NEW MEXICO CHILD SAFETY ASSESSMENT GUIDELINES

Safety and the management of safety is a central concern in the provision of child protective services. Where child maltreatment or family conditions create an immediate threat of significant harm to a child, Protective Services (PS) staff must act timely and decisively to assure a child’s safety.

A comprehensive model of safety intervention contains two components. The first component supports safety assessment and decision-making. The second component assists and supports the implementation of safety interventions – known as safety management. Safety management begins with a safety plan and becomes a key focus of the family’s service plan.

Safety assessment and management differ across services. That is, safety assessment and management of a child residing in his/her home during the investigation, during an in-home services intervention, or during a trial home visit differs from safety assessment and management of a youth living independently or of a child in a foster care home.

This safety assessment is designed to be used during the provision of investigation, including investigations in foster homes, in-home and permanency planning services.

Part One: Critical Periods for Safety Assessment

To be effective, PS must assess safety at specific periods to inform critical decisions and case planning. Not only does this recognize that safety issues change as the family moves through the process, but it acknowledges that the agency’s knowledge of the family typically increases over time. The following have been identified as critical periods for safety assessment and re-assessment:

**Begun at the initiation of the investigation and completed prior to the closure of the investigation**

Investigations are prioritized based upon the safety concerns presented to the agency at the time the report is received. Therefore, reports prioritized as “emergency” or “priority 1” have a greater likelihood of involving safety threats of present danger, while reports considered “priority 2” are more likely to involve safety threats of impending danger.

To provide for effective safety management, all investigations need to assess for both present and impending danger when considering the safety threats. The worker begins the safety assessment at initiation and continues to assess for safety threats and protective capacities until sufficient information can be collected to answer all of the items of the assessment instrument. The assessment instrument must be completed at the closure of the investigation. If at any point the worker identifies a safety threat of present danger of severe harm, an immediate protective services response is required. The worker continues the safety assessment after the safety threat has been managed.

**Prior to any decision to physically place the child in foster care**

When sufficient protective capacities do not exist and cannot be added to control or reduce existing threats, the safety decision is that the child is “unsafe”. The only sufficient safety intervention may be the creation of a spatial barrier between the child and the caregiver – that is, placement of the child into foster care.
The decision to place a child into foster care may occur at any point of the family's involvement with PS, e.g., during the investigation, during an in-home services intervention, during protective supervision or while the child is on a trial home visit. The results of the safety assessment are used to inform the removal decision. The worker and the supervisor meet with the Children's Court Attorney and outline the safety threats and efforts to prevent removal or why, given the circumstances, no efforts could be made. This information provides the basis for the petitions or motions to the court to support the desired action.

The worker is not required to duplicate safety assessments. In other words, if a worker completes a safety assessment as part of the investigation or as part of the in-home services intervention and the results indicate removal is necessary, staff involved in the actual physical removal are not required to do another safety assessment, but may use the results of the existing assessment to inform the removal decision.

**In-Home Services**

Many of the formal safety intervention resources available in permanency planning cases are not available in in-home services cases. As a result, the worker and the family must rely on informal and community-based intervention resources. The in-home services worker uses the results of the safety assessment completed during the investigation and reviews any safety plan that is currently in place. Thereafter, safety is assessed monthly at a minimum, with a final assessment conducted prior to anticipated case closure. The safety assessment can be used to support the determination that case closure is appropriate or that an extension of in-home services is warranted.

**Permanency Planning**

As case management continues and the safety plan and case plans are implemented, decisions will be made as to whether or not some or all of the responsibilities for the protections and care of the child can be returned to the family. To inform this decision, the worker reassesses safety at critical points. These include but may not be limited to:

- prior to beginning unsupervised visitation;
- prior to trial home visit;
- prior to discharge of custody; and
- prior to the permanency hearing or judicial review to inform case planning and assess viability of the permanency plan.

Reassessments at these points consider not only if the safety threats remain and if interventions have been sufficient to control or mitigate the safety threats, but also whether any of the case plan strategies have been effective in enhancing parental protective capacity. The lack of enhanced parental protective capacity when adequate and appropriate services have been offered and/or provided informs critical case planning decisions, such as change of plan.

Safety plans are developed with families. Results of safety assessments and safety plans are provided to the family, all PS staff working with the child and family, foster parents and formal and informal service providers. Placement staff can work with foster parents to ensure that they are aware of their role in implementing the safety plan and that foster parents have the supports that they need.

**When there is a significant change in family circumstances that have the potential for impacting safety or safety management.**
The critical points identified above are those typical to most cases. However, the work of PS is often not typical. The worker completes a new safety assessment when the worker or the supervisor determines that there is a significant change in family circumstances that has the potential for impacting safety or safety management.

**Part Two: Identify Safety Threats**

Safety threats must be identified to include both present and impending danger of serious harm. These are defined as follows:

- **Present danger**: immediate, significant and clearly observable severe harm or threat of severe harm is occurring to a child in the present requiring immediate protective services response.
- **Impending danger**: a child is living in a state of danger or a position of continual danger due to a family circumstance. Danger may not exist at a particular moment or be an immediate concern (as in present danger), but a state of danger exists. Impending danger to child safety, or this state of danger, is not always obvious or occurring at the onset of protective services intervention or in a present context. However impending danger can be identified and understood upon more fully evaluating individual and family conditions and functioning.

Indicate the presence or absence of each of the 16 possible safety threats, using all the information collected and known about the family at the point of this assessment. Safety threats are assessed based upon any caregiver and any child in the home. A safety assessment is completed for the family home. For each safety threat identified, the worker documents the specific caretaker and child involved.

A “yes” indicates a safety threat exists and constitutes either a present danger or an impending danger. It is observable and can be described. It is a conclusion, not a suspicion, and can only be indicated when sufficient credible, reasonable, believable information supports the conclusion.

A “no” is indicated when a conclusion is reached that the safety threat does not exist, or at the time of the safety assessment, the information available did not reveal the safety threat.

**Guidelines for each safety threat are as follows:**

1. **The behavior of any member of the household is violent and/or out of control and this behavior places the child in present or impending danger of serious harm.**

   Indicators of this threat include:
   - Extreme physical or verbal angry hostile outbursts at child and/or other family members.
   - Use of brutal or bizarre punishment such as scalding with hot water, burning with cigarettes, forced feeding.
   - Choking or forceful shaking of a baby or child to stop a particular behavior.
   - Behavior that indicates a serious lack of self-control: reckless, impulsive spending; ranging, explosive temper outbursts; unanticipated and harmful physical reactions such as throwing things, etc.
• Caregiver’s behavior outside of home (e.g., drug use, violence, aggressiveness, hostility, etc.) creates an environment within the home that threatens the child’s safety (e.g., drug parties, gang activities, drive-by shootings, etc.)

• Caregiver directs profanity at a child and/or scapegoats a particular child in the family.

2. Any member of the household has extremely unrealistic or negative perceptions and/or expectations of the child given the child’s age or development level and these perceptions place the child in present of impending danger of serious harm.

Indicators of this threat include:

• Caregiver describes child in a demeaning or degrading manner (e.g., evil, stupid, ugly; repeatedly attacks child’s self-esteem); and/or Caregiver perceives child to be the devil, demon-possessed, deficient, or embarrassing.

• Child is required to act in a way this is impossible or improbable for the child given his/her age or development level (e.g., expected not to cry or be still for extended periods; be toilet trained; eat neatly; care for younger siblings; stay alone or supervise other younger children; take care of himself; take care of household responsibilities; care for an adult).

• Child has taken on the identity of someone the Caregiver hates and is fearful or hostile toward, and the Caregiver transfers feelings and perceptions of the person onto the child.

• Child is considered to be punishing or torturing Caregiver.

• Child is the object of jealousy from one Caregiver and is perceived as a detriment or threat to the primary Caregiver’s relationship.

• Caregiver sees the child as an undesirable extension of his/herself, and views the child with some sense of purging or punishing, resulting in extremely harsh/dangerous treatment of child.

• Caregiver experiences conflict with others (e.g., family members, neighbors, friends, police) to be the child’s fault; child is blamed and held accountable for CPS involvement.

• Caregiver unreasonably or in a hostile manner directly associates to the child difficulties, limitations or losses of their freedom, relationships, job, finances, etc.

• Child is openly unwanted.

3. There is reasonable cause to suspect that a member of the household caused serious physical harm or has made a plausible threat of physical harm to the child.

Indicators of this threat include:

• Use of torture or physical force, which exceeded reasonable discipline including serious abuse or injury (e.g., fractures, burns, bruises, welts, bite marks, choke marks, suffocation, poisoning, shooting).

• Caregiver describes disciplinary incidents that have become out of control.

• Action, inaction or threat expressed by caregiver that would result in serious harm (e.g., starve, lock out of home, etc.) or plans to retaliate against the child for CPS investigation.
• Caregiver fears or states he/she will maltreat; describes conditions and situations which stimulate them to think about maltreating; talks about being worried about, fearful of, or preoccupied with maltreating; identifies things that the child does to aggravate or annoy caregiver in ways that make him/her want to attack the child.

• Caregiver is distressed or “at the end of his/her rope” and is asking for relief either specifically (e.g., “take the child”) or generally (“please help me before something awful happens”).

• One caregiver expresses concerns about what the other caregiver is capable of or may be doing.

• Child fails to thrive, and exhibits signs of maltreatment such as starvation/extreme malnutrition, torture, restraint, or lock up from outside world.

• Caregiver exhibits some element of premeditation with sufficient time and deliberation to assure that the action hurts the child. Caregiver’s motivation to teach or discipline is secondary to inflicting pain and/or injury; use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns).

• Caregiver has some awareness of what the result would be prior to the incident and does not acknowledge any guilt or wrongdoing in hurting the child. Caregiver shows no empathy for the pain or trauma the child experiences. Caregiver intends to hurt the child and may feel justified; may express that the child “deserved” it, and they intended to hurt the child.

4. There is serious injury for which there is no reasonable or credible explanation.

Indicators of this threat include:

• Child has sustained multiple injuries on different parts of body including head and face; injuries are in different stages of healing; injuries require medical attention. Child has extensive bruising. Child has sustained internal injuries as a result of abuse.

• Caregiver’s explanation of injury is inconsistent with the type of injury; description of injury minimizes the extent of harm to the child.

• Caregiver acknowledges the presence of injuries and/or conditions but does not explain how they occurred nor seem concerned; pleads ignorant as to how they came to be.

• Child has a credible account of the injury, which contradicts the explanation of the Caregiver; Caregiver denies or attributes injury to accidental causes. Medical evaluation indicates injury is the result of abuse; environmental factors and/or circumstances are inconsistent with type of injury.

• “Battered Child Syndrome” circumstances are present in which family appears to be competent and appropriate, but the child’s symptoms do not match the appearance. Caregiver’s explanation of symptoms is far-fetched or non-existent. Caregiver may express concern for child’s condition, but is unable to explain it.

• Facts related to the condition, incident or injury, as observed by CPS and/or supported by other professionals, contradict explanations. History and circumstantial information are incongruent with the Caregiver’s explanation about injuries and conditions. Caregiver’s verbal expressions do not match emotional response.
5. There is a current report of serious harm and there is reasonable basis to believe that the family is about to flee or the family refuses access to the child.

Indicators of this threat include:

- Caregiver has previously fled in response to a CPS investigation; has removed child from a hospital against medical advice; has a history of keeping the child at home, away from peers, school, and/or other outsiders for extended periods of time.
- Family is highly transient; has little tangible attachment (e.g., job, home, property, extended family, etc.); there is precedence for avoidance and flight; there are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness, etc.); there are or will be civil or criminal complications that the Caregiver wants to avoid.
- Caregiver refuses to speak with CPS; is openly hostile and physically aggressive toward CPS. Caregiver refuses access to the home; hides child; refuses access to child.
- Caregiver avoids all contacts, fails to keep appointments, never shows up, is never home.
- Caregiver consistently lies and deceives in respect to the child, the child’s condition, home conditions, events and circumstances related to the report and CPS intervention.

6. Caregiver will not provide supervision necessary to protect the child from present or impending danger of serious harm.

Indicators of this threat include:

- Caregiver does not attend to child to the extent that need for care goes unnoticed or unmet (e.g., child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to serious hazards, etc. in the caregiver’s presence).
- Caregiver makes impulsive decisions and plans, which may leave child in precarious situations either unsupervised, or supervised by an unreliable person. Caregiver is absent from the home for lengthy periods of time with no other adult available to provide basic care.
- Caregiver abandons child at an institution or with someone who does not know who the Caregiver is.
- Caregiver’s unexplained absence exceeds a few days.

7. Caregiver leaves the child alone and the child is not competent to care for self, or caregiver leaves the child with persons unwilling or unable to provide adequate care, placing the child in present or impending danger of serious harm.

Indicators of this threat include:

- Caregiver leaves child alone (time period varies with age and developmental stage); Caregiver makes inadequate and/or inappropriate baby-sitting or child-care arrangements, or demonstrates very poor planning for child’s care.
- Caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.
• Caregiver arranges care by an adult, but Caregiver’s whereabouts are unknown or has not returned according to plan and the current Caregiver is asking for relief. Caregiver has been gone longer than the person keeping the child expected, or would be normally acceptable.

• Caregiver is or will be incarcerated, leaving the child without a responsible adult to provide care.

• Caregiver allows other adults to improperly influence the child (e.g., drugs, alcohol, and abusive behavior), and the Caregiver is present and approves.

8. The child is in present or impending danger of serious harm because the caregiver is unable or unwilling to meet the child’s immediate needs for food, clothing, shelter, mental health or medical care.

Indicators of this threat include:

• Caregiver does not provide basic needs for child for prolonged periods such as food or drink; starves the child; does not provide housing or emergency shelter. Child is malnourished, has distended stomach, gray skin and/or height or weight is inappropriate for his/her age. Infant has not been feed for 12 hours or more. Child must or is forced to sleep in the street, or a car, etc. Clothes are inadequate to protect child from the elements. Lack of hygiene is so dramatic as to cause or potentially cause serious illness.

• Caregiver does not meet exceptional needs of child, does not seek treatment for child’s immediate and dangerous medical condition or does not follow prescribed treatment for such condition, which endangers the child’s life or causes illness. Caregiver is unable to adequately address the needs of the child because of unusual and/or exceptional conditions (e.g., disabled child). Caregiver cannot or will not address physical or mental condition of child, which if untreated serves as a threat to the child’s safety.

• Caregiver refuses medical care for child’s serious condition based on religious or social reasons. Caregiver does not seek medical or dental services, which endanger child’s life or places child at risk for permanent disability.

• Child is suicidal and Caregiver does not take protective measures.

• Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavior control or serious physical symptoms. Child is lethargic or has flat affect.

• Caregiver has no money, no shelter, is unable to purchase food or clothing. Finances are insufficient to support needs (e.g., medical care), which if unmet, could result in a threat to the child’s safety.

• Caregiver lacks life management skills to properly use resources when they are available and/or uses resources for things other than basic care and support (e.g., drugs). Basic needs are not adequately met.

• Caregiver does not know what basic care is or how to provide it (e.g., how to feed, diaper, protect or supervise child). Caregiver’s knowledge or skill is adequate for some children’s age and development, but not for others (e.g., can take care of infant, but cannot control a toddler).

• Caregiver has an aversion to parenting and/or avoids the responsibilities concerned with parenting and does not attend to basic needs
9. A household member has previously abused or neglected a child, and the severity of
the maltreatment, or the caregiver’s response to the prior incident, places the child in
present or impending danger of serious harm.

Indicators of this threat include:

- Previous maltreatment was serious enough to cause or could have caused severe injury,
harm or death.
- There is an escalating pattern of maltreatment.
- Caregiver does not acknowledge or take responsibility for prior inflicted harm to the child
or attempts to justify incident. Caregiver does not explain injuries or conditions.
- The incident was planned or had an element of premeditation.
- Caregiver actions were not impulsive, there was sufficient time and deliberation to
assure that the actions hurt the child, and it can be assumed that the caregiver had
some awareness of what the result would be prior to the incident. There is no remorse.
- Caregiver intends to hurt the child and shows no empathy for the pain or trauma the
child has experienced; does not acknowledge any guilt or wrongdoing.
- Caregiver may feel justified, may express that the child deserved it, and that he/she
intended to hurt the child.
- A child has died as a result of abuse or neglect; the cause of the child’s death is
uncertain or suspicious.

10. Child is fearful of being harmed by people living in or frequenting the home.

Indicators of this threat include:

- Child exhibits emotional and/or physical responses indicating fear of the living situation
or of people within the home: Cries, cowers, cringes, trembles, or otherwise exhibits or
verbalizes fear, nervousness, withdrawal, etc. Child exhibits severe anxiety (e.g.,
nightmares, insomnia, enuresis) associated with a person in the home.
- Child expresses reasonable fears of retribution or retaliation from caregiver; describes
people and circumstances that are threatening. Child recounts previous experiences,
which form the basis for fear. Child describes personal threats, which seem reasonable
and believable.
- Child exhibits emotional/behavioral disturbances related to situations associated with a
person in the home.
- Domestic violence involving physical and/or verbal assault on a caregiver in the
presence of a child elicits fear in the child for self and others.

11. The household environment or living conditions place the child in present or
impending danger of serious harm.

Indicators of this threat include:

- The physical structure of house is decaying and/or falling down and presents danger of
harm, e.g., windows/doors are open, broken, or missing; electrical wires are exposed;
there is a lack of water or utilities (heating, plumbing, electricity) and no alternative
provisions are made; furnishings, appliances, heating, fireplaces, stoves (e.g., leaking gas from stove or heating unit) are hazardous and accessible.

- Dangerous substances or objects are stored in unlocked lower shelves or cabinets, under the sink, or in the open.
- Housing is unsanitary, filthy, infested. Accumulated garbage or spoiled food is present, which threatens health.
- Living conditions have contributed to serious illness or significant injury, and these conditions still exist, such as human or animal waste throughout living quarters; insect or rodent infestation; lead, poisons, etc.
- Guns and other weapons are stored in unlocked areas and are openly available.
- The home has easily accessible open windows or balconies in upper stories.

12. Sexual abuse/exploitation is suspected and circumstances suggest that the child may be in present or impending danger of serious harm.

Indicators of this threat include:

- Access to the child by possible or confirmed perpetrator continues to exist.
- Caregiver does not protect the child. Caregiver appears to have committed rape, sodomy, or has other sexual contact with the child. Caregiver appears to have forced or encouraged child to engage in sexual activities.
- Sexually-abusive Caregiver has unsupervised access to child.
- Sexual abuse has occurred where the child discloses; circumstances, including opportunity, may or may not be consistent with sexual abuse; Caregiver denies abuse, or blames the child; Caregiver offers no explanation or an unbelievable explanation.
- Child is prostituted or exploited.

13. Caregiver’s impairment due to drug or alcohol use seriously affects his/her ability to supervise, protect or care for the child placing the child in present or impending danger of serious harm.

Indicators of this threat include:

- Caregiver has abused drugs or alcohol to the extent that his/her judgment and actions are significantly impaired, and as a result, is unable to care for the child and/or has harmed the child. Caregiver has addictions or periods of incapacitation due to substance abuse or other drug usage. Other safety threats are present directly related to drug or alcohol abuse.
- Alcohol, drugs or drug paraphernalia are accessible to child.
- Caregiver uses drugs in the presence of child.
- Caregiver drives with child in vehicle when legally intoxicated, or appearing to be incapacitated by substance abuse.
- Methamphetamine-making materials are present in/around the home.
- Adult uses child to sell or transport drugs, or drug transactions occur in the home.
• Caregiver has addictive patterns/behaviors that are uncontrolled, and leaves the child in threatening situations, such as failing to supervise and/or provide basic care.

14. Behavior(s) of any member of the household is symptomatic of mental or physical illness or disability and this condition is uncontrolled and places the child in present or impending danger of serious harm.

Indicators of this threat include:
• Caregiver refuses to follow prescribed medications, which may diminish ability to parent the child.
• Caregiver exhibits distorted perception of reality (e.g., hallucinations) that impacts ability to care for and protect child. Caregiver is delusional.
• Caregiver is unable to manage anger, which leads to excessive and/or inappropriate discipline.
• Caregiver is immobilized by depression resulting in failure to protect and provide basic needs; has feelings of hopelessness or helplessness.
• Caregiver’s disorders reduce his/her ability to control behavior in ways that threaten the safety of the child (e.g., extreme fears, phobias, etc.).
• Caregiver’s intellectual incapacity affects judgment/knowledge in ways that prevent providing adequate basic care.

15. Acts of domestic violence have occurred which affect the caregiver’s ability to care for and/or protect the child from present or impending danger or serious harm.

Indicators of this threat include:
• Child witnesses violence, either physical or verbal assault, and is fearful for self and/or others.
• Child is victim of domestic violence. Child may be attempting to intervene. Child is inadvertently harmed even though he/she may not be the actual target of the violence.
• Caregiver is impulsive, exhibiting physical aggression, temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things).
• Caregiver’s own victimization (past or current) severely interferes with ability to parent or protect child.
• Physical or verbal assault on a Caregiver or other family member in the presence of the child—the child witnesses this activity and is fearful for self and/or others.
• Family violence where the child could be inadvertently harmed even though the child may not be the actual target of the violence.

16. The caregiver’s involvement in criminal activity or the criminal activity of any other person living in or having access to the home places the child in present or impending danger of serious harm.

Indicators of this threat include:
• Caregiver or other person engages in criminal activity either inside or outside of the home, creating an environment within the home which threatens the child’s safety (e.g., drug parties, gangs, drive-by shootings).

**Part Three: Assess Caregiver Protective Capacities**

Caregiver protective capacities are those assets possessed by the caregiver that help to reduce, control or prevent present or impending danger of serious harm. Caregiver protective capacity applies specifically to the adults who live with the child and are responsible for the primary care of a child, including the child’s safety. Identified caregiver protective capacities must be very specific with respect to how they provide for child safety. The PS worker must be able to observe and single them out so that he or she can work with caregivers to develop, enhance, and/or maintain them.

For each protective capacity for each Caregiver, indicate the presence or absence of the protective capacity using all the information collected and known at the point of this assessment. Space is allowed to assess protective capacities for two caregivers. In those circumstances where there are multiple caregivers within the home, the worker identified primary caregivers based upon those adults with legal responsibility for the child’s care.

A “yes” indicates a protective capacity exists; it is observable and it can be described. It is a conclusion, not an assumption, and can only be indicated when sufficient credible, reasonable, believable information supports the conclusion.

A “no” is indicated when a conclusion is reached that the protective capacity does not exist, or at the time of the safety assessment, the information available did not reveal the protective capacity.

Guidelines for each protective capacity are as follows:

**1. Recognizes threats**

Indicators of this protective capacity include:

• Caregiver is aware of likelihood that a child will be mistreated in the future.
• Caregiver understands present or impending danger threats, and his/her capacity to control existing threats.
• Caregiver is aware that he/she is unable or unwilling to provide protection.
• Caregiver can identify and describe present or impending danger of serious harm to the child.

**2. Can articulate a plan sufficient to protect the child**

Indicators of this protective capacity include:

• Caregiver is empowered and able to keep his/her children safe.
• Caregiver can recognize and control threats.
• Caregiver can access family protective resources if necessary, such as relatives, neighbors, friends, professionals involved with the family, acquaintances connected
through formal means such as church members, and members of the community in which caregiver lives.

- Caregiver removes child from environments (home or outside of home) that threaten the child’s safety (e.g., seeks refuge with family members such as grandparents, or friends where the child is protected).

3. Demonstrates protective role and responsibilities; has a history of taking action to protect.

Indicators of this protective capacity include:

- Caregiver supervises and provides basic care for the child.
- Caregiver attends to the child and does not leave him/her alone; or makes adequate provisions for appropriate baby-sitting or child-care.
- Caregiver exhibits consistent behavior that indicates self-control and creates an environment within the home that is nurturing and safe.
- Caregiver shows no addictive pattern/behaviors that are uncontrolled, and does not leave child in situations that threaten his/her safety.

4. Recognizes the child’s needs and holds realistic expectations.

Indicators of this protective capacity include:

- Caregiver is aware and accepting of the child’s needs, including special needs.
- Child is allowed to grow consistent with his/her age or development level (i.e. young baby is not expected to be toilet trained, toddler is not expected to eat neatly, child is not expected to stay alone or supervise other children).
- Child is accepted and recognized as valuable member of the family.

5. Expresses empathy and sensitivity for the child.

Indicators of this protective capacity include:

- Caregiver describes child in a loving, caring manner and supports child’s self-esteem.
- Child is openly wanted.
- Caregiver perceives child as good and an integral part of the family, worthy of praise and support.
- Caregiver sees the child as a desirable extension of his/herself, views the child with some sense of pride and helps him/her to thrive.
- Caregiver displays the ability to identify with and understand the child’s feelings or difficulties.
- Caregiver shows concern, kindness and consideration for the child’s feelings or difficulties.

6. Has the cognitive capacity and has adequate knowledge to protect the child, including using resources necessary to meet the child’s basic needs

Indicators of this protective capacity include:
• Caregiver has an intellectual capacity, which supports providing adequate basic care, and is competent to protect child from danger or serious harm.

• Caregiver is truthful and consistent with respect to the child, the child’s condition, home conditions, events and circumstances related to the child’s wellbeing.

• Caregiver is aware of and provides basic needs such as shelter, food, clothes, education and communication with other family members and outside world.

• Caregiver provides medical care and dental services that protect health and wellbeing of child.

• Finances are sufficient to support needs, and caregiver has ample life management skills to properly use resources when they are available.

• Caregiver’s knowledge or skill is adequate for child’s age and development.

• Caregiver embraces parenting role.

7. The caretaker accurately processes the external world without distortion.
   Indicators of this protective capacity include:
   • Caregiver has no substance abuse or addiction problems.
   • There is no indication of distorted perception of reality (i.e. hallucinations) or delusions.
   • Caregiver is hopeful and resourceful, is able to manage anger, and is not depressed.

8. Has the capacity to learn from an experience and apply it to a new situation.
   Indicators of this protective capacity include:
   • Caregiver has awareness of cause and effect.
   • Caregiver has a genuine desire to learn how to teach or discipline the child in a positive manner
   • Caregiver applies learning from past mistakes and successes.

9. Is emotionally able to intervene and protect.
   Indicators of this protective capacity include:
   • Caregiver is content and able to handle the demands of parenting.
   • Caregiver has awareness of what is necessary to maintain balance between parenting and his/her own emotional wellbeing.
   • Caregiver is involved in respite activities and diversions that relive stress of parenting.
   • Caregiver is able to meet own emotional needs.
   • Caregiver is able to take some action or is willing to get involved in a situation in order to change what is happening, especially to protect the child.
   • Caregiver is willing to intercede on behalf of child in the event of conflict with others (i.e. family members, neighbors, friends, etc.).
   • Caregiver does not blame or hold child accountable for difficulties, limitations or losses of freedom, relationships, job, finances, etc.
10. **Is resilient as a caregiver.**

Indicators of this protective capacity include:
- Caregiver is able to recover quickly from setbacks.
- Caregiver views challenges as an opportunity for growth.
- Caregiver has the ability to cope with stress.

11. **Is adaptive as a caregiver.**

Indicators of this protective capacity include:
- Caregiver is willing and able to change to suit different conditions or a different purpose.
- Caregiver is able to become used to a new environment or different conditions.
- Caregiver does not hold child accountable for changes in situation or environment and is not hostile to child because of changes.
- Caregiver is willing to be persuaded or influenced in order to mediate conflict or find reasonable solutions to problems.

12. **Sets aside her/his needs in favor of the child.**

Indicators of this protective capacity include:
- Caregiver keeps appointments, shows up, and is available to the child.
- Caregiver provides adequate resources to care for the child.
- Caregiver is willing and able to provide supervision necessary to protect child from potentially serious harm even if this undermines other relationships.
- Caregiver is clear that their priority is the wellbeing of the child.

13. **Demonstrates tolerance.**

Indicators of this protective capacity include:
- Caregiver can accept differing views of other people, (i.e. in religious or political matters, in child-raising styles, etc.) and exhibits fairness toward the people who hold these different views.
- Caregiver is capable of putting up with something or someone who is irritating or unpleasant.
- Caregiver is reasonably happy and satisfied with the way things are.

14. **Demonstrates sufficient impulse and emotional control.**

Indicators of this protective capacity include:
- Caregiver is willing to accept difficult situations without emotional outburst or other impulsive behavior.
• Caregiver has awareness of reasonable course of action in teaching or safely disciplining the child.
• Caregiver exhibits control of anger.
• Caregiver has not allowed disciplinary or other incidents to become out of control.
• Caregiver is able to control anger.

15. Is physically able to protect.

Indicators of this protective capacity include:
• Caregiver possesses the physical ability to intervene to protect the child.
• Caregiver has no obvious physical limitations that would prevent protecting the child.

16. Caregiver and child have a strong emotional bond and positive attachment.

Indicators of this protective capacity include:
• Caregiver embraces parenting role and provides basic care and support to the child.
• Child is content and confident with people living in or frequenting home.
• Child is openly loved, is hopeful and does not exhibit emotional/behavioral disturbances related to situations associated with a person(s) in the home.
• Caregiver attends to the wellbeing of the child and the child responds in a healthy manner.

**Part Four: Make the Safety Decision**

The safety decision is based on the presence of safety threats and the protective capacities that offset, mitigate, and/or control those threats. In order to make a decision of safe, conditionally safe, or unsafe, the worker describes each Safety Threat checked “Yes” in terms of the specific persons, behaviors, conditions and circumstances associated with that particular safety threat. Then for each Safety Threat, the worker lists and describes all protective capacities, by caregiver, that are sufficient to offset, mitigate and/or control the threat of immediate or impending danger of serious harm.

Based on the analysis of safety threats and the presence or absence of protective capacities that offset, mitigate and/or control the threat of immediate or impending danger of serious harm, the worker will make the safety decision by indicating whether the child is safe, conditionally safe, or unsafe as follows:

- The child is **safe**. There are NO safety threats placing the child in immediate or impending danger of serious harm. Safety threats do not exist or have been removed. No safety plan is required.

- The child is **conditionally safe**. One or more safety threats placing the child in immediate or impending danger of serious harm were identified. However, one or more protective capacities have been identified and documented that offset, mitigate, and/or control the
threat of immediate or impending danger of serious harm. No safety plan required as the family is effectively addressing safety threats.

☐ The child is unsafe. One or more safety threats placing the child in immediate or impending danger of serious harm were identified. There are not sufficient protective capacities to offset, mitigate and/or control the threat of immediate or impending danger of serious harm. Address the specific threat, parents have ability and evidence that they practice

Once the worker has made the safety decision, he or she provides a narrative description in the space provided that summarizes the information that led to this decision.