



Decisions to Place; Decision to Return Home:

Colorado's Safety and Risk Assessment
Instrument

Presented by:
Linda Metsger, MA
Training and Program Administrator
Butler Institute for Families

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Placement Quiz

Take your best guess at the answer to each question, according to the available research. Remember that no one expects you to know what the research says and that your experience in individual cases may differ from what the research suggests to be true for the majority of cases.

1. Nationally, approximately how many children were in foster care September 30, 2008?
 - a) 463,000
 - b) 310,000
 - c) 240,000

2. T F Return home is more likely to occur when treatment plans are goal-oriented, behaviorally specific and related to the reasons the child entered care.

3. T F Return home is more likely to occur when parents, children, and substitute caregivers are meaningfully involved in case planning.

4. The top 5 reasons for out of home placement (in order) in Colorado are:
 - a) Neglect, physical abuse, sexual abuse, parental substance abuse, and child's behavior problems
 - b) Child's behavior, parental substance use, physical abuse, neglect, sexual abuse, caretaker inability to cope
 - c) Neglect, parental substance use, child's behavior problems, caretaker inability to cope, physical abuse

5. The probability of return home decreases with:
 - a) T F the number of placements a child has.
 - b) T F the length of time the child is in care.
 - c) T F the length of time the child is in a given placement.
 - d) T F the severity of the maltreatment the child has experienced.

6. T F The probability of return home is higher for school-age children than for infants and adolescents.
7. T F The probability of return home is higher for children placed with kin than non-kin.
8. The probability of return home increases if:
- a) T F The child is white.
 - b) T F The child was placed because of their own behavioral problems
 - c) T F The family's income is at least average
 - d) T F The child is from a single-parent family
 - e) T F The child is placed with foster parents of the same race or ethnicity
9. According to a 2007 GAO report, African American children are in foster care an average of ____ months longer than their Caucasian counterparts?
- a) 6 months
 - b) 9 months
 - c) 12 months
 - d) 18 months
10. Nationally, what percentage of children exiting foster care in 2008 returned home?
- a) 24%
 - b) 52%
 - c) 67%
11. In 2008 the average (mean) length of stay in foster care was:
- a) 18 months
 - b) 24 months
 - c) 27 months
12. T F The caseworker has a profound impact on whether a child will return home and remain home.

13. In Colorado, caseworkers make decisions about the placement of children based on:
- a) Risk
 - b) Safety
 - c) Risk and Safety

Colorado Safety Assessment / Plan

Date Created:	Family Name:	Worker Name:
Referral #:	Reason for Assessment:	

Summarize the results of each assessment area to determine threat of harm:

1. Extent of Maltreatment
2. Surrounding Circumstances of Maltreatment
3. Child Functioning
4. Adult Functioning
5. General Parenting Practices
6. Disciplinary Parenting Practices

Safety Concerns

Select "yes" for all safety concerns present. When determining if a safety concern is present, review the definition for each safety concern. To select a safety concern, the following criteria must be present: Specific and Observable threat

- Specific and observable threat
- Out-of control
- Child is vulnerable to the threat of harm
- Likely to occur if not controlled.
- Potential of moderate to severe harm.

Below each safety concern marked "yes", describe the behaviors, conditions and/or family circumstance associated with the safety concern. If one or more safety concerns is selected, complete Safety Conclusion to determine if additional sections are required to be completed.

- | | |
|---|--|
| <input type="checkbox"/> 1. Caregiver(s) in the home is out of control and/or violent.
Yes <input type="checkbox"/>
No <input type="checkbox"/> | <input type="checkbox"/> 2. Caregiver(s) describes or acts toward the child(ren) in predominately negative terms and/or has unrealistic expectations likely to cause moderate to severe harm.
Yes <input type="checkbox"/>
No <input type="checkbox"/> |
| <input type="checkbox"/> 3. Caregiver(s) has caused harm to the child or has made a credible threat of harm.
Yes <input type="checkbox"/>
No <input type="checkbox"/> | <input type="checkbox"/> 4. Caregiver(s)' explanations of injuries present are unconvincing.
Yes <input type="checkbox"/>
No <input type="checkbox"/> |
| <input type="checkbox"/> 5. The caregiver refuses access to the child or there is reason to believe the family will flee.
Yes <input type="checkbox"/>
No <input type="checkbox"/> | <input type="checkbox"/> 6. Caregiver(s) is unwilling or unable to meet the child's immediate needs for food, clothing and shelter.
Yes <input type="checkbox"/>
No <input type="checkbox"/> |
| <input type="checkbox"/> 7. Caregiver(s) is unwilling or unable to meet the child's significant medical or mental health care needs.
Yes <input type="checkbox"/>
No <input type="checkbox"/> | <input type="checkbox"/> 8. Caregiver(s) has not or is unable to provide sufficient supervision to protect the child from potentially moderate to severe harm.
Yes <input type="checkbox"/>
No <input type="checkbox"/> |

Yes
 No

9. Child is fearful of caregiver(s), other family members, or other people living in, or having access to, the home.

Yes
 No

10. Child's physical living conditions endanger the child's immediate health and safety.

Yes
 No

11. Caregiver(s) alleged or observed substance use may seriously affect ability to supervise, protect, or care for the child.

Yes
 No

12. Child sexual abuse is suspected and circumstances suggest that child safety and/or emotional safety is of immediate concern.

Yes
 No

13. Caregiver(s) alleged or observed emotional instability or developmental delay seriously affects his or her ability to supervise, protect, or care for the child.

Yes
 No

14. Domestic violence exists in the home and places child in danger of physical and/or emotional harm.

Yes
 No

15. Caregiver(s) has previously abused or neglected a child or is suspected of such, and the severity of the past maltreatment or caregiver's response to previous intervention suggests the child may be unsafe.

For all safety concerns marked "yes", describe the behaviors or conditions and/or family circumstance associated with the safety concern. If one or more safety concerns is selected, complete Safety Conclusion, which will determine if additional tabs are required to be completed.

Safety Assessment Conclusion

NO Safety Concerns are identified. There are no children likely to be in danger of severe harm. No further safety action is necessary. If checked, stop here.

One or more safety concerns is identified. Proceed to Caregiver Protective Capacity Determination

Caregiver Protective Capacity Determination

Indicate whether a caregiver(s), including extended family member, has the capacity and is/are willing to manage identified safety concerns and assure child safety.

Caregiver protective capacities and family actions address all safety concerns. The child(ren) is/are determined to be SAFE. No further safety intervention is necessary. If checked, stop here after providing justification regarding how the caregiver protective capacities and family actions will address safety concerns:

Caregiver protective capacities and family actions do not address all safety concerns. The child(ren) is/are determined to be UNSAFE. Further safety intervention is necessary to manage safety concerns. Proceed to Safety Intervention Analysis.

Safety Intervention Analysis

Analyze and document whether:

- home environment is stable enough to support an in-home safety plan
- caregiver(s) is/are willing to accept and cooperate with an in-home safety plan
- resources accessible, and the level of effort is available to sufficiently control safety concerns without reliance on the person responsible for the safety concerns.

Check one of the following:

- Safety Intervention Analysis does not support in-home safety planning. Placement is the only plan that is sufficient to control safety concerns.
- An in-home safety plan can reasonably be expected to control safety concerns and will be completed.

Date Created:	Family Name:	Worker Name:
Referral #:	Reason for Assessment:	

Safety Plan

Safety Responses must address identified safety concerns and meet the following criteria:

- Least restrictive response
- Action-oriented
- Immediately controls for safety
- Actions correspond to each safety threat.
- Readily accessible at the level required to assure safety.

Describe what tasks will be done, by whom, how often and duration. Indicate caseworker activities to oversee the safety plan. Provide copies of plan to parents, caregivers, and others who are a part of the plan.

Family Agreement with Safety Plan

We have participated in the development of and reviewed this safety plan and agree to work with the providers and services as described above.

Safety Plan Participants and Parent(s) _____ Date: _____

_____ Date: _____

Comments:

Caseworker / Supervisor Agreement with Safety Plan

Caseworker _____ Date: _____

Supervisor _____ Date: _____

Safety Concerns Guide: Determining Danger Threats

The 15 safety factors and examples identified in this handout are to be used by CPS workers to assist in identifying impending danger in families. The examples included within this safety reference guide relate to individual and/or family conditions that are consistent with the danger threshold criteria:

- Threat is specific and observable
- Conditions reasonably could result in moderate to severe harm
- Harm is likely to occur if not resolved
- A child is vulnerable
- Caregiver is unable to control conditions and behavior that threatens child safety

1. Caregiver(s) in the home is out-of-control and/or violent.

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be immediately observable, active or unpredictable.

Application of the Safety Threshold Criteria

To be out-of-control, the violence must be active and/or be a general representation of how a person behaves. It moves beyond being angry or upset about a specific event. The violence is representative of the person's state-of-mind. An individual's aggressive nature or tendencies are unrestrained.

Vulnerable children who cannot self-protect or get out of the way and who have no one to protect them could experience moderate to severe physical or emotional effects from the violence.

To the extent the violence is a pervasive aspect of a person's character or is a family dynamic, it occurs either predictably or unpredictably, and it has a history. The violence or resulting effects could or will occur at any point.

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Hitting, beating, physically assaulting a child, spouse or other family member.
- Behaves in a way that seems to indicate a serious lack of self-control.
- Suicidal.

- Uses guns, knives or other weapons in a violent way.
- Violently shakes or chokes child to stop a particular behavior.
- Extreme physical or verbal anger or hostile outburst at the child or others including throwing things, brandishing weapons, driving recklessly, aggressively intimidating and terrorizing; Parent/caregiver who is impulsive, exhibiting physical aggression, having temper outbursts.
- Physical and verbal assault on a parent in the presence of a child; the child witnesses the activity and is fearful for self and/or others.
- A child is assaulted as part of the family violence.
- A child may be attempting to intervene in response to the family violence.
- A child is or could be inadvertently harmed, even though the child may not be the target of the violence.
- Parent/caregiver whose behavior outside of the home (e.g., drugs, violence, aggressiveness, hostility) creates an environment within the home, which threatens child safety (e.g., drug parties, gangs, drive-by shootings).

2. Caregiver(s) describes or acts toward the child in predominately negative terms and/or has unrealistic expectations likely to cause moderate to severe harm.

This refers to exaggerated negative perceptions of the child. It is out-of-control because their perception of the child is extreme and totally unreasonable. The caregiver's perceptions cannot be modified.

The extreme perception may provide justification to the caregiver for acting out, ignoring the child, or other emotionally abusive behavior could occur with a child such as serious physical or emotional injury or neglect. Moderate to severe physical or emotional injury or neglect could occur with a child.

Application of the Safety Threshold Criteria

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Child is perceived to be the devil, demon-possessed, evil, a bastard or deformed, ugly, deficient, stupid or embarrassing.
- Directs profanity to a child and/or repeatedly attacks child's self esteem.

- Child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/primary caregivers' relationship and stands in the way of their best interests.
- Parent/caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing.
- Parent/caregiver sees the child as responsible and accountable for the parent/caregiver's problems; blames the child.
- Parent/caregiver has expectations of the child that they cannot possibly meet. Child may be expected to perform behaviors beyond their developmental abilities, which could result in severe harm to the child or other siblings.

<p>3. Caregiver(s) has caused harm to the child or has made a credible threat of harm.</p>

"Harm" that is caused as the result of caregiver behavior or maltreatment is moderate to severe. "Credible threat" refers to caregivers who are directing threats to hurt a child.

Application of the Safety Threshold Criteria

The caregiver is threatening to hurt a child or is admitting to an extreme concern for mistreating a child.

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Causes injury (e.g. fractures, poisoning, suffocating, shaking, shooting, choke marks, burns, moderate to severe bruises/ welts, bruising in the head/face or genital areas, bite marks, etc.)
- Uses torture or physical force, which exceeds reasonable discipline.
- Parents/caregivers uses action, inaction or threat to identify how they will harm the child or what sort of harm they intend to inflict (i.e., kill, starve, lock out of home, etc.)
- Parent/caregiver threats are plausible, believable; may be related to specific provocative child behavior.
- Child appears to be suffering from Failure to Thrive or is malnourished

- Parents/caregivers state they will maltreat or are worried they may maltreat.
- Parent/caregiver identifies things that the child does that aggravate or annoy the parent/caregiver in ways that make the parent want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out-of-control.
- Parents/caregivers are distressed or “at the end of their rope,” and are asking for some relief in either specific (e.g., “take the child”) or general (e.g., “please help me before something awful happens”) terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.
- Environmental factors and/or circumstances are inconsistent with the type of injury.
- Explanation for the observed injury is inconsistent with casework/law enforcement/medical evaluation of the injury.

4. Caregiver(s) explanations of injuries present are unconvincing.

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

Application of the Safety Threshold Criteria

A family situation in which a child is seriously injured without a reasonable explanation is a family situation in which another non-accidental injury could occur at any time. When the cause of an injury is not known, then what might be operating could result in another injury in the near future.

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Parents/caregivers acknowledge the presence of injuries and/or conditions but plead ignorant as to how they occurred.
- Parents/caregivers express concern for the child’s condition but are unable to explain it.
- Parents/caregivers appear to be totally competent and appropriate with the exception of 1) the physical or sexual abuse and 2) the lack of

- an explanation or 3) an explanation that makes no sense, such as environmental factors and/or circumstances are inconsistent with the type of injury and 4) do not seem concerned about the injury.
- Parents/caregivers accept the presence of injuries and conditions but do not explain them or seem concerned or the explanation for the injuries is far-fetched.
 - “Battered Child Syndrome” case circumstance are present and the caregivers appear to be competent but there are no explanations for the child’s symptoms.
 - Sexual abuse has occurred however the parents/primary caregivers deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.
 - Facts observed by child welfare staff and/or supported by other professionals that relate to the incident, injury, and/or conditions contradict the parents’/primary caregivers’ explanations.
 - History and circumstantial information are incongruent with the parents’/primary caregivers’ explanation of the injuries and conditions.
 - Explanation for the observed injury is inconsistent with casework/law enforcement/medical evaluation of the injury.
 - Parents’/caregivers’ verbal expressions do not match their emotional responses and there is not a believable explanation.
 - Description of the cause of the injury minimizes the extent of harm to the child.

5. The caregiver(s) refuses access to the child or there is reason to believe the family will flee.

This threat is selected if the facts suggest that the family is hiding the child from CPS. Attempts to avoid CPS access to a child can include not allowing CPS to enter the home to see a child, and/or conduct routine initial assessment. This safety threat also applies when there are indications that a family will change residences or leave the jurisdiction to avoid CPS.

Application of the Safety Threshold Criteria

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Parents/caregivers have previously fled in response to a CPS investigation.

- Parents/caregivers have removed the child from the hospital against medical advice.
- Parents/caregivers manipulate in order to avoid any contact with CPS; make excuses for not participating; miss appointments.
- Parents/caregivers refuse to allow CPS to see or speak with a child; do not inform CPS where the child is located, and will not disclose the location of the child.
- Has history of keeping child at home, away from peers, school, and/or other outsiders for extended periods
- There is precedence for avoidance and flight.
- There are or will be civil or criminal complications that the family wants to avoid.
- There are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness).

<p>6. Caregiver(s) is unwilling or unable to meet the child's immediate needs for food, clothing, and shelter.</p>

"Immediate needs" refers to the family's lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources if they were available.

Application of the Safety Threshold Criteria

There are not sufficient resources to meet the safety needs of the child. There is nothing within the family's reach to address and control the absence of needed protective resources. The absence of basic resources could cause moderate to severe injury, serious medical or physical health problems, starvation, or serious malnutrition.

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Family has no money, food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g., medical care) that, if unmet, could result in a threat to child safety.
- Parents/caregivers lack life management skills to properly use resources when they are available. Resources may be used for things like drugs instead of meeting the child's basic needs.
- No food provided or available or child is deprived of food or drink for prolonged periods.
- Child appears malnourished, has distended stomach, gray skin, and/or has height or weight inappropriate for his/her age.
- Child without minimally protective clothing.

- No housing or emergency shelter: child must sleep in streets, car, etc.

7. Caregiver(s) is unwilling or unable to meet the child's significant medical or mental health care needs.
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"Significant" suggests there are implications for immediate intervention (e.g., extreme physical medical symptoms, extreme emotional vulnerability, extreme antisocial conduct, suicidal thoughts or actions).

Medical: Serious physical effects of maltreatment are a safety threat when they are life threatening or require medical intervention for an injury, illness or disease which must be medically managed. Harm is likely to occur if the child's condition will not improve or worsen if left unattended.

Mental Health: The child's emotional and behavioral conditions are so extreme that the child is seriously disturbed and self destructive or behaves in ways that others will be a danger to him or her.

Application of the Safety Threshold Criteria

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Child has moderate to severe injuries or multiple/different kinds of injuries.
- Child has injuries to head or face.
- Child appears to be suffering from Failure to Thrive or is malnourished.
- Child threatens suicide, attempts suicide, or appears to be having suicidal thoughts and the caregiver does not take protective action.
- Child will run away and place them in a dangerous situation.
- Child's emotional state is such that immediate mental health/medical care is needed.
- Child is capable of and likely to self-mutilate.
- Child is a physical danger to others.
- Child abuses substances and may overdose.

- Parent/caregiver does not recognize the condition or views it as less serious than it is.
- Child has exceptional needs which the caregiver does not meet

- Child shows effects of maltreatment, such as serious emotional symptoms, behavior control, or physical symptoms, is lethargic or has flat affect
- Parent/caregiver does not seek treatment for child's immediate and dangerous medical condition(s)
- Parent/caregiver does not follow prescribed treatment for such condition(s) and harm is likely to occur.

8. Caregiver has not or is unable to provide sufficient supervision to protect the child from potential moderate to severe harm.

This safety factor refers to parents and caregivers providing supervision at a basic level to prevent a child from being exposed to moderate to severe harm.

Application of the Safety Threshold Criteria

Lack of provision of sufficient supervision is an omission of parenting responsibilities. The vulnerability of each child in the home may differ. This affects how the potential severity of the lack of supervision would apply to each child. The more vulnerable the child is (age and developmentally), the higher the likelihood for potential severe effects.

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Caregiver(s) has left and/or frequently leaves the child alone (note: acceptable time period varies with age and developmental stages).
 - Makes inadequate and/or inappropriate baby-sitting or child care arrangements or demonstrates very poor planning for child's care
 - Caregiver(s) whereabouts are unknown.
-
- Caregiver does not attend to child to the extent that need for adequate care goes unnoticed or unmet (e.g., although caregiver present, child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge or be exposed to other serious hazards)
 - Leaves child alone (time period varies with age and developmental stage)
 - Has abandoned child
 - Caregiver's whereabouts are unknown or caregiver removed from home.

9. Child is fearful of caregiver(s), other family members, or the people living in or having access to the home.

This refers to a child that expresses fear of caregivers or others with access to the child. The child's sense of security is threatened and no one appears to have the protective capacity to alleviate this fear. The child's fear must be obvious, significant and related to some perceived danger that child feels or experiences.

Application of the Safety Threshold Criteria

It is reasonable to believe that the child's fear is well founded in something that is occurring in the home. It is reasonable to believe that the source of the child's fear could result in moderate to severe effects.

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

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- 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, nightmares, insomnia, enuresis, nervousness, withdrawal).
- Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
- Child expresses fear and describes people and circumstances, which are reasonably threatening. The child has reasonable fear of retribution or retaliation, is able to describe the threat and it is believable.
- Child recounts previous experiences, which form the basis for fear.
- Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety. There may be people that are under the influence of substances.
- People frequenting the home in order to sell drugs or who are involved in other criminal behavior that might be directly threatening to a child's safety or might attract people who are a threat to a child's safety.
- Child exhibits severe anxiety (e.g., nightmares, insomnia and enuresis) related to situation(s) associated with a person(s) in the home
- Child has reasonable fears of retribution or retaliation from caregiver(s)

- Child exhibits emotional/behavior disturbances related to situation(s) with a person in the home
- Child's fearful response escalates at the mention of home, people or circumstances associated with reported incidents.

10. Child's physical living conditions endanger the child's health and safety.

This threat refers to conditions in the home which are immediately life threatening or endangering a child's physical health or safety.

Application of the Safety Threshold Criteria

Living arrangements are deplorable and present immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions.

Remaining in the environment could result in moderate to severe injuries and health repercussions today or in the next few days.

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- 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.
- Housing is unsanitary, filthy, infested and is 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
- Leaking gas from stove or heating unit
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in the open
- Lack of water or utilities (heat, plumbing, etc.) and no alternate provisions made, or alternate provisions are unsafe (stove, space heater, etc.)
- Windows/doors are open, broken, or missing
- Accumulated garbage or spoiled food which threatens health

- Serious illness or significant injury has occurred due to living conditions and these conditions continue to exist (e.g. lead poisoning, rat bites)
- Evidence of human or animal waste throughout the living quarters
- Evidence of insect or rodent infestation, which threatens safety
- Guns and other weapons are not locked and pose a danger to the children.

11. Caregiver's alleged or observed substance use may severely affect his or her ability to supervise, protect, or care for the child.

This threat is concerned with substance abuse causing a person to: postpone or set aside important needs; be dependable; avoid destructive behavior; use good judgment; not act on impulses. These things undermine child safety and the parent or caregiver's protective capacity.

Impairment suggests that a caregiver's use of substances prohibits him/her from being able to adequately perform parental duties and responsibilities. Drug use includes the use of prescription drugs, alcohol and traditional street drugs.

Application of the Safety Threshold Criteria

The threat could result in moderate to severe effects on children as caregivers lash out at children, fail to supervise children, leave children alone, or leave children in the care of irresponsible others.

There may be a problem with poor impulse control related to the addiction / substance use.

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Parent/caregiver is observed to be unable to perform basic care, duties, fulfill essential protective duties.
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.
- Parent/caregiver makes impulsive decisions and plans which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver has addictive patterns or behaviors (e.g., addiction to substances, gambling or computers) that are uncontrolled and leave

- the children in unsafe situations (e.g., failure to supervise or provide other basic care).
- Parent/caregiver is delusional and/or experiencing hallucinations.
 - Substance issues prevent the caregiver from protecting or providing for their children.
 - Caregiver uses illegal substances in front of the children and/or leave paraphernalia in areas accessible to the children.
 - Caregiver operates and automobile/ machinery with the child in/on the vehicle when legally impaired.
 - Baby is exposed to substances in in-utero.
 - Has abused drug(s), alcohol or other substances to the extent that control of his or her actions is significantly impaired.
 - Makes impulsive decisions, which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
 - Substance issues prevent the caregiver from protecting or providing for the children
 - Alcohol, drugs or drug paraphernalia are accessible to the child

12. Child sexual abuse is suspected and circumstances suggest that child safety and or emotional well being is of immediate concern.

This threat primarily relates to 1) the level of self-control of the maltreating caregiver, 2) accessibility of the victim child, 3) how the child feels about any contact with the alleged perpetrator, and 4) the nature of the alleged sexual abuse.

Application of Safety Threshold Criteria

Information collected during the initial assessment clearly indicates that there is reasonable cause to believe that sexual abuse has occurred. Information provided indicates reasonable justification that a caregiver's sexual impulses demonstrate a pattern of unrestrained behavior that leaves a child in a vulnerable and threatening situation.

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- It appears that rape, sodomy or other sexual assault or contact has occurred with the child.
- It appears that the child has been forced or coerced to engage in sexual activities (including deliberate exposure to pornography).
- Child is not protected by non-offending caregiver and maltreating caregiver has immediate unrestrained access to the child.
- Access by possible or confirmed perpetrator to child continues to exist.
- Child is not protected.
- There is reason to believe that there will be retaliation to the child for making sexual abuse allegations.

13. Caregiver’s alleged or observed emotional instability or developmental delay severely affects his/her ability to supervise, protect or care for the child.

“Severely affects” suggests that a caregiver’s condition is such that he/she is unable to adequately provide basic care. The conditions that prevent adequate parental role performance are significant, pervasive and debilitating, to the point that the child’s protection needs are being compromised.

Application of Safety Threshold Criteria

This threat to child safety refers to caregivers who have difficulty controlling their emotions and behavior in a manner that jeopardizes parenting abilities. Decision-making regarding this safety concern is influenced by the caregivers’ lack of or absence of basic knowledge, skill or motivation which prevents them from meeting the child’s safety needs. The failure of a caregiver to provide a child with basic protection needs has severe and immediate implications because of the child’s inability to fend for, or provide for, his/her self.

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Refuses or is unable to follow prescribed medications, thereby diminishing his/her ability to parent child.
- Exhibits distorted perception of reality (e.g., hallucinates) that impacts ability to protect and care for child.
- Inability to manage anger leads to inappropriate or excessive discipline.

- Exhibits depressed behavior that manifests feelings of hopelessness or helplessness.
- Is immobilized by depression resulting in failure to protect and provide basic needs.

14. Domestic violence exists in the home and places the child in danger of physical and/or emotional harm.

The domestic violence refers to aggression, fighting, brutality, cruelty and coercive control. Domestic violence may also result in emotional harm in situations where there are extreme verbal assaults; intimidation and threatening behavior, belittling and/or constant double binding. Domestic violence may be immediately observable, regularly active or in a constant state of unpredictability.

Application of the Safety Threshold Criteria

The domestic violence must be active and/or a general representation of how a person behaves. It moves beyond being angry or upset particularly related to a specific event. An individual's aggressive nature or tendencies demonstrate a pattern of coercive control.

The perpetrator of the domestic violence could easily lash out toward the spouse; significant other; other family members and children. They may be targets or bystanders. Children who cannot self-protect or who cannot get out of the way and who have no one to protect them could experience physical or emotional harm from the violence. The effects could include serious physical or emotional harm.

This threat is illustrated in the following examples: **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Child (ren) previously injured in a domestic violence incident.
- Child (ren) exhibits anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- Child (ren) cries, cowers, cringes, trembles or otherwise exhibits fear as a result of domestic violence.
- Child is in danger of physical injury.
- Child (ren)'s behavior increases the risk of physical injury (e.g., attempting to intervene during violent dispute, participating in the violent dispute).

- Use of guns, knives or other instruments in a violent, threatening, and/or intimidating manner.
- Alleged offender demonstrates unrestrained behavior with no regretful feelings.
- Alleged offender demonstrates a lack of empathy for the child.
- Alleged offender uses the child in a manipulative manner in order to gain access to the non-offending parent.
- Offender has retaliated or seriously threatened retribution against child for past incidents.
- Escalating pattern of maltreatment or coercive control by the alleged offender.
- Offender does not acknowledge or take responsibility for prior inflicted harm to the child or attempts to justify incident(s) and shows no remorse, regret or guilt.
- Offender or non-offending parent does not explain injuries and/or conditions.

15. Caregiver(s) has previously abused or neglected a child or is suspected of such, and the severity of past maltreatment or caregiver(s) response to previous intervention suggests the child may be unsafe.

This is a safety threat when moderate to severe maltreatment to a child has already occurred. The previous maltreatment may have been premeditated or justified by the perpetrators and the caregivers did not take responsibility for and/or demonstrate remorse.

Application of Safety Threshold Criteria

The previous maltreatment was moderate to severe and the safety concern becomes greater when the caregivers show no remorse, regret or guilt for the maltreatment that occurred toward their child.

This threat is illustrated in the following examples. **This is not intended to be an all-inclusive list. Other behavior may rise to the level of this safety threat.**

- Previous abuse or neglect that was serious enough to cause severe injury, harm or death.
- Has retaliated or seriously threatened retribution against child for past incidents.
- Escalating pattern of maltreatment.

- Does not acknowledge or take responsibility for prior inflicted harm to the child or attempts to justify incident(s).
- Does not explain injuries and/or conditions.

COLORADO FAMILY RISK ASSESSMENT

Case Name: _____ Worker Name: _____ Date: _____ / _____ / _____

NEGLECT	Score
N1. Current Allegation is For Neglect	
a. No.....	-1
b. Yes.....	1 _____
N2. Prior <u>Neglect</u> Investigations (assign highest score that applies)	
a. None.....	-1
b. Investigation only.....	1
c. One substantiated investigation.....	2
d. Two or more substantiated investigations.....	3 _____
N3. Household has Previously Received Child Protective Services	
a. No.....	0
b. Yes, previously received services.....	1
c. Yes, prior CPS child removal from household.....	3 _____
N4. Number of Children in Household	
a. Two or fewer.....	-1
b. Three or more.....	1 _____
N5. Age of Youngest Child in Household	
a. Three or older.....	0
b. Two or younger.....	-1 _____
N6. Primary Caregiver's Assessment of Incident (Check applicable items and add for score)	
a. ___ Not applicable.....	0
b. ___ Minimizes harm to children.....	2
c. ___ Displaces responsibility or severity.....	2 _____
N7. Primary Caregiver Provides Physical Care or Supervision Inconsistent with Child's Need	
a. No.....	0
b. Yes.....	2 _____
N8. Primary Caregiver has a Substance Use Problem	
a. No.....	0
b. Yes.....	1 _____
N9. Child in Household has Mental Health/Behavioral Problem	
a. No.....	0
b. Yes.....	1 _____
N10. Recent <u>or</u> History of Domestic Violence in the Household.	
a. No.....	0
b. Yes.....	1 _____
N11. Caregiver(s) Have History of Homelessness	
a. No.....	0
b. Yes.....	3 _____
TOTAL NEGLECT RISK SCORE	=====

ABUSE	Score
A1. Prior Investigations (assign highest score that applies)	
a. None.....	-1
b. 1 to 3.....	1
c. 4 or more.....	3 _____
A2. Household has Previously Received Child Protective Services	
a. No.....	0
b. Yes.....	2 _____
A3. Primary Caregiver has History of Abuse or Neglect as a Child	
a. No.....	0
b. Yes.....	2 _____
A4. Primary Caregiver was Placed in Protective Services as a Child	
a. No.....	0
b. Yes.....	3 _____
A5. Caregiver(s) Provides Supervision Inconsistent with Child's Needs	
a. No.....	0
b. Yes.....	1 _____
A6. Caregiver(s) Employs Excessive/Inappropriate Discipline	
a. No.....	0
b. Yes.....	2 _____
A7. Caregiver(s) Involved in Disruptive/Volatile Adult Relationships	
a. No.....	0
b. Yes.....	1 _____
A8. Characteristics of Children in the Household (check applicable items and add for score)	
a. ___ Not applicable.....	0
b. ___ Mental health/behavioral problems.....	2
c. ___ Physical disability.....	2 _____
A9. Caregiver(s) has History of Mental Health Treatment	
a. No, neither caregiver.....	0
b. Either caregiver.....	1
c. Both caregivers.....	2 _____
A10. Secondary Caregiver has a Substance Use Problem	
a. N/A - no secondary caregiver.....	0
b. No problem with drugs or alcohol.....	-1
c. Alcohol only.....	1
d. Other drugs or drugs and alcohol combined.....	2 _____
TOTAL ABUSE RISK SCORE	=====

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart:

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
_____ -3 - -1	_____ -2 - 0 _____	Low
_____ 0 - 7	_____ 1 - 6 _____	Moderate
_____ 8+	_____ 7+ _____	High

POLICY OVERRIDES. Circle yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to high.

Yes No 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.

Yes No 2. Non-accidental injury to an infant.

Yes No 3. Serious non-accidental physical injury requiring hospital or medical treatment.

Yes No 4. Parent/Caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, circle yes, circle override risk level, and indicate reason. Risk level may be overridden one level higher.

Yes No 5. If yes, override risk level (circle one): Low Moderate High

Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: /_____/_____

FINAL RISK LEVEL (circle final level assigned): Low Moderate **High**

Colorado Risk Assessment Instructions & Abuse and Neglect Definitions

The Risk Assessment form is composed of two scales: the Neglect Scale and the Abuse Scale. **Only one household can be assessed on a Risk Assessment form.** If two households are involved in the alleged incident(s), separate Risk Assessment forms should be completed for each household.

On items involving "caregiver(s)," **select one or two** parent(s)/substitute(s) based on physical/emotional proximity to child(ren). Do not rate more than two caregivers in a home. If an item relates to all caregivers, and the household has more than one caregiver, **rate the caregiver with the more severe behavior.**

The primary caregiver is the adult living in the household who assumes the most responsibility for childcare. When two adults are present, and the worker is in doubt which one assumes the most child care responsibility, the **adult with legal responsibility for the child(ren)** involved in the incident should be selected as the primary caregiver. For example, when a mother and her boyfriend reside in the same household and appear to equally share caregiver responsibilities for the child(ren), the mother is selected. If this does not resolve the question, the legally responsible adult who was a perpetrator or alleged perpetrator should be selected. For example, when a mother and father reside in the same household and appear to equally share care giving responsibilities for the child(ren), and the mother is the perpetrator or alleged perpetrator, the mother is selected. In circumstances where both parents are in the household, equally sharing care giving responsibilities, and both have been identified as perpetrators or alleged perpetrators, the parent demonstrating the more severe behavior is selected. Only one primary caregiver can be identified.

The secondary caregiver is defined as an adult living in the household who has routine responsibility for childcare, but less responsibility than the primary caregiver. A partner may be a secondary caregiver, even though he or she has minimal responsibility for care of the child(ren).

The Risk Assessment **must be completed within 30 days of case opening** (i.e., at or prior to completion of the CPS investigation).

If the child moves to a different household as a result of the crisis, the Risk Assessment is completed on the household in which the child(ren) will remain. If the child will remain in the new household, the Risk Assessment would be completed on the new household. If the plan is to reunify the child(ren), the Risk Assessment would be **completed on the household from which the child was removed.**

Risk Assessment Definitions

Neglect Scale

N1. Current Allegation is for Neglect

Score "1" if the current allegation is for any type of neglect and "-1" if not. This includes referred allegations as well as allegations made during the course of the investigation. Neglect refers to physical neglect, medical neglect, educational neglect, as well as other forms of neglect.

N2. Prior Neglect Investigations

- a. Score "-1" if there were no investigations of **neglect** (do not include referrals that were not assigned for investigation) prior to the current investigation.
- b. Score "1" if there was one or more investigations (do not include referrals that were not assigned for investigation) of **neglect** allegations prior to the current investigation.
- c. Score "2" if there was one investigation of **neglect** allegation that was substantiated prior to the current investigation.
- d. Score "3" if there were two or more substantiated investigations of **neglect** allegations prior to the current investigation.

Where possible, history from other county or state jurisdictions should be checked. Exclude investigations of out-of-home perpetrators (e.g., daycare), unless one or more caregivers failed to protect.

N3. Household has Previously Received Child Protective Services

Score "1" if household has previously **received** child protective services or is currently **receiving** services as a result of a prior investigation. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services and does not include CPS investigations that did not result in an opened service case. Score "3" if any child has previously been removed from the household.

N4. Number of Children in Household

Score the appropriate amount given the number of children under 18 years of age.

N5. Age of Youngest Child in Household

Score the appropriate amount given the current age of the **youngest child** presently in the household where the maltreatment incident reportedly occurred. If a child is removed as a result of the current investigation, count the child as residing in the home.

N6. Primary Caregiver's Assessment of Incident

Score the appropriate amount according to the primary caregiver's assessment of the severity of the incident and record the sum as the item score.

- a. Score "0" if none of the following is applicable for the caregiver.
- b. Score "2" if the primary caregiver minimizes the possibility of or actual harm to child(ren) (e.g., "The child bruises easily").
- c. Score "2" if the primary caregiver displaces responsibility for the incident or the severity of the incident (e.g., "The neighbors treat their kids worse—do something about them").

N7. Primary Caregiver Provides Physical Care or Supervision Inconsistent with Child's Needs

Score "2" if physical care of child(ren) (age-appropriate feeding, clothing, shelter, hygiene, and medical care) threatens the child(ren)'s well-being or results in harm to child(ren). Also, score "2" if supervision of child(ren), that is, caregiver's oversight of routine child activity, threatens the child(ren)'s well-being or results in harm to child(ren). Examples include:

1. Leaving younger and/or vulnerable child(ren) alone;
2. Leaving any child(ren) younger than mid-adolescence alone overnight;
3. Repeated failure to obtain standard immunizations;
4. Failure to obtain medical care for severe or chronic illness;
5. Repeated failure to provide child(ren) with clothing appropriate to the weather;
6. Persistent rat or roach infestations;
7. Inadequate or inoperative plumbing or heating;
8. Poisonous substance or dangerous objects lying within reach of small child(ren);
9. Child(ren) wearing filthy clothes for extended periods of time; or
10. Child(ren) not being bathed on a regular basis resulting in dirt caked on skin and hair and a strong odor.

N8. Primary Caregiver has Substance Use Problem

Score "1" if the primary caregiver has a current substance use problem that interferes with his/her or the family's functioning. Such interference is evidenced by:

- Substance use that affects or affected:
 - Employment,
 - Criminal involvement,
 - Marital or family relationships, or
 - Ability to provide protection, supervision, and care for the child(ren);
- An arrest in the past two years for driving under the influence or refusing breathalyzer testing;
- Self-report of a problem;
- Recently received or is receiving treatment;

- Multiple positive urine samples;
- Health/medical problems resulting from substance use; or
- Child(ren) was diagnosed with Fetal Alcohol Syndrome or Exposure (FAS or FAE), or child had a positive toxicology screen at birth and primary caregiver was birthing parent.

Legal, non-abusive prescription drug use should not be scored.

N9. Child in Household has Mental Health/Behavioral Problem

Score "1" if any child in the household shows mental health or behavioral problems not related to a physical or developmental disability. Such a problem might be indicated by regular visits to a therapist, attendance in a special classroom for behavioral problems, or prescriptions for psychoactive medication.

N10. Recent or History of Domestic Violence in Household

Score "1" if any caregiver was a victim or perpetrator of domestic violence at any time. Domestic violence includes any physical assault, pattern of verbal harassment/threats, or intimidation. Include only domestic violence between caregivers or between a caregiver and another adult household member. Do not include parent-child or child-child violence.

N11. Caregiver(s) Have History of Homelessness

Score "3" if any caregiver has had multiple periods of homelessness at any time in the past, regardless of the household's housing status at time of investigation.

Abuse Scale

A1. Prior Investigations

Score the appropriate amount given the count of all investigations, substantiated or not, which were assigned for CPS investigation for any type of **allegation** (abuse, neglect, or other) prior to the complaint resulting in the current investigation. Where possible, history from other county or state jurisdictions should be checked. Exclude investigations of out-of-home perpetrators (e.g., daycare), unless one or more caregivers failed to protect.

A2. Household has Previously Received Child Protective Services

Score "2" if household has previously **received** child protective services or is currently **receiving** services as a result of a prior investigation. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services and does not include CPS investigations that did not result in an opened service case.

A3. Primary Caregiver has History of Abuse or Neglect as a Child

Score "2" if credible statements by the primary caregiver or others indicate that the primary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

A4. Primary Caregiver was Placed in Protective Services as a Child

Score "3" if credible statements by the primary caregiver or others indicate that the primary caregiver was placed in protective services as a child.

A5. Caregiver(s) Provides Supervision Inconsistent with Child's Needs

Score "1" if the primary caregiver provides supervision inconsistent with a child's needs; that is, caregiver oversight of routine child activity is **not** appropriate to the child(ren)'s age and development. Inconsistent with child(ren)'s needs means the child(ren)'s well-being was potentially threatened or harm actually resulted. Examples include:

1. Leaving younger and/or vulnerable child(ren) alone; or
2. Leaving any child(ren) younger than mid-adolescence alone overnight.

A6. Caregiver(s) Employs Excessive/Inappropriate Discipline

Score "2" if the caregiver's disciplinary practices caused or threatened harm to child(ren) because they were excessively harsh physically or emotionally and/or inappropriate to the child(ren)'s age or development. Examples include:

1. Locking child(ren) in closet or basement;
2. Holding child(ren)'s hand over fire;
3. Hitting child(ren) with instruments; or
4. Depriving young child(ren) of physical and/or social activity for extended periods.

A7. Caregiver(s) Involved in Disruptive/Volatile Adult Relationships

Score "1" if relationships between caregivers or with other adults in the household have a negative impact on and/or disrupt family functioning. For example, caregiver(s) and/or other adults in the household fail to work together, cooperate, or problem solve, which has a negative effect upon family member relationships (this includes, but is not limited to, domestic violence). If caregiver is not involved in a relationship, the answer is "no."

A8. Characteristics of Children in Household

Score the appropriate amount for each characteristic present and record the sum as the item score.

- a. Score "0" if no child in the household exhibits characteristics listed below.

- b. Score "2" if any child in the household has mental health or behavioral problems not related to a physical or developmental disability (includes ADHD/ADDD). This could be indicated by:
 - a DSM diagnosis;
 - receiving mental health treatment;
 - attendance in a special classroom because of behavioral problems; or
 - currently taking psychoactive medication.
- c. Score "2" if any child in the household has any significant physical handicap or disability. This does not include learning disabilities or ADHD.

A9. Caregiver(s) has History of Mental Health Treatment

Score the appropriate amount regarding whether either or both caregivers have received mental health treatment in the past. Indicate that treatment was received if credible and/or verifiable statements by the caregivers or others indicate that one or both caregivers were recommended for or received outpatient or inpatient treatment for emotional problems at any time.

A10. Secondary Caregiver has a Substance Use Problem

Score the appropriate amount regarding whether the secondary caregiver has a substance use problem that interferes with the his/her or the family's functioning. Such interference is evidenced by:

- Substance use that affects or affected:
 - Employment,
 - Criminal involvement,
 - Marital or family relationships, or
 - Ability to provide protection, supervision, and care for the child(ren);
- An arrest in the past two years for driving under the influence or refusing breathalyzer testing;
- Self-report of a problem;
- Recently received or is receiving treatment;
- Multiple positive urine samples; or
- Health/medical problems resulting from substance use.

Legal, non-abusive prescription drug use should not be scored.

After scoring all items in each scale, the caseworker totals the score for each scale and determines the risk level by checking the appropriate boxes in the risk level section.

Overrides

Policy Overrides

After completing the risk scales, the caseworker should determine if any of the **Policy Overrides** should be applied. This upgrades the risk level to high regardless of the Scored Risk Level. Policy overrides reflect incident seriousness and child vulnerability concerns.

Discretionary Overrides

After completing the risk scales, the caseworker should determine if there are any other **Discretionary Overrides** that should be applied to increase the risk level. This is used when the worker is aware of unique case circumstances, known to the worker, that warrant a higher risk level. **The caseworker must receive supervisory approval for a discretionary override.**

Workers **may** reassess the case whenever she/he determines an adjustment in the risk score is warranted (either up or down). This is done on the Risk Re-assessment Instrument.

Key Concepts of Safety and Risk

Child Vulnerability- Refers to a child's capacity for self-protection. It is the degree to which a child can avoid, negate or modify safety threats or missing or insufficient protective capacities. Encompasses things such as disability, illness, visibility of child to others, ability to communicate, PRAN's access to child, etc.

Contributing Factors- Issues that are part of the cause for the child protection involvement. These are observable environmental conditions and maladaptive/dysfunctional behaviors that present safety threats. Examples are mental health issues, substance abuse, developmental capacity, income, social relationships, etc. (Stanley, Tomison and Pocock, Spring 2003)

Impending Danger- Safety threats are present that are highly likely to cause moderate to severe harm to a child if not immediately controlled.

Maltreatment- An act, failure to act or pattern of behavior on the part of a caregiver that results in death or physical, medical, sexual or emotional harm or presents present or impending threat of harm to a child.

Moderate to Severe Harm- Refers to the consequence of maltreatment at a level consistent with a medium, severe or fatal level of physical abuse, sexual abuse or neglect, as defined in Section 7.202.601.

1. Physical Abuse

- b. "Medium physical abuse" means excessive or inappropriate force used resulting in an injury that may require medical attention;
- c. "Severe physical abuse" means excessive or inappropriate force used resulting in a serious injury that requires medical attention or hospitalization;
- d. "Fatal physical abuse" means excessive or inappropriate force used resulting in a child's death.

2. Neglect

- a. "Minor neglect" means physical or emotional needs of the child are marginally or inconsistently met, but little or no impact on the child's functioning;
- b. "Medium neglect" means the physical or emotional needs of the child are inadequately met resulting in some impairment in the child's functioning;
- c. "Severe neglect" means that the physical or emotional needs of the child are not met resulting in serious injury or illness;
- d. "Fatal neglect" means that the physical or emotional needs of the child are not met resulting in death.

3. Sexual abuse severity is to be determined based upon the type of contact, duration of contact, and the emotional impact upon the child.

Present Danger- A clearly observable behavior or a threat that is actively occurring, is about to occur or is likely to occur in the present time.

Protective Capacities- Individual and family strengths, resources or characteristics that mitigate threats of harm to a child or demonstrate that the child is being adequately protected by his or her caregivers. (Morton and Salovitz, November 2005)

Risk- The probability that any form of child maltreatment may occur or recur in the future. Risk of future maltreatment may be reduced with appropriate services, changes in caregiver's or child's behavior and family and community support.

Safe - A condition where there is no present or impending threat of moderate to severe harm to a vulnerable child from current known family conditions, or the protective capacities in the family are sufficient to control existing dangers of threats or danger and protect the vulnerable child.

Safety Plan- A written plan that establishes protection for the child; is made by the family, safety service providers and the county department; does not rely on the person responsible for abuse or neglect to initiate protective actions in order for the plan to be operationalized.

Safety Time Frame- Safety is assessed within a specific time frame but it is not something that can be measured in precise days. Words that are descriptive of the time frame are immediate, imminent, impending, emerging, foreseeable, and prospective.

Threat of Moderate to Severe Harm- Conditions, behaviors or attitudes that could result in moderate to severe harm.

Underlying Factors- Causes or reasons that lie beneath the surface. In child protective services there are the root causes of safety threats that may not be readily observable but must be addressed to sustain change. These are patterns in individuals that arise from their history and influence behavior. This could be experience, culture, self-concept, beliefs, values, perceptions, etc. (Stanley, Tomison and Pocock, Spring 2003)

Unsafe - A condition where there is a present or impending threat of moderate to severe harm to a vulnerable child from current known family conditions and protective capacities in the family are insufficient to control danger or threats of danger.