.*

Description of the circumstances and events associated with maltreatment.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Identification of duration; progress; pattern of maltreatment.



\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Description of response of non maltreating caregiver.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Documentation of caregiver(s) explanation of maltreatment; child's conditions and/or family situation.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Description of caregiver(s) attitudes about family circumstances; alleged maltreatment; and CPS intervention.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

### *Child Functioning*

Sufficient information re: child functioning/condition.                      \_\_\_\_yes                      \_\_\_\_no

*Sufficient refers to physical, emotional and social development; predominant behavior; peer and school behavior; mood and temperament; speech and communication; vulnerability; general behavior; daily routines and habits; ability to self-protect; child's age; child's emotional and social functioning in the family, school and/or community.*

### *Adult Functioning*

Sufficient information re: adult functioning.                      \_\_\_\_yes                      \_\_\_\_no

*Sufficient refers to general behavior; daily routine and habits; communication; emotional control and presentation; social relationships; problem solving; stress management; mental health; substance use; attitude and recognition of problems/maltreatment; criminal history; CPS history; support systems; history of victimization and family violence.*

### *Parenting*

Sufficient information re: general parenting.                      \_\_\_\_yes                      \_\_\_\_no

*Sufficient refers to parenting style and approach; knowledge of child development and parenting; parenting skill; parenting satisfaction; sensitivity to child's limits; realistic expectations; willingness and capacity to protect.*

Sufficient information re: parenting disciplinary practices.                      \_\_\_\_yes                      \_\_\_\_no

*Sufficient refers to intent, attitudes and expectations about discipline; purposes for discipline; creativity and versatility; age appropriateness; varied methods.*



### **Information Analysis**

(This is a reviewer judgment based on information available. Indicate "Cannot Determine" if insufficient information exists to draw conclusions.)

#### Child Level of Functioning

- ☐ Generally Appropriate
- ☐ Often Appropriate
- ☐ Sometimes Appropriate
- ☐ Occasionally Appropriate
- ☐ Rarely Appropriate
- ☐ Cannot determine

#### Primary Caregiver Level of Functioning

- ☐ Generally Appropriate
- ☐ Often Appropriate
- ☐ Sometimes Appropriate
- ☐ Occasionally Appropriate
- ☐ Rarely Appropriate
- ☐ Cannot determine

#### Secondary Caregiver Level of Functioning

- ☐ Generally Appropriate
- ☐ Often Appropriate
- ☐ Sometimes Appropriate
- ☐ Occasionally Appropriate
- ☐ Rarely Appropriate
- ☐ Cannot determine
- ☐ N/A

#### Level of Family Functioning

- ☐ Generally Appropriate/productive/calm
- ☐ Often Appropriate/productive/calm
- ☐ Sometimes Appropriate/productive/calm
- ☐ Usually inappropriate/unproductive/chaotic
- ☐ Generally inappropriate/unproductive/chaotic
- ☐ Cannot determine



## Level of Effort

The record provides evidence of reasonable worker diligence and effort to collect information in all areas.

☐ yes

☐ no

☐ cannot determine

☐ N/A

*Reasonable diligence and effort refers to behavior that demonstrates thoroughness, conscientiousness, specific care to seeking detail, repetitive attempts and exertion to get information and to include relevant people in the information gathering process. Think of it as going the extra step; clearing up confusion; filling in the gaps; reconciling differences; qualifying facts and data. Reasonable is a subjective standard but can be qualified by what seems sensible and logical; the level headed thing to do; influenced by what is known; what is not known; what is important to know; what good practice and decision making depends on.*

Reviewer qualitative judgment re: quality and adequacy of information was sufficient to support effective investigation and safety decision making.

☐ yes

☐ no

*Quality and adequacy refer to enough depth and breadth in all information collection a) to provide a reasonable understanding of family members and their functioning and b) to support and justify decision making. For safety intervention decisions, the information must be enough to identify, support, reconcile and justify the presence of threats to safety and to inform and justify the kind of safety plan/safety management that occurs.*



**Division of Child and Family Services**  
**Supervisory Safety Management Tool**  
**How do I judge if a Safety Plan is sufficient?**

This paper provides Consultative Supervisors and ongoing CPS staff a way to evaluate the sufficiency of safety plans. Addressing the question of sufficiency of safety plans is something that should occur when a case is transferred to ongoing CPS, routinely as a part of ongoing safety management, at any time changes occur within a family where safety issues may be raised, during official case evaluations, and reunification.

Four main evaluation questions can be posed to judge the sufficiency of safety plans. Those questions are identified here and are elaborated upon by a number of sub-questions.

**First Evaluation Question:**

***How did safety threats occur in the family?***

Sub Questions:

1. How long have conditions in the family posed a safety threat?
  2. How frequent or often has the family condition posed a safety threat?
  3. How predictable is the safety threat? Were there occasions when the safety threat was more likely to be an active influence?
  4. Were there specific times during the day, evening, night, etc. that required "special attention" due to the way in which the safety threat was occurring?
  5. Have safety threats prevented a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)?
- ☐ In order to evaluate whether a safety plan is sufficient, it is very helpful to have some knowledge and understanding about how family conditions or threats that resulted in the safety plan were occurring.
- ☐ If indications are that safety threats were constantly and totally overwhelming a caregiver and that continues to be true, then an out-of-home safety plan would be justified.



### Second Evaluation Question:

***Can the family adequately manage and control for the child's safety without direct assistance from CPS?***

#### Sub Questions

1. Since the safety plan was established, is there now a non-maltreating caregiver in the home that has sufficient protective capacities (strengths) and demonstrates a willingness to protect?
    - ☐ Has demonstrated ability to protect in the past?
    - ☐ Has a specific plan for protection?
    - ☐ Physically and emotionally able to intervene and protect?
    - ☐ Clearly understands specific threats to safety?
    - ☐ Properly attached?
    - ☐ Empathetic and believes the child?
    - ☐ Cooperating and properly aligned with CPS?
  2. Since the safety plan was established, will the maltreating/threatening caregiver leave the home and remain absent from the home while ongoing CPS continues?
    - ☐ Who initiated this option?
    - ☐ How reasonable and practical is this option?
    - ☐ Where will the maltreating caregiver reside?
    - ☐ How manipulative and/or impulsive is the person?
    - ☐ Are legal safeguards necessary?
    - ☐ How can the plan be formalized with sufficient oversight?
- ☐ If it is determined that the maltreating caregiver will leave the home, it is necessary to consider the capacity and willingness of the non-maltreating caregiver to keep the maltreating caregiver out of the home. Has the non maltreating caregiver achieved sufficient progress regarding enhanced protective capacities?
  - ☐ If it is determined that the non-maltreating caregiver can and will protect the child without the need of CPS safety intervention, then a safety plan is not needed at this point.
  - ☐ If it is determined that the non-maltreating caregiver cannot or will not protect the child, then consider continuing or modifying the current safety plan. Continue the evaluation.



**Third Evaluation Question:**

***If the established safety plan is primarily an out-of-home safety plan, can consideration be given to increasing in-home options or modifying to an in-home safety plan? If not, proceed to the 4<sup>th</sup> Evaluation Question.***

Sub Questions

1. Are caregivers residing in the home?
2. Is the home environment calm and consistent enough at a minimal level in order to assure that a sufficient CPS managed safety response can be provided in the home?
3. Are the caregiver(s) willing to accept and cooperate with an in-home safety plan response?
4. Can an in-home safety intervention be put into place without the results of any scheduled professional evaluations (mental health, substances)?
5. Have conditions for return been adequately met?

- ☐ **If the answer to any of the questions listed above is NO:** Continue with an out-of-home safety plan.
- ☐ **If the answer to all of the questions above is YES:** Proceed to the next safety evaluation question.



#### **Fourth Evaluation Question:**

***If the established safety plan is primarily an in-home safety plan or if an in-home safety plan is being considered, what safety responses; services; actions; and providers are necessary to control and manage safety threats?***

##### Sub Questions

1. Considering how safety threats were and are occurring, what specific safety responses/ services are necessary (an effective match) for controlling threats?
2. How are the selected in-home safety actions intended to control the identified safety threats? How are safety responses/ services going to work? Have they been working?
3. What's the level of effort needed now from safety service providers to adequately control and manage safety threats?
  - a. How much of a response seems reasonable in order to assure child safety?
  - b. How often during the week will the family require assistance and supervision in order to assure child safety?
  - c. How long and in what intervals seem necessary?
  - d. Are there special periods of time that require specific attention?
4. Who can and will assure effective implementation of the in-home safety plan?
  - a. What natural supports and/or community resources has the family identified as being able to potentially assist in the safety response?
  - b. What community/service oriented resources are known to the agency that could potentially be used as an in-home safety response?
5. Are current providers suitable to participate in the in-home safety plan?
  - a. Protective Capacities
  - b. Trustworthy
  - c. Committed
  - d. Properly aligned with CPS
  - e. Supportive and Encouraging
  - f. Flexible access
  - g. Promptly available
6. Have necessary safety planning resources been, and continue to be, available and accessible to the family at the level of effort, frequency and amount required to assure child protection? If not, consider an out-of-home safety plan if one does not exist or modify the current in-home safety plan to emphasize out-of-home protection.