

 <p>Department of Children & Family Services <i>Building a Stronger Louisiana</i></p>	Division/Section	Child Welfare
	Chapter No./Name	3 – Screening, Assessment and Service Resources
	Part No./Name	Appendix 3-B Threats, Vulnerability, and Caretaker Protective Capacities
	Section No./Name	Appendix 3-B Threats, Vulnerability, and Caretaker Protective Capacities
	Document No./Name	Appendix 3-B Threats, Vulnerability, and Caretaker Protective Capacities
	Effective Date	January 22, 2020

Threats of Danger- Caretaker’s behavior or family situation indicates serious harm to a child.

<p>1. Caretaker’s behavior is violent, dangerous and/or impulsive which indicates that child safety is of serious concern.</p>	<p>2. Caretaker’s perception or behavior towards child is extremely negative and unrealistic resulting in serious emotional and/or physical harm to child.</p>
<p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Extreme physical, verbal, or hostile outbursts directed at the child. • Use of torture, brutal and/or bizarre punishment (scalding with hot water, burning with cigarette, forced feeding, etc.) • Use of guns, knives, or other devices in a violent or dangerous way especially without regard for the safety of the child. • Violently shakes or chokes child. • Behavior that seems out of touch with reality, fanatical, or bizarre. • Behavior that seems to indicate a serious lack of self-control (reckless, unstable, raving, explosive, etc.) • History or current pattern of violence towards others, maltreatment of a child, pattern of victimization of children, or is a danger to the point that places the child in immediate danger. 	<p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Describes child as evil, stupid, ugly, or in some other demeaning manner. • Curses or repeatedly puts the child down. • Scapegoats a particular child in the family. • Expects a child to perform or act in a way that is impossible for the child’s age or development. • Child is seen as responsible for the parents’ problems, the family problems, or as a burden to the parent/family. • Child exhibits severe anxiety related to situations associated with a person in the home. • Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of or at the mention of certain individuals or verbalizes such fear.
<p>3. Caretaker has caused significant harm to a child or made a threat, which indicates child safety is of serious concern.</p>	<p>4. Caretaker is unable, unwilling, or does not meet a child’s basic needs for necessary food, clothing, shelter, medical, or mental health and child safety is of serious concern.</p>
<p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Caretaker has stated that he/she will harm the child and the action could result in serious harm to the child. • Other than accidentally, caretaker caused serious injury to a child (fractures, poisoning, suffocating, burns, bruises/welts, etc.) • Plans to retaliate against child for involvement in the investigation. • Caretaker has used torture or physical force and it causes either an injury, suffering, agony, and/or severe physical pain as a means for punishment, coercion, or injurious cultural/religious practice. • One or both caretakers fear they will maltreat child and/or request placement. • There has been an act of maltreatment in which a weapon or object was used to inflict or threaten harm. • Unexplained injuries/harm or explanation is inconsistent with the type of injury/harm. 	<p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • No food provided or available to child, or child starved or deprived of food or drink for prolonged period. • Child without minimally warm clothing while exposed to cold weather. • Caretaker interferes with or does not seek treatment for child’s immediate and serious medical condition or does not follow prescribed treatment for such condition. • Child appears malnourished or has been diagnosed with non-organic failure to thrive. • Child is suicidal and parents will not take protective action. • Child shows effects of maltreatment such as serious emotional, behavioral or physical symptoms. • Living situation poses a serious safety risk including but not limited to leaking gas from stove or heating unit, lack of water or utilities and no alternative provisions made, exposed electrical

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<ul style="list-style-type: none"> • Medical evaluation indicates injury is result of abuse/neglect; however, caretaker denies or attributes injury to accident. • Serious allegations with significant discrepancies or contradictions by caretaker, or between caretaker and collateral contacts. 	<p>wires, structural damage, excessive garbage or rotted food which threatens health, evidence of human or animal waste throughout the living quarters, pest infestation, etc.</p> <ul style="list-style-type: none"> • Serious illness or significant injury has occurred due to living conditions and these conditions still exist (lead poisoning, rat bites, etc.)
<p>5. Caretaker is unable, unwilling, or does not provide necessary supervision, protection, or care and child safety is of serious concern. This may be due to physical or mental health issues, substance abuse, domestic violence, cognitive or developmental deficits, or poor judgment.</p>	<p>6. Caretaker refuses access to a child, whereabouts cannot be determined, and/or there is reason to believe family may flee and circumstances indicate child safety is of serious concern.</p>
<p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Caretaker does not attend to child to the extent that need for care goes unnoticed or unmet. • Caretaker leaves child alone for longer periods of time than reasonable for his/her age/development or in circumstances that threaten his/her safety. • Caretaker makes inadequate and/or inappropriate baby-sitting or caretaker whereabouts are unknown. • Child is alone and is not competent to care for himself or has been left with a person unwilling or unable to provide care • Caretaker is unwilling or unable to control their behavior or a behavior of a child living in the home/facility that threatens immediate harm to the child or others. • Person known to caretaker is responsible for previous harm/injury to a child is in the home or has access to the child. • Substance abuse or other condition of a caretaker severely impairs or is expected to impair her ability to anticipate and provide for the child’s basic care and/or special needs, this includes that of substance exposed newborn. • Caretaker or caretaker’s partner’s history of domestic violence and/or current condition represents a danger to child. • Caretaker allowing criminal activity to occur in the presence of the child, or the child is allowed or forced to commit a crime or engage in criminal behavior. 	<p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Caretaker refuses to allow worker admittance to the home/facility where the child is believed to be. • Family has history of keeping child at home, away from peers, school, or other outsiders for extended periods. • Family has previously fled in response to an investigation. • Family has removed child from a hospital against medical advice and has not sought alternative medical care.

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7. Sexual abuse or exploitation is suspected, and circumstances indicate that child safety is of serious concern.	8. Current circumstances combined with history of abuse/neglect (child welfare agency and/or law enforcement involvement) indicate that child safety is of serious concern.
<p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Access by suspected or confirmed sexual perpetrator to child continues to exist. • Caretaker or others have forced, allowed, or encouraged child to engage in sexual performances or activities (grooming, exploitation, fondling, sexual enticement, oral sex, exposure to pornography, trafficking, sexual intercourse, etc.) 	<p>This is used when the criteria for one of the other threats of danger is not met, but a threat is established given the current information combined with history of abuse/neglect.</p>

Vulnerability- This refers to the extent that a child can protect himself/herself from identified threats of danger or risk of repeat maltreatment.

Factors to consider: dependence on others to meet basic needs; physical, medical, behavioral or mental condition; ability or inability to communicate their needs, and previous exposure to trauma.

Caretaker Protective Capacities- Strengths in the way a caretaker thinks, feels, and/or acts that prevents or controls threats of danger.

1. History of protecting from harm and unsafe conditions.	2. Recognizes threats and has ability to implement plan to protect child(ren).
<ul style="list-style-type: none"> • Caretakers who have protected their children in demonstrative ways by separating them from danger; seeking assistance from others; or similar clear evidence. • Caretakers, children and other reliable sources can describe various events and experiences where protectiveness was evident. 	<ul style="list-style-type: none"> • Caretakers who recognize threatening conditions and proceed with a protective course of action. • Caretakers who understand and identify threats to the safety of their children and take necessary steps to keep their child safe. • Caretakers who are expedient and timely doing what is needed to keep their child safe.
3. Demonstrates impulse control in order to protect and provide for child's overall care.	4. Understands, has the skills needed, and takes action to meet parenting responsibilities.
<ul style="list-style-type: none"> • Caretakers who do not act impulsively/dangerously on their urges or desires. • Caretakers who are deliberate and careful, acting in managed and self-controlled ways. • Caretakers who are able to make a plan for their child and follow through. • Caretakers who think about consequences of their actions and act accordingly as it relates to their child. 	<ul style="list-style-type: none"> • Caretakers who can feed, seek medical care, care for, and supervise their children according to their basic needs. • Caretakers who can cook, clean, maintain, provide necessary guidance, and shelter as related to protectiveness. • Caretakers who have and use information related to what is needed to keep their child safe.
5. Sets aside own needs where the safety and well-being of child(ren) are the caretaker's priority.	6. Demonstrates love, empathy, and tolerance of child(ren), and is positively attached.
<ul style="list-style-type: none"> • Caretakers who can delay gratifying their own needs, who accept their children's needs as a priority over their own. • Caretakers who sacrifice for their child's safety and well-being. • Caretakers who understand that their role as a parent/caretaker is unique for each child and requires specific responsive actions. 	<ul style="list-style-type: none"> • Caretakers who demonstrate observable acts of sustaining, encouraging, and maintaining their child's well-being. • Caretakers who advocate on behalf of their child when needed. • Caretakers who spend considerable time with their child and respond to them in a positive manner.

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<ul style="list-style-type: none"> Caretakers who do not place blame or responsibility on the child for problems within the family. 	<ul style="list-style-type: none"> Caretakers who relate to, can explain, and understand what their child feels, thinks, and goes through.
7. Understands child development and has realistic expectations of child's capabilities, needs, and limitations.	8. Is able to meet their own needs, including basic daily and emotional needs.
<ul style="list-style-type: none"> Caretakers who see and understand their child's capabilities, needs, strengths, and limitations accurately. Caretakers who know what children of a certain age or with particular characteristics/disabilities are capable of doing. Caretakers who can explain what their child requires for protection and why they need it. 	<ul style="list-style-type: none"> Caretakers who use reasonable and appropriate ways of satisfying their physical and emotional needs. Caretakers who are emotionally stable enough that their needs and feeling do not immobilize them or reduce their ability to act promptly with respect to protectiveness. Caretakers who are effective at coping as a parent.
9. Has ability to handle every day, unexpected stressors/crises and has an accurate perception of reality.	10. Demonstrates ability to obtain concrete supports needed such as food, clothing, housing, social services, and transportation.
<ul style="list-style-type: none"> Caretakers who describe life circumstances accurately and operate in realistic ways. Caretakers who recognize situations that are a threat to child safety. Caretakers who are flexible and adjust actions according to situations. Caretakers who are resilient and able to recover quickly from setbacks or being upset. 	<ul style="list-style-type: none"> Caretaker knows what is needed, gets it, and uses it to keep their child safe. Caretakers who use community, public, or private organizations to meet the needs of their children. Caretakers who will call on police or access the courts to help them.
11. Caretaker can and will access family and/or friends who are ready, willing, and able to help the family.	
<ul style="list-style-type: none"> Caretakers who are willing to identify, contact, and allow feasible persons to intervene on behalf of their child. Caretakers who are supportive of willing persons in the care of their child as it relates to safety. 	