

SAFETY ASSESSMENT FIELD GUIDE

To document the assessment of safety, at a minimum, the alleged child victim(s) and at least one of his/her caretakers must be interviewed face-to-face. The tool is completed within four (4) working days from the receipt of the report. The supervisor's signature marks completion of the Safety Assessment tool. If the initial attempt to make face-to-face contact is unsuccessful, the caseworker shall make an additional attempt within the first four (4) working days of the assessment/investigation. If these attempts are unsuccessful, the caseworker shall continue to attempt face-to-face contact at least every five (5) working days until the child and minimally, one caretaker, is seen, or until the PCSA is required to make a case disposition.

The Safety Assessment is completed on the family who is subject of the report. For the purpose of completion of the Safety Assessment, family includes the following individuals, as applicable:

- ACV(s)
- Siblings of ACV(s)
- The parent(s) or caretaker(s) of the ACV(s)
- Step/Half siblings of the ACV(s) living within the ACV's home
- Paramour of the parent/caretaker
- Children of the paramour residing in the home
- Other children residing in the home of whom the parent/ caretaker has custody/guardianship
- A related or unrelated adult residing in the home who has routine responsibility for the care of the ACV(s) and his/her sibling(s) (e.g., provides supervision or assists in meeting the basic needs, such as feeding and/or bathing the child)

"Others" residing in the home, but not included within the definition of family are the other adults residing in the household who have no responsibilities for the care of the ACV(s) and his/her sibling(s) and/or other children residing in the home regardless of their parent/caretaker's status or involvement in the report. These identified "others" will be interviewed and assessed, but will not be listed as members of the family on the Safety Assessment. Instead, their presence and impact on the family will be recorded within the rationales in Section 2 of the Safety Assessment tool. These "Other" individuals are considered "others persons having access" within this section as well as other individuals, related or unrelated, who have sanctioned access to a child (e.g., biological father, boyfriend, relative, or friend who resides outside the home.)

There are fifteen (15) different safety factors that need to be assessed to determine whether or not they are active. The caseworker will respond "Yes" or "No" to each safety factor. The determination of whether a safety factor is actively present is based upon credible information available at the time of the safety assessment's completion. A "Yes" response would indicate there is some credible evidence to support the safety factor. A "No" response would indicate there is evidence that the safety factor does not exist; that there is a lack of credible evidence that it does; or that information regarding a particular safety factor is currently unknown or incomplete. An explanation is required for all responses, regardless if marked "Yes" or "No." An explanation shall include documentation on how the information was obtained (e.g., statements, observations), how the information supports the provided response, and/or why this information may be unknown or incomplete.

The Safety Assessment Field Guide includes suggested questions and observations designed to assist caseworkers in obtaining the necessary information to document each safety factor. It also provides guidelines and case examples to further assist the caseworker.

When using the examples, caseworkers must take into consideration the unique characteristics of the family, adult, and child and the specific dynamics of the case. The Field Guide is ONLY a guide and professional judgment must be applied in every case.

Safety Factors

1. A child has received serious, inflicted, physical harm.

Recommended Interview Questions:

Suggested Questions For Adults

- < When was the injury first noticed and how did it appear?
- < When did the child first appear to be sick or injured?
- < Where was the child and who was with the child (during all recent time periods, including a significant time period before, the injury was noticed)?
- < How did the injury occur?
- < What types of discipline do you routinely use?
- < Who disciplines the child? If others discipline the child, what types of discipline do they use?

Suggested Questions For the Child

- < What happened?
- < Show me how it happened?
- < Did anyone see it happen?
- < Where did it happen?
- < Has anything like this happened to you before?

Observations and Written Examples:

Observations

- < Examine the child, observe and document the location and extent of injury. Photograph injuries whenever possible.

Examples of Evidence to Support Safety Factor = YES

Child has inflicted, physical injuries such as:

- < Cuts requiring stitches
- < Broken bones
- < Dislocations
- < Burns (e.g., cigarette, scalding, submersion)
- < Internal injuries (e.g., damage to internal organs or tissues)
- < Head injuries (e.g., concussion, retinal hemorrhage, skull fractures) or serious injury to sensitive body areas (e.g., genital, eyes or ear drums)
- < Brain damage
- < Injuries resulting in permanent sight, hearing or mental impairment
- < Extensive or multiple bruising and/or other injury which may cover more than one area of the body
- < Extensive and multiple bruises or broken bones in various stages of healing which indicate a pattern of abuse
- < Non-accidental injuries to an infant (ages 0-12 months)

Examples that may NOT reach the serious harm threshold = NO

- < Minor bruising on the buttocks or legs
- < Minor and small cuts, bruises or abrasions not requiring medical treatment
- < Superficial injuries that require no medical treatment

2. Caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.

Recommended Interview Questions:

Suggested Questions for Adults

- < Do you believe your child?
- < How long have you suspected this has gone on?
- < How often are your children and the perpetrator together? When are they alone?
- < Are you able and/or willing to reduce or eliminate the amount of time your child spends with the perpetrator in the future?
- < Does your child need you to protect him/her? From whom or what?
- < How do you protect your child(ren)?
- < If your child came to you and confided that he/she had been the victim of some type of abuse or neglect, what would be your response?
- < Give examples of times when you felt you protected your child; also of times when you felt you didn't protect your child. In the latter, what would you do differently?

Suggested Questions for the Child

- < Who would you tell if something bad happened to you?
- < What do you think your caretaker might say?
- < What was your caretaker's reaction when you told him/her that you were afraid, hurt, and/or scared?
- < Do you feel safe with your mother/father?
- < Who do you feel safe with? Why?

Suggested Questions for Others

- < Do you think the parent(s)/caretaker(s) will protect the child? Why, why not?
- < Would this child feel safe coming to you if something were to happen again?
- < Do you think the child would report being abused or neglected to someone?

Observations and Written Examples:

Observations

- < Adult's response to the allegations of abuse/neglect.
- < Does the adult minimize or excuse the alleged perpetrator's behavior?
- < Does the adult believe the child?

Examples of Evidence to Support Safety Factor = YES

- < Caretaker does not recognize need to protect child.
- < Caretaker denies the abuse/neglect and refuses to acknowledge any problem.
- < Caretaker vacillates in commitment to protect the child.
- < Adult rationalizes lack of intervention or blames the child for the abuse and/or neglect (e.g., she had it coming... he needed a whipping; she wouldn't have touched her if she hadn't been flirting).
- < Due to cognitive, emotional or physical limitations, the caretaker is unable to protect the child from the perpetrator.
- < Adult knowingly places child at risk (e.g., leaves child with known perpetrator).

Examples that may NOT reach the serious threshold = NO

- < Court orders require that child(ren) have contact with an individual who may have maltreated them.
- < Caretaker is willing and able to protect the child.
- < Caretaker has made some attempts to protect child.
- < Caretaker lacks confidence in his/her ability to protect child.

3. Caretaker or other person having access to the child has made a plausible threat which would result in serious harm to a child.

Recommended Interview Questions:

Questions for Adults

- < Have you made any direct or indirect threats to hurt your child? If so, what was said?
- < Have you ever followed through with any threats made to your child? If so, what?

Questions for Child

- < Has your caretaker ever made any threats to harm you? If so, what were they?
- < Has your caretaker ever followed through with any of those threats? If so, what?
- < What does your caretaker do when someone is trying to hurt you?

Observations and Written Examples:

Observations

- < Observe interaction between caretaker and child.
- < Does the child show excessive fear of the caretaker?
- < Is the caretaker visibly upset with the child regarding CPS involvement?
- < Does the caretaker make any verbal or nonverbal threats toward the child in the presence of the caseworker?

Examples of Evidence to Support Safety Factor = YES

- < Caretaker directly, or indirectly, threatens to cause serious harm to the child in a believable manner (e.g., kill the child, not feed the child, lock the child out of the home.)
- < Caretaker plans to retaliate against the child for CPS involvement.
- < Caretaker threatens the child with extreme or vague but sinister punishment.
- < Caretaker uses extreme gestures to intimidate the child.
- < Caretaker committed an act that placed the child(ren) at risk of significant/serious pain or which could have resulted in impairment or loss of bodily function.

Examples that may NOT reach the serious threshold = NO

- < Caretaker makes a statement without any inclination of carrying the statement out.
- < Cultural use of language which sounds more threatening than it really is. (e.g., I brought you into this world and I can take you out!)

4. The behavior of any member of the family or other person having access to the child is violent and/or out of control.

Recommended Interview Questions:

Suggested Questions for Adults

- < What type of behaviors do you or other persons having access to the child exhibit when frustrated or angry about work, school, neighbors and friends/family? Are these behaviors ever extreme given the situation? Have there been any incidents of workplace violence?
- < Have you or others demonstrated extreme behaviors that elicited fear in others?
- < Does anyone having access to the child have a history of violent behavior outside the home?
- < Does anyone have a criminal history of assaultive behavior toward others?
- < Has anyone been involved in a fight where someone was physically injured?
- < Does anyone have access to weapons? Are they kept locked up when not in use? Are they used to threaten others?
- < Does anyone have access to guns? Are they loaded or unloaded? Are they kept locked up when not in use? Are they used to threaten others?

Observations and Written Examples:

Observations

- < Observe members of the household or any person having access to the child for any impulsive and/or aggressive behaviors.
- < Does anyone having access to the child exhibit extreme reactions to simple statements? Are their behaviors impulsive and out of control?
- < The results of a completed criminal record check on adults having access to the child.
- < Do home conditions indicate evidence of out of control behavior? (e.g. holes in walls, broken furniture, broken windows, broken doors).

Examples of Evidence to Support Safety Factor = YES

- < Caretaker(s) who are impulsive, exhibiting physical aggression, temper outbursts or unanticipated and harmful physical reactions, such as smashing or throwing furnishings, breaking furniture, kicking, etc.
- < Adult in the home has visible injuries resulting from being hit/beaten.
- < Use of guns, knives or other weapons to threaten or harm another person.
- < Behavior that seems to indicate a serious lack of self-control.
- < Individual displays extreme actions or reactions such as physical attacks, violent shaking, or choking.
- < Caretaker uses brutal or bizarre punishment such as scalding, burning with cigarettes, forced feedings, killing or torturing pets.
- < Bizarre cruelty (locking up children, torture, etc.).

Examples that may NOT reach the serious threshold = NO

- < Individuals who yell, scream, and/or curses.
- < Individuals who threaten others verbally.
- < Individuals who display assaultive behavior to non-family members.

5. Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.

Recommended Interview Questions:

Suggested Questions for Adult Victim

- < Does your partner ever prevent you from leaving home, working or going to school?
- < Does your partner destroy your possessions or things of value to you?
- < Has your partner threatened to, or tortured or killed a family pet?
- < Has your partner ever hit, slapped, pushed or kicked you? Has your partner ever caused serious harm to you?
- < Has your partner verbally threatened you?
- < Does your partner own or have access to a weapon? Has your partner ever attacked you with a weapon?
- < Have you ever left home as a result of abuse? If yes, when did this occur and where did you stay? How long did you stay away from the home?
- < Did you take the children when you left? If not, why?
- < Have you previously ended your relationship due to the abuse? How did it happen that you reunited? What happened when you reunited? What was it like? Do you want to separate from you partner now?
- < Have the police ever been called for assistance? Who called? Have you ever pressed charges or filed a restraining order?
- < Has anyone else in the household acted in a violent manner?
- < Has the child(ren) been home during or overheard an episode of family violence? Has the child(ren) ever witnessed the event?
- < Has your partner ever injured the child during an episode of family violence? Was the child the target of this violence?
- < Has the child ever tried to intervene during an event of family violence?
- < Is your extended family aware of the abuse? How have they been supportive of you?
- < Have you told anyone outside of the family about the abuse? How have they been supportive of you?

Suggested Questions for Child

- < Have you ever witnessed your parents/caretakers hit each other? Did anyone get injured?
- < How often do your parents fight?
- < Do you ever try to stop your parents from fighting? How?
- < Have you ever been injured when your parents are fighting?
- < What do you do when your parents fight?
- < Have the police ever come to your home when your parents are fighting?

Observations and Written Examples:

Observations

- < Observe the adult victim. Does he/she present as depressed, fearful, secretive, aggressive, hopeful, hopeless, independent, and dependent?
- < Are there visible injuries? Does he/she have difficulty in movement?
- < Has the adult victim reported the domestic violence to the authorities? Has he/she obtained a Civil Protection Order or Temporary Protection Order?
- < Has the adult victim moved away from the alleged batterer? Is the adult victim living at a new address?
- < Is the alleged batterer living in the home? If the alleged batterer is in the home, how does he/she interact with the adult victim? How does he/she present him/herself?
- < If the adult victim reports that the alleged batterer does not live in the home, is there evidence to the contrary such as clothing, personal articles, a car in the driveway/street, etc.?

Examples of Evidence to Support Safety Factor = YES

- < Family violence situations involving a physical assault on a caretaker in the presence of a child in which child witnesses activity and is fearful for self and others.
- < Family violence when assaults on a child occur or in which a child may be attempting to intervene.
- < Family violence when a child could be inadvertently harmed even though they may not be the target of the violence.
- < Due to family violence, the caretaker is unable to provide basic care and/or supervision for the child because of injury, incapacitation, forced isolation or other controlling behavior of the alleged or observed family violence perpetrator.
- < Alleged batterer's abusive behavior includes frequent use of weapons or threats of homicide/suicide towards the adult victim or children.
- < The cycle of family violence is escalating (e.g., frequency of violence is increasing; threats of family violence are becoming increasingly more violent).
- < Spousal abuse/child abuse co-occurring.

Examples that may NOT reach the serious threshold = NO

- < Child is present when there is slapping, shoving, pushing, threats made, etc., but did not witness family violence (e.g., sleeping).

- < Child is not present/ Did not witness domestic violence.
- < Threats are made without any intention to carry the threat out.
- < No current family violence, but some history of family violence with or without adequate treatment.

6. Drug and/or alcohol use by any member of the family or any person having access to the child places the child in immediate danger of serious harm.

Recommended Interview Questions:

Suggested Questions for Adults

- < Tell me about your friends. What do you do together?
- < How would you describe your relationship with _____? (Inquire about any violence in their relationship.)
- < What medication do you take (prescription or over the counter)?
- < How often/much do you drink? Smoke?
- < Have you ever used any illegal drugs? If yes, what?
- < How frequently do you use? Where is your child when you use?
- < Would you be willing to take a random drug test?
- < Does anyone caring for the child abuse alcohol or drugs while caring for the child? How often?

Suggested Questions for the Child

- < Who do you know that drinks alcohol or beer?
- < Who do you know that smokes pot/crack, or Huffs (inhalant)?
- < Does anyone in your home use alcohol or drugs?
- < Do your caretakers usually behave in the same manner most of the time or are they nicer/meaner on some days?
- < When do people in your house usually sleep? Get up?
- < Have you ever seen any drugs, powder, or needles in your home? If so, where?

Suggested Questions for Others

- < Have you seen any alcohol, drugs, and inhalants in the house? Describe what you saw.
- < When was the last time you saw _____ use alcohol? Drugs?
- < Why do you believe substance abuse is an issue in the family?

Observations and Written Examples:

Observations

- < Observe home for drug paraphernalia.
- < Observe parents' behaviors.
- < Observe number and types of persons coming in and out of home.
- < Complete a police record check.

Examples of Evidence to Support Safety Factor = YES

- < Adult has had multiple periods of incapacitating intoxication (e.g., passing out, emotional collapse) when child(ren) are present.
- < Adult is abusing legal or illegal substances or alcohol to the extent that control of his/her actions is significantly impaired.
- < Adult becomes threatening or aggressive while in the presence of the children during periods of substance use.
- < Due to drug and/or alcohol abuse, the caretaker is unable, or will likely be unable, to care for the child.
- < Due to drug and/or alcohol abuse, the caretaker has harmed or is likely to harm the child.
- < Adult is currently being arrested and/or incarcerated due to substance abuse, use, and/or trafficking.

Examples that may NOT reach the serious threshold = NO

- < Caretaker arranges for childcare while he/she uses substances.
- < Caretaker has episodes of using substances that incapacitates, but does not result in abusive or neglectful behavior.
- < Caretaker does not currently use substances, but has a history of substance dependency (with or without treatment.)

7. Behavior(s) of any member of the family or any person having access to the child is symptomatic of mental or physical illness or disability that places the child in immediate danger of serious harm.

Recommended Interview Questions:

Suggested Questions for Adults

- < Do you have any physical or medical problems? If so, what? Who is the doctor treating the problem?
- < Are you attending counseling? Who is your counselor?
- < Are you on any psychiatric medications? Who prescribed the medications for you?
- < Does anyone in the household have any emotional or physical problems? If so, who?
- < Do the emotional or physical problems place anyone in the home in danger? How?

Suggested Questions for the Child

- < Does your caretaker or anyone else in the home have any physical problems?
- < If the parent has a physical problem, is there any difficulty with the caretaker providing you with your basic needs?
- < Does anyone in the household, including caretaker, behave in a bizarre manner? Does this scare you?
- < Are there times when your caretaker cannot provide you with meals or help you in any way? How long does this last?
- < Does anyone in the household, including your caretaker, behave in a manner that is dangerous to you or others?

Observations and Written Examples:

Observations

- < Assess caretaker's ability to prepare meals and understand child's basic needs.
- < Note whether any member of the household has any obvious physical impairments.
- < If a caretaker has a physical impairment, inquire as to the history and current effects on parenting abilities.
- < Assess whether any member of the household has a serious mental or emotional impairment, and seek formal confirmation if warranted (e.g. hysteria, flat affect, depression.)
- < Observe if any medications are around the home and inquire the reasons for their use.

Examples of Evidence to Support Safety Factor = YES

- < Caretaker(s) is delusional; experiencing hallucinations.
- < "Others" are delusional and/or are experiencing hallucinations which threaten a child's safety.
- < Caretaker(s) or "others" have a disorder that reduces their ability to control their behavior in ways that threaten safety.
- < Caretaker(s) act out or exhibits distorted perception that seriously impedes ability to parent the child(ren.)
- < Physical or psychological illness or disability is present and negatively impacts the caretaker's ability to meet the basic needs of the child.
- < Physical or psychological condition requires lengthy and/or frequent periods of hospitalization in which the caretaker is unable to care for child.
- < Intellectually impaired adult places child in physical danger and/or adult is unable to recognize and provide for child's basic needs.
- < Motivation of the caretaker was to harm the child and does not show remorse.

Examples that may NOT reach the serious threshold = NO

- < Physical and/or mental disability exists by does not interfere with caretaker's ability to parent.
- < Chronic illness, physical disability or psychological condition reduces capacity to supervise, discipline, or monitor child, but does not place the child in danger of serious harm.
- < Episodic or permanent physical or psychological impairment results in periodic inability of adult to run the household or provide the child's basic needs.

8. Caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.

Recommended Interview Questions:

Suggested Questions for Adults

- < Is it difficult to meet your children's basic needs?
- < Why are the basic needs (including child's hygiene, clothing, food, shelter) not being met?
- < Who do you go to for help when you are unable to provide for basic needs?
- < How long do you leave your child alone?
- < How far away from home is your child allowed to go?
- < What time must your child be home at night?
- < Is it difficult to obtain and/or maintain housing? Why?

Suggested Questions for the Child

- < Show me where you sleep.
- < What time do you usually go to bed?
- < When do you get up in the morning?
- < Who is up when you get up?
- < What do you do after you get up?
- < Do you usually eat breakfast? Lunch? Dinner?
- < Who makes the meals?
- < What did you eat for breakfast, lunch and dinner?
- < Who watches you when caretaker is not here?

Suggested Questions for Others

- < Do the children beg/ask for food? How often?
- < Are the children ever left home alone? How long? How often?
- < Do the children play unsupervised outside? How long? How often?
- < Do the children wear weather appropriate clothing?
- < Is one child especially needy?

Observations and Written Examples:

Observations

- < Observe home, working utilities, children's clothing, food in home, heat in home in winter.
- < Observe condition of child. Is child dressed appropriately for the season?
- < How is the child's hygiene? (i.e., child smell strongly, tooth decay or loss, diaper rash)
- < Does the child appear to be healthy (seek medical examination, if deemed necessary)?
- < Observe the attentiveness of the adult to the child. Is it appropriate for the child's age, level of development and activity at the time of the observation?

Examples of Evidence to Support Safety Factor = YES

- < Caretaker leaves an infant, toddler or preschooler , otherwise vulnerable child at home alone.
- < Caretaker allows a child to be left alone for days, or overnight and child is not responsible or mature enough.
- < Caretaker allows child to be left for extended periods in the care of an inappropriate person.
- < Caretaker provides no supervision to developmentally disabled or special needs child.
- < Caretaker does not intervene when a child freely plays with dangerous objects or in dangerous places.
- < Caretaker does not respond to or ignores child's basic needs.
- < Caretaker denies food or water for an extended period of time. Child is not fed food consistently. Child appears to be unhealthy (seek appropriate professional confirmation when necessary.)
- < Child lacks adequate clothing for any environmental situation.
- < Child has strong odor and suffers from a skin condition or loss of hair or teeth due to poor hygiene.
- < Infant has bleeding and/or painful rash that is not being treated as a result of being left for extended periods of time in soiled diapers.
- < Family lacks shelter and they do not have or cannot access any resources to provide shelter.
- < There is no heat in the home during winter and no alternate or safe provisions are made.

Examples that may NOT reach the serious threshold = NO

- < There is no heat and/or utilities in the home during the summer months.
- < Family has no housing, but has made arrangements for somewhere to stay.
- < Caretaker leaves age appropriate child alone 3 to 5 hours in the home and child has vague idea of how to reach caretaker.

< Caretaker leaves age-appropriate child home alone and child expresses fear.

9. Household environmental hazards place the child in immediate danger of serious harm.

Recommended Interview Questions:

Suggested Questions for Adults

- < Is there anything dangerous in your house that you think might hurt the child?
- < Is there anything you would like to see changed about your housing situation?
- < Have you reported any necessary needed repairs to your landlord? Are there repairs being done to your house by your landlord?
- < Are your utilities all on, and working? Why/why not? If not, how do you prepare food, keep food cold, wash, etc.?

Suggested Questions for Child

- < Does anything in your home scare you?
- < Do you have access to needles in your home?
- < Where do you put your dirty clothes?
- < Where do you put your trash?
- < Do you have roaches, insects, mice, or rats in your home?
- < Are there any holes in your floor, walls, or ceiling?
- < Where do you use the toilet in your home?

Observations and Written Examples:

Observations

- < Ask for a tour of the home and observe the home conditions.
- < Turn on faucets to confirm running water.
- < Flush the toilet to confirm it is working properly.
- < Check for exposed wiring.
- < Observe where the portable heaters are located Is there adequate ventilation?
- < Are there windows without screens?
- < Are there open stairways that children have access to?
- < Observe the housekeeping standards (animal feces, garbage, molding food)?

Examples of Evidence to Support Safety Factor = YES

- < Housing is unsanitary, filthy, infested, a health hazard.
- < Excessive garbage or rotted or spoiled food which threatens health.
- < Room covered with human feces, urine or animal feces freely accessible to children.
- < The physical structure of the house is decaying, falling down.
- < Exposed electrical wiring within reach of children.
- < Medications, hazardous chemicals, alcohol/drugs, or loaded weapons accessible to children.
- < Gas leak.
- < Children have access to potentially dangerous pets in the home.
- < Excessive cockroaches, mice, rats, etc present in the home.
- < No access to water or toilet facilities, including no running water in the home with any alternate or safe provisions made.

Examples that may NOT reach the serious threshold = NO

- < Carpeting/furniture smell bad, are filthy from accumulated dirt, spilled liquids
- < Several days/weeks unwashed dishes
- < Several weeks' garbage bagged or boxed, uncovered
- < Minor problems with cockroaches, ants, rodents, or other insects
- < Absence of screens on windows.

10. Any member of the family or other person having access to the child describes or acts toward child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the child.

Recommended Interview Questions:

Suggested Questions for Adults

- < How would you describe each child? In relation to the other children?
- < What are the rules with respect to this particular child?
- < Are the rules different for each child?
- < Does the laugh and/or smile often? Is he/she frequently sad?
- < Does the child get along well with peers at school?
- < How do you reward the child for good behavior?
- < Do any of the child's behaviors concern you? If so, what?
- < What are your child's chores?

Suggested Questions for the Child

- < What are the family rules you must follow?
- < Who enforces the rules?
- < Are the rules the same for all your brothers/sisters?
- < What are your jobs/chores?
- < Do you help mom/dad/caretaker?
- < Who takes care of: Baby? Siblings? You? Mom? Dad? Caretaker? Give examples.
- < Who wins arguments?
- < Tell me about your friends. Do you like school? What activities do you participate in?
- < What do you think of yourself?
- < Have you thought about hurting yourself?
- < Whom do you go to when you have a problem and need to talk?

Suggested Questions for Others

- < How does the caretaker describe each child? In relation to the other children?
- < What are the rules with respect to this particular child?
- < How is this child's peer relationships?
- < What is his/her school behavior and performance like?
- < Discuss delinquent or pre-delinquent behaviors.

Observations and Written Examples:

Observations

- < Observe child's interaction with adults in the household. Look for signs (or absence of signs) of attachment.
- < Does child speak of himself/herself in negative terms?
- < Observe the children's bedrooms for equality in material items, cleanliness, and bedding.
- < Observe the child's clothes. Are they clean? Does the child's and the child's siblings have the same amount of clothing that is in similar condition?

Examples of Evidence to Support Safety Factor = YES

- < Caretaker's only interaction with the child is to threaten or intimidate.
- < Caretaker uses extreme gestures to intimidate child.
- < Caretaker repeatedly describes child(ren) in a demeaning or degrading manner.
- < Caretaker transfers their feelings toward someone they hate onto the child. (e.g., You are just like your father!)
- < Caretaker believes the child is demonic, possessed, the devil, etc.
- < Scapegoating that results in dangerous behaviors to self. (e.g., suicidal gestures, runaway, alcoholism/drug use/abuse)
- < Caretaker chooses not to assume the parental role and shows no interest in the child for extended periods of time. (abandonment)
- < Child is given responsibilities beyond his/her capabilities that are dangerous. (e.g., young child cooking, ironing, doing carpentry, climbing ladders, caring for infant)
- < Behavior indicates that child is assuming a parental role within the family.
- < Child is consistently and actively excluded from family activities, blamed for everything negative that happens and physically punished for events beyond his/her control resulting in the need for psychiatric help.

Examples that may NOT reach the serious threshold = NO

- < Caretaker criticizes or excludes the child.
- < Caretaker ridicules, humiliates or belittles child.
- < Caretaker sets unreasonable expectations and punishes the child for not meeting them.
- < Scapegoating results in distress, low self-esteem or regular discomfort.

- < Child is occasionally sent to bed without dinner as a form of discipline.
- < Child expresses that the chores and/or rules are too severe but does not exhibit any physical distress.

11. The family refuses access to the child or there is reason to believe the family will flee.

Recommended Interview Questions:

Suggested Questions for Adults

- < What is your understanding of why I am here? How do you feel about my being here?
- < Are you having any family problems? Do they affect the child? How?
- < Why do you refuse access of the child to CPS?
- < What do you need/want to permit me access to the child?
- < What is your past history of fleeing and/or refusing access to the child?

Observations and Written Examples:

Observations

- < Check history with agency and review records.

Examples of Evidence to Support the Safety Factor = YES

- < Caretaker hides the child(ren) or denies access to the child(ren).
- < Caretaker refuses access to the home.
- < Caretaker refuses to speak to CPS.
- < Family has a history of moving frequently in response to CPS intervention.
- < Family has no ties to the community such as a job, home, extended family, etc.
- < Caretaker(s) constantly deceives in respect to the child, the child's condition, home conditions, events and circumstances related to the report and CPS intervention.
- < Family has a history of avoidance with CPS workers and/or law enforcement.

Examples that may NOT reach the serious threshold = NO

- < Attempted home visits where no contact was made.
- < Family has few social connections.

12. Caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.

Recommended Interview Questions:

Suggested Questions for Adult and Children

- < Review questions and answers provided in Safety Factor #1.
- < Do the explanations provided correspond to other information (e.g., medical reports, police reports) gathered.
- < Are the explanations believable or are they far-fetched?
- < Is there information to corroborate the caretaker's(s') explanation?

Observations and Written Examples:

Observation

- < Caretaker(s) do not seem concerned about child's serious injury or condition.
- < Caretaker's behaviors do not support the explanation they provided for the child's current state.

Examples of Evidence that Support the Safety Factor = YES

- < Caretaker(s) acknowledges the presence of the serious injury or condition, but cannot explain how it occurred.
- < Caretaker's explanation for the serious injury is inconsistent with the type of injury.
- < Medical evaluation indicates the serious injury is a result of abuse, but the caretaker denies or attributes the injury to accidental causes.
- < Facts related to the conditions, the injury or the incident as observed by the CPS worker and/or documented by other professionals contradict caretakers' explanation.
- < Caretaker's description of the injury or cause of the injury minimizes the extent of harm to the child.
- < Caretaker(s) has no explanation or deny any knowledge as to how the serious injury or condition occurred.

Examples that may NOT reach the serious threshold = No

- < Caretaker has an explanation with vague details.
- < Caretaker has partially admitted knowledge as to how the serious injury or condition occurred.

13. Caretaker is unwilling or unable to meet the child's serious physical or mental health needs.

Recommended Interview Questions:

Suggested Questions for Adults

- < Do you feel the child has mental health problems? Why? What?
- < Do you feel the child has any behavioral problems? Why? What?
- < Does the child have any medical ailments or conditions? How is the child's general health?
- < When was the last time you took the child to the doctor/mental health therapist?
- < Have you followed through with the provided physical/mental health advice?
- < Is the child on any medications for physical and/or mental health reasons?
- < Is the medication taken according to the directions?
- < Have you ever had to seek emergency medical or mental health care for the child? What was it for?
- < Do you have a full understanding of the child's serious physical or mental health needs?
- < Does anyone else assist you in meeting these needs?

Suggested Questions for the Child (if age appropriate)

- < What makes you feel sad? How often do you feel sad?
- < Have you ever thought about hurting or harming yourself? Have you ever attempted to hurt or harm yourself? If so, did you or your caretaker seek mental health counseling? Did you follow through with recommendations?
- < When was the last time you went to the doctor?
- < Who takes you to the doctor?
- < Do you receive medication as prescribed?
- < How do you feel physically?
- < Do you feel sick often?
- < What happens when you feel sick?

Observations and Written Examples:

Observations

- < Does the child look healthy?
- < Does the child have any observable untreated illnesses/injuries?
- < Is the child's weight appropriate for his/her height?
- < Does the child appear happy, hyperactive, withdrawn?

Examples of Evidence to Support the Safety Factor = YES

- < Care is not provided for a medical condition that could cause permanent disability if not treated.
- < Emergency medical treatment not provided for a potentially life-threatening condition (injury, illness.)
- < Unreasonable delay in obtaining medical services, which endanger child's life or place child at risk of permanent disability.
- < Failure to give prescribed medication when such failure places child's health or functioning in danger of serious harm.
- < Child medically diagnosed as failure to thrive for non-organic reasons.
- < Child has a serious mental illness (e.g., suicidal or homicidal) which is untreated.
- < Caretaker does not recognize or comprehend the physical or mental health need or views the malady as less serious than it is.

Examples that may NOT reach the serious threshold = NO

- < Caretaker does not give child over-the-counter medications.
- < Failure to give medication (such as ritalin, antibiotics, acne medication) when such failure does not place child's health or functioning in danger.
- < Failure to provide medical treatment based on religious belief.

14. Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.

Recommended Interview Questions:

Suggested Questions for Adults

- < What changes have you observed recently, such as sleeping or eating or play habits?
- < Have you seen the child regress to old habits again, such as thumb-sucking, bed-wetting, baby-talk, etc.?
- < Have you noticed the child touching him/herself or others? Can you tell me about it? Ask for specifics.
- < Does the child have bad dreams, nightmares? When? About what? How do you calm them?
- < What kind of interest has the child shown in private parts, sexual activity, sexual talk, etc.?
- < How has this changed from two (2) months ago, six (6) months ago?
- < What is nap-time (bedtime) like?
- < What is bath-time like? Who bathes the child, how often, child's reactions, any special routines, etc.?
- < What does the child like to do?
- < Is there anything in particular which seems to upset the child?

Suggested Questions for Child

- < Let's talk about your body. Can you name the parts of your body?
- < If the child does not name his or her buttocks, genitals, breasts, etc., the child should be asked to name the parts of the body covered by a bathing suit.
- < Have you ever hurt your body? Tell me about the times when you've hurt your body.
- < Who helps you take care of your body? Who helps you put on your clothes; use the toilet; take a bath?
- < Utilize the same terminology used in the prevention programs in your community schools. (i.e., Green Flag/Red Flag, Good Touch/Bad Touch)
- < Do you know what safe touches and unsafe touches are?
- < Has anyone ever given you a safe touch? An unsafe touch?
- < Do you know what secret touches are?
- < Can you give me an example of a secret touch? Has anyone ever given you a secret touch? If someone touched you, who could you tell?

If the child does not raise issues of concern with these or similar questions, the sexual abuse assessment questions can be concluded. If issues of concern remain or are expressed by the child, the following are examples of questions to ask the child.

- < How and when did the touches start? What happened?
- < What part of his/her body did he/she use to touch you?
- < How were you dressed? How was he/she dressed?
- < Who did you tell about this?

Observations and Written Examples:

Observations

- < The child's home should be observed. The caseworker should note any sexually explicit materials in the home, the absence of bathroom doors, etc.

Examples of Evidence to Support the Safety Factor = YES

- < Child was engaged in sexual conduct or contact.
- < Caretaker makes no effort to prevent and/or forces or encourages child to observe sexual behavior of others. (e.g., parents, pornographic movies)
- < Adult engages in behaviors that are sexually stimulating to either party.
- < Access by confirmed perpetrator to child continues to exist.

Examples that may NOT reach the serious threshold = NO

- < Teenagers engaged in consensual sexual contact. (Children 13-15 years old can consent to sexual activity but their partners must be under four years their senior and not over the age of 18.)
- < Sexual activities are discussed in front of the child.

15. **Other Safety Threats: Are there any other concerns that rise to the level of an immediate safety threat that have not been mentioned previously in the Safety Assessment?**

Examples

- < Criminal activity of the caretaker or others in the home (e.g., drug trafficking from the home, sex rings in the home).
- < The home contains a Meth-Lab.
- < One or both caretaker(s) express fear that they will seriously harm their child(ren) and request placement.

Historical Information

Describe if the caretaker or other person having access to the child has previously or may have previously seriously abused or neglected a child. Also describe if any child in the family has previously been seriously abused and/or neglected.

Observations

- < Review family history with the agency.
- < Contact other counties where other children reportedly were victimized.
- < Conduct criminal record check, including crimes against children.

Suggested Questions For Adults

- < Do you have children in addition to those living in this household? If so, what are their names and where do they live?
- < Have you ever had contact with a children's protective services agency? Do you have a police record of any kind?
- < Has anyone ever called in a concern about you in the past? What were the circumstances?

Historical Examples to Support Consideration as part of the Safety Decision

- < Caretaker and/or an adult having access to the child has a history of serious victimization of other children, possibly having multiple incidents with multiple families or children.
- < Prior death of a child(ren) as a result of maltreatment.
- < Caretaker and/or an adult having access to the child has previously, seriously harmed a child.
- < Prior incident(s) of child abuse and/or neglect that necessitated court intervention and/or removal from the home.
- < Involuntary termination of parental rights to a child.
- < Caretaker and/or adult having access to the child has a criminal conviction of a felony crime against a child(ren.)
- < Child has history of being harmed seriously.

Historical Examples that may NOT reach the serious threshold

- < Criminal convictions that are not felonies.
- < Past history of abuse or neglect incidents which did not result in serious harm to a child.
- < Voluntary termination of parental rights of a child.

Child Vulnerability

Describe how each child's age, physical, intellectual and social development, emotional/behavioral functioning, role in the family and ability to protect him/herself contribute to or decrease the likelihood of serious harm.

Child vulnerability should be considered from several dimensions. The following should be assessed:

- The child's ability to protect self
- The child's age
- The child's ability to communicate
- The likelihood of serious harm given the child's development
- The provocativeness of the child's behavior or temperament
- The child's behavioral needs
- The child's emotional needs
- The child's physical special needs
- The visibility of the child to others/child's access to individuals who can protect
- Family composition
- The child's role in the family
- The child's physical appearance, size, and robustness
- The child's resilience and problem-solving skills
- The child's prior victimization
- The child's ability to recognize abuse/neglect

It is not the responsibility of the child, regardless of age, to provide protection for themselves. The caretaker has the ultimate responsibility to protect the child.

Observations

- < Observe to determine if the child engages in age-appropriate activities.
- < Observe the child's interaction with adults in the household.
- < Observe for developmental milestones (i.e., roll, sit crawl, walk).
- < Observe child's interaction in play with others.
- < Does the child have any other indications of any physical impairments (e.g., eye glasses, hearing impairment, leg braces)?
- < How does the child talk (single words, phrases, whole sentences)? Does he/she understand when spoken to?
- < Does the child appear happy, hyperactive, withdrawn?
- < Does the child believe he/she deserves the maltreatment?
- < Does the child actively engage in, or encourage, behaviors that provoke maltreatment?

Suggested Questions for Adults:

- < What are the relationships among the children in the household?
- < What are the things your child can do on his/her own? What are some of the things that you need to help him/her with?
- < Does he/she have any medical problems? Who is your child's pediatrician? When was the last time he/she saw a doctor, what did the doctor say about he/her developmentally?
- < When your child is happy, what does he/she do? How about when he/she is unhappy?
- < What school does your child attend?
- < Do you feel your child has behavioral problems? If so, describe the behaviors to me.
- < Have you discussed with your child what to do if someone hurts them? Who to call? Where to go?
- < Who would your child talk to if he/she was afraid?

Suggested Questions for Children:

- < Are you having any problems at school? At home?
- < What would you do if your mother and father left you home alone?
- < What would you do in an emergency? Do you know phone numbers of the police department, fire department, friends, and relatives?
- < Who would you call if someone was hurting you? What would you do if someone was hurting you?
- < What people do you trust?

Protective Capacities

What strengths and resources do the family have that can reduce, control, and/or prevent threats of serious harm? How does the family utilize these protective capacities to ensure child safety? Include the consideration of each caretaker's cognitive, emotional and behavioral abilities available to protect a child.

The following categories of protective capacities should be assessed:

- Cognitive
This category refers to specific intellect, knowledge, understanding, and perception used to assist in protecting a child. Cognitive abilities include recognizing a child's needs, personal responses to various stimuli, awareness of threatening family circumstances and understanding the responsibility to protect. Other examples include being reality oriented and having an accurate perception of a child.
- Behavioral
This category refers to specific action and activity to assist in protecting a child. Behavioral abilities include an individual's physical capability to intervene to protect a child; the ability to defer one's own needs in favor of the child; and the skills associated with meeting the child's safety related needs. Other examples include being adaptive, assertive and responsive, taking action, and using impulse control.
- Emotional
This category refers to specific feelings, attitudes, and motivations that are directly associated with child protection. Emotional abilities include a willingness and desire to protect, emotional stability, resiliency, the form in which love is expressed and reciprocated and the nature of the parent-child attachment. Also included is how effectively the parent meets his/her own emotional needs.

Observations:

Through observation and ongoing conversation, assess the following:

- < Parental ability to understand child's basic needs
- < Interactions between parent and child
- < Response to allegations of abuse/neglect (awareness of threatening family circumstances)
- < Whether there may be a serious mental or emotional impairment (hysteria, flat affect, depression). Seek formal confirmation if warranted.
- < Understanding and ability (both mentally and physically) to protect the child
- < Ability to defer one's own needs in favor of a child

Questions for Adults:

- < What is your understanding of why I am here? How do you feel about my being here?
- < What are the family problems with which you struggle?
- < Do you ever feel too tired to begin another day?
- < Do you have any physical or medical problems?
- < Have you ever been physically injured or mentally impaired and could not care for your child?
- < Do you have any friends or relatives in town who support and help you? How do they support and help you? Can they help you? Who are they and where do they live?