

THE PHILADELPHIA DEPARTMENT OF HUMAN SERVICES
Children and Youth Division
Policy and Procedure Guide

Issue Date: February 24, 2010

TO: All CYD Social Work Services Staff (SWSS)¹ and In-Home Service Providers

FROM: Dell Meriwether, Deputy Commissioner 
Pamela Mayo, Operations Director 
Paul Bottalla, Policy and Planning Director 

RE: Safety Assessment Process during Investigations/Assessments, for Ongoing In-home Services, and for Children and Youth in Out-of-Home Care

Effective: Immediately

Purpose:

The purpose of this guide is to revise and clarify the existing policy, to inform staff of the process for completing Safety Assessments for children/youth placed in out-of-home care, and to introduce the revised Safety Assessment Worksheet. This guide replaces the "Safety Assessment Process during Investigations/Assessments and for Ongoing In-home Services" guide, issued February 5, 2008.

Revisions:

Changes made to current policy and documentation include:

- The policy has been revised to require that Safety Assessment Worksheets be completed on the children's primary residence or reunification resource, and the people who reside there, rather than on the home where the abuse occurred or the children's placement residence.
- When completing the Safety Assessment Worksheet, the determination for each threat as to whether the threat meets the threshold **or does not meet** the threshold must be explained. Before, only threats that met the threshold required an explanation.
- The Social Work Supervisor must review, approve and sign the Safety Assessment Worksheet within 72 hours of its completion by the DHS worker.

Clarifications made to current policy and documentation include:

- The definition of "Impending Danger" has been revised to clarify that the near future includes later today, tomorrow and up to, but not exceeding, 60 days.
- The definitions of "Safety Decision" "safe", "safe with a comprehensive safety plan" and "unsafe" have been revised to clarify that the children's safety is being considered primarily in the children's primary residence or reunification resource.
- Each responsible party on a Safety Plan must sign for the Safety Plan to be valid.
- The timing of the Safety Assessment required after a case is transferred has been clarified.

Additions made to current policy and documentation include:

¹ Social Work Services Staff (SWSS) refers to the CYD chain of command including Social Work Services Trainees, Social Work Services Managers 1, Social Work Services Managers 2, Social Work Supervisors, Social Work Administrators, and Human Services Directors.

- The interval policy has been revised to include safety assessments for children in placement.

Discussion:

Safety is the primary focus of child welfare services, and informs and guides all decisions made from intake through case closure, including removal and reunification decisions. Information gathering is the foundation of safety assessment and should occur at every contact throughout the life of the case.

Safety analysis and decision-making uses all available information to decide whether a safety plan is needed and what specific interventions are available and accessible to control identified threats to children. The interventions provided may be in-home, out-of-home or a combination of the two.

Decisions concerning safety cannot be made solely on the DHS worker's observation of the family. Family members hold information critical to making a sound safety decision and must be engaged and encouraged to share necessary information. In addition, the role of the DHS supervisor in providing consultation, support, oversight and approval of the safety assessment (as documented on a Safety Assessment Worksheet and/or in structured case notes), safety decision and safety plan is critical. One of the primary functions of the supervisor is to ensure the quality of work related to safety decision-making and management.

The Policy and Procedure guide "Safety Assessment Process during Investigations/Assessments and for Ongoing In-home Services" issued February 5, 2008, was only intended to address safety assessment, decision-making and planning for children during investigations/assessments and while receiving in-home services. It did not address safety assessment, decision-making and planning for children in placement. For children in placement, just as for children and families during investigation or who are receiving in-home services, safety is the primary focus of services, and informs and guides all decisions, including removal and reunification decisions. The foundation of safety assessment is information gathering. Additionally, at the State's instruction, the previous guide instructed that a Safety Assessment was to be completed on the home where the abuse occurred. This is being revised because, regardless of where abuse occurs, the focus of the Safety Assessment is to determine the caregiver's ability to protect the children from harm.

Definitions:

The following words and phrases are used within the context of the Safety Assessment and Management process.

- **Safety Assessment and Management Process:** The on-going method of assuring the safety of children. There are five phases to this process: Safety Assessment, Safety Analysis, Safety Decision, Safety Plan and Management. This process can be applied to children who are in their own home or in a placement setting.
- **Safety Assessment:** The continuous process of collecting information related to child safety in six domains to identify threats to safety and protective capacities. The Safety Assessment determines whether children at home can remain safely in their home of origin or, if children in placement can be safely reunited. These domains include the extent of maltreatment, circumstances surrounding the maltreatment, child functioning, adult functioning, parenting and discipline.
- **Safety Threats:** The conditions or actions within the children's home of origin or reunification resource that represent the likelihood of imminent serious harm to the children. There are two types of safety threats:
 - **Present danger** is an immediate, significant and clearly observable family condition (severe harm or threat of severe harm) to children occurring in the present.

- **Impending danger** refers to threatening conditions that are not immediately obvious or currently active but are out of control and likely to cause serious harm to children in the near future (later today, tomorrow, up to, but not exceeding, 60 days).
- **Safety Threshold:** The point when caregivers' behaviors, attitudes, emotions, intent, or situations, are manifested in such a way that they are beyond being risk influences and have become an imminent threat to child safety. In order to reach the safety threshold, a condition must:
 - Affect a vulnerable child.
 - Be specific and observable.
 - Be out of the control of any adult in the household.
 - Be imminent (within the near future - today, tomorrow, up to, but not exceeding 60 days).
 - Have potential to cause serious harm to a child.
- **Protective Capacity:** A specific quality that can be observed and understood to be part of the way a caregiver thinks (cognitive), feels (emotional), and acts (behavioral) that makes him or her protective, that is, able to keep a child safe.
- **Safety Analysis:** The process by which a county agency systematically evaluates the information gathered related to safety threats and protective capacities. The purpose of the safety analysis is to identify and explain what is associated with or influences a safety threat or protective capacity. The results of the analysis lead to a safety decision.
- **Preliminary (Initial) Safety Decision:** A determination made that children are safe, or that present danger and/or impending danger exists based on information gathered prior to the completion of the investigation or assessment. Emergency action should be taken to ensure child safety.
- **Safety Decision:** A determination which is based on the conclusions of the safety analysis. For children residing in their own home, it is a determination that children are safe, safe with a comprehensive safety plan or unsafe in their current living arrangement. For children in placement, it is a determination that the children would be safe, safe with a comprehensive safety plan or unsafe if returned to their home of origin or reunification resource.
 - **Safe:** Either caregiver's existing protective capacities sufficiently control each specific and identified safety threat or no safety threats exist. Children can safely remain in the current living arrangement, if the children are residing in their own home, or can safely be returned to their primary caregiver, if the children are in placement. A Safety Plan is not required.
 - **Safe with a Comprehensive Safety Plan:** Either caregiver's existing protective capacities can be supplemented by safety interventions to control each specific and identified safety threat, or the children must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however, a safety plan is required.
 - **Unsafe:** Caregivers' existing protective capacities cannot be sufficiently supplemented by safety interventions to control specific and identified safety threats. Children cannot remain safely in the current living arrangement, if the children are residing in their own home, or cannot safely be returned to their primary caregiver, if the children are in placement. Agency must petition the court for custody of the children. Safety plan is required.
- **Safety Plan:** A written arrangement between caregivers, responsible persons and the county agency that establishes the actions that are implemented to control the safety threats identified in the In-home Safety Assessment.
 - **Preliminary (Initial) Safety Plan:** A written arrangement between caregivers, responsible persons and the county agency designed to control present danger and/or impending danger in order to allow the CPS investigation, GPS assessment, General assessment

and/or safety assessment to occur. A preliminary safety plan is only used when present danger and/or impending danger has been identified prior to the completion of the safety analysis.

- **Responsible Persons:** Any individual who has a role and responsibility to assure the children's safety for compliance with the plan; types of responsible persons could include family, caregivers, kin, household members, service providers, resource families, agency staff, and/or any other identified resources. **The maltreating caregiver cannot be a responsible party on a Safety Plan.** Action steps identified in the safety plan must be specific and measurable and agreed upon by all of the identified responsible persons prior to the plan going into effect.

- **Safety Management:** The interventions used to control present and impending danger to children. Interventions include in-home, out-of-home, or a combination of both. Safety Management includes the continuous review of the safety threats, protective capacities, safety decisions and safety interventions to determine their current effectiveness.

Policy

Social Work Services Staff Responsibilities:

DHS workers will assess the safety of all children in the home, at every contact. It is expected that safety will be assessed by means of face-to-face contact with the children and their caregivers.

Whether abuse occurs in the home of origin or in another location, the focus of the Safety Assessment is the caregiver's ability to protect the children from harm.

- For children at home or with their primary caregiver, the Safety Assessment Worksheet will be completed based on the home of origin/primary residence.
- For children in out-of-home care, the Safety Assessment Worksheet will be completed on the children's home of origin or reunification resource.
- In instances where there is shared custody and the maltreatment occurs in one of the custodial parents' home, safety would still need to be assessed in both homes to determine each caregiver's capacity to protect their child from harm.
- The safety of children in any other setting or with another secondary caregiver will be documented in Structured Case/Progress Notes.

Whenever the maltreatment occurred somewhere other than the children's primary residence, DHS workers should determine the primary caregiver's response to the maltreatment and their ability to protect the children, prevent the maltreatment from reoccurring and identify an appropriate, safe secondary caregiver for the children.

In assessing child safety, DHS workers will obtain information in the six domains.

- The extent of maltreatment.
- Circumstances surrounding the maltreatment.
- Child functioning.
- The caregiver's functioning as parent/caregiver.
- The caregiver's functioning as an adult.
- Use of discipline.

DHS workers will use the information obtained to conduct a safety analysis and make a safety decision. Each factor must be explained as to how it meets or does not meet the safety threshold. Previously, DHS workers only had to explain how a factor meets the safety threshold.

If children are determined to be Safe with a Comprehensive Safety Plan or Unsafe, then an appropriate Safety Plan must be created and agreed upon so that the children's safety will be assured.

For ongoing in-home services cases or newly transferred cases, the assigned DHS worker will review prior Safety Assessment Worksheets and, if applicable, current and prior Safety Plans, before conducting a new Safety Assessment. Information, analysis and decisions from prior assessments and plans will more fully inform the current safety analysis and assessment. After gathering information and assessing safety, the new worker reviews her/his findings with the supervisor. If the DHS worker and supervisor together determine that the information remains the same, the new worker would only need to update the Identifying Information Section (Section I), add the new date of face-to-face contact in Section II, and sign the form.

When assessing child safety for children at home during an investigation/assessment or when the family is receiving in-home services, DHS workers must consider **ALL** of the children residing in the home, all of the adult household members, and the alleged perpetrator(s). Unrelated children living in the household (Suffixes "S, T and U" on the face sheet), should be included on the worksheet. If those children already have a separate open case, it should be noted on the worksheet that the children have a different mother.

- **The Social Work Administrator for the DHS worker completing the assessment must immediately notify the Social Work Administrator for the other case** and discuss the results of the Safety Assessment. As per "Assignment of Reports" policy (CYD Policy Manual, section 2500), and to ensure continuity of services, the DHS worker whose family has the earliest Accept For Service date will be assigned the additional case. The case is transferred through data services so there is credit. **If the DHS worker responsible for both cases did not complete the Safety Assessment, she/he must have face-to-face contact within 72 hours.**
 - The transferring Social Work Administrator must ensure that the case is transferred within that timeframe.

As mandated reporters, if DHS workers suspect abuse or neglect of other children residing in the home who are not part of the case family, a Hotline report must be made. If a new report is to be made, a new separate Safety Assessment Worksheet would be required for those children. Each case should reference the other.

Safety Plan:

Developing and maintaining a Safety Plan is the primary responsibility of DHS through the DHS workers' investigation and/or case management role, which is informed by the caregivers, private providers and collaterals involved with the children.

Each child has only one active Safety Plan that addresses the child's needs in his home of origin/primary residence. The Safety Plan must be agreed to and signed by each responsible party including a representative of the provider agency.

The biological parents must be offered the opportunity to sign the Safety Plan as well, but their signature is not required, unless the parent is a responsible party. **The maltreating caregiver cannot be a responsible party on a Safety Plan.** The DHS worker must document that the Safety Plan was discussed with the parent and that parent was asked to sign the waiver that allows the safety plan to be shared with all responsible parties. The DHS worker must discuss with the parent the alternatives if the parent does not sign the waiver, including the possibility that the children will be placed in formal out-of-home care.

As long as DHS has custody of the children, and parental rights have not been terminated or PLC has not been granted, the Safety Plan should be concerned with controlling safety threats in the children's home of origin/primary residence or reunification resource.

Each time a case is transferred, the new worker completes an assessment of the safety of the children and discusses the findings with her/his supervisor. If the DHS worker and supervisor together determine that the information remains the same, and the current Safety Plan continues to ensure the children's safety, the new worker would only need to update the Identifying Information Section (Section I) of the Worksheet, add the new date of face-to-face contact in Section II, and sign the form.

The Safety Plan needs to be integrated into the FSP/PPP and Visitation Plan. At every contact, the Safety Plan should be used as a guide to evaluate safety issues and should be modified as necessary. The Safety Assessment Worksheet, or Safety Plan, if one was required, must be shared with the private provider who must promptly communicate any changes to the children's safety to DHS workers or their chain of command.

Management of a Safety Plan is the responsibility of the chain of command that has the case. When a case is being transferred between Regions or administrative sections, the sending administrator must assure that the Safety Plan reflects how DHS monitoring of the Safety Plan will occur during the transfer period. If a breakdown occurs in a Safety Plan during the first five days after transfer, the case is returned to the sending Social Work Administrator. The sending Administrator, supervisor and DHS worker have responsibility for revising and managing the Safety Assessment and Plan. They may transfer the case back to the receiving Social Work Administrator once the issues have been resolved.

Although DHS workers have primary responsibility for all three components of the safety process (Safety Assessment, Safety Decision and Safety Plan), the DHS worker must also rely on information from other service providers and agencies.

Supervisor Responsibilities:

The DHS supervisor role is critical in the decision-making process and involves discussion with the DHS worker regarding his or her:

- Assessment of safety threats.
- Identification of protective capacities.
- Safety decision recommendation.
- Recommended Safety Plan.

Each Safety Assessment (as documented in a Safety Assessment Worksheet and/or in Structured Case/Progress Notes) and/or Safety Plan must be reviewed and approved by the supervisor no later than 72 hours after the completion of the Safety Assessment Worksheet. In the event the supervisor is out, the DHS workers **must** review their Safety Assessment Worksheets and Safety Plans with the designated alternate supervisor and/or the Social Work Administrator. The Supervisor has the final approval responsibility for the Safety Assessment and Safety Plan. For Safety Assessments that don't require completion of a worksheet, the supervisor documents the conference with the DHS worker and approval of the assessment in the Supervisor's Log.

Provider Role:

When immediate safety concerns are identified by provider workers, they must take any necessary steps to assure children are safe, notify the DHS workers or someone in their chain of command, and document that notification following the established protocols for reporting incidents for the service they provide. If there is a Safety Plan in effect, DHS workers must confer with their supervisor or in their absence, the alternate supervisor and/or administrator, and must visit the home. If there is an increased threat to child safety, but the children are not in immediate threat of harm, provider workers must notify the DHS workers or someone in their chain of command following established protocols for reporting incidents with the service they provide, and document the notification. DHS workers must immediately consult with their supervisors and a decision must be made regarding the need for a home visit. The DHS worker is responsible for any revisions to the Safety Plan.

Provider Worker Responsibilities:

If provider workers participate in the development of the Safety Plan, they will sign the Plan.

Providers must also:

- Assess the safety of **all** of the children in the household at every contact.
- Communicate any increased threat to children's safety to the DHS workers or, if unavailable, their chain of command.
 - Notify the DHS workers **immediately** of any immediate safety concerns.
 - Ensure the children's safety by following their established agency protocol if children are believed to be in immediate threat of harm,
 - Document any notifications made to DHS of a change in child safety.
- Integrate the DHS safety plan into any quarterly progress reports or any other documents used to manage the cases they serve.
- Inform foster parents that they must sign the safety plan.

Providers **must always** report incidents of abuse and neglect to ChildLine.

Safety Assessment Intervals:

Formal Safety Assessment documentation via the Safety Assessment Worksheet must occur during these intervals.

Hotline/Screening:

When the initial referral is received, the Hotline/Screening worker taking the referral must make a judgment as to whether or not present or impending danger exists for the children. This judgment should be based on the present danger checklist, the safety threshold criteria, and the available information in the domains of information collected from the referral source and documented on the Hotline Guided Decision-making screens in FACTS2. If the after-hours/weekend staff determines that a visit must be made, a Safety Assessment Worksheet must be completed within 24 hours of the initial face-to-face contact and, if necessary, a preliminary Safety Plan prepared.

If the Hotline worker has to go out for the initial investigation/assessment, children are found to be "Unsafe," and are removed from the home, the report is forwarded, as appropriate, to Intake, the Repeat Abuse unit, or the assigned worker on an active case, to continue the investigation/assessment the next business day.

Investigations and Assessments:

After the initial face-to-face visit by the Hotline or Intake worker and assuring the children's safety, the DHS worker must complete the Safety Assessment Worksheet as follows:

- Within twenty-four (24) hours of the first face-to-face contact by a newly assigned worker. "First face-to-face contact" means with the children and the caregiver.

- Whenever evidence, circumstances, or new information suggest a change in the children's safety.
- At the conclusion of the investigation/assessment which may not exceed 60 calendar days from the date the referral was received.

DHS workers must not wait to see all of the children residing in a household before completing a Safety Assessment Worksheet and, if necessary, a Safety Plan. The follow-up visit to see any children who were not present at the initial visit must be made by the assigned DHS worker or Hotline/Screening staff within 24 hours of the first attempt. If any children not yet seen aren't present at the second attempt, additional 24 hour visits are needed until either the children are seen or, it can be confirmed that they reside in another household. A new Safety Assessment Worksheet must be used to capture the information on the other children as they are seen during the return visits.

When additional contacts are made to complete a formal Safety Assessment Worksheet on the other children, the safety of the children initially seen must be re-affirmed. If this occurs within 24 hours of the initial formal Safety Assessment, it may be documented as a notation on the original Safety Assessment Worksheet for the children initially seen. If this re-affirmation occurs more than 24 hours after the initial formal Safety Assessment, the re-affirmation of these children's safety must be documented in the structured case notes.

Case Assignment:

A newly assigned worker must make face-to-face contact with the children and caregiver within seventy-two (72) hours of case assignment. The new Safety Assessment Worksheet must be completed within twenty-four (24) hours of the first face-to-face contact by the newly assigned DHS worker in order to confirm that the safety decision made by the prior DHS worker is still accurate. "First face-to-face contact" means with the children and the caregiver. This should occur each time the case is transferred.

- When Multidisciplinary (MDT) unit workers receive a report for investigation, MDT workers will review the most recent Safety Assessment and the active Safety Plan. MDT unit workers will complete a Safety Assessment Worksheet, review the new Safety Decision, as well as previous decisions, and the Safety Plan with the supervisor. If there is no change in safety for any of the children and the active Safety Plan will continue to assure the children's safety, MDT workers will update and sign the existing Safety Plan. If there are any changes in the safety of any of the children, a new Safety Plan must be completed.
- When multiple DHS workers, such as workers on different shifts and/or the Field Screening unit workers, are making safety contacts within a 24-48 hours period, the DHS workers on the second, third, etc. visits will use the Safety Assessment Worksheet from the first visit in the time period as the basis. The DHS worker must review the previous safety decisions, as well as the new one, with the supervisor. If there is no change in safety for any of the children, the DHS worker will update the contact information and sign the first Safety Assessment Worksheet.

During Ongoing Service Provision a Safety Assessment Worksheet is completed:

- Every six months from the accept for service date, and within 30 days prior to the FSP/PPP review, on the home of origin or reunification resource for children receiving in home services or in placement with the goal of reunification.
- Every 6 months, and within 30 days prior to the FSP/PPP review, for children up to the age of 21, in out-of-home care with goals other than reunification, on the home of origin or reunification resource **unless or until the Court has issued a stay away order, an order of no contact, an order suspending visits, a Termination of Parental Rights (TPR) or Permanent Legal Custody (PLC) has been granted.**

- If in-home services continue to be provided after PLC is granted, the Worksheet must continue to be completed but the assessment is on the home of the new custodian within the same interval guidelines.
- Whenever evidence, circumstances or new information suggests a change in the children's safety, including a change in placement location if responsible parties on a Safety Plan change.
- Within 30 calendar days prior to any planned return home from placement and within twenty-four (24) hours after the DHS worker becomes aware of an unplanned return home from placement.
- Within 30 calendar days after any return home (planned/unplanned) unless the court has terminated DHS jurisdiction and the parent/caregiver refuses to cooperate.
- Within 30 calendar days prior to any case closure, along with the Risk Assessment. unless the court has terminated DHS jurisdiction and the parent/caregiver refuses to cooperate with the Safety Assessment.

Documenting Safety Outside of the Interval Requirements:

DHS workers are required to document their contacts with families in the case record. These contacts are documented in the Structured Case/Progress Notes. Information must be included which supports the safety assessment, including the analysis and decision. Information should clearly show that the safety decision is consistent with the analysis, identification of safety threats and caregiver protective capacities.

Elements to consider are:

- Any or all of the fourteen safety threats present within the children's living situation that threaten children's safety.
- Any or all existing protective capacities which could be enhanced or strengthened to control the identified safety threat.
- The safety decision and analysis for that decision.
- The safety plan to include which person is responsible for each action step/safety intervention.

Also documented within the structured case notes should be:

- The type and frequency of the DHS worker's management efforts including dates, the nature of the management activity and who was involved.
- Judgments about changes within the family that reflect on safety.
- The status of present or impending danger.
- Changes related to caregiver protective capacities.

Assessments of children's safety conducted in preparation for a court review must occur not more than 30 days prior to the scheduled review and documented on the Structured Case/Progress note.

Confidentiality Issues:

Any Safety Plan that involves individuals other than the parent or legal guardian requires the parent/legal guardian to sign a **Parent/Legal Guardian Waiver** in the Safety Plan. This allows the other individual(s) to have a copy of the plan. If the parent/legal guardian refuses to sign the waiver, then an alternative plan must be developed or the children may need to be removed.

In the narrative section of the Safety Plan, DHS workers must not make specific references to the facts of the CPS investigation because of the CPS confidentiality requirements.

Procedure

DHS workers should take a blank Safety Plans into the field with them in the event that present dangers or safety threats are found during a contact and a plan must be put in place.

The Safety Assessment Worksheet, Safety Plan and Pennsylvania Safety Assessment and Management Process Reference Manual are available on DHS Central and in the Forms directory on the G: drive. This should be used as a guide to inform decisions about safety threats, safety analysis, and safety decision-making.

DHS workers should maintain contact with their supervisors while in the field.

- *If the DHS workers determine during the face-to-face contact that children are not safe, they must immediately consult with their supervisor, or if the supervisor is unavailable, the alternate supervisor, or the after-hours Hotline supervisor. A Safety Plan must be implemented to ensure the safety of the children.*

If a contact suggests a change that impacts the children's safety and the Safety Assessment factors change, the DHS worker must consult with the supervisor no later than the next business day. The supervisor will make the decision regarding the need for a home visit by the DHS worker. The Safety Plan must be reviewed and revised, if necessary, and approved by the supervisor within 24 hours of revision.

Questions regarding this Guide may be addressed to:

Samuel Harrison III, Policy and Planning Administrator
Bari Rose-Epstein, Program Supervisor

215-683-4112
215-683-4116

Date of Safety Assessment:				Type of Assessment:				
I. Family Name:			Case Number:			Caseworker Name:		
Suffix	Child's Name		Age	Suffix	Child's Name		Age	
Caregiver Name		Relationship	Date Seen	Caregiver Name		Relationship	Date Seen	
II. Identify Safety Threats Below			List each child by suffix in the column. Note: only select Yes if the safety threshold was met.			Explain how safety threshold was met/not met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)		
Date of Face to Face Contact:								
1. Caregiver(s) intended to cause serious physical harm to the child	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Caregiver(s) cannot or will not explain the injuries to a child	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Caregiver(s) are violent and/or acting dangerously	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Caregiver(s) cannot or will not control their behavior	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self destructive behavior	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Caregiver(s) in the home are not performing duties and responsibilities that assure child safety	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Caregiver(s) perceive child in extremely negative terms	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Caregiver(s) overtly rejects CPS/GPS intervention; refuses access to a child; and/or there is some indication that the caregivers will flee	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Child is fearful of the home situation, including people living in or having access to the home	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

