

Placement Danger Threats

Out-of-Home Care



This guide will help you know how to gather information to help CPS ensure the out-of-home placement is a safe environment and to spot the signs of potential placement danger threats.

CPS needs to be confident a child will remain safe when they place a child in out-of-home care. As the designee, you will be gathering information and making observations in the out-of-home care setting. You are not expected to decide if there are Placement Danger Threats. This is the child welfare agency's job. Your role is to know how we define Placement Danger Threats and what it includes. This way you will be clear on what to pay attention to, and how to act so the agency can evaluate the information.

Before you go to the home visit



Checklist to Prepare for an Out-of-Home Care Visit	
<ul style="list-style-type: none"> <input type="checkbox"/> Consult with the CPS professional <input type="checkbox"/> Have pen and paper with you to take notes <input type="checkbox"/> Have the appropriate contacts and phone numbers to call with immediate concerns <input type="checkbox"/> Review the <i>Developmental Ages & Stages, Red Flags for Danger, Checklist for Out-of-Home Care Visit</i>, and, if applicable, the <i>Risk Management Plan Job Aids</i> <input type="checkbox"/> Gather up-to-date case information (see below) 	
Potential Information Sources	What to Know Before You Go
<ul style="list-style-type: none"> <input type="checkbox"/> Conversation with CPS professional <input type="checkbox"/> Documents (verify if in eWiSACWIS or elsewhere): <ul style="list-style-type: none"> • Face-to-face contact case notes (prior month or more) with the child, parents, and caregiver, • Information for Out-of-Home Care Providers Part A (<i>bring if not complete</i>), • Status of placement and licensing process for relative caregivers, if not complete, • Current Caregiver Child and Adolescent Needs and Strengths tool, • Most recent Protective, Safety, Permanency &/or Case Plan • Risk Management Plan, if applicable. 	<ul style="list-style-type: none"> • Do I understand all the people who live in the household (all adults and children)? • Do I understand what is currently being done in this case? • Have all the necessary forms been completed, or do I need to ask about or take along additional paperwork? • What are the strengths and needs of this caregiver? • What strategies, supports, and/or actions in the plan are supporting the child's and caregiver's needs? What is their progress? • What services are being provided? • Role and responsibilities of the caregiver. How are they expected to help?

Ways You May Be Asked to Help

- Obtain supplies, or address other needs of the caregiver
- Gather specific information about the care of the child
- Communicate expectations about the care of the child
- Clarify rules
- Discuss Part A of the Out-of-Home Care paperwork, and the role of the caregiver
- Conduct a background or record check (see below for steps)

Steps to Conduct a Background Check	CPS and CCAP Record Checks Steps
<ul style="list-style-type: none"> <input type="checkbox"/> Reverse Address Sex Offender Registry checks: Go to: www.offender.doc.state.wi.us/public <input type="checkbox"/> Click on 'I agree' <input type="checkbox"/> Complete a Name Search <input type="checkbox"/> Complete a Geographical Search 	<ul style="list-style-type: none"> <input type="checkbox"/> Check on people who have moved into the home since the previous visit. Go to: www.wicourts.gov <input type="checkbox"/> Click on Wisconsin Circuit Court Access <input type="checkbox"/> Click on 'I agree' <input type="checkbox"/> Type in Last Name and First Name to complete search <input type="checkbox"/> <i>When searching a common name, be sure to cross check spelling/birthdays</i>

Be certain to ask when the results of the background and record checks are needed and how to relay the information to the CPS professional. Any of these tasks may require you to go to the caregiver's home, except the background and record checks. During the current crisis, you may be the only professional in the caregiver's home. At each visit look for signs of placement danger threats.



An important thing to remember when assessing for placement danger threats is that you don't need proof or evidence of these conditions. If something concerns you, call the CPS professional immediately!

Placement Danger Threats

Placement Danger Threat Categories	Danger Threat	Observable Behaviors	Questions to Obtain Information helpful to share with CPS
Presence of Violence	People in the home are violent or out of control	<ul style="list-style-type: none"> • Violence or explosive outburst by adults or other children in the home • Threatening with weapons in a violent way • Domestic violence 	<ul style="list-style-type: none"> • "How does the violence look in the home when it is happening?" • "Where was the child?" • "What triggers the violence?" • "Are there any threats or use of weapons?" • "What do you do when you are feeling frustrated with the child?"
	Caregiver(s) previously maltreated their child, or a child placed in their home	<ul style="list-style-type: none"> • Previous maltreatment was serious or escalating pattern of maltreatment • Retaliated 	
	Caregiver describes or acts in	<ul style="list-style-type: none"> • Child is seen as evil, stupid or ugly 	<ul style="list-style-type: none"> • "Tell me about the child."

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View of the child	Predominantly negative fashion toward child	<ul style="list-style-type: none"> Unrealistic expectations of the child for age or development level Child is scapegoated 	<ul style="list-style-type: none"> “Do you think the child acts their age?” “How do you think the child’s behavior was affected by the way they were parented?”
	Views the child as responsible for adult’s problems	<ul style="list-style-type: none"> Child is blamed for the problems of the parent or the provider 	
	Believes the child deserves what happened in the child’s home	<ul style="list-style-type: none"> The sexual abuse victim was asking for it Child was old enough to care for himself Child is provocative and this justified the maltreatment 	
Ability to Partner with the Agency	Refuses access to the child or about to flee (<i>more likely in relative placements</i>)	<ul style="list-style-type: none"> Tells CPS not needed Unavailable when trying to contact Reluctant to make child available Argues with CPS about involvement 	<ul style="list-style-type: none"> “How is your relationship with CPS?” “Is there anything you need from the agency?” “Are you able to meet all the requirements the agency is asking of you?” “What concerns do you have for how the parent cares for the child(ren)?” “Do you have thoughts on how plans are progressing?” “Should plans and services be increased?” “Decreased?”
	Justifies the parent’s behavior	<ul style="list-style-type: none"> Believes the parent has been wrongly accused Believes the parent’s account over the child’s/CPS Acknowledges the problem but justifies based on the child’s behavior or other circumstances Believes CPS is overreacting 	
	Allows unauthorized contact with the child	<ul style="list-style-type: none"> Believes restrictions are unnecessary and allows contact: phone calls or face-to-face 	
Supervision and Protection	Provider cannot shield the child from harm by others in the household	<ul style="list-style-type: none"> Has an inaccurate view of threats to the child Has a history of associating with people who pose a threat to the child Child is maltreated in the placement home by another household member or someone having regular access to the child 	<ul style="list-style-type: none"> “Who watches the child when you are not here?” “How does the child get along with other household members?” “Are there any challenges between the children?” “Who spends time in the house on a regular basis?”
	Provider is unable to provide supervision (<i>consider the development of the</i>	<ul style="list-style-type: none"> No adult is available to supervise the child, or the arranged plan is inadequate Although at home, the child can wander outside unnoticed, play 	

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	<i>child and situations in the home)</i>	alone where there are serious hazards, etc.	
Child's Functioning	Provider cannot or will not meet the child's needs and manage the child's behavior	<ul style="list-style-type: none"> • Provider lacks the capacity to respond to a child's physical or mental condition and it could cause the child harm • Provider ignore the child's suicidal thoughts or behaviors • Child runs away and provider does not try to stop it • Child needs immediate mental health care and does not get it • Child uses substances and may overdose or incur some other self-harm with serious results and provider does not manage 	<ul style="list-style-type: none"> • "Tell me about the child." • "Tell me about the child's typical day." • "How is the child adjusting to the placement?" • "How does the child respond when you ask them to do something?" • "How does the child respond to household rules?"
	Child is profoundly fearful or anxious of the home situation (most children are anxious about unknown	<ul style="list-style-type: none"> • Child is fearful and describes the threats or specific people • Child has history with people in the house who have been threatening • Child's fear response (crying, withdrawal, etc.) escalates when in the presence of the provider or a household member 	
Caregiver Capacity	Provider substance use seriously affects ability to care for the child	<ul style="list-style-type: none"> • Incapable of being consistently able to meet the child's needs • Alcohol or drugs are accessible to the child 	<ul style="list-style-type: none"> • "How do you release tension?" • "Have you ever felt annoyed by criticism of your drinking or drug use?" • "How has the child coming into your home affected the way you care for yourself?" • "Do you ever feel like you just can't take it anymore?" "What do you do?" • "What has your physical health and energy level been like lately?"
	Provider's mental health challenges or cognitive limitations affect ability to adequately care for child	<ul style="list-style-type: none"> • Provider not taking prescribed meds • Hallucinations • Anger outbursts with excessive discipline • Depression leads to inability to provide basic care • Cognitive delays interfere with ability to provide care 	
	Provider has an acute or chronic illness that compromises their ability to care for the child	<ul style="list-style-type: none"> • Energy level leaves the child vulnerable to harm • Physically incapacitated • Unable to manage physical demands such as lift or carry the child as needed 	

Risk Management Plan

At times, a child may be unsafe in a placement setting because of their own behavior or that of another child in the home. When this happens, CPS develops a risk management plan to address the child's behavior and ensure the caregiver can provide the level of supervision needed. Examples of risk management plans include:

- Providing additional or special training for placement providers
- Increase contacts by agency or other providers
- Re-arrange the living environment (changing sleeping arrangements, moving children to other units in an RCC, etc.)

Risk management plans for all children in placement should be designed to manage the behavior of the child being placed and to address the needs of that child. Whenever a child is in a group home or residential facility where they will have access to other children, a risk management plan is required.

You will not be required to develop the risk management plan, but you will need to gather information for CPS to determine if the risk management plan is still working if one is in place. See the **Risk Management Plan Job Aid** for more details and examples of what might be on a plan.

Documentation

What to document: *Check with the CPS professional on where to document the contacts. You will need to include:*

<input type="checkbox"/> Date, time, and duration of the visit	<input type="checkbox"/> Whether or not you met with the child in private
<input type="checkbox"/> Method (e-mail, phone, in-person)	<input type="checkbox"/> Notes on what was discussed, and
<input type="checkbox"/> Participants involved	<input type="checkbox"/> Tasks completed
<input type="checkbox"/> Location of the visit	
<input type="checkbox"/> Purpose of contact	