

CHILD PROTECTIVE SERVICES SAFETY INTERVENTION STANDARDS

DIVISION OF SAFETY AND PERMANENCE

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SAFETY INTERVENTION STANDARDS

Introduction

A thorough understanding of child safety decisions and actions is essential and relevant for Access, Initial Assessment and Ongoing Child Protective Services (CPS). Present danger assessment, protective planning, safety assessment, safety analysis, safety planning, and the management of child safety occur in every aspect of CPS involvement with a family. CPS has the following fundamental safety intervention responsibilities:

CPS Access

- Gathering information related to Present Danger Threats and likely Impending Danger Threats to child safety; and
- Making screening and response time decisions based on maltreatment allegations and/or threats to child safety.

CPS Initial Assessment

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

CPS Ongoing

- Evaluating the existing Protective and/or Safety Plan developed during Initial Assessment;
- Developing Protective and/or Safety Plans that are effective in assuring child safety and are the least intrusive to the family;
- Managing and assuring child safety through continuous assessment, monitoring, and adjustment of Protective and/or Safety Plans that are effective in assuring child safety and are the least intrusive to the family;
- Engaging families in an assessment and case planning process that will identify services to address threats to child safety by enhancing Parent/Caregiver Protective Capacities; and
- Measuring progress related to enhancing Parent/Caregiver Protective Capacities and eliminating identified danger threats.

A collaborative relationship between CPS and parents/caregivers that is based on practice principles of respect, honesty, equity, and self-determination is critical for effective safety assessment, planning, and management. The parents/caregivers are viewed as the primary authorities in the family and are most accountable for safety and security within the family unit. CPS seeks to have a partnership with parents/caregivers, in so far as reasonable and possible, for the purpose of enhancing Parent/Caregiver Protective Capacity to enable parents and caregivers to provide a safe home for their children independent of CPS. In addition to the

relationship between CPS and parents/caregivers, it is important to seek out involvement from extended family, tribes when working with Indian children and families, community supports, friends, etc. who can help parents/caregivers and CPS manage child safety.

Practice requirements are contained within boxes. Additional information is included in the Standards outside of the box to provide further guidance about case practice.

I. Safety Intervention

I.A. Definition and Principles of Practice

Safety intervention refers to all the decisions and actions required throughout CPS involvement with the family to assure that an unsafe child is protected. Safety intervention respects the constitutional rights of each family member and utilizes the least intrusive intervention to keep a child safe. Further, the safety intervention process with Indian children and families requires specific attention to additional federal and state requirements.

Safety intervention consists of:

- collecting information about the family to assess child safety;
- identifying and understanding Present and Impending Danger Threats;
- evaluating Parent/Caregiver Protective Capacities;
- determining if a child is safe or unsafe; and
- taking necessary action to protect an unsafe child.

If a child is unsafe, the following applies:

- engaging parents/caregivers in the development and implementation of a Protective and/or Safety Plan;
- continuously managing Protective and/or Safety Plans that assure child safety;
- assessing Parent/Caregiver Protective Capacities;
- creating and implementing Case Plans or Permanency Plans that enhance Parent/Caregiver Protective Capacities and decrease Impending Danger Threats;
- supporting and empowering a parent/caregiver in taking responsibility for the child's protection; and
- establishing a safe, permanent home for an unsafe child.

When a child is unsafe, CPS must collaborate with the family to develop and implement a Protective and/or Safety Plan. If a Protective and/or Safety Plan cannot be implemented, then CPS must place the child in an out-of-home care placement, in consultation with the district attorney/corporation counsel.

Additionally, CPS must collaborate with Tribes when working with Indian children and families. In all aspects of safety intervention, including implementing and monitoring Protective and Safety Plans, an Indian child's family and tribe must be informed and both the Wisconsin Indian Child Welfare Act (WICWA) [[Wis. Stat. § 48.028](#)] and the Federal Indian Child Welfare Act (ICWA) [[25 USC §§ 1901-1963](#)] must be followed.

Parents/caregivers are an important resource in developing Protective or Safety Plans. This does not mean that parents/caregivers are responsible for or have to agree with the need for a Protective Plan to control Present Danger Threats or a Safety Plan to control Impending Danger Threats but they do have to be willing to be involved and cooperate with the use of a Protective or Safety Plan.

Once it has been determined that a child is unsafe, CPS must take action as necessary to control the identified danger threat(s) or shield the child from the impact of the identified threat(s). While parents/caregivers must be kept fully informed of safety decisions and involved in protective and/or safety planning, CPS has the responsibility to control identified danger threats. The level of CPS involvement and/or intrusion with a family with respect to controlling and managing child safety depends on how danger threats are operating in a family and the willingness and capacity of parents/caregivers to follow through with the requirements of a Protective and/or Safety Plan.

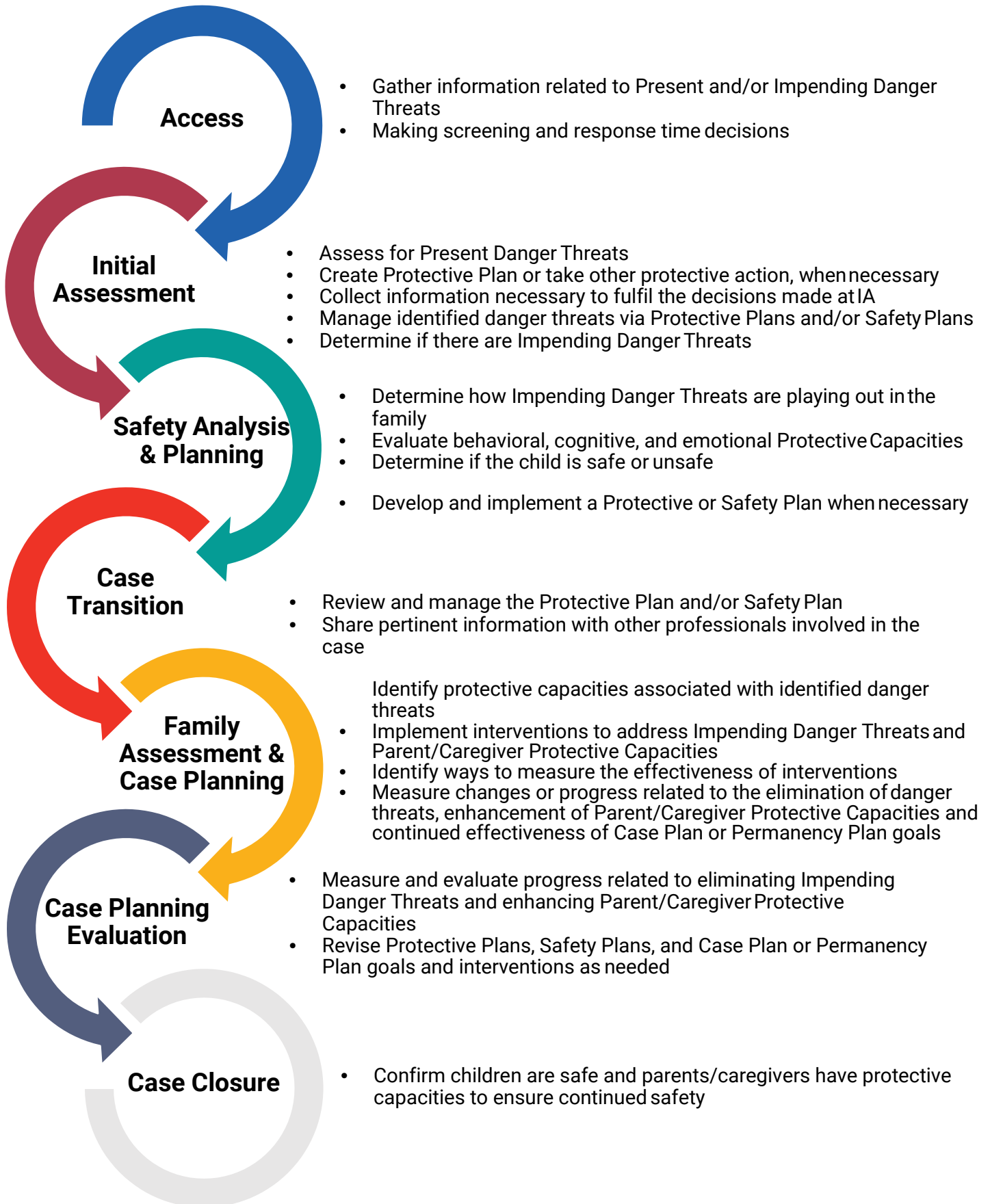
I.B. Court Intervention

If the family is unable or unwilling to control Present Danger Threats and/or Impending Danger Threats through the use of a Protective and/or Safety Plan, CPS must consult with the district attorney/corporation counsel to assure that necessary services (in-home or out-of-home) are ordered by the court and implemented or take other reasonable action (e.g. Temporary Physical Custody) to immediately assure child safety.

If a petition is filed on behalf of an Indian child, as defined in the Wisconsin Indian Child Welfare Act (WICWA) and the Federal Indian Child Welfare Act (ICWA), the local child welfare agency must notify the parents, tribe(s), Indian custodian and/or Bureau of Indian Affairs as required in ICWA and WICWA. When an Indian child is formally placed in an out-of-home care placement by a court order all ICWA and WICWA requirements regarding placement preferences must be followed. All active efforts taken to comply with ICWA and WICWA must be documented in the case record.

I.C. CPS Case Flow

There are key decision-making points in the CPS case process as it relates to child safety. However, these critical points in safety intervention are not mutually exclusive and can occur throughout CPS involvement. When there is a new report of maltreatment or danger threats emerge in Ongoing Services, CPS must assess the danger threat(s) and, when appropriate, develop and implement a Protective Plan and/or Safety Plan to control the identified threats in the home or place the child in an out-of-home care placement. The following chart shows the major tasks and goals included in each stage of the CPS case process. This chart is not exhaustive but rather highlights the main components regarding safety at each stage in the case process.



II. Safety Management during Initial Assessment

At the onset of the Initial Assessment or at any point of CPS involvement with families when there is a reported crisis or a new referral, CPS will begin a safety assessment by focusing on whether there are Present Danger Threats to a vulnerable child's safety (see [Safety Appendix 1: Present Danger](#) and [Safety Appendix 2: Assessing Child Vulnerability](#)).

Present Danger Threats are the primary basis for assessing child safety at the onset of the Initial Assessment. While it is possible to begin gathering information at first contact with families that may reveal indications of Impending Danger Threats (e.g. prior involvement at either Initial Assessment or Ongoing services provision), Impending Danger Threats can only be identified through the collection of information about the family and family member functioning (see [Safety Appendix 4: Impending Danger](#)).

II.A. Assessing for Present Danger Threats

CPS must complete a Present Danger Assessment (PDA) in order to assess and evaluate the family and home situation to determine whether there is Present Danger at the following points during the Initial Assessment:

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

II.B. Protective Planning

A Protective Plan is an immediate, short term strategy in response to the identification of Present Danger Threats. The Protective Plan provides a child with adult supervision and care in order to control for or shield from identified Present Danger Threats and to allow for the collection of information that can be used to assess Impending Danger Threats and Parent/Caregiver Protective Capacities. A Protective Plan is a negotiated arrangement made between a family, a local child welfare agency and Tribal Partners when working with Indian children and families. A Temporary Physical Custody (TPC) request is a court action that is the result of identified Present Danger Threats that cannot be controlled with a Protective Plan.

When implementing a Protective Plan with an Indian child, it is important to include tribal representatives designated by the Indian child's tribe as the tribal representative has substantial knowledge of the prevailing social and cultural standards and child-rearing practices within the tribal community. Tribal representatives may also be a resource in evaluating the circumstances of the Indian child's family. The tribal representative may also assist in the development of a Protective Plan by identifying the available resources of the tribe and of the Indian community, including traditional and customary support, actions, and services, to address the circumstances of the Indian family.

II.B.1 Creating a Protective Plan

CPS must take protective action the same day that Present Danger Threats are identified. A Protective Plan must include immediate action(s) to control Present Danger Threats while more information about the family is being gathered through the course of the Initial Assessment.

When creating a Protective Plan CPS must:

- inform the parents/caregivers why the child is determined to be unsafe (identified Present Danger Threat(s));
- collaborate with the parents/caregivers to identify what Protective Plan options are available and acceptable;
- inform the parents/caregivers of the role of CPS to assure the child is protected;
- notify and involve representatives of the Indian child's tribe(s) in all aspects of safety intervention and initiate active efforts immediately when protective planning with Indian children;
- attempt to use resources within the family network to develop the Protective Plan;
- confirm that there is agreement by all participants, which includes having the participants sign the Protective Plan document;
- put the Protective Plan into place before CPS leaves the family/situation; and
- consult with a CPS supervisor or her or his designee regarding the Protective Plan and have them sign the plan by the next business day.

In cases where resources within the family network are not available, accessible, or appropriate, CPS must use formal resources to develop the Protective Plan. In these situations, it is typical to have a combination of informal and formal protective actions and/or resources that are implemented as part of the Protective Plan.

Prior to implementing a Protective Plan that utilizes separation as a protective action, CPS must assess and evaluate the safety of the identified protective caregiver through direct contact. This also includes a discussion of the expectations and their role in the Protective Plan as well as any issues related to the care of the child.

A Protective Plan cannot be used when Present Danger Threats exist, and the family network or formal resources are not available or accessible or parents/caregivers are unable/unwilling to permit CPS to implement a Protective Plan. In this case, out-of-home placement should be used to control for identified danger threats.

II.B.2 Active Efforts and Protective Planning with Indian Children

Active efforts, as outlined in [Wis. Stat. § 48.028\(4\)\(g\)](#), are required as part of protective planning with an Indian child and his or her family. These efforts include ongoing, vigorous and concerted interventions which are intended to promote communication, collaboration, and coordination with the Indian child's tribe to develop, implement and modify, if needed, Protective Plans involving Indian children.

Active Efforts in protective planning include, but are not limited, to the following:

- identifying, notifying, and inviting representatives from the Indian child’s tribe(s) to participate in all aspects of protective planning;
- notifying and consulting extended family members;
- identifying, offering, and using all available family preservation strategies; and
- identifying community resources and actively assisting or offering active assistance to the Indian child’s family in access those resources.

For further requirements regarding Active Efforts, see the [Active Efforts Guide](#) (DCF-P-464).

CPS professionals must consider placement preferences as outlined in [Wis. Stat. § 48.028\(7\)](#) and Active Efforts as outlined in [Wis. Stat. § 48.028\(4\)\(g\)](#) when Temporary Physical Custody (TPC), Delegation of Powers, or a Voluntary Placement Agreement (VPA) are needed to ensure child safety (unless there is good cause to depart from the placement preferences as provided in [Wis. Stat. § 48.028\(7\)\(e\)](#)). Attending to these statutory requirements when using separation as a means of controlling for child safety in the protective planning process will help avoid unnecessary moves and promotes placement stability of Indian children should future formal placement action and/or court involvement occur.

Given these requirements and casework expectations and considerations, if an Indian child’s tribe was not notified of CPS involvement at the point of Access and subsequently engaged to ensure active communication, coordination, and collaboration in any subsequent protective planning process, the CPS professional must contact the Indian child’s tribe and provide the Protective Plan document to the Indian child’s tribe within 24 hours of the Protective Plan begin date.

For contact information for the eleven Wisconsin Indian Tribes, see [Tribal Information](#) on the DCF website. For contact information for tribes headquartered in other states, see [ICWA Designated Agents Listing](#) on the Bureau of Indian Affairs website.

II.B.3 Documentation

The Present Danger Assessment (PDA) and Present Danger Assessment and Protective Plan (PDAPP) must be documented in eWiSACWIS within two business days if Present Danger Threats are identified or by the end of the Initial Assessment if no Present Danger Threats are identified.

A Protective Plan must contain specific information regarding how protective actions will be implemented to control identified Present Danger Threat(s). Details of a Protective Plan must include a description of:

- the identified Present Danger Threat(s) that result in an unsafe child, and
- how the Protective Plan is controlling the identified threats to each child’s safety including:
 - the name(s) of the responsible/protective adult(s) (“Provider Name” on the Protective Plan form) related to each protective action,
 - an explanation of the responsible/protective adult(s) relationship to the family,

- the identified protective actions/services (“Provider Role” on the Protective Plan form) to assure child safety including frequency and duration,
- the child’s location, alleged maltreater, and parent/caregiver access, and
- how CPS will oversee/manage the Protective Plan, including communication with the family and providers.

When protective planning with Indian children, the following must also be documented:

- the tribal caseworker’s signature on the Protective Plan if they are participating in the plan,
- Active Efforts made to provide the families with the services outlined in the Protective Plan,
- the efforts to collaborate with the tribe, not just to notify or engage the tribe, and members of the Indian child’s extended family in the protective planning process and actively assisted in service provision,
- all efforts to comply with placement preferences, and
- all efforts to provide remedial services designed to prevent the breakup of the Indian family [[Wis. Stat. § 48.028\(4\)\(d\)2](#)].

At the time of implementation of a Protective Plan, the CPS professional must have the Protective Plan document (DCF-F-S2179) signed by all parties who are participating in the plan, including the parents/caregivers, protective adults, supervisor, CPS professional, and tribal caseworker if applicable. A copy of the signed Protective Plan must be provided to the family and, if appropriate the protective caregiver. Tribal caseworkers must receive a copy of the Protective Plan within 24 hours from when it was implemented. If any Protective Plan participant indicates enrollment in the Safe at Home Program, their actual physical address must remain confidential and excluded from the written Protective Plan documentation. For more information regarding the Wisconsin Safe at Home Confidentiality Program, please reference the [Access and Initial Assessment Standards](#).

Within two business days of the Protective Plan being implemented, the Protective Plan document (DCF-F-S2179) must be scanned into eWiSACWIS.

The Present Danger Assessment (PDA) and Present Danger Assessment and Protective Plan (PDAPP) must be approved by a supervisor, or her or his designee.

II.C. Monitoring and Documenting Safety as Part of a Protective Plan

The Protective Plan remains in effect during the Initial Assessment or until information is gathered to either eliminate the need for a Protective Plan, or to develop and implement a Safety Plan based on the identification of Impending Danger Threats, or the case is closed. For the duration of the Protective Plan, CPS must review the adequacy of the Protective Plan weekly and make modifications, when necessary.

Protective planning and Protective Plans with Indian children must include timely communication, collaboration and coordination with the appropriate tribe(s). Active Efforts provided to the family must continue to be documented.

II.D. Documentation

If modifications, including decisions regarding frequency and duration of separation, are needed to the Protective Plan or new Present Danger Threats are identified, the current Present Danger Assessment and Protective Plan (PDAPP) must be ended and a new PDAPP and Protective Plan form created.

The new PDAPP and Protective Plan document must be signed by all parties, and scanned in to eWiSACWIS within two business days of implementation. When it has been assessed that Present Danger Threats are no longer active in the family and a Protective Plan is no longer needed, the current PDAPP must be ended in eWiSACWIS with the reasoning "Present Danger Threats no longer identified."

III. Safety Information and Safety Assessment, Analysis and Plan

III.A. Gathering Safety Related Information during the Initial Assessment

In accordance with the [CPS Access & Initial Assessment Standards](#), when the alleged maltreatment is by a primary caregiver, CPS must conduct interviews and gather the following information to assess Impending Danger Threats and develop a Safety Plan, if necessary:

1. The extent of maltreatment
2. The circumstances surrounding the maltreatment
3. Child functioning
4. Adult functioning
5. Parenting Practices
6. Disciplinary practices

See [Safety Appendix 4: Impending Danger](#) for additional information.

The CPS Access & Initial Assessment Standards also require an assessment of family functioning. This information is related to the family assessment and not to danger threats.

III.B. Safety Assessment and Safety Analysis

CPS must complete a Safety Assessment at the conclusion of an Initial Assessment relating to alleged maltreatment by a primary caregiver. The basis for assessing child safety at the conclusion of the Initial Assessment is the identification of Impending Danger Threats. If Impending Danger Threats are identified, then a child may be unsafe (see [Safety Appendix 4: Impending Danger](#)).

When a Safety Assessment indicates that a child may be unsafe, a Safety Analysis must be completed to further examine specifically how Impending Danger Threats are occurring in a family and evaluate the capacity of the parent/caregiver or family member to assure child safety. A child is unsafe when the Safety Analysis concludes that Parent/Caregiver Protective Capacities are insufficient to manage or control Impending Danger Threats and assure protection (see [Safety Appendix 5: Parent/Caregiver Protective Capacities](#)).

The same day a child has been assessed to be unsafe (i.e. presence of Impending Danger Threats and insufficient Parent/Caregiver Protective Capacities) CPS must take action to control the danger and develop and implement a Safety Plan. If the identified danger threat cannot be controlled in the home with a Safety Plan, then CPS must use an out-of-home care placement to control identified danger threats.

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

Information gathered during the Initial Assessment regarding adult functioning and parenting practices should reveal if there are Parent/Caregiver Protective Capacities sufficient to manage Impending Danger Threats. Additional information may be necessary to identify additional Parent/Caregiver Protective Capacities that will assure child safety.

III.C. Safety Plan

A Safety Plan is required when a Safety Assessment and Safety Analysis determine that a child is unsafe. A Safety Plan is a written, negotiated arrangement between parents/caregivers and CPS that establishes how safety intervention services will be utilized to control the identified Impending Danger Threat(s). The Safety Plan is implemented and active as long as Impending Danger Threats exist, and Parent/Caregiver Protective Capacities are insufficient to assure a child is protected. The Safety Plan must describe the following information in detail:

- the specific Impending Danger Threats;
- the safety intervention services that will be used to control Impending Danger Threats;
- the names of formal and informal providers that will provide safety intervention services;
- the roles and responsibilities of the safety services providers including a description of the availability, accessibility and suitability of those involved;
- the intervention(s) including frequency and duration; and
- how CPS will manage and oversee the Safety Plan, including communication with the family and providers.

CPS should consider the least intrusive safety intervention that is possible to control identified Impending Danger Threats and involve parent/caregivers in a discussion about the results of the

Safety Analysis and the need for a Safety Plan. CPS should inform parents/caregivers about their rights related to accepting/cooperating with the Safety Plan as well as any alternatives or consequences. In order to develop a Safety Plan that uses the least intrusive means possible, CPS should:

- work to engage parents/caregivers in understanding and accepting the need for a Safety Plan,
- enlist the parents/caregivers in a process of identifying and fully considering available safety management services/options.

III.C.1 Developing a Safety Plan

When developing a Safety Plan, CPS must first assess and determine if a Safety Plan can be implemented and is sufficient to control identified Impending Danger Threats to assure child safety. CPS must also confirm that parents/caregivers are willing to cooperate with a Safety Plan and agree with the expectations, designated tasks, and time commitments set forth in the Safety Plan.

When a Safety Plan cannot control the identified Impending Danger Threats in the home, CPS must initiate an out-of-home care placement. When this occurs, CPS must clearly outline what is needed (e.g. conditions, expectations, safety services) for the child to return to the home with a Safety Plan.

Prior to an unsafe child's placement in a relative or foster home, CPS must formally assess the safety of the placement setting. See [IV. Confirming Safe Environments when Children are placed in Out-of-Home Care](#) for additional information.

III.C.2 Documentation and Supervisory Approval

If any Safety Plan participant indicates enrollment in the Safe at Home Program, their actual physical address must remain confidential and excluded from the written Safety Plan documentation. For more information regarding the Wisconsin Safe at Home Confidentiality Program, please reference the [Access and Initial Assessment Standards](#).

The Safety Assessment, Analysis and Plan must be approved by a supervisor, or her or his designee, and be documented in the family case record.

IV. Confirming a Safe Environment with Children are Placed in Out-of-Home Care

A CPS professional places a child in out-of-home care when (1) threats to child safety cannot be controlled in the child's home with a Protective and/or Safety Plan or (2) a child requires either specific services or sanctions that cannot be met in the child's home or community. One responsibility prior to placing a child is to assess and confirm the placement is safe for the child. This obligation exists for all placement settings whether the care is provided by family members, friends, neighbors, or professional providers such as foster families.

Assessing for a safe environment is distinctly different from licensing the placement home. Licensing occurs bi-annually and focuses on specific requirements for the provider and environment rather than the safety of a specific child in the placement. Therefore, assessing and confirming a safe environment in placement settings occurs every time a new placement is considered.

IV.A. Applicability

The Confirming Safe Environments assessment applies when a child is placed in an unlicensed home, foster care home, group home, or residential care center. This assessment does not apply when a child is on a trial reunification, is missing from out-of-home care, or is placed in the following settings:

- Voluntary kinship care home
- Juvenile correctional institution
- Shelter care facility
- Adult correctional facility
- Secure detention facility
- Hospital
- Supervised independent living placement

IV.B. Confirming Safe Environments at the Initiation of a Child's Placement in an Unlicensed Home

Prior to placement the CPS professional or designee must:

- Conduct a home visit to assess and evaluate the safety of the placement setting and assist the caregiver in obtaining provisions needed for the care of the child. This includes discussing expectations and clarifying the role of the out-of-home care provider and providing information on any issues related to the care of the child.
- Complete a check of law enforcement records or conduct a CCAP check on all individuals seventeen years of age and older residing in the identified placement home.
- Conduct a reverse address Sex Offender Registry check.
- Conduct a check of eWiSACWIS records on all individuals seventeen years of age and older residing in the identified placement home.

If a home visit cannot be made prior to placement (e.g., an emergency), the CPS professional or designee must have verbal contact at the time the child is placed to assess and evaluate the safety of the placement setting and assist the caregiver in obtaining provisions needed for the care of the child. In this circumstance, an initial home visit must occur within 24 hours of the child's placement.

During the first encounter with an out-of-home care provider (considered for placement) the CPS professional or designee gathers information to identify and understand Placement Danger

Threats (see [Safety Appendix 3: Placement Danger Threats](#)). During initial and subsequent home visits, the CPS professional interviews and observes family members and collects data from other sources to make determinations about Placement Danger Threats and the appropriateness of the placement.

Within five working days following the initial home visit, the CPS professional or designee must:

- ☒ conduct a subsequent home visit (a second weekend cannot pass prior to the subsequent home visit);
- ☒ continue to assess and evaluate safety in the placement setting;
- ☒ confirm expectations with the out-of-home care provider , as applicable; and
- ☒ discuss any issues related to the care of the child.

Additionally, the CPS professional or designee must:

- ☒ Consider Placement Danger Threats at first encounter and on an ongoing basis with out-of-home care providers to determine the safety of the placement home (see [Safety Appendix 3: Placement Danger Threats](#)). If a Placement Danger Threat(s) is confirmed, the CPS professional must locate and transition the child to a new placement immediately.
- Assess the out-of-home care provider’s motivation to provide care for the child, view of the child, and when a relationship currently exists between the out-of-home care provider and the child, an understanding of the need for the child to be placed in out-of-home care.
- Assess the child’s reaction to the placement home and the out-of-home care provider in cases where a relationship currently exists between the out-of-home care provider and the child.

All potential out-of-home care providers or other household members must be included in the assessment.

In unlicensed placement settings, “household member” means all individuals living together in the same dwelling. This includes individuals who live in the home full-time or part-time. Any adult who lives in the home regularly (full-time or part-time) is considered a household member. For additional information, refer to the [Access and Initial Assessment Standards](#).

IV.C. Confirming Safe Environments in Placement Settings When Respite and Pre-Placement Visits Have Been Previously Approved in an Unlicensed Home

Wisconsin law requires that prior to making the decision to begin respite or pre-placement visits with an unlicensed provider, the CPS professional or designee must:

- conduct a CCAP check, reverse address Sex Offender Registry check and a CPS records check on all individuals seventeen years of age and older residing in the identified placement home;
- conduct a home visit with the identified placement providers to assess and evaluate safety of the placement setting; and

- assist the caregiver in setting up whatever provisions are needed for the care of the child.

If the local child welfare agency then decides to use the home for an out-of-home placement for the child, the CPS professional or designee must:

- conduct a home visit within three working days following the initiation of placement (a second weekend may not pass prior to the home visit);
- continue to assess and evaluate safety in the placement environment;
- confirm expectations with the out-of-home care provider; and
- discuss any issues related to the care of the child.

Other records such as police reports may be useful in determining whether Placement Danger Threats exist. The CPS professional should analyze information from all available sources to help evaluate the environment of the placement home, and subsequently decide if the child can be placed in the home safely. To assist with this decision, the CPS professional may consider the criteria in [DCF 12.06](#) of the Administrative Code.

If a child is safe from immediate harm in an unlicensed placement home, the CPS professional continues to collect information from the out-of-home care provider through additional contacts to confirm a safe placement. This assessment includes the out-of-home care provider's ability to care for the longer-term needs, emotional development, and well-being of the child.

IV.D. Confirming Safe Environments at the Initiation of a Child's Placement in a Licensed Foster Home

Prior to placement the CPS professional or designee must have verbal contact with the placement provider to assess and evaluate safety in the placement environment. The CPS professional or designee must discuss expectations and clarify the role of the out-of-home care provider and provide information on any issues related to the care of the child.

Within 24 hours of placement the CPS professional or designee must:

- conduct a CCAP check on all individuals seventeen years of age and older residing in the identified placement home;
- conduct a reverse address Sex Offender Registry check;
- conduct a check of eWiSACWIS records on all individuals seventeen years of age and older residing in the identified placement home; and
- assist the caregiver in setting up whatever provisions are needed for the care of the child.

A home visit must be made within three business days, not to exceed five calendar days. The purpose of the home visit is to assess and evaluate the safety of the placement setting and assist the caregiver in obtaining provisions needed for the care of the child. A second weekend may not pass prior to the initial home visit with the licensed provider.

During the first encounter with an out-of-home care provider, the CPS professional or designee gathers information to identify and understand Placement Danger Threats (see [Safety Appendix 3: Placement Danger Threats](#)). During the initial and subsequent home visits and face-to-face monthly contacts, the CPS professional interviews and observes household members and

collects data from other sources to make determination about Placement Danger Threats and the appropriateness of the placement.

Within seven business days following the initial home visit the CPS professional or designee must:

- conduct a home visit to assess and evaluate for a safe environment in the placement setting;
- confirm expectations with the out-of-home care provider; and
- discuss any issues related to the care of the child as well as continue to assist the out-of-home care provider in setting up whatever provisions are needed for the care of the child.

Additionally, the CPS professional or designee must:

- Consider Placement Danger Threats at first encounter and on an ongoing basis with out-of-home care providers to determine the safety of the placement home. If a Placement Danger Threat(s) is confirmed, the CPS professional must locate and transition the child to a new placement home immediately.
- Assess the out-of-home care provider's ability to provide care for the child, view of the child; and when a relationship currently exists between the out-of-home care provider and the child, an understanding of the need for the child to be placed in out-of-home care.
- Assess the child's reaction to the placement home and the out-of-home care provider in cases where a relationship currently exists between the out-of-home care provider and the child.

All potential out-of-home care providers and other household members in a care giving role must be included in the assessment. "Household member" means any person living in a foster home, whether or not related to the licensee as defined in [Wisconsin Administrative Code Ch. DCF 56](#).

When initiating a placement of the child in a licensed foster home, the CPS professional must make face-to-face contact with the foster parent. This early face-to-face contact assists the child in transitioning to the foster home and supports the provider in caring for the child. If a child is safe from immediate harm in the foster care placement, the CPS professional continues to collect information from the out-of-home care provider through continued contact to confirm a safe placement. This assessment includes the out-of-home care provider's ability to care for the child's long-term needs, emotional development, and well-being.

Assessing for a safe environment in a foster home is a shared responsibility between the licensing professional and the local child welfare agency CPS professional. Both CPS professionals should work together and share information accordingly to ensure the child is safe in the placement setting.

IV.E. Placement Danger Threats and Placement Decisions

Placement Danger Threats are severe in nature and indicate the unlicensed or foster care placement is an unsafe environment for the child. When a Placement Danger Threat(s) is confirmed at the first encounter with the out-of-home care provider, the CPS professional must immediately pursue an alternative placement for the child.

When a Placement Danger Threat(s) is confirmed for a child currently in placement, the CPS professional must immediately begin the process of transitioning the child to an alternative placement.

When a Placement Danger Threat is confirmed for a specific child, the CPS professional must immediately assess the safety of all children in the home. To accomplish this, the CPS professional collaborates with other CPS professionals with children placed in the home as well as the foster care coordinator. If a determination is made that the placement home is unsafe, the CPS professional for each child must immediately transition the child to an alternative placement.

See [Safety Appendix 3: Placement Danger Threats](#) for additional information.

At times, the court may continue a placement despite a confirmed Placement Danger Threat. In these situations, a plan should be made to ensure a safe environment for the child and should be recorded in the Confirming Safe Environments document in eWiSACWIS and the child's Permanency Plan.

IV.F. Use of the Child and Adolescent Needs and Strengths Assessment

The Child and Adolescent Needs and Strengths (CANS) assessment process and tool is used to:

- Identify the needs and strengths of the child.
- Determine the ability of the provider to meet the child's needs.
- Evaluate the stability of the placement.

IV.F.1 Current Caregiver CANS Rating of "3"

The CPS professional uses the Child and Adolescent Needs and Strengths (CANS) tool to assist in identifying a child's needs and strengths to meet his or her needs and make the best possible match with a placement home. This assessment process also identifies the current caregiver's needs to support him or her in providing care for the child placed in the home.

When the CPS professional rates any area a "3" on the CANS tool for the "Current Caregiver," the CPS professional must reassess Placement Danger Threats for the child. If a Placement Danger Threat(s) is confirmed, the CPS professional must immediately transition the child to an alternative placement.

When a Placement Danger Threat is identified for a specific child, the CPS professional must assess the safety of all children placed in the home. If an unsafe determination is made for other children in the home, the CPS professional must immediately transition the child(ren) to an alternative placement.

One of the primary purposes of a group or residential care placement is to address the unique needs of children who require more intensive services than a family setting can provide. These placement settings offer specialized services in a structured environment for children and youth with special developmental, therapeutic, physical, or emotional needs. Services and supervision are provided by staff employed by the group or residential care setting. Therefore, evaluating

safety of the environment in these settings is different from in placement homes where specific caregivers are licensed to provide care.

IV.G. Confirming Safe Environments in Group Homes or Residential Care Centers

Prior to placement, the CPS professional or designee must evaluate the safety of the group homes or residential care center by:

- ensuring the facility has the capacity to meet the child’s needs based on their Child and Adolescent Needs and Strengths (CANS) score;
- making a determination with the facility representative that the behaviors of other children, youth, or adults in the placement setting do not present a concern for the child’s safety; and
- addressing any additional needs to ensure the child is safe in the placement setting. Examples include additional or special training for local child welfare agency professionals, rearranging the living environment, etc.

At a minimum, the CPS professional or designee must evaluate and confirm the safety of the environment in the group home or residential facility setting every six months while a child remains in this placement setting. The CPS professional or designee must:

- confirm the facility has the continued capacity to meet the child’s needs based on the current CANS score;
- evaluate changes in the child’s CANS assessment to determine if this has any implications for the current facility to meet the child’s needs or the stability of the placement;
- confirm with the facility representative that the behaviors of other children, youth, or adults in the placement setting do not present a concern for the child’s safety; and
- evaluate the child’s adjustment to and views about the current placement.

When a safety concern is identified for the placed child that involves or may impact the safety of other children in the placement setting, the CPS professional must address it by reporting the information to the appropriate authority (e.g. CPS, child welfare licensing, law enforcement, etc.).

IV.H. Risk Management in All Placement Setting Types

At times, the behaviors of other minors in the placement setting (e.g. birth or adoptive children of the placement providers, other children in the placement, children receiving day care services, etc.) or conditions of the physical environment may present risk to the child. The CPS professional or designee should assess and evaluate the behaviors of other minors within the home to determine the needs of the child and to assist the placement provider in meeting identified needs.

IV.H.1 Risk Management Planning

The CPS professional or designee collaborates with other CPS professionals or facility staff to understand the behaviors of other children in the placement setting. The following behaviors must be considered to determine if there is a risk to the child:

- Aggressive behaviors - especially children known to have a history of violence.
- Sexually abusive behaviors, including children within the placement setting who victimize other children physically or sexually.
- Other behavior issues, including mental health, AODA, or other concerning behaviors such as fire setting, etc.

When risk is identified, a risk management plan must be created to mitigate the risk and ensure the environment is safe for the child. Considerations for a risk management plan include, but are not limited to, the following:

- Additional or special training for placement providers.
- Additional contact by the local child welfare agency or other providers.
- Re-arranging the living environment (changing sleeping arrangements, moving children to other units in an RCC, etc.).

The “Confirming Safe Environments” template in eWiSACWIS must be used to guide and document risk management.

IV.H.2 Documentation

The CPS professional must use the “Confirming Safe Environments” template in eWiSACWIS to guide and document decision-making related to assessing, evaluating, and confirming safety in all unlicensed and foster care placements, and in all group home and residential placements.

Information regarding a safe environment must be documented in the family eWiSACWIS case record and approved by a CPS supervisor or his/her designee fourteen calendar days from the date the placement was made by the CPS supervisor and CPS professional.

V. Initiation of CPS Ongoing Services

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

It is important to differentiate when the Initial Assessment process has been completed and a family is transitioning into Ongoing Services. The review of the Safety Plan by the newly assigned CPS professional must include:

- a transition meeting between the Initial Assessment professional, the newly assigned Ongoing Services professional, and the tribal child welfare professional, when necessary, within seven (7) working days from the Ongoing Services supervisor’s receipt of the approved Initial Assessment in eWiSACWIS, to discuss the specific expectations for CPS oversight of the Safety Plan;
- a Safety Plan discussion with parents/caregivers, family members, and providers involved in the Safety Plan to ensure their understanding of the Safety Plan and their roles and responsibilities;
- communicating with safety service providers, either in person or by telephone, to confirm their continued commitment to and involvement in the Safety Plan as well as their

understanding of their roles and responsibilities; and

- modifying the Safety Plan as necessary and assuring that all parties involved in the Safety Plan are informed and remain committed.

There are other times in the case process when a case is transferred from one CPS professional to another or from one local child welfare agency to another. In these circumstances, CPS professionals must also have a transition meeting to discuss the specific expectations for CPS oversight of the Safety Plan. If the case is not transitioning to a new CPS professional, it is still important to review the Safety Plan. For additional information, see the Case Transition Process section in the *CPS Access and Initial Assessment Standards* or the *Ongoing Services Standards*.

Attention to child safety is critical during the transition to Ongoing Services. The following are key factors associated with safety management oversight.

Contact with the Parents/Caregivers and the Children

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

- changes in circumstances that may impact child safety;
- how identified danger threats are impacting the child;
- child vulnerability including susceptibility and accessibility to the identified danger threat(s);
- understanding how identified danger threats are being managed in the Safety Plan;
- understanding the necessary actions when identified danger threats can no longer be managed with a Safety Plan;
- the level of effort/frequency of activities in the Safety Plan and reliability of those involved in the Safety Plan; and
- the confidence related to parent/caregiver participation and commitment to child safety.

Evaluation of the Safety Plan

CPS professionals need to be proficient in safety management to assure that danger threats are controlled and managed at the needed frequency, duration, and service level. Furthermore, evaluation requires confirming that the safety actions taken by CPS and others match Impending Danger Threats and compensate for the identified diminished Parent/Caregiver Protective Capacities.

Immediate Adjustment of the Safety Plan

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

VI. Managing Safety during Ongoing Services

Continually evaluating the effectiveness of what has been planned to control identified danger threats (Safety Plans) or enhance Parent/Caregiver Protective Capacities (Case or Permanency Plans) is a critical CPS responsibility in safety and case management. Because family dynamics and situations can change, it is necessary to monitor safety on a continuing basis.

Effective management of Safety Plans includes:

- attempting to engage parents/caregivers in a process for change;
- identifying Parents/Caregiver Protective Capacities;
- integrating Parent/Caregiver Protective Capacities into Case Plans or Permanency Plans;
- arranging and implementing services focused on enhancing Parent/Caregiver Protective Capacities;
- communicating routinely with parents/caregivers and service providers;
- identifying and removing barriers and conflict that can jeopardize the successful implementation of the Safety Plan;
- evaluating parent/caregiver progress;
- reassessing the presence of Present Danger Threats or Impending Danger Threats; and
- closing the case when a safe home has been achieved.

See [Ongoing Services Standards](#), Managing Safety During Ongoing Services for additional information.

VI.A. Monitoring the Safety Plan

The CPS professional must continuously conduct a review and evaluation of the adequacy of the Safety Plan. This includes:

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

See [Ongoing Services Standards](#), Contacts during Ongoing Services and Frequency of Face-to-Face Contact for additional information.

In families where there is a Safety Plan, information gathered from the parents/caregivers, child(ren), and service providers is used to evaluate and confirm child safety by:

- assuring that the safety intervention services put in place continue to adequately control identified danger threats;
- assuring that the commitments by the family and providers remain intact;
- determining whether previously identified danger threats have been eliminated or whether there are changes in how the danger threats impact the family;
- determining if new danger threats have emerged; and

- modifying the Safety Plan (related to Impending Danger Threats) or Case Plan or Permanency Plan (related to Protective Capacities), when appropriate.

VI.A.1 Documentation

Information related to the requirements of safety management must be documented monthly, at a minimum, in a case note in the family case record. If Impending Danger Threats are identified through the Safety Assessment, this information must be documented in the Safety Analysis and Plan in eWISACWIS.

VI.B. Monitoring Safety in the Out-of-Home Care Placement

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

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

VI.B.1 Reconfirming Safe Environments of Unlicensed Homes and Foster Care

While a child resides in an out-of-home care placement the CPS professional must, at a minimum, complete a formal reassessment of the safety of the placement every six months or at the review of the Permanency Plan, whichever comes first. This must include confirmation of the continuing suitability of the provider(s), the absence of Placement Danger Threats, the presence of indicators that the environment is safe, and the child's adjustment to the placement.

The CPS professional, designee, or other individual identified by agency policy (e.g. foster care coordinator, paraprofessional staff, etc.) must:

- conduct a CCAP records check on all individuals seventeen years of age and older residing in the identified placement home, and
- conduct a reverse address Sex Offender Registry check and a CPS records check on any individual seventeen years of age and older that has moved into the identified placement home since the previous confirmation or reconfirmation of safety in the placement environment.

Additionally, the CPS professional or designee must:

- Have face-to-face contact with out-of-home care provider(s) to judge the safety of the placement home by assessing Placement Danger Threats (see [Safety Appendix 3: Placement Danger Threats](#)). If a Placement Danger Threat(s) is confirmed, the CPS professional must locate another placement home for the child immediately.
- Assess the out-of-home care provider's ability to meet the combined needs of all the children and any other individuals requiring care in the home.
- Evaluate changes in the child's most recent CANS assessment to determine if there are implications regarding the current out-of-home care provider's ability to meet the child's needs or the stability of the placement.

- Evaluate changes in the current out-of-home care provider's CANS assessment to determine if there are implications regarding provider's ability to meet the child's needs or the stability of the placement.
- Evaluate the child's adjustment to and attitude about the current placement as well as the child's overall integration into the placement family.

Evaluate the current out-of-home care provider regarding the provider's ability to support the permanency goal for the child, establish a relationship with the identified permanent placement for the child (unless the current out-of-home care provider is also the identified permanent placement), and establish a relationship with the CPS professional/local child welfare agency.

Agencies may designate the background check function to other individuals based on the responsibility of the CPS professional or designee to utilize the background information to confirm safety in the placement environment for the child(ren).

VI.B.2 Additional Situations When Reconfirming a Safe Environment is Required

The CPS professional or designee must review and, if necessary, document changes to the Confirming Safe Environments in an Unlicensed or Foster Care Placement at each of the following points in the case:

- when conditions in the placement home that might affect a child's safety change either positively or negatively (e.g., an adult moves in or out of the home);
- when the physical address of the placement changes (e.g., when a caregiver moves to a new home);
- when a report of alleged maltreatment is received; or
- when there is concern of a possible Placement Danger Threat (see [Safety Appendix 3: Placement Danger Threats](#)).

For additional guidance regarding Reconfirming Safe Environments, see the [Ongoing Services Standards](#).

VI.B.3 Placement Danger Threats and Placement Decisions

Placement Danger Threats (see [Safety Appendix 3: Placement Danger Threats](#)) are severe in nature and indicate the unlicensed or foster care placement is an unsafe environment for the child.

When a Placement Danger Threat is confirmed for a specific child, the CPS professional must immediately assess the safety of all children placed in the home. To accomplish this, the CPS professional collaborates with other CPS professionals that have children placed in the home as well as the foster care coordinator. If a determination is made that the placement home is an unsafe environment for other children in the home, the CPS professional for each child must immediately begin the process of transitioning the child to an alternative placement.

At times the court may continue a placement despite a confirmed Placement Danger Threat (see [Safety Appendix 3: Placement Danger Threats](#)). In these situations, a plan should be made to

ensure a safe environment for the child and recorded in the Confirming Safe Environments document in eWiSACWIS.

VI.B.4 Current Caregiver CANS Rating of “3”

The CPS professional uses the CANS tool to assist in identifying a child’s needs and strengths in order to meet his or her needs and make the best possible match with a placement home. This assessment process also identifies the current caregiver’s needs in order to support him or her in providing care for the child placed in the home.

When the CPS professional rates any area a “3” on the CANS tool for the “Current Caregiver,” the CPS professional must reassess Placement Danger Threats for the child. If a Placement Danger Threat(s) is identified and confirmed, the CPS professional must immediately begin the process of transitioning the child to an alternative placement. When a Placement Danger Threat is identified for a specific child, the CPS professional must assess the safety of all children placed in the home. If a determination is made that this is an unsafe environment for other children in the home, the CPS professional for each child must immediately begin the process of transitioning the other child(ren) to an alternative placement.

VI.B.5 Documentation and Supervisory Approval

The CPS professional must use the “Reconfirming Safe Environments” page in eWiSACWIS to guide and document decision-making related to assessing, evaluating, and confirming safety in all unlicensed, foster care, group home, and residential care center placements.

Information regarding a safe environment must be documented in the family eWiSACWIS case record and approved by a CPS supervisor or designee.

VII. Family Assessment and Case Planning Process

The process of assessing Parent/Caregiver Protective Capacities meets the requirements set forth in the Adoption and Safe Families Act concerned with integrating safety concerns in Case Plans and achieving safe homes. Understanding and using the concept of Parent/Caregiver Protective Capacities is the basis to address diminished protective capacities and danger threats in Case Plans and Permanency Plans.

VII.A. Family Assessment

VII.A.1 Conducting the Assessment of Protective Capacities

To assess and identify Parent/Caregiver Protective Capacities when a child is unsafe, CPS should:

- review the results of the Initial Assessment, Safety Assessment, Safety Analysis, Safety Plan, and other relevant records;
- verify that the Safety Plan continues to control identified danger threats;

- make attempts to engage the family in a collaborative partnership in identifying any Parent/Caregiver Protective Capacities that must change to assure child safety;
- evaluate the parent's/caregiver's readiness to change; and
- gather information from the family's informal and formal support system to better understand danger threats, Parent/Caregiver Protective Capacities, unmet family needs, and prospective solutions and resources.

See [Safety Appendix 4: Impending Danger](#) and [Safety Appendix 5: Parent/Caregiver Protective Capacities](#) for additional information.

VII.A.2 Family Assessment Decisions

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

- ☒ What Parent/Caregiver Protective Capacities are diminished and, therefore, result in Impending Danger Threats that impact the child?
- ☒ What Parent/Caregiver Protective Capacities exist?
- ☒ What is the impact of adult functioning on parenting practices?
- ☒ Are danger threats being adequately managed and controlled?

Involving Parents/Caregivers in Designing a Case Plan

CPS should discuss the following with parents/caregivers:

- the circumstances and family conditions related to identified Impending Danger Threats;
- the rationale and necessity for Safety Plan and Case Plan or Permanency Plan services;
- the implications for parent/caregiver participation and commitment to the Case Plan or Permanency Plan;
- the potential outcomes of a successful or unsuccessful Case Plan or Permanency Plan; and
- specifically, what conditions of the home or parent/caregiver behaviors need to change.

VII.BC Case Planning

Case planning goals focus on enhancing Parent/Caregiver Protective Capacities to eliminate Impending Danger Threat(s) so the parents/caregivers can adequately manage child safety in home and without CPS intervention. The Case Plan or Permanency Plan organizes case activity and is a tool for communicating with parents/caregivers, children, family members, tribes, court parties, and other individuals involved in providing supports and services to the family. The CPS professional is responsible for overseeing the implementation of the Case Plan or Permanency Plan and working with parents/caregivers to facilitate change. Managing the Case Plan or Permanency Plan and change strategies involves ensuring the Case Plan or Permanency Plan targets goals associated with enhancing Parent/Caregiver Protective Capacities. The purpose of the Case Plan or Permanency Plan is to identify steps toward establishing a safe environment for the child.

VII.B.1 Case Plan Content

Consistent with the [Ongoing Services Standards](#), the first priority for case planning must be eliminating danger threats and enhancing the Protective Capacities of the parents/caregivers so that the family can manage child safety in-home without CPS intervention.

The Case Plan or Permanency Plan must include:

- identified goals, developed with the family, which are specific, behavioral and measurable with a focus on enhancing Parent/Caregiver Protective Capacities in order to maintain child safety and a safe home; and
- identified services and specified roles and responsibilities of providers, family members, and the Ongoing Services professional to assist the family in achieving the identified goals.

The Permanency Plan requires additional information. For these requirements and additional information related to Case Plan development, see [Ongoing Services Standards](#), Developing the Case Plan for additional information.

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

- How can existing Parent/Caregiver Protective Capacities be used to help facilitate behavior change?
- What change strategies will most likely enhance Protective Capacities and mitigate identified Impending Danger Threat(s)?
- How ready, willing, and able are parents/caregivers to address identified Impending Danger Threat(s) and diminished Protective Capacities, and are there any case management implications?

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

Consistent with the [Ongoing Services Standards](#), the Case Plan or Permanency Plan, which includes family assessment and safety intervention information, must be completed, documented in the family case record and have supervisory approval, or her or his designee, within sixty (60) days from the initiation of Ongoing Services.

See [Ongoing Services Standards](#), Case Assessment and Plan Documentation for additional information.

VIII. Evaluating the Case Plan or Permanency Plan and Safety Plan

Evaluating the Case Plan or Permanency Plan is a formal opportunity for the family and the Ongoing Services professional to assess and evaluate progress toward enhancing Parent/Caregiver Protective Capacities or reducing or eliminating identified Impending Danger Threats and to make any needed modifications to the Case Plan or Permanency Plan and Safety

Plan to support the family in establishing and maintaining a safe home for their children. The CPS professional gathers information from parents/caregivers, children, family team members, and informal and formal service providers to make decisions about:

- the family's progress toward achieving change and permanence,
- the effectiveness of service delivery related to achieving goals outlined in the Case Plan or Permanency Plan, and
- the sufficiency of the Safety Plan and whether a less intrusive CPS intervention can be implemented.

VIII.A. Measuring and Evaluating Progress and Change

In order to assess the effectiveness of the Case Plan or Permanency Plan and measure parent/caregiver progress and change, the Ongoing Services professional must formally evaluate and document the plan every six months following the initial Case Plan or Permanency Plan. The goals in the Case Plan or Permanency Plan are used as the basis for evaluating progress and change related to enhancing Parent/Caregiver Protective Capacities and to eliminating Impending Danger Threats.

When the evaluation of the Case Plan or Permanency Plan indicates that the plan needs to be modified due to changes in Parent/Caregiver Protective Capacities or identified danger threats, the Ongoing Services professional, in collaboration with parents/caregivers, must revise or create a new plan. See [Ongoing Services Standards](#), Evaluating the Case Plan and Permanency Plan Evaluation for additional information.

Evaluating parent's/caregiver's progress towards goals established in the Case Plan or Permanency Plan is a continual process of gathering information, tracking, and adjusting by the CPS professional. To understand changes and needs of the family, the CPS professional uses information obtained from monthly contacts with children, parents/caregivers, out-of-home care providers, collateral contacts, and the family team.

VIII.B. Evaluating and Revising the Safety Plan

As part of the Case Plan or Permanency Plan evaluation, the Safety Analysis and Plan must be evaluated in collaboration with the parents/caregivers and safety service providers. The Safety Plan is revised and documented in eWiSACWIS when contacts, observations, and information gathered indicates positive or negative changes related to parent/caregiver Protective Capacities or Impending Danger Threats. See [Ongoing Services Standards](#), Evaluating the Safety Plan for more information.

VIII.C. Documentation and Supervisory Approval

Case progress evaluation and change information must be documented in the family case record and approved by a supervisor or her/his designee. Modifications to the Safety Analysis and Plan must be approved by a supervisor and documented in eWiSACWIS.

IX. Reunification

Reunification represents a specific event within ongoing CPS safety management. It is possible to reunify after parents/caregivers have made progress related to addressing issues associated with identified danger threats and Parent/Caregiver Protective Capacities. The essential question is, “Can the child be kept safe within the home if he or she is returned home?”

IX.A. Reunification Criteria and Process

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

- child safety can be maintained within the child’s home,
- circumstances and behavior that resulted in removal can now be managed through a Safety Plan, and
- a judgment can be made that a Safety Plan can be sustained while services continue.

When the assessment and evaluation of case progress indicates that diminished Parent/Caregiver Protective Capacities are sufficiently enhanced to manage identified danger threats, CPS initiates the process to reunify a child with his or her family. As a part of this process CPS must:

- conduct a Safety Assessment and Analysis before completing the reunification process; and
- when a child is unsafe, create a Safety Plan to be implemented when the child is reunified; the Safety Plan must be managed in accordance with these Standards.

X. Case Closure

X.A. Safety at Case Closure

Safety intervention at case closure relates to confirming that there are no danger threats or that sufficient Parent/Caregiver Protective Capacities exist to protect the child from Impending Danger. The CPS responsibilities in making a determination that a safe home exists include:

- a formal Safety Assessment to make a judgment concerning the absence or presence of danger threats; and
- reassessing Parent/Caregiver Protective Capacities.

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

X.B. Documentation and Supervisory Approval

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

XI. Exceptions

XI.A. Applicability

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

GLOSSARY

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

Basic Needs refers to those things that are necessary to assure a child is receiving safe care; this consists of adequate food, clothing, shelter and supervision.

Child Functioning refers to the cognitive, emotional, physical, and behavioral aspects of an individual child.

Danger Threshold Criteria is the standard CPS uses to determine when family conditions are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. These family conditions include parent/caregiver/household member attitudes, behaviors, beliefs, motives, emotions and perceptions or family situations that are observable, specific and justifiable; occurring in the presence of a vulnerable child; are out-of-control; are severe/extreme in nature; are imminent; and likely to result in severe harm.

Impending Danger is a foreseeable state of danger in which family conditions including parent/caregiver/household member attitudes, behaviors, beliefs, motives, emotions, and perceptions or family situations pose a threat which may not be currently active, but can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention.

Out-of-Home Placement refers to when a child is placed outside of his or her home via a Petition for Protection or Services (CHIPS) order or through a Voluntary Placement Agreement (VPA). Out-of-home care and placement are used interchangeably throughout these Standards.

Parent or Caregiver Protective Capacities refers to personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his or her child. A protective capacity is a specific quality that can be observed, understood and demonstrated as a part of the way a parent thinks, feels, and acts that makes her or him protective.

Present Danger Assessment (PDA) refers to an assessment of an immediate, significant, and clearly observable family condition that is occurring or “in process” of occurring at the point of contact with a family that will likely result in severe harm to a child.

Present Danger Assessment and Protective Plan (PDAPP) refers to the assessment of Present Danger Threats and the protective actions taken in response to the identified Present Danger.

Present Danger is an immediate, significant and clearly observable family condition that is occurring or “in process” of occurring at the point of contact with a family and will likely result in severe harm to a child.

Protective Action refers to a CPS action that is initiated when Present or Impending Danger is identified in order to shield the child from harm.

Protective Plan refers to an immediate, short term action that protects a child from Present Danger Threats in order to allow completion of the Initial Assessment and, if needed, the implementation of a Safety Plan.

Reunification refers to a safety decision to modify an out-of-home care placement to a Safety Plan based on an analysis that a) Impending Danger Threats can be controlled; b) Parent/Caregiver Protective Capacities have been sufficiently enhanced; and c) parent/caregivers are willing and able to accept a Safety Plan.

Safe Child refers to the absence of Present or Impending Danger to a children and/or sufficient Parent/Caregiver Protective Capacities to assure that a child is protected.

Safe Home refers to the required safety intervention outcome that must be achieved in order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstance that once established can be judged to assure a child's safety and provide a permanent living arrangement. A safe home is qualified by the absence or elimination of threats of severe harm; the presence of sufficient Parent/Caregiver Protective Capacities; and confidence in consistency and endurance of the conditions that produced the safe home. The term "safe home" is used in the Adoption and Safe Families Act (ASFA) as the objective of CPS intervention.

Safety Analysis refers to an examination of how identified Impending Danger Threats operate within a family in order to determine if safety intervention is needed to control the impact of danger to a vulnerable child.

Safety Assessment is the process of determining whether Impending Danger Threats exist throughout the life of the case.

Safety Intervention refers to all the actions and decisions required throughout the life of a case to a) assure that an unsafe child is protected; b) expend sufficient efforts necessary to support and facilitate a child's parents/caregivers taking responsibility for the child's protection; and c) achieve the establishment of a safe, permanent home for the unsafe child. Safety intervention consists of identifying and assessing threats to child safety; planning and establishing Protective Plans and/or Safety Plans that assure child safety; managing Protective Plans and/or Safety Plans that assure child safety; and creating and implementing Case Plans or Permanency Plans that enhance the capacity of parents/caregivers to provide protection for their children.

Safety Plan is a written arrangement created in partnership with parents/caregivers that establishes how identified impending danger threats will be managed to ensure that vulnerable children are not severely harmed.

Separation refers to a safety intervention response that can be used in either a Protective Plan or Safety Plan and involves the separation of a child from his or her home, the identified danger threats, or from parents/caregivers who lack sufficient Protective Capacities to ensure the child's safety.

Severe Harm refers to detrimental effects consistent with serious or significant injury; disablement; grave/debilitating physical health or physical conditions; acute/grievous suffering; terror; impairment; even death.

Trial Reunification refers to a period of seven consecutive days or longer, but not exceeding 150 days, during which a child who is placed in an out-of-home placement under [Wis. Stat. § 48.355](#) or [Wis. Stat. § 48.357](#) resides in the home of a relative of the child from which the child was removed or in the home of either of the child's parents for the purpose of determining the appropriateness of changing the placement of the child to that home.

Unsafe Child refers to the presence of Present or Impending Danger to a child and insufficient Parent/Caregiver Protective Capacities to assure that a child is protected.

SAFETY APPENDIX 1: PRESENT DANGER

Present Danger Definition

Present Danger refers to an *immediate, significant, and clearly observable* family condition that is *occurring* or *“in process” of occurring* at the point of contact with the family and will likely result in *severe harm to a child*. Family condition refers to parent/caregiver/household member attitudes, behaviors, beliefs, motives, emotions, and perceptions or family situations.

The definition of Present Danger contains key qualifying words that are essential to understanding the concept. These descriptors help to focus thinking and discern whether a particular dynamic in a family constitutes Present Danger to a child. The analytic process for assessing Present Danger uses the definition along with the list of threats to guide thinking and justify judgments regarding Present Danger.

Immediate refers to the time frame of the danger. It means being in the midst of what endangers or threatens to endanger the child. The dangerous family condition(s) is active and operating. This is a child welfare emergency and, therefore, requires an immediate response. The timeframe for response when Present Danger Threats are identified is further expanded by the concepts of “occurring” or “in process’ of occurring.”

Significant qualifies the family condition as exaggerated, out-of-control, or extreme. This is not asking whether there is a significant injury. The danger is recognizable because what is happening is impressive and notable. These are the things going on in the family that contribute to CPS issues. The significance of the family condition is further qualified by the reference to “severe harm” in the Present Danger Threat definition.

Observable describes the family condition that is dangerous. These are behaviors, conditions, situations, or circumstances related to the parent/caregiver, child, or family. For a family condition to be observable, it does not mean having witnessed it. The condition is specific and clearly identifiable. It can be described and justified as occurring in the family. It is not a suspicion or intuitive feeling.

Occurring or **‘In Process’ of Occurring** addresses the timeframe in which the danger is active and playing out. Clearly, a child is subject to Present Danger when the threat is occurring, or happening, at the moment of our contact with the child or family. “In process” refers to danger that may not be playing out at the time the report is made or while meeting with the family in their home information supports the danger could occur anytime in the near future. Sexual abuse is often an example of danger that is in process of occurring.

Severity refers to the degree of harm that is likely without intervention. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death. The harm is also in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child. This judgment that severe harm is likely is also met in situations where the identified behavior, condition or situation has not already resulted in harm.

Present Danger Assessment

Present Danger is assessed within a family, not based on a situation. The assessment of Present Danger generally occurs when little is known about the family or conditions are changing rapidly. The identification and understanding of Present Danger does not include a deep or rigorous assessment. A condition in the family/household may be identified, but not necessarily where it stems from (attitudes, behaviors, beliefs, motives, emotions, perceptions).

While decision related to Present Danger are often based on limited information and in short timeframes, these family conditions can be observed, identified, and understood. The local child welfare agency must gather information from credible sources, including the family and others who know the family, in order to understand how Present Danger Threats are presenting in the family and impacting the child. The definition of Present Danger is used to guide thinking in conjunction with the Present Danger Threats.

Present Danger Threats & Examples

Present Danger Threats are divided into four primary categories: (1) Maltreatment, (2) Child, (3) Parent/Caregiver, and (4) Family. There are 23 Present Danger Threats; each is described below.

Maltreatment

1. The child is currently being maltreated at the time of the report or contact

This means that the child is being maltreated at the time the report is being made, maltreatment has occurred the same day as the contact, or maltreatment is in process at the time of contact.

2. Severe to extreme maltreatment of the child is suspected, observed, or confirmed

This includes severe or extreme forms of maltreatment and can include severe injuries, serious unmet health needs, cruel treatment, and psychological torture.

3. The child has multiple or different kinds of injuries

This generally refers to different kinds of injuries, such as bruising and burns, but it is acceptable to consider one type of injury on different parts of the body.

4. The child has injuries to the face or head

This includes physical injury to the face or head of the child alleged to be the result of maltreatment.

5. The child has unexplained injuries

This refers to a serious injury which parents/caregivers and others cannot or will not explain. It includes circumstances where the injury is known to be non-accidental and the maltreater is unknown.

6. The maltreatment demonstrates extreme cruelty

This includes such things as locking up children, torture, extreme emotional abuse, etc.

7. The maltreatment of several victims is suspected, observed, or confirmed

This refers to the identification of more than one child who currently is being maltreated by the same caregiver.

8. The maltreatment appears premeditated

The maltreatment appears to be the result of a deliberate, preconceived plan or intent.

9. Life threatening living arrangements are present

This is based on specific information reported which indicates that a child's living situation is an immediate threat to his/her safety, for reasons other than poverty. This includes serious health and safety circumstances such as unsafe buildings, serious fire hazards, accessible weapons, unsafe heating, wiring, etc. Child welfare professionals must consider how poverty may or may not be impacting living arrangements and how potential connections to resources, instead of CPS intervention, may mitigate the concerns with the living arrangements.

Child

10. Parent's/caregiver's viewpoint of child is dangerous for the child.

This refers to a viewpoint that is not aligned with reality, not just a negative attitude toward the child. The parent's/caregiver's perception or viewpoint toward the child is so skewed and distorted that it poses an immediate danger to that child.

11. Child is unsupervised and unable to care for self

This applies if the child is without supervision or care. It is important to consider the time of day and length of time the child has been unsupervised and/or without care. Unsupervised does not always mean that the parent/caregiver is not present; this can also include circumstances where an older child is left to supervise younger children and is incapable of doing so.

12. The child's immediate health needs are not being met.

This applies to a child of any age. The health care required must be significant enough that its absence is likely to seriously affect the child's physical health or emotional health. This threat is in reference to emergency health or dental care. Lack of routine health care is not a Present Danger Threat. Child welfare professionals shall consider whether the family is meeting the child's health needs through Western medicine or the use of tribal or traditional healers.

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

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

The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present for a child who does not verbally express fear, but their behavior and emotion clearly and vividly demonstrate fear.

Parent/Caregiver

14. Parent's/caregiver's intoxicated behavior (alcohol or other drugs), which is occurring now or consistently over time, is impacting their ability to provide basic, necessary care and supervision.

This refers to a parent/caregiver who is reported to be intoxicated or under the influence of

drugs or alcohol now and/or much of the time and this impacts their ability to care for the child. The state of the parent's/caregiver's condition is more important than the use of a substance. The parent's/caregiver's intoxicated behavior has a direct effect on their judgment, behavior and ability to provide basic, necessary care for the child.

15. A parent/caregiver cannot/will not manage their own behaviors which impacts their ability to provide basic, necessary care and supervision.

This includes mental or emotional distress where a parent/caregiver cannot manage their behaviors in order to meet their immediate parenting responsibilities related to providing basic, necessary care and supervision. The parent's/caregiver's actions or lack of actions may not be directed at the child but may affect the child in dangerous ways.

16. Parent/caregiver is demonstrating extremely unusual or unexpected behaviors

This may include unpredictable, incoherent, outrageous, or extremely inappropriate behavior.

17. Parent/caregiver is not providing basic, necessary care and supervision based on the child's individual developmental needs.

This only refers to those parental duties and responsibilities consistent with basic, necessary care or supervision and that the inability to provide basic care poses an immediate threat to child safety. It is important to consider what basic care is for each child and their developmental needs, as children with disabilities will have different basic care and supervision needs compared to children without disabilities.

18. Parent/caregiver is acting dangerous now or is described as dangerous

This includes a parent/caregiver described as physically or verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in an aggressive manner, etc.

19. Parent/caregiver is not able to be located or contacted.

This includes situations when a parent/caregiver cannot be located at the time of the report or contact, and this affects the safety of the child.

20. One or both parents/caregivers overtly reject intervention.

The key word here is "overtly." This means that the parent/caregiver avoids all CPS attempts at communication and completion of the assessment. This refers to situations where a parent/caregiver refuses to see or speak with CPS professionals and/or to let CPS professionals see the child; is openly hostile (not just angry about CPS presence) or physically aggressive towards CPS professionals; refuses access to the home, hides the child or refuses access to the child.

Family

21. The family may flee

This will require judgment of case information. Transient families, families with no clear home, or homes that are not established, etc., should be considered. This refers to families who are likely to be impossible or difficult to locate and does not include families that are considering a formal, planned move.

22. The family hides the child

This includes both overt and covert behaviors. This refers to families who physically restrain

a child within the home, families who avoid allowing others to have contact with their child by passing the child around to other relatives, or other means to limit CPS access to the child.

23. Child is subject to present/active domestic violence

This refers to the co-occurrence of domestic violence and child maltreatment. Either presently occurring domestic violence or a general recurring state of domestic violence. Child maltreatment may occur in conjunction with the domestic violence or may be separate. There is greater concern when the abuse of a parent/caregiver and the abuse of a child occur during the same time.

SAFETY APPENDIX 2: ASSESSING CHILD VULNERABILITY

Introduction

Child vulnerability refers to each child's capacity for self-protection. A vulnerable child refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person(s) in authority over them.

Assessing Child Vulnerability

Assessing child vulnerability is an important part of the Safety Assessment. All children who reside full or part-time in the home are to be assessed, regardless of whether they are alleged to be victims of maltreatment. This assessment considers how each child is vulnerable in the context of their specific family and in the context of the danger playing out. Child vulnerability is not a matter of degree – a child is either vulnerable to threats of safety or they are not.

Child vulnerability is assessed according to age, physical and emotional development, ability to communicate needs, mobility, size, dependence, and susceptibility. This definition also includes all young children from age 0 to 6 and older children who, for whatever reason, are not able to protect themselves or seek help from others.

In order to assess child vulnerability, observe the family and all caregivers in order to gather information to evaluate the child, understand the role the child has in the family, and have a sense of the parent-child interaction or relationship. For some children, including children with disabilities, vulnerability may increase when multiple caregivers have access to the child. While the vulnerability of some children is obvious simply by observation (e.g., an infant), it is not uncommon that a CPS professional cannot make an adequate judgment on the vulnerability of a child until the conclusion of the Initial Assessment.

The following will assist in assessing child vulnerability:

Physical Ability – Children with physical disabilities or limitations and, therefore, are unable to remove themselves from danger or are unable to communicate danger to others are vulnerable. Those who, because of their physical limitations, are highly dependent on others to meet their basic needs are vulnerable.

Intellectual Ability – Children who are cognitively limited are vulnerable because of a number of possible limitations, including not recognizing danger, not communicating danger to others, not knowing who can be trusted, not meeting their basic needs, or not seeking protection.

Challenging Behavior – A child's emotional, behavioral, or mental health needs may, at times, irritate and provoke parents/caregivers and cause parents/caregivers to act out toward the child or to totally avoid the child. A child's challenging behaviors should be assessed in the context of the relationship between the parent/caregiver and the child, as the impact of a child's challenging behaviors will differ from parent/caregiver to parent/caregiver. These behaviors may not be overt or generally experienced as problematic in the child's life but may

result in a conflictual relationship or stimulate a parent/caregiver response that is dangerous or harmful to the child.

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

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

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

Illness – Children who have chronic or acute medical problems or needs are vulnerable.

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

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

SAFETY APPENDIX 3: PLACEMENT DANGER THREATS

Placement Danger Definition

Placement Danger Threats identify any safety concerns present in an unlicensed or foster care placement. The 17 Placement Danger Threats are severe in nature and indicate the unlicensed or foster care placement is an unsafe environment for children in the home.

When the CPS professional or designee identifies a Placement Danger Threat they must:

- address the threat if it can be immediately mitigated,
- avoid using the home for placement, or
- remove the child if already residing in that home.

When a Placement Danger Threat is confirmed for a specific child, the CPS professional must immediately assess the safety of all children placed in the home. To accomplish this, the CPS professional collaborates with other CPS professionals that have children placed in the home as well as the foster care coordinator.

Placement Danger Threats & Examples

The 17 Placement Danger Threats are defined below with bulleted examples.

1. **Out-of-home care provider or others in the home are violent or out of control.**

Consider out-of-home care providers, children in the home and others who are frequently in the home and may, therefore, be a threat to the placed child. This refers to people who are imposing and threatening, brandishing weapons, known to be dangerous and aggressive, or currently behaving in attacking, aggressive ways. Consider information provided by others, from records and from direct observation.

- Intimidating, hostile, violent, aggressive individuals generally observable and in direct interaction with CPS.
- People who carry guns or other weapons.
- Adults known to have a history of violence and trouble with civil authorities.
- Children known to have a history of violence and that behavior is not responsive to behavior control and management within the home.
- Hostile, aggressive behavior within the community; against non-family members; fighting.
- Children within the placement home who victimize other children physically or sexually and that behavior is not responsive to behavior control and management within the home.
- Extreme physical or verbal, angry or hostile outbursts at children or other family members.
- Use or reference to use of guns, knives or other instruments in a violent and threatening way.
- Communication and behavior that seems reckless, unstable or explosive.

Domestic Violence:

There is currently domestic violence in the home that poses a risk of serious physical or emotional harm to the child. This may be identified by a history of domestic violence, current records of active violence in the home or reports by reliable sources such as family members, neighbors or professionals. The children referred to in the examples are those who have resided in the home rather than the child being considered for placement.

- There is currently a pattern of physical violence to an out-of-home care provider by a spouse or other partner.
- Local child welfare agency or law enforcement records of domestic violence.
- Family's own child was previously injured in domestic violence incident.
- Family's own child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- Family's own child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence.
- Use of guns, knives or other instruments in a violent, threatening, or intimidating manner.
- Evidence of property damage resulting from domestic violence.

2. Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations.

The word "predominantly" is meant to suggest perceptions which are so negative they would, if present, create a threat to a child. These types of perceptions must be inaccurate with respect to the child. Although this includes both relative and foster out-of-home care providers, it is more likely to apply to those who are already familiar with the child.

- The child is seen as evil, stupid, ugly or in some other demeaning or degrading manner.
- The out-of-home care provider transfers feelings and perceptions of a person the out-of-home care provider dislikes, is hostile toward, or fears to the child.
- The child was/is unwanted in the family or placement.
- The child is considered a burden, nuisance or punishment.
- One of the out-of-home care providers is competitive with or harbors ill will toward the child because the child is or is believed to be special or favored by the other out-of-home care provider.
- The out-of-home care provider directs a pattern of profanity toward the child or repeatedly attacks child's self-esteem.
- The out-of-home care provider scapegoats the child.
- The out-of-home care provider requires the child to perform or act in a way that is impossible or improbable for the child's age or developmental level (e.g., babies

and young children expected not to cry; expected to be still for extended periods; be toilet trained or eat neatly).

- Out-of-home care provider has a history of expecting other children to behave in a manner that is impossible or improbable for the child's age or developmental level.

3. Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee.

This refers to specific and observable behavior, emotions or communication indicating the intent to avoid CPS. Fleeing is more likely to apply to relative placements. The concern is heightened when the family has a history of physically moving from place to place; has had many jobs for brief periods of time or has limited property to tie them down.

- Out-of-home care provider advises CPS that they will not be needed, or that close contact is not warranted or desired.
- Out-of-home care provider is inaccessible and unavailable, particularly in early encounters.
- Out-of-home care provider cancels initial appointments, does not show up for meetings, cuts short meetings or phone calls.
- Out-of-home care provider is reluctant to make the placed child available.
- Out-of-home care provider disagrees or argues with CPS about needed involvement and intervention at first encounter.

4. Out-of-home care provider communicates or behaves in ways that suggest that s/he may fail to protect child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child.

This applies when the out-of-home care provider does not understand or have the ability to shield the child from threats originating with others in the household. It may include circumstances where the out-of-home care provider's loyalties to the other individual interfere with the out-of-home care provider's willingness or ability to make the protective role to the child the first priority.

- Out-of-home care provider has an inaccurate view of known threat originating with others in the home due to their behavior or emotion or minimizes this threat.
- Out-of-home care provider has a history of association with individuals who may pose a threat to the child and the out-of-home care provider sees no need to control access to the home to protect the child.
- Out-of-home care provider has a history of association with individuals who may pose a threat to the child and the out-of-home care provider is unable to regulate their access to the home.
- The child is maltreated in the placement home by another family member, household member or individual having regular access to the child.

5. Out-of-home care provider is unwilling or unable to meet the child's immediate needs for food, clothing, shelter or medical care.

When assessing placement situations, it may be necessary to speculate about the potential for meeting a placed child's basic needs. Beyond the out-of-home care provider's intent or ability, one must assess the availability and accessibility of necessary resources. Following placement, evidence of not meeting basic needs may become more apparent.

- Other children in placement home appear malnourished.
- Family has limited, inadequate resources, finances, etc.
- Evidence of out-of-home care provider withholding necessary resources from own or other placed children.
- Out-of-home care provider does not seek medical treatment for other children's immediate and dangerous medical conditions or does not follow prescribed treatment for such conditions.
- Out-of-home care provider perceives and describes medical needs inaccurately; fails to see seriousness of need.
- Out-of-home care provider holds beliefs that prevent him/her from seeking medical care.
- No food provided or available to the child or child deprived of food or drink for prolonged periods since the placement began.

6. Out-of-home care provider has not protected the child or will not or is unable to provide supervision necessary to protect child from potentially serious harm.

At the time of placement, this must include the ability of the out-of-home care provider to be available to provide appropriate supervision or arrange such by another responsible adult over time. During the placement of the child, this refers to the actual availability of and quality of supervision. Assessment of supervision must consider the development of the child and circumstances of the home, in terms of potential dangers.

- Out-of-home care provider is likely to be absent from the home for periods of time inappropriate to the child's development; no other adult is available to provide supervision.
- Out-of-home care provider has arranged for care by another adult in his/her absence, but the plan is inadequate.
- Out-of-home care provider has obligations that will leave the home without a responsible adult.
- Though present, the out-of-home care provider does not attend to the child to the extent that the child's need for care goes unnoticed or unmet (e.g., although out-of-home care provider is present, child can wander outdoors alone, play with dangerous objects or be exposed to other serious hazards).
- Out-of-home care provider leaves child alone (time period varies with age and developmental factors).
- Out-of-home care provider makes inadequate or inappropriate childcare arrangements or demonstrates very poor planning for child's care.

- The overall level of childcare responsibility in the home results in the out-of-home care provider's inability to meet this child's needs for supervision.

7. Child has exceptional needs or behavior which the out-of-home care provider cannot or will not meet or manage.

This includes conditions that may be organic (e.g., cognitive disability, acute medical need, etc.) or result from maltreatment (e.g., mental health issue, etc.). The condition must be serious, in that it has immediate implications and consequences. The threat includes the child's behavior being a threat to him or herself. The key issue is that the out-of-home care providers cannot or will not meet the child's needs or manage the child's behavior.

- The child has a physical or mental condition that, if untreated, serves as a threat of harm, and the
 - Out-of-home care provider does not recognize the condition, or
 - Out-of-home care provider views the condition as less serious than it is, or
 - Out-of-home care provider refuses to address the problem for religious or other reasons, or
 - Out-of-home care provider lacks the capacity to fully understand the child's condition or the threat of harm.
- Child has suicidal thoughts or behaviors that the out-of-home care provider cannot or will not manage.
- Child will run away; out-of-home care provider cannot or will not manage.
- Child's emotional state is such that immediate mental health/medical care is needed; out-of-home care provider cannot or will not manage.
- Child is a physical danger to others; out-of-home care provider cannot or will not manage.
- Child abuses substances; may overdose; out-of-home care provider cannot or will not manage.
- Child is so withdrawn that basic needs are not being met; out-of-home care provider cannot or will not manage.
- Child has self-inflicted, severe injuries; out-of-home care provider cannot or will not manage.
- The overall level of childcare responsibility in the home results in the out-of-home care provider's inability to meet this child's exceptional needs.

8. Child is profoundly fearful or anxious of home situation.

This does not refer to general fear or anxiety. Most children entering placement are anxious about the unknown circumstances of the placement. This refers to circumstances where the child to be placed is familiar with the potential placement family and is afraid of being placed in this particular home. When the child has been living in the placement home, this refers to fear and anxiety related to remaining in the placement.

- Child demonstrates emotional and physical responses indicating fear of the

specific home or people within the home – crying, withdrawal, etc.

- Child states fearfulness and describes people or circumstances that are reasonably threatening.
- Child recounts previous experiences that form the basis for fear.
- Child's describes threats against him or her that seem reasonable and believable.
- Child's fearful response escalates in the presence of the placement out-of-home care provider or in the placement home.
- Child has reasonable fears of retribution or retaliation from out-of-home care provider.

9. Out-of-home care provider's home has physical living conditions that are hazardous and immediately threatening.

This applies when living conditions pose an immediate threat having serious health and life implications. Unkempt and dirty homes do not meet this definition. The judgment of an immediate threat must consider the child's vulnerability.

- Dangerous substances or objects are stored in a manner that makes them accessible to the child.
- Lack of water or utilities (heat, plumbing, electricity) with no adequate alternative provisions.
- Environmental hazards, such as leaking gas, exposed electrical wires or broken windows.
- Garbage, spoiled food, infestation or animal waste that threatens health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Guns or other weapons are not locked.

10. Out-of-home care provider's drug or alcohol use appears to or could seriously affect his/her ability to supervise, protect or care for the child.

This refers to those who, because of the use of substances, are out of control, acting unpredictably or incoherent and are, therefore, unable to provide for the child. This may be observed at first encounter or may be known from other sources. This may be identified once the child is living in the placement home and prevent the out-of-home care provider from consistently providing for the child.

- Out-of-home care provider is incapacitated due to substance use at first contact.
- Out-of-home care provider's substance abuse problem renders him/her incapable of routinely and consistently attending to the basic needs and care of the child.
- Alcohol, drugs or drug paraphernalia are accessible to the child.

11. Out-of-home care provider's emotional instability, mental health issue or disability appears to or could seriously affect his/her ability to supervise, protect or care for the child.

This refers to out-of-home care providers that possess mental disorders or cognitive limitations that affect their physical, emotional or cognitive capacity with respect to child safety. They may make poor judgments, cannot effectively problem solve, have deficient reality perception, are ineffective planners or have emotional states that interfere with basic responsibilities to the child. This threat may apply even though there has not been an official diagnosis of a condition or disorder.

- Refusal to follow prescribed medications may prevent the out-of-home care provider from adequately caring for child.
- Out-of-home care provider exhibits distorted perception of reality (e.g., hallucinations) that impacts ability to care for and protect child.
- Out-of-home care provider's inability to manage anger leads to excessive or inappropriate discipline.
- Depressed behavioral symptoms result in inability or failure to protect and provide basic care.
- Out-of-home care provider's cognitive delay interferes with the ability to consistently meet the child's needs.

12. Out-of-home care provider's physical health or physical condition appears to or could seriously affect his/her ability to supervise, protect or care for the child.

This refers to out-of-home care providers who have an acute or chronic illness that compromises their ability to supervise the child or their capacity to provide care to the child at a level that affects child safety. This also includes physical conditions and limitations that interfere with the ability to physically provide care required for the child's level of vulnerability and dependence.

- Out-of-home care provider's level of energy is insufficient to routinely and consistently meet the needs of the child.
- Out-of-home care provider experiences periods of physical incapacitation that cannot be anticipated and planned for.
- Out-of-home care provider has sensory limitations (e.g., hearing, vision) that interfere with the ability to meet the child's basic needs and are not adequately managed.
- Out-of-home care provider is unable to manage the physical demands (e.g., carrying, lifting) of caring for the child.
- Out-of-home care provider's physical health or physical condition renders him/her incapable of routinely and consistently attending to the basic needs and care of the child.

13. Out-of-home care provider has previously maltreated a child and the severity of the maltreatment or the out-of-home care provider's response to that incident suggests that safety may be a current concern.

This refers to the out-of-home care provider's previous maltreatment of his/her own children or a previous child placed with the out-of-home care provider. This may be

identified when considering placement or may be discovered after a child has been placed.

- Previous maltreatment was serious enough to cause or could have caused severe injury or harm.
- Out-of-home care provider had retaliated or threatened retribution against a child in a past incident.
- Escalating pattern of maltreatment.
- Out-of-home care provider does not acknowledge or take responsibility for prior inflicted harm to a child or attempts to justify a prior incident.
- Out-of-home care provider does not explain prior injuries or conditions.

14. Out-of-home care provider sees the child as responsible for the problems of the out-of-home care provider or the problems of the child's parent.

This refers to out-of-home care providers who blame the child and consider the child as the cause of the problems of the child's parents. Out-of-home care providers may blame the child for problems that they are experiencing themselves. This includes out-of-home care providers who give evidence of anticipating problems with the child.

- Child is blamed and held responsible for his/her parent's problems, for CPS involvement or for the placement.
- Out-of-home care provider directly associates difficulties in his/her life, limitations to freedom, financial or other burdens to the child.
- Conflicts that the out-of-home care provider experiences with others (family members, neighbors, school, police, etc.) are considered to be the child's fault.
- Losses the out-of-home care provider experiences (job, relationships, etc.) are attributed to the child.
- Lack of success as a placement out-of-home care provider is blamed on the child.

15. Out-of-home care provider justifies the parent's behavior; believes the parent rather than CPS and/or is supportive of the parent's point of view.

This refers to circumstances in which the out-of-home care provider aligns with the parent's view of the situation which resulted in placement or justifies the parent's position though it is contrary to CPS and not accurate. This viewpoint results in a lack of empathy for the child and interferes with their ability to cooperate with CPS in managing the placement.

- Out-of-home care provider believes the parent has been wrongly accused.
- Out-of-home care provider believes the parent's account over that of the child or CPS.
- Out-of-home care provider acknowledges the parent's problems but makes excuses for them or justifies their actions based on the child's behavior or other circumstances.
- Out-of-home care provider believes CPS is overreacting and exaggerating.

16. Out-of-home care provider indicates the child deserved what happened in the child's home.

This refers to out-of-home care providers who believe that whatever happened in the child's home was justified by things the child did or qualities of the child.

- Out-of-home care provider believes that a sexual abuse victim was asking for or provoking the sexual contact.
- Out-of-home care provider believes the child is old enough to care for him/herself and, therefore, responsible for lack of necessary care.
- Out-of-home care provider considers the child's behavior provocative and that this justifies parental maltreatment.

17. Out-of-home care provider will not enforce restrictions required by the protective, family interaction or Safety Plan.

This refers to out-of-home care providers who are unable or unwilling to follow CPS requirements for contact between the child and parent.

- Out-of-home care provider believes the restrictions on the plan are unnecessary and, therefore, will allow unauthorized contact.
- Out-of-home care provider sees the restrictions as unimportant and, therefore, will not consistently exert control necessary to enforce them.
- Out-of-home care provider allows unauthorized phone calls or physical contact between the child and parent in the home or at any other location.

SAFETY APPENDIX 4: IMPENDING DANGER

Impending Danger Definition

Impending Danger refers to a foreseeable state of danger in which family behaviors, values, motives, emotions, and/or situations pose a threat that may not be currently active but can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention. The danger may not be obvious at the onset of CPS intervention or occurring in a present context but can be identified and understood more fully upon evaluating individual and family conditions and functioning.

Impending Danger Assessment

The definition for Impending Danger indicates that threats to child safety are family conditions that are *specific* and *observable*. These dangerous family conditions can be observed, identified, and understood. CPS must gather information from credible sources, including the family and others who know the family, in order to understand how Impending Danger Threats are presenting in the family and impacting the child. If the local child welfare agency cannot describe in detail a family condition or parent/caregiver behavior that is a threat to a child's safety that he or she has seen or been told about then that is an indication that it is not a threat of Impending Danger. Assessing and identifying Impending Danger to a child requires a broad assessment of family functioning, with a focus on dynamics that are known to endanger children.

Danger Threshold Definition

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

Danger Threshold Criteria

Observable refers to current or near future family behaviors, conditions or situations representing a danger to a child, not a past incident or injury. Observable conditions are specific, definite, real, can be described, understood and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

Vulnerable Child refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person(s) in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from others. For some children, including children with disabilities, vulnerability may increase when multiple caregivers have access to the child. This criterion seeks to describe how each child in a household is vulnerable in the context of the family and in the midst of the danger playing

out.

Out-of-Control refers to family behavior, conditions or situations that are unrestrained resulting in an unpredictable and possibly chaotic family environment. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system. The family cannot or will not control these dangerous behaviors, conditions or situations or shield the child from their impact.

Imminent refers to the decision that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible, even likely, outcomes without intervention.

Severity refers to the degree of harm that is likely without intervention. As far as danger is concerned, the Danger Threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death. The Danger Threshold is also in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

Impending Danger Threats & Examples

There are 11 Impending Danger Threats; each is described below.

1. **No adult in the home will perform parental duties and responsibilities in line with the child's individual developmental needs.**

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are considered at a basic level. Child welfare professionals shall consider whether short-term or limited-time education or support to the parent/caregiver would mitigate the threat or if further intervention is needed.

This threat is illustrated by the following examples.

- The parent/caregiver is unable to provide basic care for the child due to their own disability (intellectual/cognitive, physical, sensory, behavior, communication).
- Parent/caregiver is or has been absent from the home for lengthy periods of time and no other adults are available to care for the child without CPS coordination.
- Parent/caregiver has abandoned the child.
- Parent/caregiver arranged care by an adult, but their whereabouts are unknown, or they have not returned according to plan, and the current caregiver is asking for relief.
- Parent/caregiver does not respond to or ignores a child's basic needs.
- Parent/caregiver ignores or does not provide necessary, protective supervision and basic care appropriate to the age, capacity, and/or developmental needs of the child. Parent/caregiver is unavailable to provide necessary protective supervision and basic care because of physical illness or incapacity.
- Parent/caregiver is or will be incarcerated thereby leaving the child without a responsible adult to provide care.

- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child.
- Child has been left with someone who does not know the parent/caregiver.

2. One or both parent's/caregiver's behavior shows a pattern of violence.

Pattern of violence means ongoing violent behaviors which result in situations where a child is unsafe or is likely to be unsafe. Violent behaviors include physical fighting, hitting, beating, physically assaulting a child, significant other or another adult member of the household. It may be immediately observable, regularly active or in a constant state of unpredictability.

This is illustrated by the following examples.

Domestic Violence:

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

Pattern of Violence:

- Parent/caregiver who is physically impulsive, having temper outbursts or unanticipated and harmful physical reactions.

3. One or both parents/caregivers has impulsive behavior that they cannot/will not control.

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

This threat is illustrated by the following examples.

- Parent/caregiver is seriously depressed and functionally unable to meet the child's basic needs
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.
- Substance abuse renders the parent/caregiver incapable of routinely/consistently attending to child's basic needs.
- Parent/caregiver makes impulsive decisions and plans that leave the child in precarious situations (e.g. unsupervised, supervised by an unreliable person).
- Parent/caregiver is emotionally immobilized (chronically or situational) and cannot

control behavior.

- Parent/caregiver has addictive patterns or behaviors (e.g. addiction to substances, gambling, computers) that are uncontrolled and leave the child in potentially severe situations (e.g. failure to supervise or provide other basic care)
- Parent/caregiver is delusional or experiencing hallucinations and is unable to meet the child's basic needs.
- Parent/caregiver cannot control sexual impulses (e.g. sexual activity with or in front of the child).

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

This threat describes a negative perception that is so exaggerated that the parent/caregiver is likely to have a dangerous response that will have severe harm for the child.

This threat is illustrated by the following examples.

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

5. Family does not use known, available, and accessible resources to assure the child's essential needs for food, clothing, and/or shelter are met.

This threat only refers to essential needs for food, clothing and/or shelter that if chronically unmet will likely result in serious harm to the child. Note: It may be likely that another Impending Danger Threat is a better fit to describe the current family condition.

A family's experience of poverty alone does not indicate the appropriateness of this threat. Child welfare professionals must consider the intersection of poverty and the family's ability to meet the child's essential needs; as well as how potential connections to resources, instead of CPS intervention, may mitigate this threat.

As a reminder, local child welfare agencies are still required to maintain Active Efforts and provide culturally appropriate services for Native American families whenever possible.

This threat is illustrated by the following examples.

- Parent/caregiver is unwilling or refusing to use resources they are aware of and have access to.
- Family is routinely using their resources for things (e.g. drugs) other than for basic care and support thereby leaving them without their essential needs being met.

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

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

This threat is illustrated by the following examples.

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

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

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

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

This threat is illustrated by the following examples.

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

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

This refers to basic parenting that directly affects meeting the child's needs for food, clothing,

shelter, and required level of supervision. The inability and/or unwillingness to meet basic needs create a concern for immediate and severe harm for a vulnerable child.

This threat is illustrated by the following examples.

- Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Parents/caregivers who are very young and/or have intellectual disabilities whose age and/or disability compromises their knowledge of a child's needs and capacity.
- Parent's/caregiver's expectations of the child far exceed the child's capacity thereby placing the child in situations that could result in severe harm.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child's age; how to manage the child's behavioral needs).
- Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity.
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the child's needs that could result in severe harm to the child.
- Parents/caregivers do not believe the child's disclosure of abuse/neglect even when there is a preponderance of evidence and this has or will result in severe harm to the child.

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

"Exceptional" refers to specific child conditions or needs that are beyond what is typical (e.g., intellectual/cognitive disability, physical disability, sensory disability, behavioral disability, communication disability, Autism Spectrum Disorder, special medical needs, etc.); the child does not need to have a formal diagnosis in order for the child's condition or needs to be considered exceptional. This threat is present when parents/caregivers, by not addressing the child's exceptional needs, create an immediate concern for severe harm to the child.

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

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

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

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

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

This threat is illustrated by the following examples.

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

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

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

The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present a child who does not verbally express fear but their behavior and emotion clearly and vividly demonstrate fear.

This threat is illustrated by the following examples.

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

SAFETY APPENDIX 5: PARENT/CAREGIVER PROTECTIVE CAPACITIES

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

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

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

- what is the reason for CPS involvement (safety threats)?
- what must change (Parent/Caregiver Protective Capacities associated with identified safety threats)?
- how do we get there (Case Plan directed at enhancing Parent/Caregiver Protective Capacities)?

Through the family assessment and planning process, the Ongoing Services professional identifies enhanced and diminished Parent/Caregiver Protective Capacities. Enhanced protective capacities are strengths that can contribute to and reinforce the change process. Conversely, diminished protective capacities are the focus of the Case Plan or Permanency Plan. These are the areas that must change in order for parents/caregivers to resume their role and responsibility to provide protection for their children and create a safehome.

Assessing and understanding Parent/Caregiver Protective Capacities is the study and decision-making process that examines and integrates safety concerns into the Case Plan or Permanency Plan. It begins with the first meeting with the parents and child and is related to understanding personal and parenting behavior as well as cognitive and emotional characteristics that can be directly associated with being protective of one's children. This assessment is directly related to understanding and managing Impending Danger Threats and correlating those identified threats to diminished Parent/Caregiver Protective Capacities. Diminished protective capacities are then addressed in the Case Plan or Permanency Plan.

Parent/Caregiver Protective Capacities

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

Definitions and Examples

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

Behavioral Protective Capacities

1. The parent/caregiver has a history of protecting

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

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

2. The parent/caregiver takes action.

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

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

3. The parent/caregiver demonstrates impulse control.

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

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

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

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

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

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

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

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

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

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

- People who do for themselves after they've done for their children.

- People who seek ways to satisfy their children's needs as the priority.

7. The parent/caregiver is adaptive as a caregiver.

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

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

8. The parent/caregiver is assertive as a caregiver.

This refers to being positive and persistent.

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

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

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

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

10. The parent/caregiver supports the child.

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

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

Cognitive Protective Capacities

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

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

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

12. The parent/caregiver is aligned with the child.

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

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

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

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

- People who have information related to what is needed to keep a child safe.
- People who know how to provide basic care which assures that children are safe.

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

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

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

15. The parent/caregiver has accurate perceptions of the child.

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

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

16. The parent/caregiver understands his/her protective role.

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

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

17. The parent/caregiver is self-aware.

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

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

Emotional Protective Capacities

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

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

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

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

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

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

20. The parent/caregiver is resilient

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

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

21. The parent/caregiver is tolerant

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

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

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

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

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

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

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

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

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

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

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

Examples of Demonstrated Protectiveness

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

- The parent/caregiver has demonstrated the ability to protect the child in the past while under similar or comparable circumstances and family conditions.
- The parent/caregiver has made appropriate arrangements which have been confirmed to assure that the child is not left alone with the maltreating person. This may include having another adult present within the home that is aware of the protective concerns and is able to protect the child.
- The parent/caregiver can specifically articulate a plan to protect the child. The parent/caregiver believes the child's story concerning maltreatment or Impending Danger Threats and is supportive of the child.
- The parent/caregiver is intellectually, emotionally, and physically able to intervene to protect the child.
- The parent/caregiver does not have significant individual needs which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc.
- The parent/caregiver has adequate resources necessary to meet the child's basic needs which allows for sufficient independence from anyone that might be a threat to the child.
- The parent/caregiver is capable of understanding the specific safety threat to the child and the need to protect.
- The parent/caregiver has adequate knowledge and skill to fulfill parenting responsibilities and tasks that might be required related to protecting the child from the safety threat. This may involve considering the parent's/caregiver's ability to meet any exceptional needs that a child might have.
- The parent/caregiver is cooperating with CPS' safety intervention efforts.
- The parent/caregiver is emotionally able to carry out his or her own plan to provide protection and/or to intervene to protect the child; the parent/caregiver is not intimidated by or fearful of whomever might be a threat to the child.
- The parent/caregiver displays concern for the child and the child's experience and is intent on emotionally protecting as well as physically protecting the child.
- The parent/caregiver and the child have a strong bond and the parent/caregiver is clear that his/her number one priority is the safety of the child.
- The non-threatening parent/caregiver consistently expresses belief that the threatening parent/caregiver or person is in need of help and that he or she supports the threatening

parent/caregiver getting help. This is the non-threatening parent's/caregiver's point of view without being prompted by CPS.

- While the parent/caregiver is having a difficult time believing the threatening parent/caregiver or person would severely harm the child, he or she describes and considers the child as believable and trustworthy.
- The parent/caregiver does not place responsibility on the child for problems within the family or for Impending Danger Threats that have been identified by CPS.



Wisconsin Department of Children and Families

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