

## Safety Assessment Factors

<b>1. Child has inflicted physical injuries.</b> <b>Examples of Evidence to Support Yes Response for Safety Factor:</b>	<b>Questions</b>
Cuts requiring stitches	<ol style="list-style-type: none"> <li>1. What happened?</li> <li>2. Show me how it happened?</li> <li>3. Did anyone see it happen?</li> <li>4. Where did it happen?</li> <li>5. Has anything like this happened to you before?</li> <li>6. When was the child's injury first noticed?</li> <li>7. When did the child first appear to be sick or injured?</li> <li>8. Where was the child?</li> <li>9. Who was with the child?</li> <li>10. How did the injury occur?</li> <li>11. What types of discipline do you routinely use?</li> <li>12. Who disciplines the child?</li> <li>13. Where is the child's current location?</li> <li>14. Does the child need medical care?</li> <li>15. Is it known who inflicted the harm to the child?</li> <li>16. If yes, where is the individual and what is his/her access to the child?</li> </ol>
Broken bones and/or Dislocations	
Positive toxicology with harm to infant identified.	
Burns (e.g., cigarette, scalding, submersion)	
Internal injuries (e.g., damage to internal organs or tissues)	
Head injuries (e.g., concussion, retinal hemorrhage, skull fractures)	
Serious injury to sensitive body areas (e.g., genital, eyes or ear drums)	
Brain damage	
Injuries resulting in permanent sight, hearing or mental impairment	
Extensive or multiple bruising and/or other injury which may cover more than one area of the body	
Extensive and multiple bruises or broken bones in various stages of healing which indicate a pattern of abuse	
Non-accidental injuries to an infant (ages 0-12 months)	
<b>2. Caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.</b> <b>Examples of Evidence to Support Yes Response for Safety Factor:</b>	
Caretaker does not recognize need to protect child.	<ol style="list-style-type: none"> <li>1. Do you believe your child?</li> <li>2. Who cares for your child? How often?</li> <li>3. From whom/what does your child need your protection?</li> <li>4. How do you protect your child?</li> <li>5. What would you do if your child came to you and confided that he/she had been harmed by someone?</li> <li>6. Give examples of times when you protected your child.</li> <li>7. Who would you tell if something bad happened to you?</li> <li>8. Do you feel safe with your mother/father?</li> <li>9. Who do you feel safe with? Why?</li> <li>10. Do you think the child would report being abused or neglected to someone?</li> <li>11. Was the caretaker present when the child was harmed? Why or why not?</li> <li>12. Is the child in the care of an adult who is protecting him?</li> </ol>
Caretaker denies the abuse/neglect and refuses to acknowledge any problem.	
Caretaker vacillates in commitment to protect the child.	
Adult rationalizes lack of intervention or blames the child for the abuse and/or neglect (e.g., she had it coming... he needed a whipping; she wouldn't have touched her if she hadn't been flirting).	
Due to cognitive, emotional or physical limitations, the caretaker is unable to protect the child from the perpetrator.	
Adult knowingly places child at risk (e.g., leaves child with known perpetrator).	
Caretaker verbalizes a need to protect child, but remains supportive of the alleged perpetrator.	
<b>3. Caretaker or other person having access to the child has made a plausible threat which would result in serious harm to a child.</b> <b>Examples of Evidence to Support Yes Response for Safety Factor:</b>	
Caretaker directly, or indirectly, threatens to cause serious harm to the child in a believable manner (e.g., kill the child, not feed the child, lock the child out of the home.)	<ol style="list-style-type: none"> <li>1. Are you aware of any direct or indirect threats to hurt your child? If so, what was said?</li> <li>2. Are you concerned about your child being harmed?</li> <li>3. Has anyone followed through with any threats made to your child? If so, what?</li> <li>4. Has your caretaker ever made any threats to harm you?</li> <li>5. Do you feel safe? Why?</li> <li>6. Has anyone in the home threatened to kill or seriously injure the child?</li> <li>7. Who made the credible threat?</li> <li>8. What makes the threat credible (i.e. past history with the family)?</li> <li>9. Is the individual making the threat emotionally stable?</li> <li>10. What access does the individual have to the child?</li> </ol>
Caretaker plans to retaliate against the child for CPS involvement.	
Caretaker threatens the child with extreme or vague but sinister punishment.	
Caretaker uses extreme gestures to intimidate the child.	
Caretaker committed an act that placed the child at risk of significant/serious pain or which could have resulted in impairment or loss of bodily function.	
<b>4. The behavior of any member of the family or other person having access to the child is violent and/or out of control.</b> <b>Examples of Evidence to Support Yes Response for Safety Factor:</b>	<b>Questions</b>
Caretaker(s) who are impulsive, exhibiting physical aggression, temper outbursts or unanticipated and harmful physical reactions, such as smashing or throwing furnishings, breaking furniture, kicking, etc.	<ol style="list-style-type: none"> <li>1. Does anyone having access to the child exhibit extreme reactions to simple statements?</li> <li>2. Are their behaviors impulsive and out of control?</li> <li>3. Do home conditions indicate evidence of out of control behavior? (e.g. holes in walls, broken furniture, broken windows, broken doors).</li> <li>4. What frustrates or angers you?</li> <li>5. What do you do to calm yourself when frustrated or angry?</li> <li>6. Has anyone been involved in a fight where someone was</li> </ol>
Adult in the home has visible injuries resulting from being hit/beaten.	
Use of guns, knives or other weapons to threaten or harm another person.	
Behavior that seems to indicate a serious lack of self-control.	

Individual displays extreme actions or reactions such as physical attacks, violent shaking, or choking.	physically injured? 8. Does anyone have access to weapons? What type?
Caretaker uses brutal or bizarre punishment such as scalding, burning with cigarettes, forced feedings, killing or torturing pets.	9. Where are weapons kept in the home? 10. Do you feel safe? Why?
Bizarre cruelty (locking up children, torture, etc.).	11. Who protects you? How?
5. Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.	
<b>Examples of Evidence to Support Yes Response for Safety Factor:</b>	<b>Questions</b>
Family violence involving physical assault on a caretaker in the presence of a child.	1. Does your partner ever prevent you from leaving home?
Family violence when assaults on a child occur or in which a child may be attempting to intervene.	2. Does your partner destroy items of value to you?
Family violence when a child could be inadvertently harmed even though they may not be the target of the violence.	3. Has your partner ever hit, slapped, pushed or kicked you?
Due to family violence caretaker is unable to provide basic care and/or supervision for the child because of injury, incapacitation, forced isolation, or other controlling behavior.	4. Has your partner ever caused serious harm to you?
Abusive behavior includes frequent use of weapons or threats of homicide/suicide towards the adult or children.	5. Has your partner verbally threatened you?
The family violence is escalating in behaviors.	6. Have the police ever been called for assistance? What happened?
Family violence is occurring in which child witnesses and is fearful.	7. Have you ever pressed charges or filed a restraining order?
	8. Has anyone else in the household acted in a violent manner?
	9. Has the child ever witnessed the event?
	10. Has your partner ever injured the child during an episode of family violence?
	11. Was the child the target of this violence?
	12. Has the child ever tried to intervene during an event of family violence?
	13. What do your parents argue about?
	14. Have you ever witnessed your parents/caretakers hit each other?
	15. How often do your parents fight?
	16. Do you ever try to stop your parents from fighting? How?
	17. What do you do when your parents fight?
6. Drug and/or alcohol use by any member of the family or any person having access to the child places the child in immediate danger of serious harm.	
<b>Examples of Evidence to Support Yes Response for Safety Factor:</b>	<b>Questions</b>
Adult has had multiple periods of incapacitating intoxication (e.g., passing out, emotional collapse) when child(ren) are present.	1. What do you and your friends do together?
Adult is abusing legal or illegal substances or alcohol to the extent that control of his/her actions is significantly impaired.	2. What medication do you take (prescription or over the counter)?
Adult becomes threatening or aggressive while in the presence of the children during periods of substance use.	3. How often/much do you drink? Smoke?
Due to drug and/or alcohol abuse, the caretaker is unable, or will likely be unable, to care for the child.	4. Have you ever used any illegal drugs?
Due to drug and/or alcohol abuse, the caretaker has harmed, or is likely to harm, the child.	5. How frequently do you use?
Adult is currently being arrested and/or incarcerated due to substance abuse, use, and/or trafficking.	6. Where is your child when you use?
	7. Would you be willing to take a random drug test?
	8. Does anyone caring for the child consume alcohol or drugs while caring for the child? How often?
	9. Does anyone in your home use alcohol or drugs?
	10. When do people in your house usually sleep? Get up?
	11. Have you ever seen any drugs, powder, or needles in your home? If so, where?
7. Behavior(s) of any member of the family or any person having access to the child is symptomatic of mental or physical illness or disability that places the child in immediate danger of serious harm.	
<b>Examples of Evidence to Support Yes Response for Safety Factor:</b>	<b>Questions</b>
Caretaker or individual living with the child is delusional; experiencing hallucinations.	1. Are behaviors impulsive and out of control?
Mental health professional has identified need for the caretaker to receive treatment and identified concern for the child's safety if not treated.	2. Do home conditions indicate evidence of out of control behavior? (e.g. holes in walls, broken furniture, broken windows, broken doors).
Caretaker(s) or "others" have a disorder that reduces their ability to control their behavior in ways that threaten safety.	3. What frustrates or angers you?
Caretaker(s) act out or exhibits distorted perception that seriously impedes ability to parent the child(ren.)	4. What do you do to calm yourself when you are frustrated or angry?
Physical or psychological illness or disability is present and negatively impacts the caretaker's ability to meet the basic needs of the child.	5. Do you have any physical or medical diagnosis?
Physical or psychological condition requires lengthy and/or frequent periods of hospitalization in which the caretaker is unable to care for child.	6. Who is the doctor treating?
Intellectually impaired adult places child in physical danger and/or adult is unable to recognize and provide for child's basic needs.	7. Do you take any medications?
Motivation of the caretaker was to harm the child and does not show remorse.	8. Are you attending counseling? Who is your counselor?
Inability to understand and/or provide child's basic needs due to mental/physical illness or disability.	9. Does anyone in the household have any emotional or physical problems? If so, who?
	10. Do you feel safe?
	11. Who protects you? How?
	12. How often do you eat? Who fixes your meals?

<p>8. Caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.</p> <p><b>Examples of Evidence to Support Yes Response for Safety Factor:</b></p>	
<p>Caretaker leaves an infant, toddler or pre-schooler (a vulnerable child) at home alone.</p> <p>Caretaker leaves a vulnerable child alone for days, or overnight (e.g. child expresses fear of being alone, child unable to meet own basic needs, child has unruly/delinquent behaviors).</p> <p>Caretaker allows child to be left for extended periods in the care of a person who is unable to care for the child.</p> <p>Caretaker provides no supervision to developmentally disabled or special needs child.</p> <p>Caretaker does not intervene when a child freely plays with dangerous objects or in dangerous places.</p> <p>Caretaker does not respond to or ignores child's basic needs.</p> <p>Caretaker denies food or water for an extended period of time. Child is not fed food consistently.</p> <p>Child lacks adequate clothing for any environmental situation.</p> <p>Infant has bleeding and/or painful rash that is not being treated as a result of being left for extended periods of time in soiled diapers.</p> <p>Family lacks shelter and they do not access any resources to provide shelter.</p> <p>There is no heat in the home during winter.</p> <p>Child has strong odor and suffers from a skin condition or loss of hair or teeth due to poor hygiene.</p>	<p style="text-align: center;"><u>Questions</u></p> <ol style="list-style-type: none"> <li>How do you meet your children's basic needs?</li> <li>Who helps you when you are unable to provide for basic needs?</li> <li>Does your child ever stay home alone? How often? How long?</li> <li>How far away from home is your child allowed to go?</li> <li>What time must your child be home at night?</li> <li>What time do you usually go to bed?</li> <li>When do you get up in the morning?</li> <li>Who is up when you get up?</li> <li>What do you do after you get up?</li> <li>How many meals do you eat a day?</li> <li>What do you eat?</li> <li>Who makes the meals?</li> <li>Who watches you when caretaker is not here?</li> <li>Do the children beg/ask for food? How often?</li> <li>Do the children play unsupervised outside? How long? How often?</li> </ol>
<p>9. Household environmental hazards place the child in immediate danger of serious harm.</p> <p><b>Examples of Evidence to Support Yes Response for Safety Factor:</b></p> <p>Housing is unsanitary, filthy, infested, a health hazard.</p> <p>Excessive garbage or rotted or spoiled food which threatens health.</p> <p>Room covered with human feces, urine or animal feces freely accessible to children.</p> <p>The physical structure of the house is decaying, falling down.</p> <p>Exposed electrical wiring within reach of children.</p> <p>Medications, hazardous chemicals, alcohol/drugs, or loaded weapons accessible to children.</p> <p>Gas leak.</p> <p>Children have access to potentially dangerous pets in the home.</p> <p>Excessive cockroaches, mice, rats, etc present in the home.</p>	<p style="text-align: center;"><u>Questions</u></p> <ol style="list-style-type: none"> <li>Is there anything dangerous in your house that you think might hurt the child?</li> <li>Is there anything you would like to see changed about your housing situation?</li> <li>Does anything in your home scare you?</li> <li>Do you have access to needles in your home?</li> <li>Where do you put your dirty clothes?</li> <li>Where do you put your trash?</li> <li>Do you have roaches, insects, mice, or rats in your home?</li> <li>Where do you use the toilet in your home?</li> <li>If you could change something about the living conditions what would it be?</li> </ol>
<p>10. Any member of the family or other person having access to the child describes or acts toward child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the child.</p> <p><b>Examples of Evidence to Support Yes Response for Safety Factor:</b></p> <p>Caretaker's only interaction with the child is to threaten or intimidate.</p> <p>Caretaker uses extreme gestures to intimidate child.</p> <p>Caretaker repeatedly describes child in a demeaning or degrading manner.</p> <p>Caretaker transfers their feelings toward someone they hate onto the child.</p> <p>Caretaker believes the child is demonic, possessed, the devil, etc.</p> <p>Scapegoating that results in dangerous behaviors to self. (e.g., suicidal gestures, runaway, alcoholism/drug use/abuse)</p> <p>Caretaker chooses not to assume the parental role and shows no interest in the child for extended periods of time. (abandonment)</p> <p>Child is given responsibilities beyond his/her capabilities that are dangerous. (e.g., young child cooking, ironing, doing carpentry, climbing ladders, caring for infant)</p> <p>Behavior indicates that child is assuming a parental role within the family.</p> <p>Child is consistently and actively excluded from family activities, blamed for everything negative that happens and physically punished for events beyond his/her control resulting in the need for psychiatric help.</p>	<p style="text-align: center;"><u>Questions</u></p> <ol style="list-style-type: none"> <li>How would you describe each child?</li> <li>Are the rules different for each child?</li> <li>Does the child laugh and/or smile often?</li> <li>Is your child sad frequently?</li> <li>Does the child get along well with peers at school?</li> <li>How do you reward your child?</li> <li>Do any of the child's behaviors concern you? If so, what?</li> <li>What are your child's chores?</li> <li>What are the family rules you must follow?</li> <li>Are the rules the same for all your brothers/sisters?</li> <li>What are your jobs/chores?</li> <li>Whom do you go to when you have a problem and need to talk?</li> <li>What are the rules with respect to this particular child?</li> <li>How is the child's peer relationships?</li> <li>What is his/her school behavior and performance like?</li> </ol>

<p>11. The family refuses access to the child or there is reason to believe the family will flee.</p> <p><b>Examples of Evidence to Support Yes Response for Safety Factor:</b></p>	<p style="text-align: center;"><u>Questions</u></p>
<p>Caretaker hides the child or denies access to the child.</p> <p>Caretaker refuses access to the home.</p> <p>Caretaker refuses to speak to CPS.</p> <p>Family has a history of moving frequently in response to CPS intervention.</p> <p>Family has <u>no</u> ties to the community such as a job, home, extended family, etc.</p> <p>Caretaker constantly deceives in respect to the child: the child's condition, home conditions, events and circumstances related to the report and CPS intervention.</p> <p>Family has a history of avoidance with CPS workers and/or law enforcement.</p> <p>Caretaker refuses other community resources to have access into the home that could help the family/child: community action, early intervention, help me grow, home health nurse, medical personnel, etc...</p>	<ol style="list-style-type: none"> <li>1. What is your understanding of why I am here?</li> <li>2. What concerns do you have for your child?</li> <li>3. What are you most afraid of happening?</li> <li>4. What do you need/want to permit me access to your child?</li> <li>5. How can I help you and your family?</li> </ol>
<p>12. Caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.</p> <p><b>Examples of Evidence to Support Yes Response for Safety Factor:</b></p>	<p style="text-align: center;"><u>Questions</u></p>
<p>Caretaker(s) acknowledges the presence of the serious injury or condition, but cannot explain how it occurred.</p> <p>Caretaker's explanation for the serious injury is inconsistent with the type of injury.</p> <p>Medical evaluation indicates the serious injury is a result of abuse, but the caretaker denies or attributes the injury to accidental causes.</p> <p>Facts related to the conditions, the injury or the incident as observed by the CPS worker and/or documented by other professionals contradict caretakers' explanation.</p> <p>Caretaker's description of the injury or cause of the injury minimizes the extent of harm to the child.</p> <p>Caretaker(s) has no explanation or deny any knowledge as to how the serious injury or condition occurred.</p>	<ol style="list-style-type: none"> <li>1. What happened?</li> <li>2. Show me how it happened?</li> <li>3. Did anyone see it happen?</li> <li>4. Where did it happen?</li> <li>5. Has anything like this happened to you before?</li> <li>6. When was the injury first noticed and how did it appear?</li> <li>7. When did the child first appear to be sick or injured?</li> <li>8. Where was the child?</li> <li>9. Who was with the child?</li> <li>10. How did the injury occur?</li> <li>11. What types of discipline do you routinely use?</li> <li>12. Who disciplines the child?</li> <li>13. If others discipline the child, what types of discipline do they use?</li> <li>14. Do the explanations provided correspond to other information (e.g., medical reports, police reports) gathered?</li> <li>15. Are the explanations believable or are they far-fetched?</li> <li>16. Is there information to corroborate the caretaker's(s) explanation?</li> </ol>
<p>13. Caretaker is unwilling or unable to meet the child's serious physical or mental health needs.</p> <p><b>Examples of Evidence to Support Yes Response for Safety Factor:</b></p>	<p style="text-align: center;"><u>Questions</u></p>
<p>Care is not provided for a medical condition that could cause permanent disability if not treated.</p> <p>Emergency medical treatment not provided for a potentially life-threatening condition (injury, illness.)</p> <p>Unreasonable delay in obtaining medical services, which endanger child's life or place child at risk of permanent disability.</p> <p>Failure to give prescribed medication when such failure places child's health or functioning in danger of serious harm.</p> <p>Child medically diagnosed as failure to thrive for non-organic reasons.</p> <p>Child has a serious mental illness (e.g., suicidal or homicidal) which is untreated.</p> <p>Caretaker does not recognize or comprehend the physical or mental health need or views the malady as less serious than it is.</p>	<ol style="list-style-type: none"> <li>1. Does your child have any behavioral problems?</li> <li>2. Does your child have any medical ailments or conditions?</li> <li>3. How is your child's general health?</li> <li>4. When was the last time your child was seen by the doctor/mental health therapist?</li> <li>5. Have you followed through with the provided physical/mental health advice?</li> <li>6. Is your child on any medications for physical and/or mental health reasons?</li> <li>7. Is the medication taken according to the directions?</li> <li>8. What is your understanding of your child's serious physical or mental health needs?</li> <li>9. Does anyone else assist you in meeting these needs?</li> <li>10. What makes you feel sad? How often do you feel sad?</li> <li>11. Have you ever thought about hurting or harming yourself?</li> <li>12. Have you ever attempted to hurt or harm yourself?</li> <li>13. If so, did you or your caretaker seek mental health counseling?</li> <li>14. Did you follow through with recommendations?</li> <li>15. When was the last time you went to the doctor?</li> <li>16. Who takes you to the doctor?</li> <li>17. Do you receive medication as prescribed?</li> <li>18. How do you feel physically?</li> <li>19. Do you feel sick often?</li> <li>20. What happens when you feel sick?</li> </ol>

<p><b>14. Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.</b></p> <p><b>Examples of Evidence to Support Yes Response for Safety Factor:</b></p>	<p><b>Questions</b></p>
<p>Child was engaged in sexual conduct or contact.</p>	
<p>Caretaker makes no effort to prevent and/or forces or encourages child to observe sexual behavior of others. (e.g., parents, pornographic movies)</p>	
<p>Adult engages in behaviors that are sexually stimulating to either party.</p>	
<p>Access by confirmed perpetrator to child continues to exist.</p>	
<p>Child was engaged in sexual conduct or contact.</p>	
<p>Caretaker makes no effort to prevent and/or forces or encourages child to observe sexual behavior of others. (e.g., parents, pornographic movies)</p>	
<p>Adult engages in behaviors that are sexually stimulating to either party.</p>	<ol style="list-style-type: none"> <li>1. What changes have you observed with your child recently, such as sleeping or eating or play habits?</li> <li>2. Have you seen the child regress to old habits again, such as thumb-sucking, bed-wetting, baby-talk, etc.?</li> <li>3. Have you noticed the child touching him/herself or others?</li> <li>4. Does the child have bad dreams, nightmares?</li> <li>5. What kind of interest has the child shown in private parts, sexual activity, sexual talk, etc.?</li> <li>6. What is nap-time (bedtime) like?</li> <li>7. What is bath-time like? Who bathes the child, how often, child's reactions, any special routines, etc.?</li> <li>8. What does the child like to do?</li> <li>9. Is there anything in particular which seems to upset the child?</li> <li>10. Can you name the parts of your body? If the child does not name his or her buttocks, genitals, breasts, etc., the child should be asked to name the parts of the body covered by a bathing suit.</li> <li>11. Have you ever hurt your body?</li> <li>12. Who helps you take care of your body?</li> <li>13. Who helps you put on your clothes; use the toilet; take a bath?</li> <li>14. Do you know what safe touches and unsafe touches are?</li> <li>15. Has anyone ever given you a safe touch? An unsafe touch?</li> <li>16. Do you know what secret touches are?</li> <li>17. Can you give me an example of a secret touch? Has anyone ever given you a secret touch? If someone touched you, who could you tell?</li> </ol>

# Adult Protective Capacities

## Behavioral

The caretaker has a history of protecting	The caretaker exhibits self control	The caretaker comforts the child
The caretaker is physically able to parent	The caretaker possesses adequate energy	The caretaker physically intervenes when child attempts dangerous act
The caretaker creates an organized and routinized home environment for the child	The caretaker demonstrates the ability to adjust to change	The caretaker is able to provide structure for their child
The caretaker demonstrates support for the child	The caretaker utilizes resources to meet the child's basic needs	The caretaker provides the child's basic needs
The caretaker demonstrates impulse control	The caretaker tolerates the stress of parenting	The caretaker demonstrates love, empathy and sensitivity toward the child
The caretaker assigns chores appropriate to the child's age and development	The caretaker takes the child to all necessary medical appointments	The caretaker defers her or his own needs to meet the needs/wants of the child.
The caretaker provides the child with supervision appropriate to age and stage of development	The caretaker utilizes a support network to assist in caring for the child when necessary	The caretaker uses safe/effective coping skills with caring for the child
The caretaker has a capable/competent person supervising the children in the caretaker's absence	The caretaker demonstrates adequate skill in fulfilling caretaking responsibilities	The caretaker demonstrates tolerance in response to the stresses of parenting
The caretaker protects the child from potential harm	The caretaker displays affection for the child (hugs, tenderness, consoles the child)	

Notes:

## Cognitive

The caretaker is reality oriented	The caretaker is aligned with the child	The caretaker does not have cognitive delays or impairments
The caretaker has accurate knowledge of age-appropriate supervision for the child	The caretaker understands the stressors of parenting	The caretaker has adequate knowledge to fulfill caretaking responsibilities and tasks
The caretaker understands the child's development in relation to the child's age	The caretaker has realistic expectations of his or her children	The caretaker has accurate perceptions of the child
The caretaker understands the child's physical abilities in relation to age	The caretaker understands his/her protective role	The caretaker has the ability to effectively/safely problem solve
The caretaker understands the basic needs of the child	The caretaker understands that children need to be protected	The caretaker understands the stressors of parenting
The caretaker understands the child's ability to complete chores	Caretaker understands the child's diagnosis and the child's needs in relation to the diagnosis	The caretaker has the cognitive ability to reason
The caretaker understands the child's physical disability	The caretaker has accurate perceptions of the child	The caretaker understands children need to be comforted emotionally
The caretaker recognizes his or her own frustration when caring for the child	The caretaker understands the child is dependent and must have his needs met by the caretaker	The caretaker understands the needs of the child supersede the needs of an adult
The caretaker has an understanding of the developmental needs of the children		

Notes:

## Emotive

The caretaker expresses love for the child	The caretaker is resilient	The caretaker speaks fondly of the child
The caretaker has a healthy attachment to the child	The caretaker and child have a strong bond	The caretaker recognizes the need to address his/her own emotional needs
The caretaker assumes the authority figure in relation to the child	The caretaker is clear that the number one priority is the well-being of the child	The caretaker meets his or her own emotional needs
The caretaker is willing to care for the needs of his/her child	The caretaker has the desire to care for the child	The caretaker verbally expresses empathy to and for the child
The caretaker reacts to the child appropriately	The caretaker verbalizes a healthy attachment to their child	Caretaker experiences empathy in relation to the child's perspective and feelings
The caretaker's emotional attachment to the child bolsters his/her ability to defer his/her own emotional needs in favor of the child	The caretaker is emotionally able to intervene to protect the child	The caretaker's emotional attachment to the child bolsters his/her ability to defer his/her own physical needs in favor of the child
The caretaker is emotionally stable	Notes:	

## Child Vulnerabilities

### Physical

The child has a physical disability/diagnosis that requires special care and attention (physical therapy, diabetic, developmentally disabled, hearing impaired)	The child is not visible to others outside of the family system
The child's physical appearance does not fit cultural norms (disfigured, obese)	The child is young (birth to five years of age)
The child is small in height or weight	The child cannot verbalize that maltreatment is occurring
The child is immobile	The child's appearance provokes parental hostility (resembles an individual the caretaker does not like)
The child is in a stage of development that creates parental frustration (e.g., the child is not potty trained, has temper tantrums, bites)	The child is physically unable to remove him/her self from a situation
The child's soft spot (on the head) has not yet closed	

### Emotional (Personality)

The child requires intensive physical care (medically fragile, hearing impaired, blind)	The child overreacts to audible noises
The child does not demonstrate an attachment to his or her caretaker	Distractibility – the child cannot tolerate external events or stimulation interferes with or diverts the child from an ongoing activity
Adaptability – the child cannot adapt to intrusions, transitions, and changes without distress	The child cannot tolerate frustration – (how easily the child can withstand the disorganizing effects of limits, obstacles, and rules)
The child is passive and easily influenced	The child requires intense emotional support from his or her caretaker
The child is overly sensitive to physical touch	The child lacks the ability to deescalate him/her self

### Cognitive

The child cannot recognize actions that are neglectful	The child is unable to communicate
The child has a cognitive disability	The child cannot recognize actions that are abusive
The child does not have the ability to problem solve	The child has cognitive delays relative to his/her age
The child has a mental health diagnosis that impacts understanding/reasoning	The child believes he/she is powerless
The child is unable to understand actions of "cause and effect"	

### Behavioral

The child demonstrates provocative behaviors	The child seeks negative attention by agitating others
The child is defiant (physically and/or verbally)	The child demonstrates sexually provocative behaviors including dressing scantily and flirting as a pattern of interaction.
The child resists parental authority	The child is in constant motion
The child has a diagnosis that impacts his/her behaviors (Autism, attention deficit/hyperactivity)	The child reacts intensely to events in his/her environment
The child is argumentative	The child is involved with juvenile court (unruly/delinquent)
The child's energy level is high	The child demonstrates fear of a member of the family system
Child engaged in committing crimes with parents (shoplifting, selling drugs, sex trafficking)	The child is oppositional to authority (teachers, neighbors, other adults)
The child is unable to soothe self	Child parentified

### Historical

The child has a history of abuse (physical, sexual, emotional)	The child is non-communicative regarding their history of abuse/neglect
The child has experienced chronic neglect in his or her life	The child is passive as a result of prior maltreatment
The child has experienced repeated victimization	The child reported feeling powerless in the past
Historically, the child feared a member of the family system	Power and control was used to intimidate the child within the family system
The child is aggressive as a result of prior victimization	

## Child Functioning

The assessment of the child functioning elements is based on the existence of the characteristics and is not conditional to the adult's responses and parenting behaviors for the risk assessment.

### Self-Protection

The caseworker should note the child's age and past experiences of abuse and/or neglect, including how the past experiences may increase the risk of the child being abused or neglected. All children 0-5 years of age should be identified as "RC" for this element. Children 6 years of age and older should be assessed per the remaining criteria.

#### Examples of Risk Contributors

Is 0 – 5 years of age.	Is not visible to others outside of the family system.
Does not verbalize that maltreatment is occurring.	Denies abuse/neglect.
Accepts abusive/neglectful behavior as a way of life.	Blames self for the abuse/neglect.
Is passive as a result of history of CA/N.	

### Physical/Cognitive/Social Development

This element refers to the degree to which a child's physical, cognitive, or social development may increase the risk of the child being abused or neglected.

#### Examples of Risk Contributors

Inability to maintain peer relationships.	Is immobile.
Unable to recognize actions that are neglectful.	Has a specific learning disability.
Unable to problem solve.	Unable to communicate.
Has a cognitive disability.	Small stature and under weight.
Unable to understand actions of "cause and effect."	Unable to recognize actions that are abusive.
The soft spot (on the head) has not yet closed.	Has a cognitive delay relative to age.
Requires intensive physical care (medically fragile, hearing impaired, blind).	Physical appearance does not fit cultural norms (disfigured, obese).
Tests positive for drugs/alcohol at birth and displays signs of withdrawal or other symptoms.	Physical appearance provokes parental hostility (resembles an individual the caretaker does not like).
Has a mental health diagnosis that impacts understanding/reasoning.	Seeks out confrontational interactions with same aged peers.
Current stage of development creates parental frustration (e.g., the child is not potty trained, has temper tantrums, bites).	Diseases affecting motor coordination (e.g., cerebral palsy, muscular dystrophy).
Displays developmental delays (i.e., 6 month old shows little social/emotional response to environment; 9 month old unable to grasp objects, control head, sit up; 3 year old has little or no language development; 3 year old cannot dress or feed self; 4 year old not engaging in interactive play).	Has a physical disability/diagnosis that requires special care and attention (physical therapy, diabetic, developmentally disabled, hearing impaired).

### Emotional/Behavioral Functioning

This element refers to the child's emotional attachment and behavioral reactions/actions that may increase the risk of the child being abused or neglected.

#### Examples of Risk Contributors

Is argumentative with caregiver.	Has an eating disorder.
Seeks negative attention by agitating others.	Cries excessively.
Overreacts to audible noises.	Has a high energy level; in constant motion.
Is overly sensitive to physical touch.	Unable to soothe self.
Lacks the ability to deescalate self.	Runs away from home.
Demonstrates sexually provocative behaviors.	Uses or has an addiction to alcohol and/or drugs.
Involved with juvenile court (unruly/delinquent).	Resistant to toilet training.
Exhibits anti-social behavior (lying, destruction of	Is defiant (physically and/or verbally) to

property, fire-setting, abuses or tortures animals).	caregiver/authority.
Engages in committing crimes (vandalism, shoplifting, selling drugs, sex trafficking).	Requires intense emotional support from his or her caretaker.
Unable to adapt to intrusions, transitions, and changes without distress.	Does not demonstrate an attachment to his or her caretaker.
Unable to tolerate external events or stimulation that interferes with or diverts the child from an ongoing activity.	Unable to tolerate frustration – (how easily the child can withstand the disorganizing effects of limits, obstacles, and rules).
Is oppositional to authority (parent, teachers, neighbors, other adults).	Behavior escalates in response to limit-setting or punishment by caretaker.
Continues to incite adult even after hostile exchange begins.	Does not demonstrate an attachment to his or her caretaker.
	Is sexually and/or physically aggressive toward other children.

## Adult Functioning

The assessment of the adult functioning elements is based on the existence of the adult characteristics and certain elements are relative to the unique child's characteristics for a thorough assessment of risk.

### *Cognitive Abilities*

This element refers to the degree to which a caretaker's/adult's cognitive functioning may increase the risk of the child being abused or neglected.

#### Examples of Risk Contributors

Is not reality oriented.	Lacks understanding and reasoning skills.
Organic or inorganic cognitive impairment.	Cognitive delay subjects child to unsafe situations.
Cognitive impairment allows child to be exploited.	Does not understand supervision of a child.
Does not understand the basic needs of the child.	Does not understand the child's physical abilities in relation to age.
Does not have accurate knowledge of age-appropriate supervision for the child.	Cognitive impairment inhibiting adult from responding to an emergency situation.
Does not understand the child's development in relation to the child's age	Unable to recognize the child's basic needs due to cognitive impairment.
Does not understand the child's ability/inability to complete chores.	Does not understand the common stressors of parenting; has unrealistic expectations of the child.
Caretaker does not recognize/understand need to protect child.	Cognitive delay impacts understanding of sanitary home/disposal of waste.

### *Physical Health*

This element refers to the degree to which a caretaker's/adult's physical health may increase the risk of the child being abused or neglected. The assessment should address the caretaker's/adult's ability to interact, protect, and parent the child.

#### Examples of Risk Contributors

Physical condition inhibits adult from responding to an emergency situation.	Chronic illness reduces capacity to provide for child's basic needs.
Episodic physical impairment that results in an inability to provide for child's basic needs.	Physical condition requires lengthy and/or frequent periods of hospitalization during which the adult is unable to care for the child.
Permanent physical impairment that results in an inability to provide for child's basic needs.	Physical injury that results in an inability to provide for child's basic needs.

### *Emotional/Mental Health Functioning*

This element refers to the degree to which a caretaker's/adult's emotional and mental health functioning may increase the risk of the child being abused or neglected. The assessment should address the caretaker's/adult's

ability to interact, protect, and parent the child. The assessment should include the caretaker's/adult's ability to control impulses, anger, hostility, and physical violence.

#### **Examples of Risk Contributors**

Is not reality oriented.	Lacks understanding and reasoning skills.
Actions reflect desire to harm the child.	Describes child in degrading or demeaning way.
Mental health impairment allows child to be exploited.	Excludes child from family activities regularly.
Does not understand the basic needs of the child.	Does not understand the need to supervise a child.
Does not have accurate knowledge of age-appropriate supervision for the child.	Mental health impairment inhibiting adult from responding to an emergency situation.
Does not understand the child's ability/inability to complete chores.	Does not understand the common stressors of parenting; has unrealistic expectations of the child.
Does not understand the child's development in relation to the child's age	Unable to recognize the child's basic needs due to mental health impairment.
Does not understand the child's physical abilities in relation to age.	Caretaker does not recognize/understand need to protect child.
Does not demonstrate love, empathy, or sensitivity to child.	Mental health impairment impacts understanding of sanitary home/disposal of waste
Blames child for the circumstances/incidents occurring or occurred that are beyond the child's control.	Mental health impairment subjects child to unsafe situations.
Frequent and severe alteration in mood produces extreme fluctuation in the adult's response to the child.	Mental health condition requires lengthy and/or frequent periods of hospitalization during which the caretaker/adult is unable to care for the child.
Emotional instability during which the caretaker/adult is unable to care for the child's basic needs.	Believes that child's misbehavior is intentional to provoke the caretaker/adult.

#### ***Domestic Relations (Domestic Violence)***

This element refers to the degree to which a caretaker's/adult's current and historical relationships and interactions may increase the risk of the child being abused or neglected. The assessment considers the relationship dynamics between the caretakers/adults. The assessment should examine whether a pattern of coercive control exists and results in conflictual or violent interactions thereby impacting the interaction, protection, and care of the child.

#### **Examples of Risk Contributors**

Uses weapons to threaten or harm another person.	Has visible inflicted injuries.
Caretaker/adult believes the other adult will kill him/her.	Family violence in which a child attempts to intervene.
Uses strangulation to threaten or harm another person.	The family violence is escalating.
Exhibits physical aggression, temper outbursts or unwarranted reactions.	Authoritarian or controlling behaviors over other adult/caretaker.
Uses gestures or actions to intimidate or threaten other adults or children in the home.	Exhibits assaultive behaviors toward an caretaker/adult or child.
Acts of family violence interferes with parenting practices.	Family violence in which a child is harmed while attempting to intervene.
Current moderate level of marital or domestic discord that interferes with family functioning.	Little communication, support or attachment between adults; few positive interactions.
Relationships characterized by domestic conflicts, often involving physical violence, that require intervention by police, family, or others.	Caretaker/adult has a history of abusing, torturing or killing a family pet.
Acts of family violence impact the child regardless if the child witnessed the incident (disruption of daily routine, injuries on adult, damage to residence, arrest, and interactions between adults).	

#### ***Substance Use***

This element refers to the degree to which a caretaker's/adult's substance use may increase the risk of the child

being abused or neglected. The assessment considers the substance use and its impact on the following: emotional responses/attachment, physical health, interactions with the child and adults, family finances, employment, and criminal activity. The severity, frequency and types of substances should be considered including the caretaker's/adult's history of substance use.

#### Examples of Risk Contributors

Has periods of incapacitating intoxication.	Inability to care for child due to substance abuse.
Substance use creates problems in social functioning.	Caretaker/adult encourages or allows substance use by minors.
Use, abuse or addiction to substances inhibits judgment pertaining to parenting.	Admissions or hospitalizations for detoxification or physical problems due to substance abuse.
Abusing substances to the extent that control of actions is significantly impaired.	Patterns and/or frequency of substance use is increasing.
Becomes threatening or aggressive during periods of substance use.	The needs of the child become secondary to the use of substances.
Caretaker's/adult's substance use subjects child to unsafe situations.	Regularly uses illegal substances in presence of child.
Arrest(s) and/or incarceration(s) due to substance trafficking.	Substance use causes conflict in the relationships with other adults or children.
Traffic violations, arrest(s) and/or incarceration(s) due to substance abuse/use.	

#### Response to Stressors

This element refers to the degree the caretaker's/adult's response to stressors may increase the risk of the child being abused or neglected. The assessment considers the impact the stressors have on the caretaker's/adult's emotional responses/attachments, physical health, and interactions. The assessment should identify the stressor(s), the resulting behavior(s), and the impact on the care of the child. This element is an assessment of the caretaker's/adult's ability to react and "manage" stressors. The caretaker's/adult's reactions to stressors should be documented as well as addressing how the reactions impact parenting practices. Responses to stressors which do not have negative impacts on the child's care, supervision or provision of basic needs should be identified to support the NRC rating.

#### Examples of Risk Contributors

Is not reality oriented.	Lacks understanding and reasoning skills.
Caretaker/adult subjects child to unsafe situations.	Has an unrealistic expectation of the child.
Inhibits caretaker/adult from responding to an emergency situation.	Does not provide the basic needs of the child.
Exacerbates caretaker's/adult's pre-existing condition such as substance use/abuse, mental health, or physical condition.	Caretaker/adult rationalizes his/her lack of intervention or blames the child for the abuse and/or neglect

#### Parenting Practices

This element refers to the degree to which the caretaker's/adult's parenting practices may increase the risk of the child being abused or neglected. The assessment considers the caretaker's/adult's view of the child, expectations of the child's behaviors, responsibilities assigned to the child, discipline techniques, limit setting, establishing clear boundaries, and parenting decisions. The assessment is of the parenting skills demonstrated by the caretaker/adult in relation to the elements identified within the child functioning category, such as the child's physical health and development. The assessment should identify the parenting practices which are contributing to risk (RC).

#### Examples of Risk Contributors

Does not provide basic needs of the child regularly.	Child is not fed food consistently.
Overwhelmed by task of parenting and results in unsanitary or poor home conditions	Does not dress child in clothes suitable for the season regularly.
Caretaker denies child food or water for an extended period of time.	Does not respond to or ignores child's physical, social or emotional needs.
Does not attend to child's personal hygiene that results	Does not access resources to provide shelter for

in rashes, dirty hair or body odor regularly.	child.
Does not attend medical appointments regularly.	Does not administer required medication to child as directed.
Does not use a capable/competent person to supervise the child in the caretaker's absence.	Does not provide the child with supervision appropriate to age/development.
Child is given responsibilities beyond his/her capabilities that are potentially dangerous (e.g., young child cooking, ironing, doing carpentry, climbing ladders, caring for infant).	Does not recognize or has little understanding of child's level of development and abilities for behaviors/tasks.
Caretaker's behaviors indicate an unwillingness or lack of interest in parenting.	Child's request for attention or affection is ignored or met with hostility.
Does not respond to an emergency situation involving the child.	Caretaker/adult knowingly places child at risk (e.g., leaves child with known perpetrator).
Caretaker's/adult's typical response to misbehavior is anger and harsh punishment (verbal or physical).	Regularly excludes child from family activities.
Provokes child to misbehave (e.g., caretaker/adult teases child to the point that child misbehaves).	Child(ren) appears to be scapegoated in family.
Does not establish clear boundaries, limits or consistent consequences.	Actions reflect desire to harm the child.
Does not demonstrate love, empathy, or sensitivity to child.	Predominately describes child in degrading or demeaning manner.
Only responds to child's negative behavior.	

## Family Functioning

The assessment of the family functioning elements is based on an examination of all members of the family, how they interact and impact one another and the family home environment.

### *Family Roles, Interactions, and Relationships*

This element assesses each member's relationships and roles in the family that may increase the risk of the child being abused or neglected. The dynamics and quality of the relationships between the caretaker and child; child and other adults; child and siblings; and adults should be examined. Caseworkers should also assess the history of these interactions and how they impact family functioning.

#### Examples of Risk Contributors

Caretaker/adult projects blame for family problems onto the child.	Almost complete lack of interaction among family members.
Caretaker/adult denies any problem in the family and any ill effects these problems have on the child.	A member of the family demonstrates almost a total inability to form a relationship with other children/adults in the home.
Child's physical/cognitive/social development negatively impacts the other family members' relationships/roles.	Child's emotional/behavioral functioning negatively impacts the other family members' relationships/roles.
Caretaker's/adult's cognitive abilities negatively impact the other family members' relationships/roles.	Caretaker's/adult's physical health negatively impacts the other family members' relationships/roles.
Caretaker's/adult's domestic relations negatively impacts the other family members' relationships/roles.	Caretaker's/adult's substance use negatively impacts the other family members' relationships/roles.
Caretaker's/adult's response to stressors negatively impacts the other family members' relationships/roles.	Caretaker's/adult's parenting practices negatively impact the other family members' relationships/roles.
Caretaker's/adult's emotional/mental health negatively impacts the other family members' relationships/roles.	

### *Resource Management and Household Maintenance*

This element refers to the degree to which the family's income, economic resources, and home conditions may

increase the risk of the child being abused or neglected. This element refers to the financial resources available to the family to meet and maintain basic needs. The availability and utilization of familial or community services should be examined. An assessment of whether the family has the economic resources to meet the basic needs of the family, including shelter, utilities, food, medical care, and/or clothing should be completed. Additionally, the information regarding the family's living conditions should be included.

#### Examples of Risk Contributors

Housing is unsanitary, filthy, infested, a health hazard.	Exposed electrical wiring within reach of children.
Poor home conditions.	Piles of clothing, trash, boxes, or debris pose a fire hazard.
Family is homeless or moves frequently because they cannot afford to pay rent.	The physical structure of the house is unstable: holes in the floor, ceiling, and walls.
Excessive cockroaches, mice, rats, etc present in the home.	Caretaker's/adult's decision making regarding how to use available income impacts the ability to meet the basic needs of the child.
Family is frequently unable to provide for basic needs, such as food, clothing, utilities, and/or medical care.	Family is not eligible for needed community services to meet basic needs of the family.
Excessive garbage or rotted or spoiled food is not disposed in container.	Room covered with animal feces or urine.
Services needed by the family are available but unknown to the family.	Services/resources needed by the family are not available.

#### *Extended Family, Social and Community Connectedness*

This element refers to the degree to which the dynamics, quality, and frequency of interactions the family has with extended family, friends, kin, and the community that may increase the risk of the child being abused or neglected. The assessment is to include an examination of the family's extended social support network. The assessment should identify whether familial, social and community connections exist, are available, are accessible and positively impact each family member. This element prompts the identification and assessment of familial activities, family and social connections, and cultural norms to determine how they influence identified risk contributors. Caseworkers should assess whether there is a history of stressful or conflictual interactions between family members and their social supports and how the conflict impacts the family system.

#### Examples of Risk Contributors

Does not utilize resources to assist with meeting the family's need for assistance with housing, utilities, transportation.	Unaware of local resources to assist with meeting the family's need for assistance with housing, utilities, transportation.
Lack of or has connections negatively impact the child's physical/cognitive/social development.	Lack of or has connections that negatively impact the child's emotional/behavioral functioning.
Lack of or has connections that negatively impact the adult's emotional/mental health.	Lack of or has connections that negatively impact the adult's physical health.
Lack of or has connections that negatively impact the adult's domestic relations.	Lack of or has connections that negatively impact the adult's substance use.
Lack of or has connections that negatively impact the adult's response to stressors.	Lack of or has connections that negatively impact the adult's parenting practices.

#### **Historical**

The assessment of the historical elements explores the dynamic of the impact on the adults current functioning and risk to the child based on the adults past experiences.

#### *Caretaker's Victimization of Other Children*

This element assesses whether the caretaker and any other adults in the home have a history of victimizing children that may increase the risk of the child being abused or neglected. The caseworker should consider a review of all PCSA and law enforcement records, including any court intervention. The assessment should include the identification of any pattern of abusing children such as the age or gender of the child, specific types of maltreatment, and /or the relationship of the alleged perpetrator to the child's parent. Patterns of victimization should be identified within and outside of the children residing in the current household.

### Examples of Risk Contributors

Caretaker's/adult's past involvement with law enforcement related to crimes against children.	Caretaker/adult has previously had an involuntary termination of parental rights of a biological child.
Caretaker/adult has been identified as an alleged perpetrator in previously substantiated report(s) of abuse/neglect.	Caretaker/adult has a pattern of receiving ongoing services by a child protective services agency.

### *Caretaker's Abuse/Neglect as a Child*

This element assesses the caretaker's/adult's history of abuse and/or neglect as a child that may increase the risk of the child being abused or neglected. The caseworker should consider how past victimization as a child influences the parental role and parenting practices and can be associated with risk contributors identified in the Adult Category and Family Category.

### Examples of Risk Contributors

Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting cognitive abilities.	Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting physical health.
Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting emotional/mental health.	Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting domestic relations.
Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting substance use.	Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting response to stressors.
Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting parenting practices.	Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting physical family roles, interactions and relationships.
Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting resource management and household maintenance.	Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting extended family, social and community supports.

### *Impact of Past Services*

This element assesses the caretaker's/adult's utilization and effectiveness of past services that may increase the risk of the child being abused or neglected. The element considers all of the elements within the adult functioning category that are rated as risk contributors. The caseworker should assess if past parenting practices have been impacted by the past services received. Any behavioral change resulting from the service received should be identified.

### Examples of Risk Contributors

Caretaker's/adult's are not willing to attend a needed service as a result of a prior negative experience.	Caretakers/adults have felt the need to utilize services but have not used a service.
Service providers have refused to provide services to the caretakers/adults as a result of non-compliance or over utilization.	Caretakers/adults have been resistive to receiving any assistance from community support/services.
The service available did not target the specified need of the caretaker's/adult's.	

### *Assessment Notes*


