

Assessing Safety in an Unlicensed Home **When Using a Protective Plan**

When a child is moved to an unlicensed home with agreement of a parent as part of a Protective Plan, this policy along with Appendix V of the Wisconsin Child Welfare Ongoing Services Standards is used to assess safety of the unlicensed home.

(*Excerpt From the Child Protective Services Safety Intervention Standards)

***III.A. Evaluating Safety in Unlicensed and Licensed Homes When Placing a Child in Out-of-Home Care as Part of a Protective Plan**

Whenever CPS implements an out-of-home protective plan either in a licensed or unlicensed home to control present danger threats, CPS must assess and evaluate the safety of the placement setting as outlined below:

- Prior to implementing the out-of-home protective plan, CPS must assess and evaluate the safety of the placement through direct contact with the substitute caregiver. This also includes a discussion of the expectations and their role in the protective plan as well as any issues related to the care of the child.
- Prior to a child's placement with an unlicensed caregiver (e.g. relatives, friends, neighbors), CPS must request a check of law enforcement records on all individuals residing in the identified placement home. If a home visit is not conducted at the time of the time of placement in an unlicensed home, CPS must document in the family case record how child safety was ensured in the placement setting.
- When a home visit is not conducted at the time of placement in an unlicensed home, CPS must, within 24 hours of placement, conduct a home visit to assess safety and the home conditions, and to assist the caregiver in setting up whatever provisions are needed for the care of the child.
- When a child is placed in an unlicensed home, a CPS records check must be completed within 24 hours of placement.
- Within five (5) working days of placement in a licensed home, CPS must conduct a home visit to reassess the home conditions and assist the caregiver in setting up whatever provisions are needed for the care of the child.

Wisconsin Child Welfare Ongoing Services Standards
Appendix V

Placement Danger Threats

Definitions and Examples

Out-of-home care provider refers to the foster parent, relative out-of-home care provider or any other adult providing care in the placement home. This includes adults who are being considered as potential out-of-home care providers and actual out-of-home care providers in the course of placement.

Child refers to the child for whom the safety assessment is being conducted. This is the child who may be placed or is currently placed in the placement home. In addition, some Placement Danger Threats refer to the experience of other children (out-of-home care provider's own children or other placed children) in the home as a source of information.

The 17 Placement Danger Threats are defined below with bulleted examples.

P1. Out-of-home care provider or others in the home are violent or out of control.

Consider out-of-home care providers, children in the home and others who are frequently in the home and may, therefore, be a threat to the placed child. This refers to people who are imposing and threatening, brandishing weapons, known to be dangerous and aggressive, or currently behaving in attacking, aggressive ways. Consider information provided by others, from records and from direct observation.

- Intimidating, hostile, violent, aggressive individuals generally observable and in direct interaction with CPS.
- People who carry guns or other weapons.
- Adults known to have a history of violence and trouble with civil authorities.
- Children known to have a history of violence and that behavior is not responsive to behavior control and management within the home.
- Hostile, aggressive behavior within the community; against non-family members; fighting.
- Children within the placement home who victimize other children physically or sexually and that behavior is not responsive to behavior control and management within the home.
- Extreme physical or verbal, angry or hostile outbursts at children or other family members.
- Use or reference to use of guns, knives or other instruments in a violent and threatening way.
- Communication and behavior that seems reckless, unstable or explosive.

Domestic Violence:

There is currently domestic violence in the home that poses a risk of serious physical or emotional harm to the child. This may be identified by a history of domestic violence, current records of active violence in the home or reports by reliable sources such as family members, neighbors or professionals. The children referred to in the examples are those who have resided in the home rather than the child being considered for placement.

- There is currently a pattern of physical violence to a out-of-home care provider by a spouse or other partner.

- Agency or law enforcement records of domestic violence.
- Family's own child was previously injured in domestic violence incident.
- Family's own child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- Family's own child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence.
- Use of guns, knives or other instruments in a violent, threatening, or intimidating manner.
- Evidence of property damage resulting from domestic violence.

P2. Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations.

The word "predominantly" is meant to suggest perceptions which are so negative they would, if present, create a threat to a child. These types of perceptions must be inaccurate with respect to the child. Although this includes both relative and foster out-of-home care providers, it is more likely to apply to those who are already familiar with the child.

- The child is seen as evil, stupid, ugly or in some other demeaning or degrading manner.
- The out-of-home care provider transfers feelings and perceptions of a person the out-of-home care provider dislikes, is hostile toward, or fears to the child.
- The child was/is unwanted in the family or placement.
- The child is considered a burden, nuisance or punishment.
- One of the out-of-home care providers is competitive with or harbors ill will toward the child because the child is or is believed to be special or favored by the other out-of-home care provider.
- The out-of-home care provider directs a pattern of profanity toward the child or repeatedly attacks child's self-esteem.
- The out-of-home care provider scapegoats the child.
- The out-of-home care provider requires the child to perform or act in a way that is impossible or improbable for the child's age or developmental level (e.g., babies and young children expected not to cry; expected to be still for extended periods; be toilet trained or eat neatly).
- Out-of-home care provider has a history of expecting other children to behave in a manner that is impossible or improbable for the child's age or developmental level.

P3. Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee.

This refers to specific and observable behavior, emotions or communication indicating the intent to avoid CPS. Fleeing is more likely to apply to relative placements. The concern is heightened when the family has a history of physically moving from place to place; has had many jobs for brief periods of time or has limited property to tie them down.

- Out-of-home care provider advises CPS that they will not be needed or that close contact is not warranted or desired.

- Out-of-home care provider is inaccessible and unavailable, particularly in early encounters.
- Out-of-home care provider cancels initial appointments, does not show up for meetings, cuts short meetings or phone calls.
- Out-of-home care provider is reluctant to make the placed child available.
- Out-of-home care provider disagrees or argues with CPS about needed involvement and intervention at first encounter.

P4. Out-of-home care provider communicates or behaves in ways that suggest that s/he may fail to protect child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child.

This applies when the out-of-home care provider does not understand or have the ability to shield the child from threats originating with others in the household. It may include circumstances where the out-of-home care provider's loyalties to the other individual interfere with the out-of-home care provider's willingness or ability to make the protective role to the child the first priority.

- Out-of-home care provider has an inaccurate view of known threat originating with others in the home due to their behavior or emotion or minimizes this threat.
- Out-of-home care provider has a history of association with individuals who may pose a threat to the child and the out-of-home care provider sees no need to control access to the home to protect the child.
- Out-of-home care provider has a history of association with individuals who may pose a threat to the child and the out-of-home care provider is unable to regulate their access to the home.
- The child is maltreated in the placement home by another family member, household member or individual having regular access to the child.

P5. Out-of-home care provider is unwilling or unable to meet the child's immediate needs for food, clothing, shelter or medical care.

When assessing placement situations, it may be necessary to speculate about the potential for meeting a placed child's basic needs. Beyond the out-of-home care provider's intent or ability, one must assess the availability and accessibility of necessary resources. Following placement, evidence of not meeting basic needs may become more apparent.

- Other children in placement home appear malnourished.
- Family has limited, inadequate resources, finances, etc.
- Evidence of out-of-home care provider withholding necessary resources from own or other placed children.
- Out-of-home care provider does not seek medical treatment for other children's immediate and dangerous medical conditions or does not follow prescribed treatment for such conditions.
- Out-of-home care provider perceives and describes medical needs inaccurately; fails to see seriousness of need.
- Out-of-home care provider holds beliefs that prevent him/her from seeking medical care.

- No food provided or available to the child or child deprived of food or drink for prolonged periods since the placement began.

P6. Out-of-home care provider has not protected the child, or will not or is unable to provide supervision necessary to protect child from potentially serious harm.

At the time of placement, this must include the ability of the out-of-home care provider to be available to provide appropriate supervision or arrange such by another responsible adult over time. During the placement of the child, this refers to the actual availability of and quality of supervision. Assessment of supervision must consider the development of the child and circumstances of the home, in terms of potential dangers.

- Out-of-home care provider is likely to be absent from the home for periods of time inappropriate to the child's development; no other adult is available to provide supervision.
- Out-of-home care provider has arranged for care by another adult in his/her absence but the plan is inadequate.
- Out-of-home care provider has obligations that will leave the home without a responsible adult.
- Though present, the out-of-home care provider does not attend to the child to the extent that the child's need for care goes unnoticed or unmet (e.g., although out-of-home care provider is present, child can wander outdoors alone, play with dangerous objects or be exposed to other serious hazards).
- Out-of-home care provider leaves child alone (time period varies with age and developmental factors).
- Out-of-home care provider makes inadequate or inappropriate child care arrangements or demonstrates very poor planning for child's care.
- The overall level of child care responsibility in the home results in the out-of-home care provider's inability to meet this child's needs for supervision.

P7. Child has exceptional needs or behavior which the out-of-home care provider cannot or will not meet or manage.

This includes conditions that may be organic (e.g., cognitive disability, acute medical need, etc.) or result from maltreatment (e.g., mental health issue, etc.). The condition must be serious, in that it has immediate implications and consequences. The threat includes the child's behavior being a threat to him or herself. The key issue is that the out-of-home care providers cannot or will not meet the child's needs or manage the child's behavior.

- The child has a physical or mental condition that, if untreated, serves as a threat of harm, and
 - Out-of-home care provider does not recognize the condition, or
 - Out-of-home care provider views the condition as less serious than it is, or
 - Out-of-home care provider refuses to address the problem for religious or other reasons, or
 - Out-of-home care provider lacks the capacity to fully understand the child's condition or the threat of harm.
- Child has suicidal thoughts or behaviors that the out-of-home care provider cannot or will not manage.
- Child will run away; out-of-home care provider cannot or will not manage.

- Child's emotional state is such that immediate mental health/medical care is needed; out-of-home care provider cannot or will not manage.
- Child is a physical danger to others; out-of-home care provider cannot or will not manage.
- Child abuses substances; may overdose; out-of-home care provider cannot or will not manage.
- Child is so withdrawn that basic needs are not being met; out-of-home care provider cannot or will not manage.
- Child has self-inflicted, severe injuries; out-of-home care provider cannot or will not manage.
- The overall level of child care responsibility in the home results in the out-of-home care provider's inability to meet this child's exceptional needs.

P8. Child is profoundly fearful or anxious of home situation.

This does not refer to general fear or anxiety. Most children entering placement are anxious about the unknown circumstances of the placement. This refers to circumstances where the child to be placed is familiar with the potential placement family and is afraid of being placed in this particular home. When the child has been living in the placement home, this refers to fear and anxiety related to remaining in the placement.

- Child demonstrates emotional and physical responses indicating fear of the specific home or people within the home – crying, withdrawal, etc.
- Child states fearfulness and describes people or circumstances that are reasonably threatening.
- Child recounts previous experiences that form the basis for fear.
- Child's describes threats against him or her that seem reasonable and believable.
- Child's fearful response escalates in the presence of the placement out-of-home care provider or in the placement home.
- Child has reasonable fears of retribution or retaliation from out-of-home care provider.

P9. Out-of-home care provider's home has physical living conditions that are hazardous and immediately threatening.

This applies when living conditions pose an immediate threat having serious health and life implications. Unkempt and dirty homes do not meet this definition. The judgment of an immediate threat must consider the child's vulnerability.

- Dangerous substances or objects are stored in a manner that makes them accessible to the child.
- Lack of water or utilities (heat, plumbing, electricity) with no adequate alternative provisions.
- Environmental hazards, such as leaking gas, exposed electrical wires or broken windows.
- Garbage, spoiled food, infestation or animal waste that threatens health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Guns or other weapons are not locked.

P10. Out-of-home care provider's drug or alcohol use appears to or could seriously affect his/her ability to supervise, protect or care for the child.

This refers to those who, because of the use of substances, are out of control, acting unpredictably or incoherent and are, therefore, unable to provide for the child. This may be observed at first encounter or may be known from other sources. This may be identified once the child is living in the placement home and prevent the out-of-home care provider from consistently providing for the child.

- Out-of-home care provider is incapacitated due to substance use at first contact.
- Out-of-home care provider's substance abuse problem renders him/her incapable of routinely and consistently attending to the basic needs and care of the child.
- Alcohol, drugs or drug paraphernalia are accessible to the child.

P11. Out-of-home care provider's emotional instability, mental health issue or disability appears to or could seriously affect his/her ability to supervise, protect or care for the child.

This refers to out-of-home care providers that possess mental disorders or cognitive limitations that affect their physical, emotional or cognitive capacity with respect to child safety. They may make poor judgments, cannot effectively problem solve, have deficient reality perception, are ineffective planners or have emotional states that interfere with basic responsibilities to the child. This threat may apply even though there has not been an official diagnosis of a condition or disorder.

- Refusal to follow prescribed medications may prevent the out-of-home care provider from adequately caring for child.
- Out-of-home care provider exhibits distorted perception of reality (e.g., hallucinations) that impacts ability to care for and protect child.
- Out-of-home care provider's inability to manage anger leads to excessive or inappropriate discipline.
- Depressed behavioral symptoms result in inability or failure to protect and provide basic care.
- Out-of-home care provider's cognitive delay interferes with the ability to consistently meet the child's needs.

P12. Out-of-home care provider's physical health or physical condition appears to or could seriously affect his/her ability to supervise, protect or care for the child.

This refers to out-of-home care providers who have an acute or chronic illness that compromises their ability to supervise the child or their capacity to provide care to the child at a level that affects child safety. This also includes physical conditions and limitations that interfere with the ability to physically provide care required for the child's level of vulnerability and dependence.

- Out-of-home care provider's level of energy is insufficient to routinely and consistently meet the needs of the child.
- Out-of-home care provider experiences periods of physical incapacitation that cannot be anticipated and planned for.
- Out-of-home care provider has sensory limitations (e.g., hearing, vision) that interfere with the ability to meet the child's basic needs and are not adequately managed.
- Out-of-home care provider is unable to manage the physical demands (e.g., carrying, lifting) of caring for the child.

- Out-of-home care provider's physical health or physical condition renders him/her incapable of routinely and consistently attending to the basic needs and care of the child.

P13. Out-of-home care provider has previously maltreated a child and the severity of the maltreatment or the out-of-home care provider's response to that incident suggests that safety may be a current concern.

This refers to the out-of-home care provider's previous maltreatment of his/her own children or a previous child placed with the out-of-home care provider. This may be identified when considering placement or may be discovered after a child has been placed.

- Previous maltreatment was serious enough to cause or could have caused severe injury or harm.
- Out-of-home care provider had retaliated or threatened retribution against a child in a past incident.
- Escalating pattern of maltreatment.
- Out-of-home care provider does not acknowledge or take responsibility for prior inflicted harm to a child or attempts to justify a prior incident.
- Out-of-home care provider does not explain prior injuries or conditions.

P14. Out-of-home care provider sees the child as responsible for the problems of the out-of-home care provider or the problems of the child's parent.

This refers to out-of-home care providers who blame the child and consider the child as the cause of the problems of the child's parents. Out-of-home care providers may blame the child for problems that they are experiencing themselves. This includes out-of-home care providers who give evidence of anticipating problems with the child.

- Child is blamed and held responsible for his/her parent's problems, for CPS involvement or for the placement.
- Out-of-home care provider directly associates difficulties in his/her life, limitations to freedom, financial or other burdens to the child.
- Conflicts that the out-of-home care provider experiences with others (family members, neighbors, school, police, etc.) are considered to be the child's fault.
- Losses the out-of-home care provider experiences (job, relationships, etc.) are attributed to the child.
- Lack of success as a placement out-of-home care provider is blamed on the child.

P15. Out-of-home care provider justifies the parent's behavior; believes the parent rather than CPS and/or is supportive of the parent's point of view.

This refers to circumstances in which the out-of-home care provider aligns with the parent's view of the situation which resulted in placement or justifies the parent's position though it is contrary to CPS and not accurate. This viewpoint results in a lack of empathy for the child and interferes with their ability to cooperate with CPS in managing the placement.

- Out-of-home care provider believes the parent has been wrongly accused.
- Out-of-home care provider believes the parent's account over that of the child or CPS.
- Out-of-home care provider acknowledges the parent's problems but makes excuses for them or justifies their actions based on the child's behavior or other circumstances.

- Out-of-home care provider believes CPS is overreacting and exaggerating.

P16. Out-of-home care provider indicates the child deserved what happened in the child's home.

This refers to out-of-home care providers who believe that whatever happened in the child's home was justified by things the child did or qualities of the child.

- Out-of-home care provider believes that a sexual abuse victim was asking for or provoking the sexual contact.
- Out-of-home care provider believes the child is old enough to care for him/herself and, therefore, responsible for lack of necessary care.
- Out-of-home care provider considers the child's behavior provocative and that this justifies parental maltreatment.

P17. Out-of-home care provider will not enforce restrictions required by the protective, family interaction or safety plan.

This refers to out-of-home care providers who are unable or unwilling to follow CPS requirements for contact between the child and parent.

- Out-of-home care provider believes the restrictions on the plan are unnecessary and, therefore, will allow unauthorized contact.
- Out-of-home care provider sees the restrictions as unimportant and, therefore, will not consistently exert control necessary to enforce them.
- Out-of-home care provider allows unauthorized phone calls or physical contact between the child and parent in the home or at any other location.