

## Safety Reference Sheet

1) **Child Vulnerability** – Assess the vulnerability of each child based on the following factors:

- Age
- Developmental level and mental disabilities
- Physical disability and illness
- Provocative, irritating or non-assertive behaviors
- Powerless and defenseless
- Visibility
- Ability to communicate
- Ability to meet basic needs
- Scapegoat
- Accessibility by perpetrator
- Perpetrator's relationship to the child

2) **Threats of danger** refer to a specific family situation or behavior, emotion, motive, perception or capacity of a family member that is out-of-control, imminent and likely to have severe effects on a vulnerable child.

- **Duration:** length of the threat of danger, how long has it been occurring?
- **Consistency:** the frequency of the threat of danger, how often does the threat occur?
- **Pervasiveness:** the extent of the threat of danger. Does it affect family functioning in a significant way?
- **Influence:** describe anything that stimulates, precipitates or influences the threat of danger. What is the pervasiveness, frequency and duration of this influence?
- **Continuance:** there is no family member who can control or manage the threat sufficiently to ensure safety of the child. The situation will continue without external intervention.

3) **Caretaker's Protective Capacities** - knowledge, ability and/or willingness of individuals in the household responsible for the child's care, to protect a child from the threat of serious harm.

### Cognitive

- 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 accurate perceptions of the child
- understands his/her protective role
- is self-aware as a parent

### Behavioral

- is physically able
- has a history of protecting others
- acts to correct problems or challenges
- demonstrates impulse control
- demonstrates adequate skill to fulfill care giving responsibilities
- possesses adequate energy
- sets aside her/his needs in favor of a child
- is adaptive and assertive
- uses resources necessary to meet the child's basic needs

### Emotional

- is able to meet own emotional needs
- is emotionally able to intervene to protect the child
- realizes the child cannot produce gratification and self-esteem for the parent
- is tolerant as a parent
- has a strong bond with the child
- 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
- knows a parent's first priority is well-being of the child
- expresses love, empathy and sensitivity toward the child
- experiences specific empathy with the child's perspective and feelings

## Safety Definitions

- 1. Child(ren) is in danger because parent/caregiver's behavior is violent or out of control.** Extreme physical or verbal, angry or hostile outbursts at child(ren) or between household members; use or threatened use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding); use of guns, knives, or other instruments in a violent or threatening way; violently shakes or chokes baby or child(ren); behavior that seems out of touch with reality, fanatical, or bizarre; or behavior that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).
- 2. Child(ren) is in danger because parent/caregiver's behavior is violent or out of control.** Extreme physical or verbal, angry or hostile outbursts at child(ren) or between household members; use or threatened use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding); use of guns, knives, or other instruments in a violent or threatening way; violently shakes or chokes baby or child(ren); behavior that seems out of touch with reality, fanatical, or bizarre; or behavior that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).
- 3. Parent/caregiver caused serious physical harm to the child(ren) or has made a plausible threat to cause serious physical harm.** Intentionally or by other than accidental means caused serious abuse or injury (e.g., fractures, poisoning, suffocating, shooting, burns, significant bruises or welts, bite marks, choke marks, etc.); an action, inaction, or threat that would result in serious harm (e.g., kill, starve, lock out of home, etc.); plans to retaliate against child(ren) for agency involvement; use of torture or physical force that bears no resemblance to reasonable discipline, or punished child(ren) beyond the duration of the child(ren)'s endurance; or one or both parent/caregiver fear they will maltreat child(ren) and request placement.
- 4. The parent/caregiver's explanation of an injury to a child(ren) is inconsistent with the nature of the injury and/or there are significant discrepancies between explanations given by parent/caregiver, other household members, or collateral contacts.** Parent/caregiver's explanation for the observed injuries is inconsistent with the type of injury; parent/caregiver's description of the causes of the injury minimizes the extent of harm to the child(ren); or medical evaluation indicates injury is a result of abuse and parent denies or attributes injury to accidental causes.
- 5. Parent/caregiver is currently refusing access to child(ren) or has refused access to children on prior interventions.** Parent/caregiver has previously fled or made threats to flee in response to a present or past intervention; parent/caregiver has history of keeping child(ren) at home, away from peers, school, other outsiders for extended periods; parent/caregiver refuses to cooperate or is evasive; or child(ren)'s whereabouts are unknown.
- 6. Parent/caregiver has not, will not, or is unable to provide supervision necessary to protect child(ren) from potentially serious harm. Lack of supervision is due to: 1) Alcohol and other drug use, 2) physical, mental health or cognitive incapacity, 3) hospitalization, 4) domestic violence, 5) incarceration or 6) other.** Parent/caregiver does not attend to child(ren) to the extent that the need for supervision is unmet (e.g., although parent/caregiver or household member is present, child(ren) can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards); parent/caregiver leaves child(ren) alone (time period varies with age and developmental stage); parent/caregiver makes inadequate and/or inappropriate baby-sitting or child(ren) care arrangements or demonstrates very poor planning for child(ren)'s care; parent/caregiver's whereabouts are unknown; Criminal behavior occurring in the presence of the child(ren) or the child(ren) is forced to commit a crime(s) or engage in criminal behavior; or parent/caregiver has not, will not, or is unable to protect child(ren) from violence against other family members.
- 7. Parent/caregiver is unwilling or unable to meet the child(ren)'s imminent needs for food, clothing, shelter, and/or medical or mental health care. The child(ren)'s basic needs are unmet by the parent/caregiver due to: 1) Alcohol and other drug use, 2) physical, mental health or cognitive incapacity, 3) hospitalization, 4) domestic violence, 5) incarceration or 6) other.** No food provided or available to child(ren), or child(ren) starved or deprived of food or drink for prolonged periods; Child(ren) without minimally warm clothing in cold months; No housing or emergency shelter; child(ren) must or is forced to sleep in the street, car, etc.; parent/caregiver does not seek treatment for child(ren)'s imminent and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s); child(ren) appears malnourished; child(ren) has physical or behavioral needs which parent/caregiver cannot or will not meet; child(ren) is suicidal and/or violent to self or others and the parent/caregiver will not or is unable to take protective action; child(ren) displays serious emotional symptoms, serious physical symptoms, and/or a lack of behavior control which is believed to be a result of the child(ren)'s maltreatment.; or parent/caregiver has removed child(ren) from a hospital against medical advice;

8. **Child(ren) is fearful of parent/caregiver, other family members, or other people living in or having access to the home.** Child(ren) cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes fear; child(ren) exhibits severe emotional, physical or behavioral symptoms (e.g., nightmares, insomnia) related to situation(s) associated with a person(s) in the home; child(ren) has fears of retribution or retaliation from parent/caregiver or household members.
9. **The child(ren)'s physical living conditions are hazardous and immediately threatening.** Based on child(ren)'s age and developmental status, the child(ren)'s physical living conditions are hazardous and immediately dangerous.
10. **Child(ren) sexual abuse is suspected and circumstances suggest that child(ren) safety may be an imminent concern.** Access by possible or confirmed offender to child(ren) continues to exist; circumstances suggest that parent/caregiver or household member has committed rape or has had other sexual contact with child(ren); circumstances suggest parent/caregiver or household member has forced or encouraged child(ren) to engage in sexual performances or activities; or non-offending parent/caregiver is unable/unwilling to protect the child(ren).
11. **The parent/caregiver's maltreatment history is significant to the current circumstances, and suggest that the child(ren)'s safety is an immediate concern.** (*Note: Prior incidents, in and of themselves, do not constitute a current safety factor.*)
- Prior death of a child(ren) as a result of maltreatment.
  - Prior serious harm to child(ren)- previous maltreatment by parent/caregiver that was serious enough to cause severe injury (e.g., fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, and/or physical findings consistent with sexual abuse based on medical exam).
  - Termination of parental rights- parent/caregiver(s) had parental rights terminated as a result of a prior CD investigation.
  - Prior removal of child(ren)- removal/placement of child(ren) by CD or other responsible agency or concerned party was necessary for the safety of the child(ren).
  - Prior CD investigation with a preponderance of the evidence finding. Prior CD investigation with an unsubstantiated finding- factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations. Prior threat of serious harm to child(ren)- previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against child(ren) for previous incidents' prior domestic violence which resulted in serious harm or threatened harm to a child(ren).

#### **Safety Interventions (Actions or Formal/Informal Supports)**

- **Immediately available** – can be deployed right now and in sufficient quantity.
- **Action oriented** – services that are active and focused with respect to safety factors, not change or treatment related.
- **Flexible access** – services that are located in acceptable proximity and can be called upon for immediate response.
- **Immediate impact** – services that do what they are supposed to do as they are delivered and achieve the objective...keep children safe.
- **No promissory commitments** – Should never rely on parental promises to stop the threatening behavior. Since a criterion for a threat of danger is something out-of-control, it is useless to rely on an out-of-control parent to be in control. **Safety interventions should rather provide an alternative action or a third party protective source to assist in controlling the threat of danger.**
- **Utilize least intrusive safety interventions** that will control the threat of danger.

#### **Plan for Monitoring the Safety Plan will include:**

- Who will be used in the monitoring plan?
- If the worker uses another source to monitor the plan, how, and how often will it be communicated to the worker?
- Date/Time of initial follow up?  
Initial follow up should be based on the nature of the identified threat of danger and interventions implementations.
  - Protective actions are short term interventions that must be effective immediately until more information can be gathered and safety interventions can be developed. Initial follow up should be within a day or two.
  - All initial follow ups shall be made at least within 10 days of the assessment.
- Frequency of monitoring action?
  - Frequency should be made according to the situation; no active safety plan should go longer than ten days between monitoring action.
- Monitoring Action – Direct contact with the caregiver, protective resource or child by the worker or a collateral. If the worker is not the monitoring the plan directly, the worker should be updated by the collateral according to the specified plan.