CHILD SAFETY CONCERNS, FAMILY STRENGTHS & RISKS OF FUTURE CHILD MALTREATMENT

GUIDELINES FOR COMPLETING THE TWENTY-ONE FACTORS

ALTERNATIVE RESPONSE SUBSTANCE EXPOSED NEWBORNS
**Factor # 1. INFANT’S ABILITY TO PROTECT AND CARE FOR SELF**
Assess the infant’s capacity for age appropriate abilities in consideration of the prenatal substance exposure. Assess the impact of the prenatal drug exposure on the infant’s health and development. Infants are vulnerable and unable to care for and protect themselves. Substance exposed newborns are among the most high risk populations in child welfare due to the vulnerability of the infant in addition to any physical and developmental risks presented by the prenatal substance exposure.

**PROTECTIVE FACTOR:** Knowledge of Parenting and Child Development

Do the parents communicate an understanding of the infant’s medical condition and health needs; do the parents understand the developmental risks of prenatal substance exposure?

**Safety:**
- Central Nervous system disturbances due to prenatal drug exposure (continuous high pitched cry, overactive reflexes, body shakes / tremors, increased muscle tone / rigidity, convulsions, myoclonic jerks)
- Severe physical health problems which impact vital life functions (brain abnormalities, heart problems, seizures)
- Weight loss / Failure to Thrive
- Stunted growth and development
- Fetal Alcohol Spectrum Disorder
- Neonatal Abstinence Syndrome

**Strengths should be identified when an infant:**
- Has no apparent medical conditions; only routine medical care is required
- Displays developmentally appropriate abilities
- Is visible to protective caregivers on a daily basis

**Risk may be identified when an infant:**
- Minor medical or physical health problems
- Excessive sucking / Poor feeding
- Nasal stuffiness / Excessive sneezing / Frequent yawning
- Regurgitation / projectile vomiting
- Increased respiratory rate
- Prematurity
- Low birth weight (under 5lbs)
- Physical abnormalities or defects
- Physical and intellectual developmental delays
- Not in child care or involved in home visiting services or place where outsiders can observe infant’s condition, or an infant’s visibility to mandated reporters and others is sporadic
Factor # 2. INFANT’S MENTAL HEALTH

Infant mental health is the developing capacity of the child from birth to three to experience, regulate and express emotions; form close and secure interpersonal relationships; and to explore the environment and learn. Use this factor to measure the infant’s stress level. It is inclusive of mental health diagnoses made by a professional, but does not exclude observed or expressed concerns of the CPS worker, parent, child care, medical professionals or others. Substance exposed newborns are a high risk population due to the vulnerability of the child in addition to any physical and developmental risks presented by prenatal substance exposure. The caregiver of a substance exposed newborn may be severely impaired by the substance abuse disorder or struggling in recovery and may not be attuned to the high needs of the infant. Use this factor to document the caregiver’s response to the infant and the infant’s needs. Assess infant / caregiver attachment.

PROTECTIVE FACTOR: Children’s Social Emotional Competence

Do the parents respond warmly and consistently to the infant’s needs? Do the parents create an environment in which the infant feels safe and secure? Does the parent demonstrate empathy? Express the importance of attachment and the parental role in nurturing their child’s social emotional development.

Safety:
- Infant has inconsolable crying and caregiver responds negatively
- Infant has sleep difficulties and caregiver communicates frustration and exhaustion
- Infant has psychomotor agitation and caregiver responds negatively (forcing the infant into positions, rough handling, and/or communicates the infant is doing it on purpose)
- Infant has impaired functioning in daily activities and caregiver responds with hostile or negative attributions (‘he is out to get me’ / ‘he does not like me’)
- Infant is exposed to domestic violence / physical abuse / traumatic experience

Strengths should be identified when:
- Infant is comforted by caregivers presence
- Infant is provided opportunities to explore their environment
- Caregiver holds the infant close to their body / snuggling
- Caregiver practices kangaroo care (skin to skin contact)
- Caregiver displays appropriate affection and nurturance to infant
- Caregiver verbally interacts with the infant
- Caregiver maintains stability and is calm despite difficult or challenging circumstances
- Caregiver exhibits appropriate skills and knowledge regarding the special needs of the infant
- Caregiver and infant are involved in attachment / bonding / nurturing education and/or services

Risk may be identified when:
- Caregiver has limited functional capacity (physical, emotional and cognitive) to provide for the infant’s well being
- Infant requires environmental modifications (dim lit room, quiet, reduced stimuli)
- Caregiver displays a lack of concern or interest for the infant
- Caregiver has poor eye contact with infant
- Caregiver has infrequent visits and contact with infant
• Caregivers are emotionally unavailable to infant / parent is “checked out”
• Caregivers have inconsistent interaction with the infant
Factor # 3. INFANT’S BEHAVIOR
Assess the behaviors exhibited by the substance exposed infant which could be indicative of withdrawal, Neonatal Abstinence Syndrome, Fetal Alcohol Spectrum Disorder or other causes and which may test the ability of caregivers to respond appropriately to the infant. Include documentation of professionals involved with the infant and observations or expressed concerns of the CPS social worker, parent, or others.

PROTECTIVE FACTOR: Knowledge of Parenting and Child Development
Do the parents have any worries about their child’s development and behaviors? Are the parents willing to seek information and education about parenting and responding to their substance exposed newborn? What referrals or services were put in place to assist parents in understanding their infant’s development?

Safety:
- Central Nervous system disturbances due to prenatal drug exposure (continuous high pitched cry, overactive reflexes, body shakes / tremors, increased muscle tone/ rigidity, convulsions, myoclonic jerks )
- Severe physical health problems which impact vital life functions (brain abnormalities, heart problems, seizures)
- Weight loss / Failure to Thrive
- Caregiver blames the infant for their behaviors

Strengths should be identified when:
- Infant shows absence of major behavior issues (sleeps and eats well)
- Infant shows comfort in the caregiver’s presence
- Infant has minor medical or physical problems not affecting physical and intellectual development
- Infant has regular, predictable, and consistent routines
- Infant and caregiver are participating in Part C Early Intervention Services
- Infant is breastfed

Risk may be identified when an infant:
- Is crying and cannot be soothed
- Is irritable / restless
- Has developmental delays
- Poor feeding and sucking
- Requires special feedings
- Is unable to meet a parent’s unrealistic expectations (i.e.; sleep through the night, toilet training)
- Gastro-intestinal disturbances (regurgitation, projectile vomiting, diarrhea, loose stools)
- Requires significant medical and/or developmental follow up appointments (physical therapy, occupational therapy, nutritionist, neonatologist, pediatrician, ophthalmologist, etc.)
- Infant requires environmental modifications (dim lit room, quiet, reduced stimuli)
Factor # 4. SEVERITY AND/OR FREQUENCY OF ABUSE
Assess the caregiver’s protective factors to prevent abuse; concrete supports, knowledge of parenting and child development, social connections, parental resilience and the social and emotional competence of children. Assess the caregivers’ process of managing stress and functioning when faced with stress, challenges or adversity (coping skills). Substance exposed newborns are a high risk population due to the vulnerability of the child in addition to any physical and developmental risks presented by prenatal substance exposure. The caregiver of a substance exposed newborn may be severely impaired by substance abuse disorder, struggling in recovery, and may have a co-occurring mental health diagnosis and may not be attuned to the high needs of the infant.

PROTECTIVE FACTOR: Parental Resilience
Can the parents identify situations they find stressful and communicate a plan for how they will keep themselves calm and their infant safe? How do the parents feel about being parents? How do the caregivers manage their anger, anxiety, sadness, loneliness or negative feelings?

A high risk rating in this area indicates Alternative Response is not the appropriate child protection response.

When physical and/or sexual abuse is suspected, Alternative Response is not the appropriate child protection response.

Safety concerns should be identified when:
- Infant has an unexplained injury
- Infant has severe physical health problems which impact vital life functions (brain abnormalities, heart problems, seizures) as a result of prenatal drug exposure
- Is an infant who was shaken
- Has a sibling who was abused which resulted in injury, death or dysfunction
- Use of any extreme physical treatment of an infant which causes or is likely to cause an injury e.g. torture, extensive bruises, multiple serious abrasions, broken bone(s), significant hair loss from being pulled, inflicted serious and or multiple burns, internal injuries which might result from kicking, pushing, throwing or slamming
- Infant is forced to ingest a noxious substance, i.e. tobacco, alcohol, soap, pepper, Tabasco sauce, etc.
- Caregiver does not acknowledge any guilt, wrong doing, or remorse for the infant's conditions associated with the prenatal drug exposure
- Caregiver shows no empathy for the pain or trauma the infant has experienced
- Caregiver communicates they intended to hurt the child or terminate the pregnancy via prenatal drug exposure
- Infant is suffering from Neonatal Abstinence Syndrome
- Infant is suffering from Fetal Alcohol Spectrum Disorder
- Caregiver refuses to participate in safety planning and needs assessment
- Caregiver engages in domestic violence
- Caregiver denies drug usage in spite of positive toxicology tests
- Caregiver displays a poor perception of reality
- Caregiver is delusional and views infant as evil, dangerous or nonhuman
- Caregiver displays poor impulse control
- Caregiver has significant intellectual limitations
- Caregiver is incapacitated due to drug and alcohol intoxication
- Caregiver has an untreated psychiatric illness

**Strengths should be identified when:**
- Family Interactions are free of violence
- Prenatal drug exposure had no discernable effect on infant
- Caregiver shows empathy for the infant
- Caregiver has made appropriate arrangements which have been confirmed to assure that the infant is not left alone with an incapacitated caregiver, and the safe support is aware of the protecting concern and is able to protect and care for the infant
- Caregiver practices positive discipline techniques with siblings
- Caregiver has supportive social connections who help buffer them from stressors and promote meaningful interactions in a context of mutual trust and respect

**Risk may be identified when:**
- Previous substance exposed newborn
- Caregiver has a history of failed substance abuse treatment
- The caregiver’s regrets are unbelievable, self-serving, or associated more with getting caught than with what was done
- Anyone in the family household is suspected of drug activity
- Caregiver displays disruptive behaviors during interactions with service providers
- Previously documented domestic violence in the home
- Caregiver is unwilling to share information
- Caregiver has a history of utilizing inappropriate discipline techniques
- Caregiver does not have a permanent address and whereabouts change frequently
- Caregiver suffers from unstable mental health and receives sporadic services to address the concerns
- Caregiver is verbally hostile or physically assaultive / threatening to a service provider
Factor # 5. SEVERITY AND/OR FREQUENCY OF NEGLECT
Assess the needs of the substance exposed newborn for safety and healthy development and assess the health and substance use disorder treatment needs of all the caregivers of the infant (not only the parents). Assess whether medical care is being provided as recommended by the medical community. Assess whether the substance use disorder treatment needs of the caregivers are being provided as recommended by the behavioral health community. Assess the caregiver’s ability to access concrete supports in times of need, which may be limited due to the parents’ social connections being restricted to those who use or have access to substances. Parents with substance use disorders often have needs for concrete supports such as: Safe Drug Free Housing, Financial Assistance, Legal Needs, Infant Care Needs (Safe Sleep, Clothing, Formula, Diapers, Supplies, Etc.) Providing concrete needs to the family at the beginning of the assessment can promote trust and foster engagement with the caregivers. Substance exposed newborns are a high risk population due to the vulnerability of the infant in addition to any physical and developmental risks presented by prenatal substance exposure. The caregiver of a substance exposed newborn may be severely impaired by substance abuse disorder, struggling in recovery, and may have a co-occurring mental health diagnosis and may not be attuned to the high needs of the infant.

PROTECTIVE FACTOR: Concrete Support in Times of Need
What needs are not being met and what are the barriers to meeting these needs? Are the parents accepting services to meet the health and substance use disorder treatment needs? Is the Plan of Safe Care being followed?

A high risk rating in this area indicates Alternative Response is not the appropriate child protection response.

Safety concerns should be identified when:
- Caregiver is unwilling to provide minimal medical, food and/or shelter needs of child
- Caregiver has a confirmed history or pattern of leaving infant unsupervised or unprotected
- Caregiver abandons infant
- Caregiver does not follow the Plan of Safe Care placing the infant in danger
- Caregiver refuses to participate in substance use disorder treatment services
- Caregiver allows infant to be cared for by an intoxicated and/or incapacitated individual
- Caregiver takes no action when infant has physical symptoms which require immediate medical attention such as seizures, failure to thrive, malnutrition, dehydration, etc.
- Caregiver does not know what basic care is or how to provide it; i.e. how to feed, diaper, protect, or to supervise infant
- Caregiver does not recognize the infant’s condition, or view it as less serious than it is, or rationalize the condition as not affecting the infant and/or as not causing a safety concern
- Caregiver's skills are exceeded by the infant’s special needs
- Caregiver is unable to function independently
- Caregiver makes suicidal gestures
- Caregiver is present but physically or mentally impaired to such an extent that they are unable to provide supervision or respond to the needs of infant
- Caregiver does not provide adequate nutrition for infant
- Caregiver did not seek prenatal care until third trimester
- Lack of participation or cooperation with discharge plan for infant
- Caregiver threatens to break bones, poison, suffocate, shoot, burn, choke, kill, starve, lock out, abandon, etc.
- Infant is ignored, belittled or shunned
- Immediate support persons are dysfunctional due to substance use

Strengths should be identified when a caregiver:
- Meets physical needs and infant shows signs of good health and hygiene
- Sought early prenatal care and was consistent with follow up
- Communicates an understanding that drug and alcohol usage impair functioning
- Has access to concrete supports and services (housing, food, transportation)
- Ensures safe sleep arrangements for child
- Follows Plan of Safe Care for infant
- Currently meets basic needs for food, clothing, shelter, and medical care
- Meets the health and substance use disorder treatment needs of the infant
- Demonstrates awareness of infant’s physical health condition, is able to communicate the seriousness of it, and is meeting the needs of the condition
- Has a social network of positive supportive adults who are willing and available to assist in caring for the infant
- Is actively involved in substance use disorder treatment services and is following through with treatment recommendations
- Has no intellectual or physical limitations
- Has realistic expectations of the infant
- Is willing and able to work with agency to resolve problem and protect the infant

Risk may be identified when a caregiver:
- Is sporadic in meeting the health and substance use disorder treatment needs for the infant
- Is sporadic in meeting the food and/or shelter needs of child
- Sought prenatal care but was inconsistent with follow up and/or medical advice
- Is sporadic in meeting with treatment providers and is not complying with professional behavioral health recommendations
- Has chronic physical, emotional, or intellectual problems which impair ability to provide minimal care and supervision to infant
- Has a history or pattern of leaving infant’s siblings unsupervised or unprotected
- Fails to make appropriate child-care arrangements for infant during an extended absence
- Fails to provide adequate clothing for the weather
- Fails to provide cleanliness for the infant (lack of diaper changing or bathing)
- Does not respond when infant and/or his/her clothing are infested with lice, fleas, and goes untreated, even when provided information or medication to relieve problem
- Does not provide or allow needed care in accord with recommendations of a competent health care professional, or failure to seek timely and appropriate medical care for a serious health problem which any reasonable person would have recognized as needing professional medical attention
- Has consistent unrealistic expectations of achievement for the infant that are shown by the caregivers criticizing, punishing, or condemning when the infant does not achieve far above capabilities (e.g. babies not expected to cry, expected to be still for extended periods of time, to listen to them or not spit up)
- Has a history of suicide attempts
- Interprets the child’s behavioral challenges as self-defeating and directed at them (i.e.; my baby does not like me, my baby does that to make me mad, my baby knows better)
- Clearly overemphasizes, criticizes/disapproves of an infant
  Uses excessive threats of punishment in an attempt to control the infant
- Ignores; depriving the infant of essential interaction and responsiveness, stifling emotional growth and intellectual development
- Shows no attachment to the infant and fails to provide nurturance; does not hold, cradle or rock infant
- Expresses no affection toward the infant
- Provides no stability or security for the infant inasmuch as expectations are unpredictable and change frequently
- Describes infant as ugly, stupid, or in some other demeaning or degrading manner
- Curses at infant
- Fails to protect an infant from harm or threat of harm.
- Does not act to protect infant when a person poses physical or sexual threat to the infant
- Exposes infant to threatening or dangerous conditions or situations, including knowingly subjecting infant to an untreated sexual offender
- Exposes infant to abusive third parties or fails to take steps to stop repeated abuse by third parties
Factor # 6. LOCATION OF INJURY
Assess the injuries of prenatal substance exposure on the infant and the parental response to the child suffering from injuries.

PROTECTIVE FACTOR: Knowledge of Parenting and Child Development
Does the parent understand how their addiction has impacted their child’s development? Does the parent demonstrate empathy and a willingness to change parental behaviors?

When physical and/or sexual abuse or injury is identified, Alternative Response is not the appropriate child protection response.

Safety concerns may be identified when:
- Caregiver acknowledges the presence of newborn injuries related to prenatal substance exposure and/or conditions but pleads ignorance as to how they came to be, minimizes infant’s exposure and/or express no concern
- Caregiver provides explanations that are far-fetched
- Caregiver offers explanations that contradict facts related to the toxicology results and/or infant’s conditions
- Caregiver offers an explanation about the prenatal drug exposure which is incongruent with the history and circumstantial information
- Infant is diagnosed with Fetal Alcohol Spectrum Disorder
- Infant is diagnosed with Neonatal Abstinence Syndrome
- Infant fails to thrive
- Infant demonstrates substance exposure withdrawal symptoms (overactive reflexes, body shakes, increased respiratory rate)
- Infant has severe physical health problems which impact vital life functions (brain abnormalities, heart problems, seizures) as a result of the prenatal drug exposure

Strengths should be identified when a caregiver:
- Does not have a history of physical force used with children
- Does not have any history of substance exposed children
- Offers facts and explanations related to the toxicology results and infant’s conditions, that are consistent and supported by CPS worker or other professionals

Risk may be identified when an infant:
- Has minor medical or physical health problems as a result of the prenatal drug exposure
- Has difficulty feeding and sucking as a result if the prenatal drug exposure
- Suffers physical and intellectual developmental delays which are correlated to prenatal substance exposure
Factor # 7. CONDITION OF HOME
Assess the family’s access to safe drug free housing and infant safe sleep arrangements. Assess the physical environment. Include the family and caregivers home, yard, and immediate neighborhood. Document the environmental exposure of substances to the infant and children in the household, exposure to individuals under the influence and the parental management of these exposures.

PROTECTIVE FACTOR: Concrete Support in Times of Need

Does the infant have safe sleep arrangements? What are the barriers to safe, drug, free housing? Is anyone in the home using drugs? What preparations were made for the arrival of the infant? What services were put in place to meet this need?

Safety concerns may exist when:
- The physical condition of home threatens the family health and safety, requiring immediate attention but cannot be immediately remedied or is out of family’s control
- Infant’s health or welfare is in danger because of lack of suitable housing
- Broken glass or other injurious object accessible to infant or siblings
- Spoiled food that is accessible to infant or young children in the home
- No guards on stairwells when toddlers are present
- Infant environmentally exposed to drugs and drug paraphernalia
- Inadequate sewage disposal
- Animal or human waste accessible to an infant or young child in the home
- Leaking gas or toxic fumes
- Broken or missing windows
- Inadequate/unsafe heat
- Drugs are manufactured in the home
- Anyone in the home is suspected of drug activity
- Accessibility to firearms or improper storage of firearms or other weapons
- No housing or emergency shelter; infant must or is forced to sleep on the street, in a car, etc.

Strengths should be identified when:
- The home is free of health and safety hazards
- Home is relatively clean, uncluttered
- Evidence of perpetration for newborn’s arrival
- Sleeping arrangements are appropriate / ensures safe sleep arrangements for infant
- Basic furnishings are present
- There is evidence of infant’s belongings such as bassinet, diapers, toys, photos, clothing, etc. readily visible in the home
- No members of the infant’s household are suspected of drug activity
- Utilities are operable
- Family expresses pride in their home
- There is evidence of home decoration and creature comforts present in the living areas of the home
Risk may be identified when:
- Housing is below minimal standards
- Overcrowding, cluttered, disorganization
- Unsafe sleep arrangements for infant
- No evidence of preparation for newborn’s arrival; no supplies and no realistic plan to obtain the needed infant supplies
- Garbage not disposed
- Utilities/sewer inoperative
- Family is being evicted or verge of eviction
- Situation requires immediate remediation but conditions are correctable/affordable
- Caregiver refuses offer of temporary housing or shelter or caregivers refuse to separate so the infant can receive safe temporary shelter
- Evidence of domestic violence (i.e.: broken furniture, items thrown about, holes in walls and doors)
Factor # 8. CAREGIVER’S ALCOHOL AND DRUG USE
Assess parental substance use. Assess substance use disorder treatment needs and caregiver’s cooperation with substance use disorder treatment recommendations. Document information or records obtained from medical professionals, family and collateral sources as well as that obtained from police reports, addiction records, etc. Document caregiver’s cooperation with the Plan of Safe Care and relapse planning.

PROTECTIVE FACTOR: Parental Resilience
How is the substance use disorder impacting parenting? How is infant safety managed during instances of relapse? What are the triggers to parental substance use? What service referrals or services are in place to address the substance use disorder treatment needs?

Safety concerns may exist when:
- A parent is currently intoxicated and is the sole caregiver
- Caregiver’s alcohol/drug addiction interferes with functioning
- Caregiver uses substances multiple times per week
- Caregiver has polysubstance use
- Caregiver uses injectable substances
- Infant is living in an environment where one or both of the caregivers are actively chemically addicted
- Behavior (drugs, violence, aggressiveness and hostility) creates an environment within the home, which threatens child safety, i.e.: drug parties, gangs, etc.
- Caregiver does not follow the Plan of Safe Care
- Active use of substances that result in impulsive, dangerous behaviors
- Denies substance abuse problem in spite of multiple positive toxicology results
- Not in a treatment program and refuses treatment services
- Immediate support persons are dysfunctional due to substance use

Strengths should be identified when:
- Minimal use during pregnancy with no discernable effect on infant; no current usage
- Has a history of chemical abuse, but has a confirmed period of recovery
- Caregivers indicate that they abstain from the use of alcohol and drugs
- Receiving substance abuse disorder treatment; entered treatment early in pregnancy
- Enrolled in medication assisted therapy / complying with medical professional recommendations
- Caregiver follows Plan of Safe Care and relapse plans
- Caregivers indicate they have had problems with substance use, but no effects are seen on the other children, i.e. school attendance is good, appropriate supervision is provided or arranged, parental usage is confined away from the children, there have been no legal problems or domestic violence resulting from the usage, no loss of familiar roles due to usage
- Caregivers have safe supports (family, neighbors, friends, church groups, etc.) available and committed to help
- Caregiver resides in sober housing
- Caregiver communicates triggers to use and implements strategies to prevent relapse
- Caregiver has relapsed and follows the Plan of Safe Care
Risk may be identified when:
- Previous birth of a substance exposed newborn
- Loss or threatened loss of one or more familiar roles due to usage (i.e. job, relationship, etc.)
- History of failed treatment
- Caregiver is ambivalent about change
- No phone or transportation available
- Criminal drug history / legal issues regarding drug usage
- Geographically isolated from services
- Family and friends are willing to provide support however are not physically available to provide care for the infant in situations of relapse
- Receiving substance use disorder treatment; has sporadic attendance; continues to use drugs and/or alcohol
- Caregiver has relapse and returns to previous usage patterns
- Caregiver suffers from chronic pain
- Caregiver involved in other illegal activities to support dependence
Factor # 9. CAREGIVER’S PARENTING SKILLS
Assess the observed and expressed parental knowledge and skills of the caregiver. Include collateral observations. Knowledge of parenting and child development may be lacking due to parents’ inability to put their infant’s development over their addiction. Parents may have difficulty understanding the extent to which their addiction has impacted their infant’s development. Assess parental expectations of infant. Assess parental stress, resilience and need for resources, supports, and role models to help parents increase their knowledge of parenting and child development as well as increase parental resilience.

PROTECTIVE FACTORS: Knowledge of Parenting and Child Development & Parental Resilience

Do the parents understand how to provide basic care to the infant; do they have the capabilities to provide the care and supervision needed to ensure safety for the infant? Do the parents have appropriate expectations of infant’s abilities? Are the parents willing to engage in parenting education and can they understand and apply their learning? Are the parents managing their stress; how do they cope with stress?

Substance exposed newborns are a high risk population due to the vulnerability of the child in addition to any physical and developmental risks presented by prenatal substance exposure. The caregiver of a substance exposed newborn may be severely impaired by substance abuse disorder, struggling in recovery, and may have a co-occurring mental health diagnosis and may not be attuned to the high needs of the infant.

Safety concerns may exist when caregiver:
- Unwilling/incapable of providing necessary parenting skills
- Lacks knowledge to assure minimal level of infant care (Does not know how to prepare a bottle, change a diaper, soothe a crying infant)
- Caregiver has poor perception of reality
- Caregiver has unrealistic expectations of infant (should stop crying when picked up for example)
- Displays a lack of concern for substance exposed newborn
- Caregiver is unresponsive to the infant’s needs
- Caregiver displays poor eye contact with infant
- Denies substance exposed newborn’s symptoms are related to prenatal drug exposure

Strengths should be identified when caregiver:
- Exhibits appropriate parenting skills and knowledge pertaining to child rearing, child development
- Understands and demonstrates age appropriate / developmentally appropriate parenting skills in their expectations, communication, protection and supervision
- Understands drug usage impairs functioning
- Displays affection and shows proper concern
- Communicates realistic expectations of newborn
- Has raised another child for a significant period of time
- Responds appropriately to the infant’s non-verbal signals
- Has the ability to put the infant’s needs ahead of their own
- Is self-confident and communicates belief in themselves to reach their goals
• Actively engaged in services to manage adversities and heal the effects of their own early trauma
• Communicates satisfaction with parenting role
• Accepts responsibility for the problems that brought the family to Child Protection Services and is willing to work with the agency to resolve the problem and protect the newborn
• Understands and demonstrates knowledge and skills to fulfill parenting responsibilities and tasks, including any special needs of the child
• Talks to infant to promote vocabulary development and language learning
• Does not place responsibility on the infant of child household members for the problems of the family
• Demonstrates emotional bonds with infant that are expressed and demonstrated as being unconditional
• Seeks help for self and children when needed
• Practices self-care strategies to reduce stress (i.e.: exercise, yoga, acupuncture)

Risk may be identified when caregiver:
• Inconsistent display of necessary parenting skills and/or knowledge required to provide a minimal level of child care
• May provide some physical care, but has unrealistic expectations of newborn
• Poor eye contact with newborn
• Interprets the infant’s behavioral challenges as self-defeating and directed at them (i.e.; my baby does not like me, my baby does that to make me mad, my baby knows better)
• Infrequent visitation with infant
• Sometimes appears indifferent about infant’s development and emotional growth
• Little or no affection displayed toward infant
• Ambivalent attitude toward newborn / parenting
• Inconsistent with services to manage their own adversities (behavioral health, substance use treatment)
• Parental helplessness
• Puts their own needs ahead of the infant’s needs
• Lacks knowledge and skills to fulfill parenting responsibilities and tasks
Factor # 10.CAREGIVER’S METHODS OF DISCIPLINE & PUNISHMENT OF INFANT
Assess parental actions and responses to infant’s behaviors. Assess for the need of additional resources and support regarding positive discipline techniques and parental resilience. Positive discipline is about teaching and guiding children so they learn to manage their emotions and make better choices in the future. Punishment refers to the unpleasant or painful methods to stop behaviors. Include caregiver methods of communication with the children, parental frustrations, and corrections including physical interventions. Parents who have positive perceptions of and responsiveness to their children promote the social and emotional competence of their children. Also consider parental discipline and punishment of siblings.

**PROTECTIVE FACTOR: Children’s Social and Emotional Competence**
In what situations are the infant’s behaviors and conditions hard for the parents to deal with? Can the parent read the infant’s cues and recognize what the baby needs (i.e.: to be fed, changed, and held)? Does the caregiver understand the dangers of shaking an infant? How do the parents express their love and affection for the infant?

When physical and/or sexual abuse is suspected, Alternative Response is not the appropriate child protection response.

**Safety concerns may exist when:**
- Prenatal drug exposure has caused injury to the infant
- Caregivers state they will maltreat
- Caregiver has unrealistic expectations for child development and abilities
- Caregivers talk about being worried, fearful, preoccupied with maltreating or hurting the child
- Caregiver describe past incidents involving discipline which have gotten out of hand
- Caregiver is distressed, “at the end of their rope” and are asking for some relief in either specific terms (“take the child”) or general terms (“please help me before something awful happens”)
- Caregiver asks for the infant or child household members to be placed outside their home
- Caregiver sees the infant as constantly causing the parent to be angry at the child and the parent acts on that anger
- Caregiver threatened use of guns, knives or any other weapon or implement
- Caregiver has a confirmed history of perpetrating physical abuse against children

**Strengths should be identified when:**
- Physical punishment is not used
- Caregiver responds warmly and consistently to infant’s needs
- Caregiver exhibits appropriate skills and knowledge regarding the special needs of the substance exposed newborn.
- Caregiver understands and demonstrates age appropriate / developmentally appropriate parenting skills in their expectations, communication, protection and supervision
- Caregiver participates in parenting education regarding attachment, bonding, nurturing, child development and protective factors

**Risk may be identified when a caregiver:**
- Yells and threatens with little or no redirection or teaching
- Calls the infant names or use profanity
• Holds grudges against infant
• Verbally hostile, unpredictable, irrational
• Infant is ignored and/or shunned
• Describes conditions and situations which stimulate them to think about maltreating
• Expresses a concern for what the other parent or someone else in the caregiving role is capable of or may do
• Identifies things that the infant does that aggravate/annoy the parent and cause the parent to want to attack the infant (Period of Purple Crying for example)
• Interprets the infant's behavioral challenges (cries, moves when changing diaper, spits up) as self-defeating and directed at them (i.e.; my baby does not like me, my baby does that to make me mad, my baby knows better)
• Shows some understanding of child development and parenting skills
Factor # 11. CAREGIVER’S SUPERVISION OF INFANT
Assess the supervision of the substance exposed newborn; document needs for infant safety and supervision (safety plan for supervision and care of the infant). Assess caregiver capacity to provide adequate supervision to substance exposed newborn. Also consider the supervision of the siblings.

PROTECTIVE FACTORS: Knowledge of Parenting and Child Development & Social Connections

Is the parent physically and emotionally present and available to the infant? Is the parent able to postpone their own needs in favor for infant’s needs? Help the parent identify trusted safety support individuals who they can turn to for safe supervision of the infant.

Safety concerns may exist when:
- Infant was abandoned / no one knows where the parent is
- Infant left alone or with an incapable person
- Caregiver does not follow the Plan of Safe Care for supervision and care of the infant
- Infant has been injured or emotionally traumatized due to lack of supervision
- Infant is alone / caregiver’s whereabouts are unknown and/or have not returned according to plan
- Caregiver is present but impaired and unable to provide care
- No one has any idea who the caregivers are
- Caregivers are physically or mentally disabled/incapacitated and cannot provide for basic care of the substance exposed newborn

Strengths should be identified when:
- Appropriate caregivers are always present
- Makes safe substitute child care arrangements
- Caregiver has a reliable babysitter, including overnight care when needed
- Substitute caregivers are aware of parent’s whereabouts, expected time of return, and how to contact emergency help if needed
- Caregiver has no intellectual or physical limitations; in full control of mental faculties
- Caregiver has identified at least three safe supports and they have agreed to participate in Plan of Safe Care for care and supervision of the substance exposed newborn

Risk may be identified when:
- Substance Exposed Newborn requires additional monitoring (Apnea monitor, etc.)
- Caregiver has a history of providing inadequate supervision to children
- Caregiver has mild physical or emotional disability which would not significantly impact the ability to care for the newborn
- The caregiver has left the infant with someone, but has not returned according to plans, or did not express plans to return, or has been gone longer than the person keeping the child expected or would be normally acceptable
- Caregiver is present but does not attend to the needs of the infant (sleeping for example)
Factor #12. CAREGIVER’S LEVEL OF COOPERATION
Assess the cooperation, compliance, and follow through by caregivers with health and substance use disorder treatment services. Assess whether the infant/family received needed services and whether safety was provided for, despite the caregiver’s expressed feelings or attitude (positive or negative). Assess the family/caregiver(s) willingness to provide for the child’s needs or effect any needed changes. Document the monitoring of the Plan of Safe Care.

PROTECTIVE FACTOR: Concrete Support in Times of Need
Are the parents willing to accept assistance from others? Do the parents communicate a desire for change? Are there barriers preventing follow through with services? Is the parent following through with service provider recommendations?

Safety concerns may exist when a caregiver:
- Denies problem issue(s)
- Sabotages services
- Refuses to cooperate
- Refuses to participate in safety planning
- Rescinds Alternative Response Agreement and/or Releases of Information with service providers
- Uninterested or evasive
- Active or passive resistance
- Threatening or hostile
- Has previously fled in response to CPS involvement
- Hides / avoids / whereabouts unknown
- May appear compliant but doesn’t follow through on referral/services
- Has removed infant from a hospital against medical advice
- Has removed infant from a safe place
- Socially isolates themselves and family
- Says they may flee or it appears they are planning to flee
- Refuses access to infant or siblings

Strengths should be identified when a caregiver:
- Is able to identify areas for improvement and are committed to growth and change
- Has demonstrated willingness and ability to resolve problem and protect child
- May have ambivalence about services but actively involved in case planning
- May disagree, but provides constructive alternatives
- Is willing to work to make improvements
- Is cooperating with the social worker’s efforts to provide services and assess the specific needs of the family
- Has the capacity to learn from an experience and then to apply that learning to new experiences

Risk may be identified when a caregiver:
- Is often defensive when services focus on self
- May complain without proposing alternatives
- Demonstrates marginal cooperation with Plan of Safe Care
Factor # 13. CAREGIVER’S ABILITY TO PROBLEM SOLVE AND ACCESS SERVICES
Assess the family/caregiver’s ability to access concrete supports in times of need and to use his/her strengths to overcome obstacles to change. Assess the caregiver’s healthy social connections. Addiction is about secrecy and denial, both of which thrive in isolation. Assess whether the caregiver sees obstacles as insurmountable and expresses unwillingness to change.

PROTECTIVE FACTORS: Parental Resilience & Social Connections

How are the parents managing stress? How did the parents prepare for the arrival of the newborn? What emotional (i.e.: companionship), instrumental (i.e.: transportation assistance), and informational (i.e.: substance use treatment) support resources are being utilized?

Safety concerns may be identified when:
- Caregiver refuses services when they are directly offered
- Caregiver seeks to give up parental responsibility
- Caregiver is not cooperating with professional recommendations regarding the health and substance use disorder needs of the substance exposed newborn or themselves
- CPS has intervened before in respect to prenatal drug exposure
- Caregiver did not access prenatal care
- Caregiver has not made any preparations for newborn’s arrival
- Caregiver has no financial resources to cover basic needs and unexpected costs

Strengths should be identified when a caregiver:
- Is determined to meet infant’s needs and knows how to go about getting needs met
- Usually has good judgement and plans ahead
- Seeks help when needed
- Practices good self-care
- Agrees to Alternative Response Assessment and Plan of Safe Care and participates in needed services
- Expresses a willingness to change, motivation to change and actively works on sustaining change
- Sought early prenatal care
- Does not allow stressors to keep them from providing nurturing attention to the infant
- Prepared for newborn’s arrival and has access to needed supplies (diapers, formula, laundry, safe sleep)
- Understands their rights in accessing services
- Has financial security to cover basic needs and unexpected costs
- Understands and knows how to navigate the service delivery system
- Knows how to go about getting family needs met for health care, education, etc.
- Receives emotional support / hope and encouragement from family, church, community, etc.
- Receives instrumental support (links to jobs, transportation, financial assistance)
- Receives informational support (parenting guidance, Part C services, recommendations from health care, substance use and behavior health treatment resources)
Risk may be identified when a caregiver:

- Is sometimes impulsive or careless
- May lack confidence or knowledge to negotiate service delivery system
- Caregiver(s) has multiple episodes of failed addiction treatment services
- Is generally disorganized, which prevents effective follow through
- Has good intentions but is not able to translate them into effective action
- Minimizes the impact of the prenatal drug exposure on the infant
- Initial recognition that behavior may be a problem but is ambivalent to change
- Has a history of refusing services that would enable the caregiver to meet infant’s need for care and protection (housing for example)
- Is indifferent to services when they are directly offered
- Lacks positive healthy social connections and continues to rely on connections associated with usage
- Minimal preparation for newborn’s arrival with no identified resources to sustain needed items
Factor # 14. STRENGTH OF FAMILY SYSTEM
Assess the family’s functioning and relationships. A child’s social and emotional competence is crucial to developing healthy relationships. Children whose parents manage and positively express their emotions, self-regulate, and effectively problem solve are better able to recognize their emotions, empathize with others and differentiate between inappropriate and appropriate behaviors. Children who have not had these skills modeled are more likely to have delays in social and emotional development; children who cannot express their emotions and needs are at greater risk for abuse and neglect. Observe the dynamics of the members of the household. Include the observations of the CPS social worker, family and collateral contacts. Assess the role of extended family, friends, and service providers, etc. as support systems in #15.

PROTECTIVE FACTORS: Children’s Social and Emotional Competence & Parental Resilience

- How do the parents respond to a crying infant? Do the parents separate emotions from actions (i.e.: “It’s okay to be angry but not okay to hit people.”) Can the parents rely on one another?

Safety concerns may be identified when the caregiver:
- Engages in frequent and pervasive discord
- Engages in domestic violence
- Incapacitated by fear of maltreating partner
- Expresses thoughts and emotions through yelling, cursing, blaming, threats, etc.
- Caregiver / Household member / Parental significant other engages in violent and aggressive behaviors
- Caregiver / Household member / Parental significant other refuses to participate in needs assessment and/or safety assessment and planning
- Is threatening or verbally hostile in communication with service providers
- Refuses services providers access to family home

Strengths should be identified when family members:
- Are able to set goals and to problem solve together
- Have respect for themselves and for others
- Respond warmly and consistently to a child’s needs
- Demonstrate a positive mood
- Express satisfaction with family functioning and parenting role
- Creates an environment in which children feel safe to express emotions and thoughts
- Have identified beliefs, traditions, rituals that promote a feeling of belonging and well being
- Act in appropriate roles
- Have a history which shows evidence of the caregiver’s childhood needs being adequately met
- Resolve conflict in cooperative consolidated manner
- Are able to communicate without violence
- Know what to expect from each other
- Demonstrates attachment/ bonding
- Models empathy
• Are close and committed to each other
• Have a history which shows the consistency of a parental caregiver
• Recognize each other’s strengths and needs
• Try to meet the needs of each member
• Have a way of taking time out from one another
• Express traditions and beliefs which all members feel good about
• Feel safe from all harm
• Can specifically articulate a plan to protect the infant, such as the parent leaving when a situation escalates, calling the police in the event a restraining order is violated, etc.

Risk may be identified when family members:
• Have more than usual amount of conflict
• Difficulty expressing feelings or ideas
• Express a lack of remorse or empathy for symptoms presented
• Siblings have significant educational, medical, and/or behavioral needs
• Infant has developmental delays
• Stable caregiver in home, but only assumes minimal caregiver responsibilities for infant
• Cannot resolve conflicts without resentments or grudges
• Often focus conflict on the infant or blame the infant and siblings for conflict
• Is very limited in interpersonal communication
**Factor # 15. STRENGTH OF SUPPORT SYSTEMS**
Assess the caregiver’s social connections and supports available to the infant/family. Include both formal and informal supports. A Plan of Safe Care must include three safe supports who understand the expectation of safety for the infant, their role in assuring safety and the expectation to contact the agency in the event of a safety breach that places the infant at risk (both during the CPS assessment and after). These family protective resources frame the network of available and accessible supports which contribute to controlling threats of danger and managing the infant’s safety.

**PROTECTIVE FACTOR: Social Connections**
Who do the parents call when they need help? Do the parents reside near available services or do they require travel and additional supports to access needed services? Are there barriers for the caregivers in developing healthy social connections (depression, anxiety); encourage the caregivers to address these barriers.

**Safety concerns may be identified when:**
- Caregiver’s are unable to identify any safe supports
- Safe supports do not follow the Plan of Safe Care, placing the infant in danger
- Caregiver’s do not follow the Plan of Safe Care, placing the infant in danger
- Safe supports are willing to provide emergency are for the infant however are not available when needed
- Family is geographically isolated
- Caregiver is unwilling to accept assistance from others
- Caregiver has no transportation or access to transportation resources
- Caregiver has no telephone

**Strengths should be identified when family members:**
- Have a stable dependable support system of relatives/friends
- Have someone to turn to when help is needed and they are willing and available to assist
- Have followed through on commitments in the past
- Stable safe caregiver resides in home and is a supportive and stabilizing influence and available to assist in caring for infant
- Have positive, significant relationships with other adults who seem free of overt pathology (spouse, caregivers, friends, relatives)
- Have a meaningful support system that can help him/her now
- Participate in AA / NA
- Participate in parenting support and education and services
- Have extended family nearby who are capable of providing support
- Have an extended family history which shows family members are able to help appropriately when one member is not functioning well
- Have relatives who come forward to offer help when the child needed placement
- Have relatives who have followed through on commitments in the past
- Have an ethnic, cultural, or religious heritage which includes emphasis on mutual caregiving and shared parenting in times of crisis
- Actively involved in community
- Actively involved in church or faith based organization

**Risk may be identified when caregivers:**
• Have limited support from family or friends
• Are generally private and not trusting of outsiders but has social skills to develop helping relationships
• Lacks positive healthy social connections and continues to rely on connections associated with usage
• Display poor social skills
• Have no extended family members who live close by or who may be supportive
• Have limited access to available community services
• Have no social involvement with the community
• Have few tangible attachments
• Health and substance use disorder services require travel
**Factor # 16. INCOME**
Assess financial resources, including public assistance benefits, in terms of meeting the infant's/family's basic needs. Assess resources such as child support and irregular or intangible sources of income, which may be provided by extended family, or friends (such as transportation or childcare). Also assess debts such as unpaid child support, credit card debt, overdue or excessive loans, gambling debts, or excessive medical expenses that may impact a caregiver's ability to access concrete supports in times of need.

**PROTECTIVE FACTOR: Concrete Support in Times of Need**
Are the caregivers working; do they have employable skills? Do the caregivers receive supplemental income? Is there a need for vocational rehabilitation, disability determination, or financial counseling? Inquire how the parents ensure their infant's needs are met.

**Safety concerns may exist when:**
- Totally without or very limited income
- Unable to cover very basic survival needs
- On the verge of eviction
- No resources or relief in sight
- Family has no food, clothing and shelter, not through simple lack of financial means
- Family finances are insufficient to support the special needs of the substance exposed newborn
- Caregivers lack the capacity to properly use resources if they are available
- Caregivers spends impulsively resulting in a lack of basic necessities which threaten safety

**Strengths should be identified when:**
- Adequate financial resources to provide for family
- Caregiver has a history of stability in housing
- Caregiver has a solid employment history
- Caregiver has financial resources
- Caregiver’s education goals have been met
- Caregiver has employable skills
- Family meets its basic needs for food, shelter, and clothing

**Risk may be identified when:**
- Limited income or income fluctuates causing sporadic shortages of necessities
- Caregivers utilize financial resources to purchase alcohol / drugs resulting in shortages of necessities
- Adequate income but not used infant' needs
- Caregivers have unpaid debt which impacts access to services (medical for example)
- Caregivers are stressed due to lack of financial resources
- Caregivers have legal and drug related debts
Factor # 17. PREVIOUS HISTORY OF ABUSE/NEGLECT
Assess past history of child protection service involvement with caregiver(s). Include prior reports and assess in terms of recommendations followed and observable changes in present or future risk to the child.

**PROTECTIVE FACTOR:** Concrete Support in Times of Need
Have the parents followed through with services to meet their families' needs in the past? Examine the causes for failure to follow through previously.

Alternative Response is not the appropriate child protection response when:
A) CPS history includes services required determinations for physical abuse, sexual abuse, medical neglect
B) There has been a services required determination in the past six months
C) CPS history of failure to thrive, death of a child from abuse or neglect or undetermined injury or death of an infant

Safety concerns may exist when:
- Previous reports show serious CA/N
- Previous services required determination within past six months
- Previous abuse or neglect that was serious enough to cause or could have caused serious injury or harm
- Caregiver has previously lost custody of a child as a result of a child protection proceeding or parental rights have been terminated on another child
- Caregiver does not acknowledge or take responsibility for prior inflicted harm to a child
- More than one SIDS death in the immediate or extended family
- Caregiver denies a history of child abuse or neglect despite medical or child protective records indicating otherwise

Strengths should be identified when:
- No protective services provided in the past
- Reports on file, but a history of cooperating with services demonstrates growth and development
- Caregiver has demonstrated the ability to protect the child in the past while under similar circumstances and family conditions
- Caregiver makes a conscious decision to change behavior and is actively working on sustaining change

Risk may be identified when:
- Protective Services may have been completed, but no significant changes are evident
- Pregnant woman assessment was completed and caregiver did not follow the assessment recommendations
- Multiple assessments with services required or no services required with no change in parental behavior
Factor # 18. CAREGIVER’S PHYSICAL, INTELLECTUAL, EMOTIONAL ABILITIES

Caregivers have the primary responsibility for their infant’s safety; caregiver protective capacities are the personal qualities that contribute to a caregiver’s vigilant protection of their children. Assess caregiver’s behavioral, cognitive and emotional protective capacity to protect and care for their substance exposed newborn. Assess caregiver’s physical and mental health, emotional and mental capabilities. Include medical and mental health diagnoses, disabilities, cognitive impairments, and learning disabilities. Also include observed or expressed concerns and self-disclosed information concerning functioning or life stressors.

**PROTECTIVE FACTORS:** Knowledge of Parenting and Child Development & Parental Resilience

Do the caregivers have any limitations of their ability to provide safe care for the infant? How is the parent coping with the demands of a new baby and CPS involvement? Explore parental experiences and observations of parenting during their childhood and within their extended family; explore past trauma and need for trauma screening and services.

The caregiver of a substance exposed newborn may be severely impaired by substance abuse disorder, struggling in recovery, and may have a co-occurring mental health diagnosis and may not be attuned to the high needs of the infant.

**Safety concerns may exist when a caregiver:**
- Severely physically disabled and unable to perform infant cares
- Major mental illness and is unable to perform infant care and supervision
- Severe intellectual limitations and is unable to perform any infant care and supervision
- Acute psychiatric episode with hospitalization
- Attempts suicide in presence of infant or siblings
- Caregiver(s) make impulsive decisions and plans which may leave infant at risk of harm
- Caregiver(s) has behaviors that are uncontrolled and leave the infant in threatening situations
- Caregiver(s) demonstrate cruel and bizarre thoughts or actions
- Caregiver(s) are delusional, experiencing hallucinations
- Caregiver(s) express pathological emotion and behavior including the absence of conscience and concern or regard for others
- Caregiver(s) cannot control sexual impulses
- Caregiver(s) are so depressed they are not functionally able to meet basic needs of the infant
- Caregiver(s) intellectual capacity affects judgement/knowledge in ways that prevent providing safe care
- Caregiver(s) do not know how, or does not apply, basic safety measures such as laying infant on elevated surface, using overly hot water in bath, leaving infant unattended in bath, etc...
- Views the infant as the devil, demon possessed evil, a bastard, etc.
- Active use of substances that result in impulsive, dangerous behaviors
- Caregiver(s) lack the capacity to fully understand the substance exposed newborn’s condition or the threat of harm caused by prenatal drug exposure
- Caregiver with a diagnosed serious mental illness is not taking prescribed psychotropic medications and so expresses bizarre and/or irrational thoughts, demonstrates impaired
judgement, sees or hears things that are not there, is unable to meet basic needs for infant
- Caregiver(s) behavior indicates a significant lack of control (e.g. reckless, unstable, raving, explosive, suicidal and/or homicidal behavior)

**Strengths should be identified when a caregiver:**
- Alert, intelligent and capable
- No, or very minor, intellectual/physical limitations
- In control of mental faculties
- Understands role as protector of child
- Communicates the number one priority is the safety and wellbeing of the infant
- Has a history of protecting children
- Limitations have minimal impact on child caring capabilities
- Has accurate perceptions of the infant’s condition, abilities, and needs
- Emotionally sound with little apparent anxiety or can cope with anxiety productively
- Caregiver has someone to turn to for health care needs
- Caregiver uses medical care for self appropriately
- Caregiver access behavioral health services as needed to meet their own behavioral / emotional needs
- Caregiver’s hygiene and grooming are consistently adequate
- Caregiver does not have significant individual needs that might affect the safety of the infant, such as severe depression, lack of impulse control, medical needs, etc.
- Caregiver is emotionally capable to carry out a plan or to intervene to protect the infant (caregiver not incapacitated by fear of maltreating partner)
- Demonstrates emotional stability, resiliency and health
- Expresses love, empathy, and sensitivity toward the infant

**Risk may be identified when:**
- May be physically/emotionally handicapped
- Moderate intellectual limitations
- Poor reasoning abilities
- Needs planning assistance to protect infant
- Impaired ability to perform child caring role
- Has a history of suicide attempts
- Interprets the child’s behavioral challenges as self-defeating and directed at them (i.e.; my baby does not like me, my baby does that to make me mad, my baby knows better)
- Major life stressor in past 12 months with some anxiety related impairment
- Has chronic physical, emotional, or intellectual problems which impair ability to provide minimal care and supervision to infant
- Caregiver(s) suffer from a mental illness, cognitive limitations, physical handicaps that limit their ability to protect their children because of their impairment, not through a lack of will and this impairment results in increased risk of harm to the infant
- A credible report by a relative or another collateral of a history of major mental illness, child abuse or neglect or domestic violence that is being denied by the caregiver
Factor # 19. CAREGIVER’S CRIMINAL ACTIVITY
Assess caregivers legal needs. Document caregiver’s legal involvement and utilization of the courts and legal services as a family protective resource. Assess the caregiver’s willingness to change destructive decisions and behaviors. Assess for the presence of domestic violence and its threat to the infant’s safety.

PROTECTIVE FACTORS: Concrete Supports in Times of Need & Parental Resilience

Does the caregiver have any legal needs or limitations regarding their access to services due to criminal / legal involvement? Does the caregiver feel safe in their relationship with their significant other; are there signs of power and control within the parental relationship? How is the parent coping with any legal needs / involvement? Examine the role of probation officers, drug court and 24/7 programs as supports.

Safety concerns may exist when:
- Caregiver has a criminal record/personal history of violence against others and threatens force/violence against family members and/or others
- The caregiver exposes the infant to illegal activities that jeopardize infant safety
- Stalking behavior and/or threats to seriously injury of kill a family member
- Infant is physically involved in event of domestic violence
- Caregiver is forced, under threat of serious harm, to participate in or witness abuse of a child
- Caregiver has unexplained injuries and denies that the suspected or observed abuser is responsible for the injuries, despite evidence to the contrary
- A firearm or other weapon is used during a domestic dispute and infant is present
- Caregiver is unable to provide basic care and/or supervision for the infant because of injury, incapacitation, forced isolation, or other controlling behavior of the suspected or observed domestic violence abuser
- Children put in the position of feeling responsible to protect themselves or the adult
- Caregiver is at risk for incarceration (revoked probation for example)
- Caregiver denies illegal substance use during pregnancy despite evidence of the contrary
- Caregiver supports substance use disorder through criminal activity
- Caregiver is unable to identify safe supports

Strengths should be identified when:
- No history of anti-social, violent/criminal activities
- No history of domestic violence
- Demonstrates a control of negative impulses
- Caregiver is well connected to community, institution, and/or other organizations such as churches, schools, self-help groups, etc.
- Caregiver has successfully completed probation with no additional legal involvement
- Parole and Probation, court officers, attorneys and other legal professionals agree to participate in the Plan of Safe Care for the infant
Risk may be identified when:

- Threatens force/violence against family members or others but has not physically assaulted a family member
- Record of non-violent criminal activity
- Demonstrates impulsive aggressive behavior, temper outbursts or harmful physical reactions (i.e. throwing things)
- Infant is verbally threatened by one or more adult family members/caregivers during a domestic violence event
- Caregiver has a history of repeated violent relationships
- Caregiver’s denial of domestic violence in the face of police reports to the contrary
Factor # 20. CAREGIVER’S ACCESS TO INFANT
Assess the caregiver's access to the infant, potential safety concerns and risks and the influence of any protective caregivers.

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<tr>
<th>PROTECTIVE FACTOR: Knowledge of Parenting and Child Development</th>
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<td>Does the caregiver understand the importance of safe and capable care and supervision for the infant? Does the caregiver follow the Plan of Safe Care?</td>
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Safety:
- Caregiver has complete access to infant and does not follow the Plan of Safe Care placing the infant in danger

Strengths should be identified when:
- Infant protected during visitation
- Infant is under constant supervision of protecting adult in the house
- Protective caregiver acknowledges need for protection
- Caregiver is physically able to intervene to protect the infant
- Caregiver is capable of understanding the specific threat to the infant and the need to protect
- Caregiver displays concern for the substance exposed newborn and is intent on protecting the infant
- Caregiver has asked the incapacitated caregiver to leave the home
- Caregiver has made appropriate arrangements, which have been confirmed, to assure that the infant is not left alone with an incapacitated caregiver

Risk may be identified when:
- Caregiver has complete access to child and cooperation with Plan of Safe Care has been sporadic
- Protective caregiver denies need for/ ability to protect child
- Infant is blamed and held accountable for CPS involvement
- Losses the parents experience (job, relationships, etc.) are attributed to the infant
Factor # 21. PRESENCE OF PARENT SUBSTITUTE
Assess the influence of any household caregiver without primary responsibility for infant care and protection, such as “significant other” or “live-in” of the parent, stepparent, grandparents, etc. Document their role in the Plan of Safe Care.

PROTECTIVE FACTORS: Social Connections & Parental Resilience

Does the parent have supportive relationships with reliable household individuals who provide safe care for the infant? Can the parent and parent substitute rely on one another? Does the parent substitute follow the Plan of Safe Care?

Safety:
- Parent substitute has complete access to infant and does not follow the Plan of Safe Care placing the infant in danger
- Parent substitute has access to the infant and refuses to participate in the Alternative Response assessment and safety planning regarding the infant

Strengths:
- Parent substitute is viewed as a supportive, stabilizing influence
- Parent substitute is sober and supportive of caregiver and infant
- Parent substitute is a family protective resource and participates in the Plan of Safe Care
- Caregiver has legally separated from the maltreating parent/parent substitute and has does demonstrate behavior to suggest he/she will not reunite until circumstance warrants or they are proceeding with a divorce action
- Caregiver and infant have a strong bond and caregiver is clear that the number one priority is the wellbeing of the infant

Risk:
- Parent substitute is in home on an infrequent basis and assumes only minimal caregiver responsibility
- There is concern that the paramour/parent substitute is a negative influence on child/parent
- The paramour/parent substitute is actively involved in substance use
- Parent substitute suffers from a mental illness, cognitive limitations, physical handicaps that limit their ability to protect the infant