

SAFETY CONCERNS GUIDE

DEFINITIONS AND EXAMPLES

SAFETY THRESHOLD CRITERIA

A family condition is out-of-control.

A family condition is likely to result in a severe effect.

The severe effect is imminent: reasonably could happen in proximate time—soon.

The family condition is observable and can be clearly described and articulated.

There is a vulnerable child.

SAFETY CONCERNS GUIDE: DETERMINING IMPENDING DANGER THREATS

The 15 safety concerns (impending danger threats) and examples identified in this handout are consistent with the Colorado safety model. The safety concerns contained within the Colorado safety model are to be used by CPS workers to identify impending danger in families. The examples included within this safety concern reference guide relate to individual and/or family conditions that are consistent with the danger threshold criteria:

- Observable behaviors, emotions, temperament, perceptions, etc.;
- Out-of-control;
- Vulnerable Child;
- Severe Harm; and
- Immediacy

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, regularly active or in a constant state of unpredictability.

Application of the Safety Threshold Criteria

To be out-of-control, the violence must be active and/or a general personification of how a person behaves. It moves beyond being angry or upset particularly related to a specific event. The violence is representative of the person's state-of-mind and is likely pervasive in terms of the way they feel and act. An individual's aggressive nature or tendencies are unrestrained.

The active aspect of this sort of behavior and emotion could easily lash out toward family members and children, specifically, who may be targets or bystanders. Vulnerable children who cannot self-protect—who cannot get out of the way and who have no one to protect them—could experience severe physical or emotional effects from the violence. The severe effects could include serious physical injury, terror, or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent emotions and behavior. To the extent the violence is a pervasive aspect of a person's character or a family dynamic, occurs either predictably or unpredictably, and has a standing history, it is conclusive that the violence and likely severe effects could or will occur at any point.

This threat includes both behaviors and emotions as illustrated in the following examples.

- Violence includes hitting, beating, physically assaulting a child, spouse or other family member.

- Violence includes acting dangerously toward a child or others including throwing things, bantering weapons, driving recklessly, aggressively intimidating and terrorizing.
- Family violence involves 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.
- 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/caregiver who is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things).
- 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 severe harm.

Application of the Safety Threshold Criteria

This refers to exaggerated perceptions. It is out-of-control because their point of view of the child is so extreme and out of touch with reality that it compels the caregiver to react to or avoid the child. The perception of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver's perception. It is out-of-control.

The extreme negative perception fuels the caregiver's emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.

The extreme perception is in place not in the process of development. It is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or totally withdraw at any time and, certainly, it can be expected within the near future.

This threat is illustrated by the following examples.

- 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/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; perceives, behaves, acts out toward the child based on a lack of reality or appropriateness because of their own needs or issues.

3. Caregiver(s) has caused harm to the child or has made a credible threat of severe harm.

“Harm” that is caused as the result of caregiver behavior or maltreatment must be severe. That which qualifies severity must surpass that which is unpleasant related to values and sensibilities. It must be at a level that is absolute and unacceptable. “Credible threat” refers to caregivers who are directing threats to hurt a child. Their emotions and intentions are hostile, menacing and sufficiently believable to conclude grave concern for a child’s safety. This also refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a “call for help.”

Application of the Safety Threshold Criteria

Out-of-control is consistent with conditions within the home having progressed to a critical point. The level of aggravation, intolerance or dread as experienced by the caregiver is serious and high. This is a pervasive thing the caregiver is feeling. The caregiver is or feels out-of-control. The caregiver is either afraid of what he or she might do or beyond self-limits and forbearance. A request for placement is extreme evidence with respect to a caregiver’s conclusion that the child can only be safe if he or she is away from the caregiver.

Presumably, the caregiver who is threatening to hurt a child or is admitting to an extreme concern for mistreating a child recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.

The caregiver establishes that imminence applies. The threat to severely harm, admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time and it could be in the near future.

This threat is illustrated in the following examples.

- Caused injury (e.g. fractures, poisoning, suffocating, shaking, shooting, choke marks, severe or extensive burns, serious bruises/ welts, bruising in the head/face or genital areas, bite marks, etc.).
- Parents/caregivers use specific threatening terms including even identifying how they will harm the child or what sort of harm they intend to inflict.
- Parent/caregiver threats are plausible, believable; may be related to specific provocative child behavior.
- Parents/caregivers state they will maltreat.
- Parent/caregiver describes conditions and situations which stimulate them to think about maltreating.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things that the child does that aggravate or annoy 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.

4. Caregiver(s) explanations of severe 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 serious 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

You cannot control what you do not understand – what is not explained or explained adequately. A family situation in which a child is seriously injured without a reasonable explanation is a family situation that is out-of-control.

Typically this safety threat occurs in connection with a serious injury. So the severity question is already answered. Research (such as that associated with the Battered Child Syndrome) supports a concern that one serious unexplained or non accidental injury reasonably may be followed by another. 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.

- 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.
- Parents/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'/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'/caregivers' verbal expressions do not match their emotional responses and there is not a believable explanation.

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 acting in such a way in order to hide the child from CPS. Attempts to avoid CPS access to a child can include overtly rejecting all attempts by CPS to enter the home, see a child, and conduct routine initial assessment information collection. The key to caregivers rejecting CPS involvement is the term "overt." The rejection is far more than a failure to cooperate, open anger or hostility about CPS involvement or other signs of general resistance or reluctance. Rejecting CPS intervention must be blatant to meet the safety threshold criteria. This safety threat applies also when there are indications that a family will change residences, leave the jurisdiction, or refuse access to the child. In all instances when a family is avoiding any intervention by CPS, the current status of the child or the potential consequences for the child must be considered severe and immediate.

Application of the Safety Threshold

Like other safety concerns, it appears when people do things deliberately that they are under control. Certainly overt rejection of CPS or an attempt to flee must be considered a deliberate act to prevent CPS from having access to a child; it is a planned-out intention to hide a child. People who solve their problems by such behavior can be considered to be out-of-control and desperate. Furthermore, caregivers who need to keep secret what is happening in their family represent people who are out-of-control. Certainly, families who are transient for purpose of keeping things secret do not possess within their ranks anything that serves to control such behavior. Overt rejection of CPS could be an expression of a parent/caregiver's rights; however, until access to the child can be gained through legal means, the conclusion about the rejection representing a safety threat remains the same.

Judging severity is speculative with respect to this safety threat. An assumption prevails concerned with a conservative point of view that caregivers who overtly reject CPS intervention as defined here or who might flee are doing so for some critical reason. It is consistent with a "worst scenario" perspective. A child might already be seriously hurt or may be in serious danger.

Imminence is obvious. Fleeing can happen immediately. The van could be packed and the family gone by this evening. People who flee are desperate and act very impulsively. Overt rejection of intervention immediately results in no access to a child and to the opportunity to determine if a child is safe.

This threat is illustrated in the following examples.

- Parents/caregivers refuse to talk with CPS; refuse to allow CPS in the home.
- Parents/caregivers manipulate in order to avoid any contact with CPS; make excuses for not participating; miss appointments; go through various means and methods to avoid CPS involvement and any access to a child.
- Parents/caregivers refuse to allow CPS to see or speak with a child; do not inform CPS where the child is located.
- Family is highly transient.
- Family has little tangible attachments (e.g., job, home, property, extended family).
- Parent/caregiver is evasive, manipulative, 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, financial indebtedness).

6. Caregiver(s) is unwilling or unable to meet the child's immediate needs for food, clothing, and shelter which is likely to result in severe harm.

"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 could be two things out-of-control here. 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 second question of control is concerned with the caregiver's lack of control related to either impulses about use of resources or problem solving concerning with use of resources.

The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g. infant, ill, fragile, etc.).

This threat is illustrated in the following examples.

- 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/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 thereby leaving them without their basic needs being adequately met.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.

7. Caregiver(s) is unwilling or unable to meet the child's moderate to severe medical or mental health care needs.

Moderate to severe suggests that the child's condition has immediate implications for intervention (e.g., extreme physical medical symptoms, extreme emotional vulnerability, extreme antisocial conduct, suicidal thoughts or actions).

Application of the Safety Threshold Criteria

Medical needs - Serious physical effects of maltreatment are out-of-control when they are health or life threatening; when routine accessible medical care is questionable; and when their existence represents a symptom of unchecked aggressive, assaultive care giving behavior. No control exists within the family to care for and nurture the child respective of the physical condition. Severe is qualified by the nature of the child's condition and the impending results of no protection and questionable medical care and follow-up. Imminence is qualified by whether the child's condition will not improve or worsen if left unattended.

The presumption related to this safety threat is there is some connection, either alleged or confirmed, that the physical injuries or physical symptoms are related to maltreatment. At intake and during the initial contacts with a child, physical injuries and physical symptoms may be obvious (as in a present danger), but insufficient information has been gathered to connect the child's condition to maltreatment. However, this item remains a safety threat until such time as the maltreatment as the cause of the child's condition is ruled out.

Mental health needs - The condition of the child and the influences for the inability of the parents to act on behalf of the child is what is out-of-control. 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. The results could be suicide, overdose, kidnapping, self-mutilation, being physically abused, etc. The child's emotion and behavior are so profound that he or she is an immediate danger to him or herself without protection. The severe effects could be immediate. The child's condition may or may not be a result of previous maltreatment.

This threat is illustrated in the following examples.

- Child has severe injuries.
- Child has multiple/different kinds of injuries (e.g., burns and bruises).
- Child has injuries to head or face.
- Injuries appear to be premeditated; injuries appear to have occurred as a result of an attack, assault or out-of-control reactions (e.g., serious bruising across a child's back as if beaten in an out-of-control disciplinary act).
- Injuries appear associated with the use of an instrument which exaggerates method of discipline (e.g., coat hanger, extension cord, kitchen utensil, etc.).
- Child has physical symptoms from maltreatment which require immediate medical treatment.
- Child has physical symptoms from maltreatment which require continual medical treatment.
- Child appears to be suffering from Failure to Thrive.
- Child is malnourished.

- Child has physical injuries or physical symptoms that are a more serious example of similar injuries or symptoms previously known and recorded.
- 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.
- Parent/caregiver does not recognize the condition.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition or the safety threat.

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

This safety concern refers to adults in the home who are in a caretaker role. "Sufficient supervision" is the caregivers' responsibility of providing supervision at a basic level to prevent a child from being exposed to potential severe harm.

Application of the Safety Threshold Criteria

This threat is subjective to case-specific information. The care giving behavior is an omission of parenting responsibilities. The vulnerability of each child in the home may differ which would affect 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. The out-of-control and imminence related to insufficient supervision is qualified by duration, pervasiveness, continuance, consistency, and influence.

This safety concern is illustrated in the following examples.

- Caregiver(s) has left and/or frequently leaves the child alone (note: acceptable time period varies with age and developmental stages).
- Caregiver(s) makes inadequate and/or inappropriate childcare arrangements.
- Caregiver(s) whereabouts are unknown.

- Caregiver(s) does not attend to the child and therefore basic needs go unnoticed or unmet (e.g., child wanders outdoors alone, plays with dangerous objects, or is exposed to other serious hazards).

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

“The home situation” includes specific family members and/or other conditions in the living situation. Other people in the home refer to those who either live in the home or frequent the home so often that a child daily expects that the person may be there or show up. (e.g., frequent presence of known drug users in the household).

Application of the Safety Threshold Criteria

Do you know when fear is out-of-control? Have you ever felt that way? Can you imagine a child being so afraid that his fear is out of control? Can you imagine a family situation in which there is nothing or no one within the family that will allay the child’s fear and assure a sense of security? To meet this criterion, the child’s fear must be obvious, extreme, and related to some perceived danger that child feels or experiences.

By trusting the level of fear that is consistent with the safety threat, it is reasonable to believe that the child’s terror is well founded in something that is occurring in the home that is extreme with respect to terrorizing the child. It is reasonable to believe that the source of the child’s fear could result in severe effects.

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

This threat is illustrated in the following examples.

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

- People abusing substances, high, under the influence of substances particularly that can result in violent, sexual or aggressive behavior are routinely in the home, party in the home or have frequent access to the home while under the influence.
- 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.

10. Child's physical living conditions endanger the child's 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). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

Application of the Safety Threshold Criteria

To be out-of-control, this safety threat does not include situations that are not in some state of deterioration. The threat to a child's safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.

The living arrangements are at the end of the continuum for deplorable and 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 severe injuries and health repercussions today, this evening, or in the next few days.

This threat is illustrated in the following examples.

- 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, 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 easily accessible open windows or balconies in upper stories.

II. Caregiver's alleged or observed substance use seriously affects his or her ability to supervise, protect, or care for the child.

This threat is more concerned with self-control than it is with addiction. It is concerned with a person's ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the lack of caregiver self-control that places vulnerable children in jeopardy. Although addicted parents have an increased likelihood to maltreat their children, there are millions and millions of parents who suffer from addiction who do not.

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 as well as traditional street drugs.

Application of the Safety Threshold Criteria

Severity should be considered from two perspectives. The extent substance use and the lack of self-control is significant. That means that it has moved well beyond the person's capacity to manage it regardless of self-awareness and the lack of control is concerned with serious matters as compared, say to lacking the self-control to exercise. The effects of the threat could result in severe effects as caregivers lash out at children, fail to supervise children, leave children alone, or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control related to addiction and substance use, or lack of self-control, establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be rather clear and add to the certainty one can have about severe effects probably occurring in the near future. Those who use substances may have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.

This threat is illustrated in the following examples.

- Parent/caregiver is observed to be acting bizarrely.
- Parent/caregiver is observed to be unable to perform basic care, duties, fulfill essential protective duties.
- Parent/caregiver is observed to be under the influence of some substance.
- 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.
- Other safety factors present are directly related to the use of substances.
- Caregiver has periods of incapacitation due to substance use.
- 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.

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

This threat primarily relates to two primary concerns: 1) the lack of self-control of the maltreating caregiver and 2) accessibility of the victim child. While the nature or extent of the sexual abuse is not qualified in this safety concern, it remains important to consider how a caregiver's lack of impulse control and the accessibility of the child has immediate implications for CPS intervention.

Application of Safety Threshold Criteria

Information collected during the initial assessment clearly indicates that sexual abuse has occurred and/or there is a prudent and reasonable belief to suspect that sexual abuse has occurred. Information provided by the child victim, maltreating caregiver, non-maltreating caregiver, and/or others provides reasonable justification that a caregiver's sexual impulses are out of his/her control, and that the pattern of unrestrained behavior leaves a child in a vulnerable and threatening situation.

- It appears that rape, sodomy or other sexual contact has been made with the Child.
- It appears that the child has been forced or encouraged to engage in sexual activities.
- Child is not protected by non-maltreatment caregiver and maltreating caregiver has immediate unrestrained access to the child.
- Access by possible or confirmed perpetrator to child continues to exist.

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

“Seriously affects” suggests that a caregiver’s condition is such that they are unable to adequately provide basic care. The condition(s) (i.e., emotions, behaviors or cognitive capabilities) that prevents adequately parental role performance (physical disability, mental health issues and/or developmental disability) are significant, pervasive and consistently debilitating, to the point where there are child’s protection needs that are being compromised.

Application of Safety Threshold Criteria

This threat to child safety refers to caregivers who have difficulty controlling their emotions and/or non-violent behavior. Personal and parenting qualities of a basic nature apply to this safety threat. The judgment regarding this safety concern is further based on the caregivers’ lack of or absence of basic knowledge, skill or motivation which prevents them from meeting the child’s safety needs. The lack of behavioral/ emotional control, motivation or cognitive capacity results in caregivers abdicating their role to meeting basic needs or failing to adequately perform in the caregiver role. The failure of a caregiver to provide a vulnerable 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.

- Refuses 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 depressed behavior symptoms resulting in failure to protect and provide basic needs.

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

The domestic violence refers to aggression, fighting, brutality, cruelty and hostility. Domestic violence may also result in severe emotional harm in situations where there are extreme verbal assaults, extreme intimidation and threatening behavior, extreme 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

To be out-of-control, the domestic violence must be active and/or a general personification of how a person behaves. It moves beyond being angry or upset

particularly related to a specific event. The violence is representative of the person's state-of-mind and is likely pervasive in terms of the way they feel and act. An individual's aggressive nature or tendencies are unrestrained.

The active aspect of this sort of behavior and emotion is that the perpetrator of the domestic violence could easily lash out toward the spouse; significant other; other family members and children, specifically, who may be targets or bystanders. Vulnerable children who cannot self-protect—who cannot get out of the way and who have no one to protect them—could experience severe physical or emotional effects from the violence. The severe effects could include serious physical injury, terror, or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of domestic violence both emotionally and behaviorally. To the extent the violence is a pervasive aspect of a person's character or a family dynamic, occurs either predictably or unpredictably, and has a standing history, it is conclusive that the violence and likely severe effects could or will occur at any point.

This threat is illustrated in the following examples:

- Child(ren) previously injured in a domestic violence incident.
- Child(ren) exhibit severe 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.

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 impending danger to the child.

This safety concern considers severe maltreatment to a child that has already occurred and/or the reaction of the maltreatment by the caregiver(s). The conclusion is that previous maltreatment was severe or premeditated or justified, and caregivers do not take responsibility for and/or demonstrate any remorse.

Application of Safety Threshold Criteria

Caregivers who act out toward children demonstrate impulsive unrestrained behavior, either at a point in time or consistently, coupled with an indication that they express no regretful feelings and may even give themselves permission at a very basic level to act out again. The essential safety concern relates specifically to caregivers who show no remorse, regret or guilt for the maltreatment that occurred toward their child.

This threat is illustrated in the following examples:

- Previous abuse or neglect that was serious enough to cause or could have caused 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 Safety Assessment/Plan

Family Name:	Worker:	Date:
Reason for a Safety Assessment:		Referral:

Summarize the results of each assessment area to determine impending danger:

Extent of Maltreatment

Surrounding Circumstances of Maltreatment

Child Functioning

Adult Functioning

General Parenting Practices

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 impending danger criteria must be present:

- Observable threat
- Severe harm could result.
- Out-of-control
- Potential of severe harm is imminent.

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 and Child Vulnerability to determine if additional sections are required to be completed.

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

<input type="checkbox"/> YES <input type="checkbox"/> NO	9. Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.
<input type="checkbox"/> YES <input type="checkbox"/> NO	10. Child's physical living conditions seriously endanger the child's immediate health.
<input type="checkbox"/> YES <input type="checkbox"/> NO	11. Caregiver(s) alleged or observed substance use may seriously affect ability to supervise, protect, or care for the child.
<input type="checkbox"/> YES <input type="checkbox"/> NO	12. Child sexual abuse is suspected and circumstances suggest that child safety is of immediate concern.
<input type="checkbox"/> YES <input type="checkbox"/> NO	13. Caregiver(s) alleged or observed emotional instability or developmental delay seriously affects his/her ability to supervise, protect, or care for the child.
<input type="checkbox"/> YES <input type="checkbox"/> NO	14. Domestic violence exists in the home and places child in danger of physical and/or emotional harm.
<input type="checkbox"/> YES <input type="checkbox"/> 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 impending danger to the child.

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 with Child Vulnerability Determination.

Child Vulnerability Determination

Indicate if there is a child in the home who is 0-6 years old or unable to either self-protect, assertively prevent harm, or access protective relationships due to physical and emotional development, inability to communicate needs, mobility, size or lack of robustness or dependence or susceptibility.

- NO** vulnerable child identified in the home. There is no impending danger and children are determined to be safe. No further safety intervention is necessary. If checked, stop here after providing justification below regarding the ability of the child(ren) to self-protect in home environment:

- There is impending danger; one or more safety concerns are identified and there is a vulnerable child in the home. Proceed to Safety Decision.

Safety Decision

Caregiver Protective Capacity Determination

The safety decision is based on a consideration of impending danger and caregiver(s) protective capacities. Indicate if there is one or more non-maltreating caregiver(s) and/or other responsible caregiver(s) (i.e., family members) who is/are willing and have the emotional, behavioral, and cognitive capacity to manage identified safety concerns and assure child safety.

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

- Caregiver protective capacities and family actions do not address all safety concerns (impending danger). 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 the current home environment is stable enough to support an in-home safety plan, the extent to which caregiver(s) is/are willing to accept and cooperate with the use of an in-home safety plan, and whether there are resources accessible, and the level of effort available, to sufficiently control safety concerns.

Safety Intervention Decision

Check one of the following:

- Safety Intervention Analysis does not support in-home safety planning. Safety will be managed through placement in a certified home/facility or a relatives/kin placement. An in-home safety plan will not be done at this time.
- The home environment is minimally stable, caregiver(s) is/ are willing to support and cooperate with Child Welfare in assuring child safety in the home, and sufficient safety actions can be taken to control/address safety concerns. An in-home safety plan will be completed.

Family Name:	Worker:	Date:
Reason for a Safety Assessment:		Referral:

Safety Plan

All selected safety concerns must be addressed in the safety plan and must meet the following criteria:

- Least restrictive response
- Action-oriented
- Safety resources are readily accessible at the level required to assure safety
- Immediately controls for safety
- Actions correspond to each safety threat

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.

Was a protective plan completed prior to this plan? Yes ___ No ___

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: _____

PROTECTIVE PLAN

Plan Begin Date: _____

Plan End Date: _____

Description of present danger -

Actions to be taken by family –

Describe how the individuals involved in the protective action are willing and able to cooperate with the county department and manage this plan for its entire duration as evidenced by their signatures below-

Describe monitoring and actions to be taken by county department (or other agencies as applicable)–

Parents (indicate mother, father, or both) are willing and able to cooperate with this plan as evidenced by their signatures below. If parents are unavailable, please indicate –

Mother

Father

Signature Relationship to Children

Signature Relationship to Children

Case Worker