

# Safety Decision Making Regarding the Drug Affected Infant

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## Objective #1: Knowing When to Report

- Substances Affecting Infants
- Co-occurring Conditions
- Mandated Reporters
- ACCESS Criteria
- Information Needed For Referral

## Substances Affecting Infants

- ❖ Alcohol - beer, wine, liquor
- ❖ Opiates- Heroin, Percocet, Vicodin, Oxycotin, Oxycodone, Fentanyl, Morphine, Carfentanyl
- ❖ Barbiturates or benzodiazepines- Ativan, Lorazepam, Valium, Xanax, Clonazepam, Klonopin
- ❖ Methadone - when not prescribed and monitored
- ❖ Combining any substances listed above with Cocaine and/or Methamphetamines

## Co-occurring Conditions

- Mother's diagnostic history
- Symptoms of mental illness- anxiety, depression, low frustration tolerance, explosive anger, isolation, mood swings, sleep problems, etc.
- Past trauma history- abuse or neglect as a child, sexual abuse at any age, physically violent relationships, etc.
- History of suicide attempts, psychiatric hospitalizations, medications prescribed/taken

## Mandated reporters

**48.981** Abused or neglected children and abused unborn children.

➤ **48.981(2)** (2) PERSONS REQUIRED TO REPORT.

➤ **48.981(2)(a)** (a) Any of the following persons who has reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur shall, except as provided under subs. (2m) and (2n), report as provided in sub. (3):

- **48.981(2)(a)1.** 1. A physician.
- **48.981(2)(a)2.** 2. A coroner.
- **48.981(2)(a)3.** 3. A medical examiner.
- **48.981(2)(a)4.** 4. A nurse.
- **48.981(2)(a)5.** 5. A dentist.
- **48.981(2)(a)6.** 6. A chiropractor.
- **48.981(2)(a)7.** 7. An optometrist.
- **48.981(2)(a)8.** 8. An acupunctureist.
- **48.981(2)(a)9.** 9. A medical or mental health professional not otherwise specified in this paragraph.
- **48.981(2)(a)10.** 10. A social worker.
- **48.981(2)(a)11.** 11. A marriage and family therapist.
- **48.981(2)(a)12.** 12. A professional counselor.
- **48.981(2)(a)13.** 13. A public assistance worker, including a financial and employment planner, as defined in s. 49.14(1)(b).

## Continued...

- **48.981(2)(a)14.** 14. A school teacher.
- **48.981(2)(a)15.** 15. A school administrator.
- **48.981(2)(a)16m.** 16m. A school employee not otherwise specified in this paragraph.
- **48.981(2)(a)17.** 17. A mediator under s. 747.405.
- **48.981(2)(a)18.** 18. A child care worker in a child care center, group home, or residential care center for children and youth.
- **48.981(2)(a)19.** 19. A child care provider.
- **48.981(2)(a)20.** 20. An alcohol or other drug abuse counselor.
- **48.981(2)(a)21.** 21. A member of the treatment staff employed by or working under contract with a county department under s. 48.33, 41.42, or 41.633 or a residential care center for children and youth.
- **48.981(2)(a)22m.** 22m. A physical therapist assistant.
- **48.981(2)(a)23.** 23. An occupational therapist.
- **48.981(2)(a)24.** 24. A dietitian.
- **48.981(2)(a)25.** 25. A speech-language pathologist.
- **48.981(2)(a)26.** 26. An audiologist.
- **48.981(2)(a)27.** 27. An emergency medical services practitioner.
- **48.981(2)(a)28.** 28. An emergency medical responder, as defined in s. 254.01(4p).
- **48.981(2)(a)29.** 29. A police or law enforcement officer.
- **48.981(2)(a)30.** 30. A juvenile correctional officer.

## ACCESS Criteria

### VI.B.1. Criteria for Screening In an Access Report

- The child is under the age of 18.
- There is information that makes it possible to either identify or locate the child or family, and
- The allegations describe:
  - conditions, behaviors, or actions that create a reason to believe that abuse or neglect as defined in the statutes has occurred (see Appendix I: Statutory Definitions of Abuse and Neglect);
  - behavior or conditions that create a reason to believe a child has been involuntarily with abuse or neglect as defined in the statutes and that the child is unsafe (see Appendix I: Statutory Definitions of Abuse and Neglect, Child Protective Services - Safety Intervention Standards Appendix I: Parent Danger Threats to Safety and Child Protective Services Safety Intervention - Standards Appendix I: The Safety Threshold and Impending Danger Threats to Child Safety); or
  - behavior or an action or inaction that a reasonable person would conclude may have resulted in maltreatment of a child or
  - injuries to or a condition of the child that a reasonable person would conclude to be a result of maltreatment, or
  - conditions, behaviors, or actions that resulted in a child's death due to maltreatment.

### VI.B.2. Criteria for Screening In a Report of Unborn Child Abuse

- There is sufficient information to make it possible to either identify or locate the expectant mother.
- The allegations support a reasonable suspicion that the individual is pregnant (i.e., is an expectant mother).
- The allegations describe behaviors that support a reasonable suspicion of habitual lack of self-control of the expectant mother in the abuse of alcohol, controlled substances or controlled substance analogs to a severe degree.
- The abuse of the named substance(s) could cause serious physical harm to the unborn child or risk of serious physical harm to the child when born.

## Information Gathered During An ACCESS call Concerning a DAI

- Caller name/facility/address/phone/HR/position
- Mom's name/DOB, address and phone, ICWA, discharge date
- Newborn name/DOB, weight, length, apgars, baby, gestational age, vaginal or c-section, discharge date
- Alleged, potential or legal father of newborn name/DOB, address and phone and if involved, ICWA
- Other people in the home (name/DOB/sex/age) and if you are aware of special needs/schools/grade, daycare
- Urine, meconium, or cord status result (state law 146.02(2) mandates baby be tested even if mom refuses)
- Signs of withdrawal for baby (tremors, excessive sucking, high-pitched cry, stiff, etc) and NAS scoring
- DR care or mom health/mom status
- Mom's AODA use history (drug choice, frequency, method such as IV, snorting, oral, history of use, history of treatment) and is the open to treatment
- Mom's mental health history (depression, symptoms, meds, hospitalizations, what health prescribes meds, suicide attempts) and trauma history (domestic violence, sexual assault, childhood abuse or neglect)
- Mom's isolation/functioning/parenting, the impact of her drug use on her functioning and does it pose a threat to the safety of her child
- Prenatal care, health problems regarding mom or baby, pediatrician for baby
- Necessary items for care of newborn and/or referred to community resources (WIC, Safe Babies/Healthy Infants), mom breastfeeding or bottle feeding
- Bonding between mom and infant (observations)
- Support system(s)/who (name, phone) and are they aware of reason for CPS call and their reaction
- Family functioning/stressors/strengths
- Prior DAIs, mom frequency in ER, or other past concerns

## Objective #2: The Essential Relationship between CPS and Hospital Staff regarding Safety of the Infant

- ▶ Initial social work interview with Parents
- ▶ Medical information pertinent to the vulnerability of the infant
- ▶ Social work/doctor/nurses and other NICU/hospital staff observations of the parent's interaction with the drug affected infant.

## Initial social work interview with Parents

- ▶ SW explain reason for SW involvement due to positive drug screens/infant withdrawal systems or history of substance abuse. SW explain reason for meeting with parents to obtain all the information about a patient so the most accurate picture of the family situation, strengths and needs are known to CPS and not just the drug screen results.
- ▶ Gather information regarding living situation, household members, family source of income and if applicable ask about public benefits
- ▶ Address any safety issues and if there are any needs for infant baby supplies
- ▶ Ask questions about frequency/type/route of any substance use during pregnancy (illegal/prescribed) (including methadone/Subutex)
- ▶ Willingness for treatment
- ▶ Define mandate to report to Child Protective Services and explain what to expect and encourage honesty and cooperation for best outcome. Make no promises.

## Medical information pertinent to the vulnerability of the infant

- ▶ Birth information including birthweight, length, apgars, any respiratory or unique medical concerns regarding development
- ▶ Prenatal Care or lack of prenatal care noticing periods of time looking for when patient did not show up for visits
- ▶ Drug screen results during pregnancy
- ▶ Neonatal Abstinence Scoring results (Is infant with mom or in NICU?)
- ▶ Symptoms of withdrawal-irritability, fevers, tremors, sleep, poor feeding
- ▶ Parent's involvement with any treatment programs during pregnancy

## Social work/doctor/nurses and other NICU/hospital staff observations of the parent's interaction with the drug affected infant.

- ▶ Any concerns that nursing or medical staff has documented in regards to parent's ability to effectively and safely care for infant (example- parent falling asleep holding baby, parent outside smoking for hours or out of hospital room for long blocks of time)
- ▶ If nursing only documents "exceptions", encourage nursing staff to document concerns with specific factual example and timeline
- ▶ Any concerns regarding parent's ability to bond with infant and providing infant cares (ex. Doesn't diaper infant, doesn't remember to feed infant, drops infant, doesn't hold)

## Objective #3: Understanding CPS response/standards in Relation to Safety Decision Making

Chapter 48, 146, Wisconsin CPS Safety Intervention Standards

- 48 and 146 Legal Authority
- Present Dangers
- Impending Dangers
- Chapter 48 Requirements for Reasonable Efforts
- Information Gathering
- Assessment Process

## Legal Authority

### To Obtain medical records:

Wisconsin Statute 146.82(2)(a)11. To an agency, as defined in s. 48.981 (1) (ag), a sheriff or police department, or a district attorney for purposes of investigation of threatened or suspected child abuse or neglect or suspected unborn child abuse or for purposes of prosecution of alleged child abuse or neglect, if the person conducting the investigation or prosecution identifies the subject of the record by name. The health care provider may release information by initiating contact with an agency, sheriff or police department, or district attorney without receiving a request for release of the information. A person to whom a report or record is disclosed under this subdivision may not further disclose the report or record, except to the persons, for the purposes, and under the conditions specified in s. 48.981 (7).

## To test:

146.0255 Testing infants for controlled substances or controlled substance analogs.

- 146.0255(1) (1) **Definition.** In this section:
  - 146.0255(1)(a) "Controlled substance" has the meaning given in s. 9A.01(1)(b).
  - 146.0255(1)(b) "Controlled substance analog" has the meaning given in s. 9A.01(1)(c).
- 146.0255(2) **Testing.** Any hospital employee who provides health care, social worker, or intake worker under ch. 48 may refer an infant or expectant mother for controlled substances or controlled substance analogs if the hospital employee who provides health care, social worker, or intake worker suspects that the infant or expectant mother has controlled substances or controlled substance analogs in the body fluids of the infant or expectant mother because of the use of controlled substances or controlled substance analogs by the mother while she was pregnant with the infant or the expectant mother was on a program with the unborn child. The physician may test the infant or expectant mother to ascertain whether or not the infant or expectant mother has controlled substances or controlled substance analogs in the body fluids of the infant or expectant mother. If the physician determines that there is serious or that there are controlled substances or controlled substance analogs in the body fluids of the infant or expectant mother because of the use of controlled substances or controlled substance analogs by the mother while she was pregnant with the infant or by the expectant mother while she is pregnant with the unborn child and that the infant, the unborn child or the child who has been born may be adversely affected by the controlled substance or controlled substance analog, if the result of the test indicate that the infant does have controlled substances or controlled substance analogs in the infant's body fluids, the physician shall report the occurrence of that condition in the infant to the agency, as defined in s. 48.981(1)(a), that is responsible for conducting child abuse and neglect investigations under s. 48.02, and that agency shall provide or refer for the provision of, or coordinate, or coordinate the provision of, controlled substances or controlled substance analogs in the expectant mother's body fluids, the physician may report the occurrence of that condition in the expectant mother to the agency, as defined in s. 48.981(1)(a), that is responsible for conducting child abuse and neglect investigations under s. 48.02, and that agency shall offer to provide or arrange or refer for the provision of, services and treatment for the expectant mother without her informed consent to the testing.
- 146.0255(3) **Test results.** The physician who performs a test under sub. (2) shall provide the infant's parents or guardian or the expectant mother with all of the following information:
  - 146.0255(3)(a) A statement of explanation concerning the test that was performed, the date of performance of the test and the test result.
  - 146.0255(3)(b) A statement of explanation that the test results of an infant must, and that the test results of an expectant mother may, be reported to the agency under sub. (2) if the test results are positive.
  - 146.0255(3)(c) Confidentiality. The results of a test given under this section may be disclosed as provided in sub. (3).

## Chapter 48 in relation to response to Drug Affected Infants

The existence of controlled substances or controlled substance analogs in an infant's system does not by itself constitute maltreatment under federal law. A report may be documented and assessed as a CPS report or a Service report depending on the specific information provided. Information to consider in making a decision of whether to respond to reported information as a CPS report includes family history and criteria related to threats to child safety (e.g. severity, out-of-control family conditions).

## Present Dangers:

**DEFINITION:** At Access and during first contacts with the family, CPS must assess for Present Danger. These threats are immediate, significant and clearly visible family conditions that are actively occurring or "in process" and will likely result in severe harm to the child. Present danger threats can be divided into four primary categories:

### Maltreatment

- The child is currently being maltreated at the time of the report or contact : Maltreatment has occurred the same day as the contact or is in process at the time of contact.
- Severe to extreme maltreatment of the child is suspected, observed, or confirmed : This can include severe injuries, serious unmet health needs, cruel treatment, and psychological torture.
- The child has multiple or different kinds of injuries : This generally refers to different kinds of injuries, such as bruising and burns, but it is acceptable to consider one type of injury on different parts of the body.
- The child has injuries to the face or head : This includes physical injury to the face or head as a result of maltreatment.
- The child has unexplained injuries : A serious injury which parents/caregivers and others cannot or will not explain. Includes circumstances where the injury is known to be non-accidental and the maltreater is unknown.
- The maltreatment demonstrates bizarre cruelty. This includes such things as locking up children, torture, extreme emotional abuse, etc.
- The maltreatment of several victims is suspected, observed, or confirmed. This refers to the identification of more than one child who currently is being maltreated by the same caregiver.
- The maltreatment appears premeditated.
- Dangerous (life threatening) living arrangements are present : This includes serious health and safety circumstances such as unsafe buildings, serious fire hazards, accessible weapons, unsafe heating or wiring, etc.

## Child and Family

### Child

**Parent's viewpoint of child is bizarre.** The parent's perception or viewpoint toward the child is so skewed and distorted that it poses an immediate danger to that child.

**Child is unsupervised and unable to care for self.** This applies if the child is without care. This includes an older child is left to supervise younger children and is incapable of doing so.

**Child needs medical attention:** To be a present danger threat of harm, the medical care required must be significant enough that its absence could seriously affect the child's health and well-being. Lack of routine medical care is not a present danger threat.

**The child is profoundly fearful of the home situation or people within the home:** "Home situation" includes specific family members and/or other conditions in the living arrangement. "People within the home" refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up. The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present for a child who does not verbally express fear but their behavior and emotion clearly and vividly demonstrate fear.

### Family

**The family may flee.** This refers to families who are likely to be impossible or difficult to locate and does not include families that are considering a move, planned move.

**The family hides the child:** This includes families who physically restrain a child within the home as well as families who avoid glowing others to have contact with their child by passing the child around to other relatives, or other means to limit CPS access to the child.

**Child is subject to present/active domestic violence.** This refers to presently occurring domestic violence and child maltreatment or a general recurring state of domestic violence that includes child maltreatment where a child is being subjected to the actions and behaviors of a perpetrator of domestic violence.

## Parent

**Parent is intoxicated (alcohol or other drugs) now or is consistently under the influence.** This refers to a parent who is intoxicated or under the influence of drugs much of the time and this impacts their ability to care for the child.

**Parent is out of control (mental illness or other significant lack of control):** This can include unusual or dangerous behaviors; includes mental or emotional distress where a parent cannot manage their behaviors in order to meet their parenting responsibilities related to providing basic, necessary care and supervision.

**Parent is demonstrating bizarre behaviors:** This will require interpretation of the reported information and may include unpredictable, incoherent, outrageous, or totally inappropriate behavior.

**Parent is unable or unwilling to perform basic care:** This only refers to those parental duties and responsibilities consistent with basic care or supervision, not to whether the parent is generally effective or appropriate.

**Parent is acting dangerous now or is described as dangerous:** This includes a parent described as physically or verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in an aggressive manner, etc.

**Parent's whereabouts are unknown:** This includes situations when a parent cannot be located at the time of the report or contact and this affects the safety of the child.

**One or both parents overtly reject intervention:** They key word here is "overtly." This means that the parent essentially avoids all CPS attempts at communication and completion of the initial assessment/investigation. This refers to situations where a parent refuses to see or speak with CPS staff and/or to let CPS staff see the child; is overtly hostile (not just angry) about CPS presence; or physically aggressive towards CPS staff; refuses access to the home, hides the child or refuses access to the child.

## Impending Dangers:

is a foreseeable state of danger in which family behavior, attitudes, motives, emotions and/or situations pose a threat which may not be currently active, but can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention. The danger may not be obvious at the onset of CPS intervention or occurring in a present context, but can be identified and understood upon more fully evaluating individual and family conditions and functioning.

**Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen, identified and understood and are subject to being reported, named, and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

**Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age, physical and emotional development, ability to communicate needs, mobility, size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who for whatever reason, are not able to protect themselves or seek help from others.

**Out-of-Control** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system. The family cannot or will not control these dangerous behaviors, conditions or situations.

**Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible, even likely, outcomes without intervention.

**Severity** refers to the degree of harm that is possible or likely without intervention. As far as danger is concerned, the danger threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, fear, and extreme fear, impairment and death. The danger threshold is also in line with family conditions that reasonably could result in harm and unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

## 1. No adult in the home will perform parental duties and responsibilities.

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are considered at a basic level. This threat includes both behaviors and emotions illustrated in the following examples.

Parent's/caregiver:

- ◆ physical or mental disability/incapacitation makes the person unable to provide basic care for the child.
- ◆ absent from the home for lengthy periods of time and no other adults are available to care for the child without CPS coordination.
- ◆ abandoned the child.
- ◆ arranged care by an adult, but their whereabouts are unknown or they have not returned according to plan, and the current caregiver is calling for relief.
- ◆ does not respond to or ignores a child's basic needs.
- ◆ allows the child to wander in and out of the home or through the neighborhood without the necessary supervision.
- ◆ ignores or does not provide necessary, protective supervision and basic care appropriate to the age and capacity of the child.
- ◆ unavailable to provide necessary protective supervision and basic care because of physical illness or incapacity.
- ◆ is or will be incarcerated thereby leaving the child without a responsible adult to provide care.
- ◆ allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child.
- ◆ Child has been left with someone who does not know the parent/caregiver.

## 2. One or both parents/caregivers are violent.

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be regular, generally or potentially active. This threat includes both behaviors and emotions as illustrated in the following examples.

**Domestic Violence:**

Parent/caregiver:

- ◆ physically and/or verbally assaults their partner and the child witnesses the activity and is fearful for self and/or others.
- ◆ threatens, attacks, or injures both their partner and the child.
- ◆ threatens, attacks, or injures their partner and the child attempts or may attempt to intervene.
- ◆ threatens, attacks, or injures their partner and the child is harmed even though the child may not be the actual target of the violence.
- ◆ threatens to harm the child or withhold necessary care from the child in order to intimidate or control their partner.

**General violence:**

- ◆ Parent/caregiver whose behavior outside of the home (drugs, violence, aggressiveness, hostility, etc.) creates an environment within the home that could reasonably cause severe consequences to the child (e.g. drug parties, gangs, drive-by shootings).
- ◆ Parent/caregiver who is impulsive, explosive or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).

## 3. One or both parents/caregivers' behavior is dangerously impulsive and they will not/cannot control their behavior.

This threat is about self-control (e.g. a person's ability to postpone or self guide needs, plan, be dependable, avoid destructive behavior, use good judgment, not act on impulses, self energy and action or manage emotions. Parent's/caregiver's lack of self control places vulnerable children in jeopardy. This threat includes parents/caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse issues). Poor impulse control or lack of self-control includes behaviors other than aggression and can lead to severe consequence to a child.

Parent/caregiver:

- ◆ is seriously depressed and functionally unable to meet the child's basic needs
- ◆ is chemically dependent and unable to control the dependency's effects.
- ◆ makes impulsive decisions and plans that leave the child in precarious situations (e.g. unsupervised, supervised by an unreliable person).
- ◆ spends money impulsively resulting in a lack of basic necessities.
- ◆ is emotionally immobilized (chronically or situationally) and cannot control behavior.
- ◆ has addictive patterns or behaviors (e.g. addiction to substances, gambling, computers) that are uncontrolled and leave the child in potentially severe situations (e.g. failure to supervise or provide other basic care)
- ◆ is delusional or experiencing hallucinations.
- ◆ cannot control sexual impulses (e.g. sexual activity with or in front of the child).
- ◆ Substance abuse renders the parent/caregiver incapable of routinely/consistently attending to child's basic needs.

## 4. One or both parents/caregivers have extremely negative perceptions of the child.

"Extremely" means a negative perception that is so exaggerated that an out-of-control response by the parent/caregiver is likely and will have severe consequences for the child. This threat is illustrated by the following examples: Child:

- ◆ is perceived to be evil, deficient, or embarrassing.
- ◆ is perceived as having the same characteristics as someone the parent/caregiver hates or is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions to the child.
- ◆ is considered to be punishing or torturing the parent/caregiver (e.g., responsible for difficulties in parent's/caregiver's life, limitations to their freedom, conflicts, losses, financial or other burdens).
- ◆ One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parent's/caregiver's intimate relationship and/or other parent.
- ◆ Parent/caregiver see the child as an undesirable extension of self and views the child with some sense of purging or punishing.

## 5. Family does not have or use resources necessary to assure the child's basic needs.

"Basic needs" refers to family's lack of 1) minimal resources to provide shelter, food, and clothing or 2) the capacity to use resources for basic needs, even when available. This threat is illustrated in the following examples.

Family:

- ◆ has insufficient money to provide basic and protective care.
- ◆ has insufficient food, clothing, or shelter for basic needs of the child.
- ◆ finances are insufficient to support needs that, if unmet, could result in severe consequences to the child.
- ◆ is routinely using their resources for things (e.g. drugs) other than for basic care and support thereby leaving them without their basic needs being adequately met.
- ◆ Parent/caregiver lacks life management skills to properly use resources when they are available.

## 6. One or both parents/caregivers fear they will maltreat the child and/or request placement.

This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a parent's distraught/extreme "call for help." A request for placement is extreme evidence with respect to a caregiver's conclusion that the child can only be safe if he or she is away from the caregiver. This threat is illustrated in the following examples.

Parent/caregiver:

- ◆ states they will maltreat.
- ◆ describes conditions and situations that stimulate them to think about maltreating the child.
- ◆ talks about being worried about, fearful of, or preoccupied with maltreating the child.
- ◆ identifies things that the child does that aggravate or annoy them in ways that makes them want to attack the child.
- ◆ describes disciplinary incidents that have become out-of-control.
- ◆ is distressed or "at the end of their rope" and are asking for relief in either specific ("take the child") or general ("please help me before something awful happens") terms.
- ◆ is expressing concerns about what the other parent/caregiver is capable of or may be doing.

## 7. One or both parents/caregivers intend(ed) to seriously hurt the child.

Parents/caregivers anticipate acting in a way that will assure pain and suffering. "Intended" means that before or during the time the child was harmed, the parent's/caregiver's conscious purpose was to hurt the child. This threat is distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt. "Seriously" refers to causing the child to suffer physically or emotionally. Parent/caregiver action is more about causing a child pain than about a consequence needed to teach a child. This threat includes both behaviors and emotions as illustrated in the following examples.

- ◆ The incident was planned or had an element of premeditation.
- ◆ The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g. cigarette burns).
- ◆ Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting pain or injury.
- ◆ Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident.
- ◆ Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child.

## 8. One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.

Failure to basic parenting that directly affects meeting the child's needs for food, clothing, shelter, and required level of supervision. The inability and/or unwillingness to meet basic needs create a concern for immediate and severe consequences for a vulnerable child. This threat is illustrated in the following examples.

Parent's/caregiver's:

- ◆ Intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care. Young or intellectually limited parents/primary caregivers have little or no knowledge of a child's needs and capacity.
- ◆ expectations of the child far exceed the child's capacity thereby placing the child in situations that could result in severe consequences.
- ◆ does not know what basic care is or how to provide it (e.g. how to feed or diaper, how to protect or supervise according to the child's age).
- ◆ parenting skills are exceeded by a child's special needs and demands in ways that will result in severe consequences to the child.
- ◆ knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- ◆ is averse to parenting and does not provide basic needs.
- ◆ avoids parenting and basic care responsibilities.
- ◆ allows others to parent or provide care to the child without concern for the other person's ability or capacity.
- ◆ does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- ◆ place their own needs above the child's needs that could result in severe consequences to the child.
- ◆ do not believe the child's disclosure of abuse/neglect even when there is a preponderance of evidence and this has or will result in severe consequences to the child.

## 9. The child has exceptional needs which the parents/caregivers cannot or will not meet.

"Exceptional" refers to specific child conditions (e.g., developmental disability, blindness, physical disability, special medical needs). This threat is present when parents/caregivers, by not addressing the child's exceptional needs, create an immediate concern for severe consequences to the child. This does not refer to parents/caregivers who do not do particularly well at meeting the child's special needs, but the consequences are relatively mild. Rather, this refers to specific capacities/skills/intentions in parenting that must occur and are required for the "exceptional" child not to suffer serious consequences. This threat exists, for example, when the child has a physical or other exceptional need or condition that, if unattended, will result in imminent and severe consequences and one of the following applies:

Parent/caregiver:

- ◆ does not recognize the condition or exceptional need.
- ◆ views the condition as less serious than it is.
- ◆ refuses to address the condition for religious or other reasons.
- ◆ lacks the capacity to fully understand the condition which results in severe consequences for the child.
- ◆ expectations of the child are totally unrealistic in view of the child's condition.
- ◆ allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

## 10. Living arrangements seriously endanger the child's physical health.

This threat refers to conditions in the home that are immediately life-threatening or seriously endanger the child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement. This threat is illustrated in the following examples:

- ◆ Housing is unsanitary, filthy, infested, a health hazard.
- ◆ The house's physical structure is decaying, falling down.
- ◆ Wiring and plumbing in the house are substandard, exposed.
- ◆ Furnishings or appliances are hazardous.
- ◆ Heating, fireplaces, stoves, are hazardous and accessible.
- ◆ The home has easily accessible open windows or balconies in upper stories.
- ◆ The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home.
- ◆ Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to the child that could result in severe consequences to the child.
- ◆ People who are under the influence of substances that can result in violent, sexual, or aggressive behavior are routinely in the home or have frequent access to the home.

## 11. The child is profoundly fearful of the home situation or people within the home.

"Home situation" includes specific family members and/or other conditions in the living arrangement. "People in the home" refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up. The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present for a child who does not verbally express fear but their behavior and emotion clearly and vividly demonstrate fear. This threat is illustrated in the following examples.

Child:

- demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal, running away).
- expresses fear and describes people and circumstances which are reasonably threatening.
- recounts previous experiences which form the basis for fear.
- has a fearful response that escalates at the mention of home, specific people, or specific circumstances associated with reported incidents.
- describes personal threats which seem reasonable and believable

## Chapter 48 Requirements Regarding Reasonable Efforts

### 48.355 (2) 2c) REASONABLE EFFORTS STANDARDS.

- 48.355(2)(a)** When a court makes a finding under sub. (2)(b), (a) as to whether the county department, the department, or a county agency is providing or failing to provide, or in the case of the department, is providing or failing to provide, services to the child under a court order or a court order is necessary to protect the child's health and safety or the paramount concerns, the court's consideration of reasonable efforts shall include, but not be limited to, whether:
  - 48.355(2)(a) 1.** A comprehensive assessment of the family's situation was completed, including a determination of the likelihood of protecting the child's health, safety and welfare effectively in the home.
  - 48.355(2)(a) 2.** Financial assistance, if applicable, was provided to the family.
  - 48.355(2)(a) 3.** Services were offered or provided to the family, if applicable, and whether any assistance was provided to the family to enable the family to utilize the services. Examples of the types of services that may have been offered include:
    - 48.355(2)(a) a.** In-home support services, such as homemakers and parent aides.
    - 48.355(2)(a) b.** In-home intensive treatment services.
    - 48.355(2)(a) c.** Community support services, such as child care, parent skills training, housing assistance, employment training, and emergency mental health services.
    - 48.355(2)(a) d.** Specialized services for family members with special needs.
  - 48.355(2)(a) 4.** Monitoring of client progress and client participation in services was provided.
  - 48.355(2)(a) 5.** A consideration of alternative ways of addressing the family's needs was provided, if services did not exist or existing services were not available to the family.
- 48.355(2)(b)** When a court makes a finding under sub. (2)(b), (b) as to whether the county department, department, or a county agency is providing or failing to provide, or in the case of the department, is providing or failing to provide, services to the child under a court order or a court order is necessary to protect the child's health and safety or the paramount concerns, the court's consideration of reasonable efforts shall include the circumstances listed under paragraph (a) and whether visitation schedules between the child and his or her parents were implemented, unless visitation was denied or limited by the court.

## Information Gathering

- Family and individual history impacts how CPS responds to reports of alleged child maltreatment. This information (e.g., prior allegations, prior initial assessments, threats to child safety, responsiveness of the parents) will assist in analyzing the reported information. However, every report is a new circumstance and reasonable efforts are still required.
- Review CCAP.
- Collateral with hospital social workers, nurses, pediatricians or other relevant medical staff regarding infant's response to drug exposure and parents behaviors.
- Interview parents, siblings of infant, and other household members.
- Collateral with school, neighbors, family, treatment and mental health providers (with release) and obtain police reports.

## The Assessment Process

### Initial Assessment/Investigation

- Collect information related to safety information standard, process and practice protocol.
- With the identification of present danger threats, CPS must establish a protective plan. A protective plan must include immediate action(s) to control present danger threats while more information about the family is being gathered through the course of the initial assessment/investigation.
- Manage protective plan as indicated. Analyzing the information in order to determine whether a child is safe or unsafe; Developing safety plans that are effective in assuring child safety and are the least intrusive to the family; and Overseeing and managing child safety.

### Safety Assessment at the Conclusion of the Initial Assessment/Investigation

- Determine if there are impending danger threats
- Can Community services control for safety?
- Are there informal and formal support that control for safety without the need for CPS intervention?

### Safety Analysis and Planning

- Determine how impending danger is manifested in the family. Evaluate behavioral, cognitive, and emotional, parent/caregiver protective capacities.
- Determine if the child is safe or unsafe; and if unsafe, Create a safety plan and implement intensive in-home services.
- If a safety plan cannot be put in place, temporary physical custody would be the last option.

## QUESTIONS?

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Reference Material: Wisconsin Chapter 48 and 146  
Wisconsin CPS Intervention Standards  
Wisconsin CPS ACCESS and Initial Assessment Standards  
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