SAFETY ASSESSMENT

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I. PURPOSE

The primary role of the Department's Family Services program is protecting children. In order to accomplish this role, the Department's social work practice method is to assess whether children are safe and to intervene when they are not safe. Carrying out this primary function includes making accurate determinations regarding the safety of children, implementing prompt and sound intervention strategies and documenting the planning that has been decided upon to protect children.

Safety assessment begins at the intake process as a "preliminary" assessment that is used to determine the appropriate response time for initial child contact. It is based on information received from:

- the reporter;
- other individuals who were contacted to provide or clarify the reporter's information; and
- reviewing existing agency records.

Safety must be assessed throughout the Department's involvement with the family. During the CA/N assessment key points that safety must be assessed include, but are not limited to:

- initial contact with the children in the home;
- any time the assessment information suggests the children's safety may be in jeopardy; and
- the conclusion of the CA/N assessment process.

A. Determining Safety of Children

Safety assessment involves identifying and evaluating safety threats, and assessing parents' or primary caregivers' protective capacities. Children are considered **safe** when there are no present or impending danger threats or the parental/caregiver protective capacities control existing threats. Children are **unsafe** when they are vulnerable to present or impending danger threats, and parents/caregivers are unable or unwilling to provide protection. Child welfare staff shall be alert to safety threats and implement safety plans as needed at any time during the assessment.

1. Safety Threats

Present Danger Threats are easily observable, of imminent concern, and require immediate action to assure child safety (e.g., 3 year old found playing in the street while the parent is inside the home asleep).

Impending danger threats are less obvious and more challenging to identify, particularly during initial contact. First contact with families will not always reveal impending danger threats. Child welfare staff shall collect as much information as necessary during contacts to determine if safety threats exist. Refer to Section IV of this policy for detailed information of present and impending danger threats.

In assessing child safety, there is a continuum of risk of maltreatment and a certain point at which the threats become so great, the family situation is unsafe for the child. This point in a family situation is defined as the safety threshold. In order for a present or impending threat to meet the safety threshold, causing a child to be unsafe, each of the following items must exist.

- Severity – The threat is consistent with harm that can result in significant pain, serious injury, disablement, grave or debilitating physical health or physical conditions, acute or grievous suffering, terror, impairment, or death.
- Vulnerability – Child's dependence upon others for protection is based on an assessment of a child's age, as well as his or her physical and mental health.
- Out-of-Control - Family conditions are such that nothing within the family can manage the behavior, emotion, or situation causing the safety threat.
- Specific Time Frame – A belief that threats to child safety are present or likely to become active soon; a certainty about occurrence within the immediate to near future that could have severe effects on a child.
- Observable and Specific – Facts obtained indicate that the danger to the child is real.

2. Assessing Parental/Caregiver Protective Capacities

Protective capacities are personal qualities or characteristics of a parent or primary caregiver that contribute to their ability to provide protection for their child(ren). These can or do promote child safety. Protective capacities include, but are not limited to, parenting/caregiving knowledge and skills; attachment to the children; awareness of and ability to interpret and meet children's needs; and a willingness and ability to act protectively when the children experience safety threats. In determining protective capacities of parents/primary caregivers, the assessment of the parents'/primary caregivers' personal qualities of trustworthiness, reliability, commitment, and (emotional/physical) availability to the child(ren) must also be completed.

Child welfare staff shall assess protective capacities during the assessment process. Refer to Section V of this Safety Assessment policy for detailed information on assessing protective parental/caregiver capacities.

II. SAFETY INTERVENTION DECISION

Once child welfare staff identify present or impending danger threats, and assess parental/caregiver protective capacities, a decision of whether the children are safe must be made. Child welfare staff shall also identify if there is a need to obtain additional evaluations (e.g., substance use, mental health) in order to better assess the safety threat. Upon

completion of the CA/N and the determination made that there are no present or impending danger threats, and the children are considered safe, the CA/N assessment may be closed.

When present or impending danger threats are identified, child welfare staff shall implement and monitor a safety plan to control the threats. A safety plan is separate from the ISP and completed on the DHR-FCS-2110. Refer to *Child Protective Services Policies And Procedures, Forms And Instructions* for the DHR-FCS-2110. **The purpose of a safety plan is to ensure child safety. This may be done through an In-Home safety plan or Out-of-Home safety plan.** Treatment services are addressed in the ISP and shall be provided to enhance diminished parental/caregiver protective capacities that contribute to the threat(s).

A. Developing Safety Plans

Safety plans shall use the least intrusive alternative for protecting the child. Safety plans are developed to protect children from safety threats when parents'/primary caregivers' protective capacities are insufficient to assure that the children are safe. A safety plan is well thought out and uses the most suitable people, taking necessary action, at a frequency sufficient to control safety threats and/or substituting for diminished caregiver protective capacities. Crucial to successful intervention is the determination of what is needed to counter the identified threats. Services may be provided to protect the children from threats of serious harm while parental/caregiver capacities are increased.

Safety plans are based on identifiable safety threat(s) and diminished parental/primary caregiver protective capacities, which place the child at present or impending danger. **Safety plans shall only be used when present or impending danger threats are identified and documented**. Based on facts gathered, child welfare staff must determine that implementation of a safety plan is needed. Safety plans are completed and documented on the DHR-FCS-2110. The DHR-FCS-2110A, Persons Responsible For Protecting Children, must be used with "in-home" and "out-of-home" (non-foster care) safety plans. Refer to *Child Protective Services Policies And Procedures, Forms And Instructions* for the DHR-FCS-2110 and 2110A.

Prior to implementing any safety plan, child welfare staff must discuss with parents/primary caregivers and persons responsible for protection the following:

- all safety threats and diminished protective capacities;
- activities required from and agreed upon by each person responsible to control safety threats, frequency of activities, and who will be responsible for monitoring each activity in the safety plan;
- behaviors and conditions that must change so that a safety plan is no longer needed;
- an explanation that safety plans are with the **agreement** of the family to control safety threats on a short term basis and does not change the legal custody of the child; and

- an explanation that DHR is ultimately responsible for ensuring child safety, and at any time a child is determined to be unsafe, other action may be required including court intervention.

B. Assessing Persons Responsible For Protecting Children

When developing "in-home" or "out-of-home (non-foster care)" safety plans, persons responsible for protecting the children can be either a professional or non-professional (e.g., family members, relatives, neighbors), and must be cleared through the Central Registry when evaluating protective capacities. If access to the Central Registry is not immediately available (e.g., when the computer system is inoperable; when safety plans are implemented after regular working hours), the safety plan should be implemented based on other assessment information and clearance conducted as soon as the computer system is operable. If children are involved in an "out-of-home non-foster care" safety plan, a home visit to further evaluate the children's living situation is needed.

The following characteristics of responsible persons must be assessed prior to the safety plan's approval and implementation, and information obtained during this process is documented on the DHR-FCS-2110A.

- The person's physical, mental and emotional capacity to protect and their ability and willingness to make decisions favoring child safety when those decisions may or do conflict with the opinions, needs, or preferences of the person responsible for abuse/neglect;
- The person's ability and willingness to cooperate with DHR;
- The nature and duration of the person's relationship to the child (e.g., how they know each other, how long they've known each other, how much time they've spent together; how comfortable the child is in the caregiver's presence);
- Formal and informal supports (e.g., physical, emotional, financial) which enable the caregiver's ability to protect.

C. Types of Safety Plans

There are three (3) types of safety plans (i.e., in-home; out-of-home non-foster care, and out-of-home foster care) which are based on children's living arrangement. **Regardless of the type of safety plan, DHR maintains ultimate responsibility for approving a safety plan's use, implementation, monitoring, modification and ultimate decision that the plan is no longer necessary.** DHR supervisory approval for the use of all safety plans is required.

1. **In-Home** - Safety plans are designed to provide protection for children living in their own homes. Services are designed to control safety threats by substituting for diminished parental/caregiver protective capacities. All agency services may be used in support of a safety plan

including, but not limited to food stamps, childcare, healthcare, family preservation services, crisis stabilization and in-home behavioral supports. Informal supports, such as non-custodial parents, relatives, neighbors and friends are important to consider as resources in developing an in-home safety plan. Also, the parent/primary caregiver responsible for the safety threat may voluntarily leave the home while the safety threats are addressed, allowing the child to remain in the home with a protective caregiver. The assistance of the court in ordering court ordered protective supervision can also be used in the development/implementation of an in-home safety plan. The identified safety threat(s) is to be documented. The safety plan is to be modified as needed and terminated when no longer needed to ensure the safety of the child.

2. **Out-of-Home (Non-Foster Care)** – Safety plans are designed to provide protection for children by arranging for them to live temporarily outside of their own home. This type plan is developed by agreement between the child welfare staff, the parent/primary caregiver, and person responsible for providing protection. Non-foster care out-of-home safety plans are developed during investigation of a CA/N assessment or as part of an open on-going service case to control identified safety threats on a short term basis. This is not to be considered the final living arrangement for a child, and does not change legal custody.

   Parents, legal custodians or primary caregivers can arrange in consultation with child welfare staff for their children to temporarily stay with others without the home being approved as a foster family home. The age appropriate child's willingness to stay with the person responsible for protection and the physical safety (e.g., physical hazards, drugs, persons who pose a danger to the child) of the person's home must be assessed.

   Child welfare staff shall assess the appropriateness of person(s) responsible for protection by completing the information required on the DHR-FCS-2110A, Persons Responsible For Protecting The Child(ren). A home visit must be made as part of the safety plan approval process. If the plan must be implemented in emergency or after-hours situations, the home visit shall be conducted no later than the next calendar day, unless a supervisor makes the determination, based on the individual case, that a home visit can be delayed until the next working day. Child welfare staff must continuously assess and monitor non-foster care out-of-home safety plans for effectiveness in providing safety as long as the safety plan is in place by frequent in-person contacts, phone contacts, and home visits.

a. Involving the Court in Out-of-Home (Non-Foster Care) Safety Plans

The maximum timeframe that an Out-of-Home (Non-Foster Care) safety plan can be in place without court involvement is forty-five days. Court involvement is considered to have occurred when the county department either files a dependency petition or initiates contact with legal counsel which results in the filing of a petition. Court involvement does not preclude the Department from establishing reunification as a goal and working toward this goal.

The 45-day timeframe for safety plans should only be used in cases where there is significant and steady progress and cooperation on the part of the parents/caregivers, which realistically will lead to the safe return of the child(ren) to their home. If this is not occurring, earlier court involvement may be necessary.

Cases in which the forty-five (45) day timeframe may not be appropriate and earlier court intervention is appropriate includes, but is not limited to, the situations identified below:

- parents'/primary caregivers addiction or drug related condition is such that it appears they will be unable to provide care and supervision for a significant length of time or local court protocol requires DHR file a petition when cases of this type comes to their attention;
- at the point parents'/primary caregivers' refuse to cooperate with the activities/services clearly identified in the safety plan;
- at any time it is determined that the parents'/primary caregivers protective capacities are diminished to the level that a return home is not likely to occur within forty-five (45) days (e.g., a psychiatric evaluation reveals a serious mental illness and the parent/primary caregiver is unwilling to take medication to manage the condition);
- person(s) responsible for protection fails to follow the safety plan or is determined to be untrustworthy; or

At any time deemed necessary, child welfare staff may involve the court in carrying out an out-of-home (non-foster care) safety plan. The Department may assist the relative or other suitable person who is responsible for providing protection in obtaining court sanctioned physical custody, legal custody, or petition for legal custody to be

given to the Department. See (b) and (c) below for additional information/details on assisting relatives to obtain custody.

It is recognized that the following information in (b) and (c) is not inclusive since each jurisdiction in the state may implement dependency and custody proceedings differently. Therefore, county departments must have a procedure developed with their respective court that will be used when safety plans need to be in place longer than forty-five (45) days. The assistance of the DHR attorney may be needed in determining these general procedures and case specific procedures.

b. Department Files Dependency Petition Requesting That Legal Custody Remain With Parent and That Relative or Other Suitable Person Has Physical Custody

There will be case situations in which child welfare staff determines that children will likely be returning to the parent's home in the near future (e.g. a week, less than thirty (30) days) but not before the first forty-five (45) days of the safety plan expires. In these situations, the ISP team will have made a determination that it is in the best interest of the child(ren) for the parent(s) to retain custody while the child(ren) remain in the out-of-home (non-foster care) safety plan arrangement for a short time longer. Instead of petitioning for a transfer of custody, the Department may file a dependency petition and provide a home evaluation on the relative or other suitable person. In these case situations, the dependency petition will request that the court sanction the physical placement of the child with the relative or other suitable person and provide court oversight and court supervision of the safety plan. The court may agree to allow custody to remain with the parents while the out-of-home (non-foster care) safety plan is in effect and being monitored. As soon as children can safely return home the court must be notified and approve of the child's return.

c. Assisting Relatives or Other Suitable Person Responsible for Providing Protective Supervision To Obtain Legal Custody

<u>The transfer of temporary custody to the relative/other suitable person providing protection through an out-of-home non-foster care safety plan does not automatically constitute permanency</u>. If the ISP team determines that return home is an appropriate goal, the county department should continue to work with the parents/primary caregivers with a goal of returning the child(ren) home. When this is the case, the safety plan remains in effect and is updated as needed on the DHR-FCS-2110. Child welfare staff shall continue to provide services to the parent/primary caregiver to enhance protective capacities so that the child can safely return home. Child welfare staff shall also work with the family where the child resides to support the child's current living arrangement. As soon as children can safely

return home the court must be notified and approve of the child's return.

If parents/primary caregivers refuse to accept services or fail to adhere to terms and conditions of the safety plan/court order (e.g., uncooperative, fail to come to planned visitation, etc.) the ISP team should consider if the case should be closed. In these cases at the initial hearing or subsequent hearings the county may request that the case be closed, as permanency with the relative/other suitable person is considered by the ISP team to be in the child's best interest. The county will need to substantiate that the person responsible for protection has sufficient protective capacities and the ability to provide safe and adequate care for the child(ren). Court orders transferring custody to relatives should address visitation (supervised or unsupervised) with the parents/primary caregivers from whom the custody was removed.

Cases should always be individually assessed prior to requesting a case be closed.

There can be different circumstances arise in planning for relatives to receive custody of children. Following is a discussion of situations that staff may encounter in working with relatives to obtain custody.

(1) Relative/Other Suitable Person Petitions Court for Custody

Some juvenile court jurisdictions accept dependency/custody petitions directly from relatives or other suitable persons. In these jurisdictions, the ISP team determines that the child(ren) can not safely return to the parent's home within the forty-five day period of the safety plan, and the relative/other suitable person is able and willing to file the dependency petition, DHR may assist the relative/other suitable person by providing a home evaluation to the court and testifying about the appropriateness of the relative/other suitable person receiving temporary custody. Actual court testimony may not be necessary if all parties involved in the proceedings agree that information contained in the petition is correct.

Based on an Attorney General's opinion, when relatives file for custody, they should not have to prepay filing fees. Relatives who have been determined indigent by the court should not have to pay fees at the end of a case. If being determined indigent interferes with the relative receiving custody, and the court does not waive the pre-filing fee, county departments may explore ways to assist the relatives (e.g. community donations, assistance with other household expenses such as

utility bills, etc.). The county department cannot use flex funds to pay attorney fees for relatives or other suitable persons.

(2) Relative/Other Suitable Person Unable to Afford Attorney

In jurisdictions unwilling to accept petitions from relatives or other suitable persons unable to afford an attorney, the department may assist a relative or other suitable person to obtain custody, through the following strategy. DHR files a dependency petition (Code of Alabama 1975 § 12-15-52, § 12-15-71) requesting adjudication of dependency but not a disposition of legal custody to DHR or anyone else. DHR works with the court to have the court approve a form, "Motion to Intervene for Custody," to be completed, signed and filed by relative or other suitable person. The judge will instruct the Intake Officer to accept the approved form from the relatives/other suitable person without a lawyer. Child welfare staff will need to discuss and share this strategy with their attorney.

The DHR attorney presents evidence in court that establishes dependency and provides a home evaluation on the relative/other suitable person to the court. Child welfare staff may be called to testify about the home evaluation. It will be important that the home evaluation describes how the best interest of the child will be served in the relative's/other suitable person home, how this is the least restrictive placement, and includes a recommendation that the relative/other suitable person be awarded temporary legal custody. The relative/other suitable person can be called to testify about their desire for custody.

(3) Department Petitions with Relative/Other Suitable Person Receiving Custody

There are some jurisdictions that will allow the Department to file a dependency petition and make a recommendation to the court that the relative or other suitable person currently providing protection be awarded temporary custody. In these jurisdictions, if the ISP team has determined that a transfer of custody to the relative is the most appropriate plan, testimony from child welfare staff regarding the home evaluation may be needed to establish that the relative's home/other suitable person is the most appropriate placement.

3. **Out-of-Home (Foster Care)** – Foster care is a safety intervention that allows the Department, pursuant to a court order, to provide protection for children in licensed/approved placements. It is to be used when the

assessment reveals that there are present/impending danger threats that cannot be controlled in the child's current living situation and the circumstances are so grave or uncertain that the only way to ensure safety is by removal of the child and placement in foster care. Child welfare staff shall file a petition in court for removal.

Placement in out-of-home care is a safety intervention. At the 72-hour initial ISP, safety is addressed. Safety concerns during family visitation/contacts are incorporated in the ISP per *Visiting Policy*. If visiting places a child's safety at risk, any restrictions or the extent of visits are addressed in the ISP. In cases that a less invasive safety plan has been in place but is no longer maintaining the child's safety, that safety plan is terminated and out-of-home foster care placement is indicated as the reason on the DHR-FCS-2110.

Reunification is based on the parent's/caregiver's capacity to maintain the child's safety and not on parent/caregiver achieving every treatment goal identified in the ISP. Children should return home as quickly as it is determined that safety threats can be controlled in the child's home. All impending danger threats may not be eradicated nor caregivers may not have necessarily changed in order for children to be safely reunified with their families. What is necessary for the safe reunification is the establishment of well-defined circumstances within a child's home that mitigate against threats to child safety. The ISP team will continue to address the family's needs through the provision of on-going services while maintaining the child safely in his/her own home.

D. Summary Removal / Protective Custody

Child welfare staff may need to use a summary removal when out-of-home (foster care) safety plans are needed to keep children safe. "Summary removal" is the process where children are taken into protective custody to protect them from imminent risk of serious harm. Summary removal refers to:

- law enforcement or DHR removing children from parental care or custody without a court order; or
- the court issuing a pick-up order for the children regardless of the parents'/custodians' consent.

Protective custody is effective for only seventy-two (72) hours (including Saturdays, Sundays, and holidays) immediately following the summary removal or issuance of the pick-up order. A preliminary protective hearing (aka shelter care hearing) must be held within the 72 hour timeframe to determine if continued out-of-home care is needed. In addition, child welfare staff may return children to their home during the 72 hours when imminent risk of serious harm no longer exists.

Child welfare staff shall take children into protective custody when:

- children are at imminent risk of serious harm; **and**
- the parents or primary caregivers are unwilling or unable to provide protection; **and**
- it is not possible to protect the children from imminent, serious harm through (1) the provision of services, including intensive in-home services; or (2) use of an out-of-home (non-foster care) safety plan; or (3) use of an Agreement For Foster Care.

Note: Code of Alabama, 1975 § 12-15-71 (a) (6) provides that children cannot be removed from their parents' custody solely because of emergency housing needs. Poverty, not neglect, may be evident when families use resources available to them, but are unable to meet their children's basic needs. Since poverty can result in children not receiving proper care, child welfare staff shall take steps to help families access needed services prior to seeking court intervention.

The county's working agreements with law enforcement and the court will determine when LEAs take children into protective custody or when pick-up orders must be obtained prior to removal. When children are placed in out-of-home care by either DHR or law enforcement without a pick-up order, child welfare staff must notify the court and file a dependency petition the next working day (refer to Legal Proceedings for more detailed information). Child welfare staff shall carefully document the children's situation including the circumstances that placed them at imminent risk of serious harm and why the risk could not be managed except by removal.

E. Monitoring and Transfer of Cases with Safety Plans

Child welfare staff shall continuously assess and monitor the effectiveness of the safety plan for as long as it is in effect. To ensure that a safety plan is effective in protecting children, it is critical that it be monitored by frequent in-person contacts, phone contacts, and home visits. Regardless of when a safety plan is implemented if it is to remain in place past the CA/N completion time frame, the case must be opened to on-going protective services.

There must be a seamless transfer of cases with safety plans to assure that present and impending safety threats continue to be managed. In most counties, cases with safety plans in place will be transferred from investigative workers to on-going protective services workers or foster care workers and this may occur within the first forty five (45) days while the CA/N report is being completed. Children are most vulnerable at the time that a case having a safety plan in place is transferred. On-going protective service workers and foster care workers must understand that it is their responsibility to monitor very closely the safety plan in order to assure the safety of children. It is during the transfer period that a family can be most vulnerable, placing a child(ren) in danger. Therefore, close and continuous monitoring is necessary to ensure safety during the transfer period. County Departments shall establish local procedures for the speedy and full communication and transfer between units of cases with safety

threats and safety plans. Refer to *Family Services Case Record Policies And Procedures*, II. D. Transferring Case Records Within A County Department which provides guidelines for transferring cases. **Cases are not to be closed with a safety plan in effect.**

III. CONTENT AND DOCUMENTATION OF SAFETY PLANS

A. Content of Safety Plan Document

Safety plans shall identify the actions to be taken to manage safety threats. The plan must be written so that everyone involved understands and agrees to the plan. Safety plans, when completed in the field, shall be documented on the Safety Plan, DHR-FCS-2110, (see Forms section) with follow-up documentation in FACTS.

The following, at a minimum, shall be specifically addressed in the safety plan.

- steps to be taken to protect the children from safety threats;
- steps for monitoring the plan's implementation including timeframes for child welfare staff visits to the home to assess the children's on-going protection needs; and
- individuals responsible for taking identified steps.

All the individuals responsible for development and implementation shall sign safety plans, in order to verify their concurrence with and approval of the plan. This includes, at a minimum, the following individuals:

- Parents (unless they are not the primary caregiver and do not live in the home);
- Primary caregivers;
- Age-appropriate children;
- Persons responsible for protection; and
- Child welfare staff and their supervisors who approve the plan.

When children and families will be receiving on-going protective services and the initial ISP is developed or the existing ISP is revised, the safety plan (DHR-FCS-2110) will continue to address any safety threats; and the ISP will address the treatment needs of the parent/primary caregivers to increase their protective capacities. Hence, the ISP and the safety plan (DHR-FCS-2110) are two separate documents in on-going protective services cases.

B. Case Record Documentation

During a CA/N assessment child welfare staff must continuously assess and monitor the effectiveness of the safety plan. Any identified safety threat is to be documented on the safety plan form (DHR-FCS-2110) and in FACTS on the "Safety Threat" page.

Safety planning is the responsibility of the Department and as such the case narrative documentation will describe the following:

- how the safety plan is working to keep the child(ren) safe;
- any need for an increase or decrease in the level of intervention identified in the safety plan;
- current level of the identified safety threats, including whether threat is increased, decreased or is unchanged;
- assessment of person responsible for protection (e.g., how are they doing, do they understand the safety plan, are they following the plan);
- any improvement in parental protective capacities.

Child welfare staff must document in the case narrative their analysis of and conclusions regarding a child's current safety.

IV. DANGER THREATS – PRESENT AND IMPENDING

This section provides information to assist child welfare staff in assessing present and impending danger threats. The ability of child welfare staff to identify present or impending danger threats is a crucial aspect of the safety intervention process. Present danger threats are conditions and circumstances that are occurring now and result in an immediate, significant, and clearly observable safety threat to a vulnerable child. Impending danger threats may not be clearly observable early in the assessment process, but become apparent as the assessment process proceeds and more complete information is obtained.

Present and Impending danger threats are discussed below (see A & B). The list includes, but is not limited to, the following and is provided to help child welfare staff familiarize themselves with the concept of present and impending danger threats.

A. Present Danger Threats

Maltreating Now — The parents'/primary caregivers' mistreatment of the child is occurring as the report is being made. The maltreatment will typically be physical, verbal, or sexual in nature. Chronic neglect may be presently occurring, but does not necessarily mean danger exists.

Multiple Injuries — This describes different kinds of injuries (e. g. a serious burn and bruising) located on different parts of the body (e.g., bruises to the arms and lower legs).

Face/Head — This includes bruises, cuts, abrasions, swelling or any physical manifestation to the face and head that allegedly occurred due to the parents'/primary caregivers' treatment of the child. Unexplained or questionable injuries to the face and head are of concern anytime they occur.

Serious Injury — This typically includes broken bones, deep cuts, burns, malnutrition etc. Failure to thrive can be included in this.

Premeditated — Information must support that the allegations resulted from the parents'/primary caregivers' deliberate, preconceived plan or thinking which preceded the maltreatment.

Several Victims — There is more than one child who is currently being maltreated. Several children in a chronic neglect situation but not at danger would not be considered in this threat.

History of Reports	This threat requires no qualification about the nature of the previous reports (i.e., whether they were minor or serious). Concern is assumed and accepted when a family has a history of reports. This present danger threat should always be considered in relation to other threats when determining response time or considering emergency custody matters.
Life Threatening Living Arrangements	This is based on specific information that indicated a child's living situation is an immediate threat to the child's safety. It includes the most serious health circumstances (e. g., buildings capable of falling in; exposure to the elements in bitter weather; fire hazards; exposed electrical wiring; guns/knives available.
Bizarre Cruelty	This qualifies the alleged maltreatment and usually requires an interpretation. Examples include locking up children, torture, exaggerated emotional abuse.
Accessible to Maltreater	This threat must be considered along with other present danger threats when determining response time or emergency safety needs (e.g., only caregiver; significant amounts of care-giving time; isolation from other). The threat can be used to indicate current accessibility as well as anticipated accessibility in the near future (e.g., when the child returns home from school).
Parents'/Primary Caregivers' Viewpoint of Child is Bizarre	This is the extreme, not just a negative attitude. It is consistent with the level of seeing the child as demon-possessed.
Child is Unsupervised or Alone for Extended Periods	To be considered present danger, it is more likely to involve a younger child, even though an older child could be involved. The time of day and length of time the child has been unsupervised is important. This threat applies only when the child is without any care, not when someone is caring for the child and complaining that the parent is supposed to be there but isn't at the current time. The "present time" concept applies to this threat. It is not a present danger threat if the child was unsupervised last night and has someone providing care now.
Child is 0 - 6	Like some other threats, young age must be considered in context with other present danger threats (e.g., child left alone).
Child Unable to Protect Self	This threat must be considered in the context with other present danger threats. It includes children who are older and possess some incapacity.

Child is Fearful or Anxious	Unlike a generalized fear or anxiety, this threat describes children who are openly afraid of (1) their present circumstances or (2) their home situation or (3) a particular person because of a personal threat. Information will likely describe actual communication or emotional/physical manifestations based on the children's knowledge or perception of their situation.
Child Needs Medical Attention	To be considered a present danger threat, the required medical care must have an emergent quality and be significant enough that its absence could seriously affect the child's health and well-being. Children who are not receiving routine medical care are not considered as a present danger situation.
Parents/Primary Caregivers Are Unable to Perform Parental Responsibilities	This threat refers only to those parental duties and responsibilities that are consistent with basic care or with assuring safety. The threat considers whether parents'/caregivers' inability to perform basic parental duties leaves children in a threatened state.
Bizarre Behaviors	This threat requires that the reporter's information be interpreted beyond what is actually said, and includes unpredictable, incoherent weird outrageous, or totally inappropriate behaviors.
Parents/Primary Caregivers Described as Dangerous	Information would be considered a present danger when parents/primary caregivers are described as physically or verbally imposing and threatening; brandishing weapons; known to be dangerous and aggressive or currently behaving in attacking or aggressive ways. Parents/primary caregivers described as dangerous may be behaving in bizarre ways; however, a more specific and threatening behavior is captured in this threat.
Parent/Primary Caregiver is Out of Control	This threat may include aspects of the two preceding threats, but allows for capturing emotional upset or depressed people who cannot focus themselves or manage their behaviors in a way to properly perform their parental responsibilities. The parent's/primary caregivers' actions or lack of actions may not be directed at the children, but may affect them in dangerous ways.
Parent/Primary Caregiver is Intoxicated	Applying the "present time" context, this threat refers to a parent/primary caregiver who is drunk now or is consistently drunk all the time. The parents'/primary caregivers' condition (i.e., drunk as compared to drinking) is more important than the substance use.

B. Impending Danger Threats

No adult in the home will perform basic parental duties and responsibilities

This refers only to adults (not children) in a care-giving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are to be considered at a basic level. This threat is observed in the following ways.

- Parent's/primary caregiver's physical or mental disability or incapacitation renders the person unable to provide basic care for the children.
- Parent/primary caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.
- Parents/primary caregivers have abandoned the children.
- Parents arranged care by an adult, but parents / primary caregivers' whereabouts are unknown or they have not returned according to plan, and caregiver is asking for relief.
- A substance abuse problem renders parent/primary caregivers incapable of routinely/consistently attending to children' basic needs.
- Parent primary caregiver is or will be incarcerated leaving children without a responsible adult to provide care.
- Parent/primary caregiver does not respond to or ignores child's basic needs.
- Parent/primary caregiver allows child to wander in and out of the home or through the neighborhood without necessary supervision.
- Parent/primary caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child and he parent/primary caregiver is present or approves.

One or both parents are violent

This threat includes aggressive behaviors or emotions. Observable behaviors include:

- Family violence involves physical and verbal assault on a parent in the presence of a child, causing the child to be fearful for self and/or others.
- Family violence is occurring and a child is assaulted.
- Family violence is occurring and a child may be attempting to intervene.
- Family violence is occurring and a child could be inadvertently harmed even though the child may not be the actual target of the violence.
- Parent/primary 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).

One or both parents / primary caregivers cannot control behavior

This threat includes behaviors other than aggression or emotion that affect child safety. This threat can be seen in the following situations:

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

Child is perceived in extremely negative terms by one or both parents/primary caregivers

"Extremely" means a perception by the parent/primary caregiver that is so negative that, when present, creates child safety concerns. In order for this threat to exist, the types of perceptions below must be present and must be inaccurate.

- Child is perceived to be the devil, demon possessed, evil, a bastard or deformed, ugly, deficient, or embarrassing.
- Child has taken on the same identity as someone the parent/primary caregiver hates and is fearful of or hostile towards, and the parent/primary caregiver transfers feelings and perceptions of the person onto the child.
- Child is considered to be punishing or torturing the parent/primary caregiver.
- One parent/primary 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/primary caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing.

Family does not have resources to meet basic needs

"Basic needs" refers to the family's lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources if they were available. Can be observed in following situations:

- Family has no money.
- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g., medical care) that, if unmet, could result in a threat to child safety.
- Parents/primary caregivers lack life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g., drugs) other than their basic care and support, leaving them without their basic needs being adequately met.
- Child's basic needs exceed normal basic needs because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.

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

The safety decision-making elements of immediacy, severity, and vulnerability must be considered when evaluating this threat.

- Parents/primary caregivers state they will mistreat.
- Parent/primary caregiver describes conditions and situations that stimulate them to think about maltreating.
- Parent/primary caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/primary caregiver identifies things that the child does that aggravate or annoy the parent/primary caregiver in ways that makes the parent want to attack the child.
- Parent/primary caregiver describes disciplinary incidents that have become out of control.
- Parents/primary 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/primary caregiver is expressing concerns about what the other parent/primary caregiver is capable of or may be doing.

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

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

- The incident was planned or had an element of premeditation and there is no remorse.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns) and there is no remorse.
- Parent's/primary caregiver's motivation to teach or discipline seems secondary to inflicting pain and/or injury and there is no remorse.
- Parent/primary caregiver can reasonably be assumed to have had some awareness of what the result would be prior to incident and there is no remorse.
- Parent's/primary caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there is no remorse.
- Parent/primary caregiver does not acknowledge any guilt or wrong-doing and there was intent to hurt the child.
- Parent/primary caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
- Parent/primary caregiver may feel justified; may express that the child deserved it and they intended to hurt the child.

One or both parents / primary caregivers lack parenting knowledge, skills, and motivation thereby affecting child safety

The safety decision-making elements of immediacy, severity, and vulnerability apply here as well as basic parenting qualities. One determining factor is based on the parent's/primary caregiver's lack of basic knowledge or skills that prevent them from meeting the child's basic needs. A second factor is lack of motivation on the part of parents/primary caregivers resulting in their abdicating their role to meet basic needs or failing to adequately perform the parental role to meet the child's basic needs. The inability and/or unwillingness to meet basic needs creates child safety concerns. This is observed in the following ways.

- Parent's/primary caregiver's intellectual capacities affect judgement and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually challenged parents/primary caregivers have little or no knowledge of a child's needs and capacity.
- Parent's/primary caregiver's expectations of the child far exceed the child's capacity thereby placing the child in unsafe situations.
- Parent/primary 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).
- Parents'/primary caregivers' parenting skills are exceeded by a child's special needs and demands in ways that affect safety.
- Parent's/primary 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/primary caregiver does not want to be a parent and does not perform the role, particularly in terms of basic care.
- Parent/primary caregiver is averse to parenting and does not provide basic needs.
- Parent/primary caregiver avoids parenting and basic care responsibilities.
- Parent/primary caregiver allows others to parent or provide care to their child without concern for knowing the other person's ability and capacity.
- Parent/primary 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 needs of children, thereby affecting the children's safety.
- Parents/caregivers do not believe the children's disclosure of abuse/neglect even when there is a preponderance of evidence and this affects the children's safety.

There is an indication that the parents / primary caregivers will flee

This threat is selected if the facts suggest that the family will hide the child by changing residences, leaving the jurisdiction, refusing access to the child, and the consequences for the child may be severe and immediate. This can be observed in the following situations.

- Family is highly transient.
- Family has little tangible attachments (e.g., job, home, property, or extended family).
- Parent/primary caregiver is evasive, manipulative, or suspicious.
- 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, or financial indebtedness).

Child has exceptional needs that the parent / primary caregiver cannot or will not meet

"Exceptional" refers to specific child conditions (e.g., mental and physical disability, blindness) that are either organic or naturally induced as opposed to parentally induced.

The key is parents, by not addressing the child's exceptional needs, will not or cannot meet the child's basic needs. Conditions below describe this threat.

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/primary caregiver does not recognize the condition.
- Parent/primary caregiver views the condition as less serious than it is.
- Parent/primary caregiver refuses to address the condition for religious or other reasons.
- Parent/primary caregiver lacks the capacity to fully understand the condition or the safety threat.
- Parent's/primary caregiver expectations of the child are totally unrealistic in view of the child's condition.
- Parent/primary caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

Living arrangements seriously endanger a child's physical health

This threat refers to conditions in the home which are immediately life-threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness). This threat is seen in the following circumstances.

- Housing is unsanitary, filthy, infested, a health hazard.
- The house's physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
- There are natural or man-made hazards located close to the home.
- The home has upper stories with easily accessible open windows or balconies.
- 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.

Parent's / primary caregiver's whereabouts are unknown

The parent's/primary caregiver's whereabouts are unknown while the CA/N assessment is being completed and this is affecting child safety. This threat is observed in the following situations.

- Child has been abandoned or left with someone who does not know the parent/primary caregiver.
- Parent/primary caregiver has left the child with someone and not returned as planned.
- Parent/primary caregiver did not express plans to return or the parent/primary caregiver has been gone longer than expected or what would be normally acceptable.
- No one knows the parent's/primary caregiver's identity.
- Parents'/primary caregivers' unexplained absence exceeds a few days.

Child shows serious emotional effects of maltreatment and a lack of behavioral control

Key words are "serious" and "lack of behavioral control."

"Serious suggests that the child's condition has immediate implications for intervention (e. g., extreme emotional vulnerability, suicide prevention).

"Lack of behavioral control" describes the provocative child who stimulates reactions in others. The safety decision-making elements of immediacy, severity, and vulnerability apply.

This threat is seen in the following behaviors.

- Child threatens suicide, attempts suicide or appears to be having suicidal thoughts.
- Child will run away.
- 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.
- Child is so withdrawn that basic needs are not being met.

Child shows serious physical effects of maltreatment

The key word is "serious," and suggests that the child's condition has immediate implications for intervention (e.g., need for medical attention, extreme physical vulnerability).

- Child has severe injuries.
- Child has physical symptoms from maltreatment that require immediate medical treatment (e.g., failure to thrive).
- Child has physical symptoms from maltreatment that require continual medical treatment.

One or both parents/primary caregivers overly reject intervention

This threat refers to situations where the parent/primary caregiver refuses to see child welfare staff and/or to let child welfare staff see the child. Behaviors can include the following:

- Parent/primary caregiver refuses to speak with child welfare staff.
- Parent/primary caregiver is openly hostile or physically aggressive toward child welfare staff.
- Parent/primary caregiver refuses access to the home.
- Parent/primary caregiver hides child or refuses access to child.
- Parent/primary caregiver avoids all contact with child welfare staff (e.g., misses or never shows up for appointments; are not at home when child welfare staff visits).
- Parent/primary caregiver constantly deceives child welfare staff about the child's condition, conditions in the home, and/or events and circumstances related to the CA/N report and intervention.

Both parents / primary caregivers cannot or do not explain the child's injuries and/or conditions

Parents/primary caregivers are unable or unwilling to explain maltreating conditions or injuries that are consistent with the facts. This threat is seen in the following behaviors of parents/primary caregivers.

- Parents/primary caregivers acknowledge the presence of injuries and/or conditions, but plead ignorant as to how they occurred.
- Parents/primary caregivers express concern for the child's condition, but are unable to explain it.
- Parents/primary 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.
- Parents/primary caregivers accept the presence of injuries and conditions, but do not explain them or seem concerned.
- Sexual abuse has occurred in which (1) the child discloses; (2) family circumstances, including opportunity, may or may not be consistent with sexual abuse: and (3) the parents/primary caregivers deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.
- "Battered Child Syndrome" case circumstances are present and the parents/primary caregivers appear to be competent, but the child's symptoms do not match the parents'/primary caregivers' appearance and there is no explanation for the child's symptoms.
- Parents'/primary caregivers' explanations are far-fetched.
- 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.
- Parents'/primary caregivers' verbal expressions do not match their emotional responses and there is not a believable explanation.

Child is fearful of the home situation

"The home situation" includes specific family members and/or other conditions in the living situation (e.g., frequent presence of known drug users in the household). This threat is seen in the behaviors of a child.

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

Child is seen by either parent/primary caregiver as being responsible for the parents'/primary caregivers' problems

This threat involves situations where a child is blamed for the parents'/primary caregivers' problems and this attitude will likely result in a safety concern for the child. This threat is seen in the following behaviors of a parent/primary caregiver.

- Child is blamed and held accountable for CPS involvement.
- Parents/primary caregivers directly associate their problems (e.g., difficulties in their lives, limitations to their freedom, financial or other burdens) to the child.
- Conflicts that parents/primary caregivers experience with others (e.g., family members, neighbors, friends, school, and police) are considered to be the child's fault.
- Losses the parent/primary caregiver experiences (e.g., job, relationships) are attributed to the child.

The maltreating parent/primary caregiver exhibits no remorse or guilt

This is observed in the following.

- Parent's/primary caregiver's expressions of regret or sorrow are unbelievable and self-serving.
- Parent's/primary caregiver's regrets are more associated with getting caught than what was done.
- Parent/primary caregiver indicates a belief that the child deserved what he or she got.
- Parent/primary caregiver shows no recognition of wrong or inappropriateness.
- Parent/primary caregiver does not express any empathy toward the child's condition or injuries.
- Parent/primary caregiver demonstrates a self-righteous attitude and believes actions were justified.
- Parent/primary caregiver rationalizes the maltreating behavior as discipline, training or in the child's best interest.
- Parent/primary caregiver views the maltreating behavior as a parental right.

One or both parents/primary caregivers have failed to benefit from previous professional help

"Previous professional help" suggests that a record exists and is known. "Previous professional help" refers to the parents'/primary caregivers' adult lives and relates to current problems that are pertinent to child safety and risk of maltreatment. This is seen in the following situations.

- CPS has intervened before with respect to similar or exactly the same parental behavior that is currently threatening safety, yet there is not indication of change.
- Parents/primary caregivers have received professional help prior to this incident, and that help was concerned with similar or exactly the same behavior in question. The parent's/primary caregiver's current behavior suggests no change or relapse.
- The parent's/primary caregiver's assertion that they have received help before for these conditions and are rehabilitated.

V. PARENTAL/PRIMARY CAREGIVER PROTECTIVE CAPACITIES

Assessing child safety requires that parental/primary caregiver's protective capacities be assessed along with the present and impending danger threats. This section provides information to assist child welfare staff in assessing parental/primary caregiver's protective capacities.

Research indicates that individuals possess certain characteristics that are specifically and directly associated with their being protective of their children. These characteristics are "Parental/Primary Caregiver Protective Capacities." Protective capacity characteristics have the following in common:

- prepare an individual to be protective;
- enable and empower an individual to be protective;
- is necessary and fundamental to being protective;
- exist prior to being protective or the need to be protective; and
- relate to acting or being able to act on behalf of a child.

Protective capacities are not innate and therefore, there are varying and individual levels of parental/caregiver protective capacities. They are seen in three areas of functioning: behavioral, cognitive and emotional. These are discussed below.

A. Behavioral Protective Capacities

The caregiver has a history of protecting.

This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples might include:

- People who have raised children (now older) with no evidence of maltreatment or exposure to danger.
- People who have protected his or her children in demonstrative ways by separating them from danger; seeking assistance from others; or similar clear evidence.
- Caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.

The caregiver takes action.

This refers to a person who is action-oriented as a human being, not just a caregiver.

- People who perform when necessary.
- People who proceed with a course of action.
- People who take necessary steps.
- People who are expedient and timely in doing things.
- People who discharge their duties.

The caregiver demonstrates impulse control.

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

- People who do not act on their urges or desires.
- People that do not behave as a result of outside stimulation.
- People who avoid whimsical responses.
- People who think before they act.
- People who are planful.

The caregiver is physically able.

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

- People who can chase down children.
- People who can lift children.
- People who are able to restrain children.
- People with physical abilities to effectively deal with dangers like fires or physical threats.

The caregiver has/demonstrates adequate skill to fulfill caregiving responsibilities.

This refers to the possession and use of skills that are related to being protective.

- People who can feed, care for, supervise children according to their basic needs.
- People who can handle, manage, oversee as related to protectiveness.
- People who can cook, clean, maintain, guide, shelter as related to protectiveness.

The caregiver possesses adequate energy.

This refers to the personal sustenance necessary to be ready and on the job of being protective.

- People who are alert and focused.
- People who can move; are on the move; ready to move; will move in a timely way.
- People who are motivated and have the capacity to work and be active.
- People express force and power in their action and activity.
- People who are not lazy or lethargic.
- People who are rested or able to overcome being tired.

The 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 sacrifice for their children.
- People who can wait to be satisfied.
- People who seek ways to satisfy their children's needs as the priority.

The 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 move with them.
- People who are creative about caregiving.
- People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting.

The caregiver is assertive as a caregiver.

This refers to being positive and persistent.

- People who are firm and convicted.
- People who are self-confident and self-assured.
- People who are secure with themselves and their ways.
- People who are poised and certain of themselves.
- People who are forceful and forward.

The 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 get people to help them and their children.
- People who use community public and private organizations.
- People who will call on police or access the courts to help them.
- People who use basic services such as food and shelter.

The caregiver supports the child.

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

- People who spend considerable time with a child filled with positive regard.
- People who take action to assure that children are encouraged and reassured.
- People who take an obvious stand on behalf of a child.

B. Cognitive Protective Capacities

The 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 thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child.
- People who are aware and show a conscious focused process for thinking that results in an acceptable plan.
- People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.

The caregiver is aligned with the child.

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

- People who strongly think of themselves as closely related to or associated 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.

The 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 know enough about child development to keep kids safe.
- 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.

The 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.
- People who recognize threatening situations and people.
- People who do not deny reality or operate in unrealistic ways.
- People who are alert to danger within persons and the environment.
- People who are able to distinguish threats to child safety.

The caregiver has accurate perceptions of the child.

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

- People who know what children of certain age or with particular characteristics are capable of.
- People who respect uniqueness in others.
- People who see a child exactly as the child is and as others see the child.
- 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 see and value the capabilities of a child and are sensitive to difficulties a child experiences.
- People who appreciate uniqueness and difference.
- People who are accepting and understanding.

The caregiver understands his/her protective role.

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

- People who possess an internal sense and appreciation for their protective role.
- People who can explain what the "protective role" means and involves and why it is so important.
- People who recognize the accountability and stakes associated with the role.
- People who value and believe it is his/her primary responsibility to protect the child.

The caregiver is self-aware as a caregiver.

This refers to sensitivity to one's thinking and actions and their effects on others – on a child.

- People who understand the cause – effect relationship between their own actions and results for their children
- People who are open to who they are, to what they do, and to the effects of what they do.
- People who think about themselves and judge the quality of their thoughts, emotions and behavior.
- People who see that the part of them that is a caregiver is unique and requires different things from them.

C. Emotional Protective Capacities

The 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 personal and social means for feeling well and happy that are acceptable, sensible and practical.
- People who employ mature, adult-like ways of satisfying their feelings and emotional needs.
- People who understand and accept that their feelings and gratification of those feelings are separate from their child.

The 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.
- People who are not consumed with their own feelings and anxieties.
- People who are mentally alert, in touch with reality.
- People who are motivated as a caregiver and with respect to protectiveness.

The caregiver is resilient as a caregiver.

This refers to responsiveness and being able and ready to act promptly.

- People who recover quickly from set backs or being upset.
- People who spring into action.
- People who can withstand.
- People who are effective at coping as a caregiver.

The caregiver is tolerant as a caregiver.

This refers to acceptance, allowing and understanding, and respect

- People who can let things pass.
- People who have a big picture attitude, who don't over react to mistakes and accidents.
- People who value how others feel and what they think.

The 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.
- People who physically take action or provide physical responses that reassure a child, that generate security.

The caregiver and child have a strong bond and the caregiver is clear that the number one priority is the well-being of 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 exits between them.
- People whose closeness with a child exceeds other relationships.
- People who are properly attached to a child.

The caregiver expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.

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

- People who fully relate to, can explain, and feel what a child feels, thinks and goes through.
- People who relate to a child with expressed positive regard and feeling and physical touching.
- People who are understanding of children and their life situation.