

# Child Vulnerability

## Requirements

Ohio defines child vulnerability in Ohio Administrative Code (OAC) rule 5101:2-1-01 as the degree to which a child can avoid or modify the impact of safety threats or risk concerns. The concept of Child Vulnerability refers to the degree a specific child is impacted by safety threats and risk concerns based on individual child characteristics.

Ohio requires that caseworkers assess child vulnerability at the onset of Public Children Services Agencies (PCSA) involvement with a family and reassess child vulnerability throughout the life of the child welfare case. At points along the case continuum certain case decisions require a formal assessment of and documentation of child vulnerability on the following CAPMIS tools: Safety Assessment; Family Assessment; Case Review; Ongoing Case Assessment Investigation Tool; Semiannual Administrative Review; and the Reunification Assessment.

### **The Formalized Documentation of the Assessment of Child Vulnerability (Safety):**

PCSAs are required to assess the safety of children that come to the attention of the agency and are screened in for the provision of services. Assessing child safety begins at the onset of PCSA involvement with a family and continues throughout the course of agency involvement with a family. PCSAs have the responsibility to engage families in the assessment of safety. Safety is assessed with each contact with the child / family. The assessment of child vulnerability is a key component of the assessment of safety. The documentation requirement of the assessment of safety, which includes child vulnerability, is to be recorded on the following CAPMIS tools.

- **The Safety Assessment**

The CAPMIS Safety Assessment is to be completed within four working days from the date the report was screened in for assessment/ investigation. This is the first time the formal documentation of the assessment of safety is recorded on the CAPMS Safety Assessment.

- **The Family Assessment**

The PCSA shall complete the CAPMIS Family Assessment no later than forty-five days from the date the PCSA screened in the report.

- **The Ongoing Case Assessment/Investigation**

When the child abuse and/or neglect report involves a principal of the report who is currently receiving ongoing protective services from the PCSA, the PCSA shall complete the report disposition by completing the CAPMIS Ongoing Case Assessment/Investigation. The CAPMIS Ongoing Case Assessment/Investigation shall be completed no later than forty-five days from the date the PCSA screened in the referral as a child abuse and/or neglect report.

- **The Case Review**

One purpose of the Case Review is to ensure that continued efforts are being made to assess child safety. The PCSA is to complete the Case Review (of the case plan) no later than every three months from whichever of the following activities occurs first:

1. Original court complaint date;
2. Date of placement;
3. Date of court ordered protective supervision;
4. Date of parent, guardian, or custodian's signature on the case plan, for in-home supportive services only.

- **Semiannual Review**

One purpose of the SAR is to ensure that continued efforts are being made to assess child safety. The PCSA shall complete the CAPMIS Semiannual Administrative Review (of the case plan) no later than every six months from whichever of the following activities occurs first:

1. Original court complaint date;
2. Date of placement;
3. Date of court ordered protective supervision;
4. Date of parent, guardian, or custodian's signature on the case plan, for in-home supportive services only.

The PCSA shall complete the SAR no more than thirty days prior to the due date. The PCSA shall complete subsequent SARs no later than every six months from the date of the first SAR was completed. The PCSA shall complete the CAPMIS Case Review in conjunction with the SAR.

- **Reunification Assessment**

The PCSA shall complete the CAPMIS Reunification Assessment when reunification with the removal family is being considered and the child has been placed out of the home (through either a voluntary out-of-home safety plan or a legally authorized out-of-home placement) for thirty days or more to assess, support and document the PCSA's assessment of the family's reunification readiness. The decision regarding the family's reunification readiness assessment includes a review of child safety.

## **Purpose**

The concept of child vulnerability is critical in the assessment of child safety. Ohio defines vulnerability as the degree to which a child can avoid or modify the impact of safety threats or risk concerns. The assessment of safety relies on the assessment of child vulnerability, safety threats, and protective capacities. It is the integration of and synthesis of information regarding child vulnerability, caretakers' protective capacities and safety threats that leads to a determination as to whether or not a child is safe. An imperative assessment in the completion of an accurate assessment of child safety is the identification and assessment of a child's vulnerability. This is necessary in

completing a comprehensive safety assessment for the child.

As every child is unique and possesses individual characteristics that may reduce or heighten their vulnerability, the assessment of child vulnerability is imperative. The child's vulnerabilities must be synthesized from a framework that considers a child's unique needs, behaviors, developmental level, and cognitive and social functioning and the caregivers' emotive, cognitive and behavioral ability to protect. As conditions in the lives of families change, it is necessary to reassess child vulnerability throughout the life of a case.

## **Strategies for Accomplishing**

Caseworkers need to engage the family in a discussion of each child in the family system to identify child specific vulnerabilities. Assess each child individually and consider how the same circumstances or conditions in a family impact each child differently. The observation of the interactions between and among family members can provide additional information for assessment. Caseworkers should consider these strategies to thoroughly assess child vulnerability.

### **Engaging the family:**

- Use a strength based approach when dialoguing with family members.
  - Use strength based language.
  - Do not assign blame to the parents; acknowledge their challenges and barriers that impact deficits.
  - Focus on solutions.
  - Avoid accusatory language.
  - Seek to understand the perspective of the family.
- Ask open ended questions regarding how the family views their strengths and problem areas.
  - Ask parents what they perceive are their parenting strengths.
  - Ask parents what they perceive to be challenging in regards to parenting.
  - Ask parents about their perception of how parenting is going for them.
  - Ask parents to talk about their children's strengths and positive attributes.
  - Ask parents what their hopes are for their children.
  - Ask parents how the children behave. Ask parents if they feel a sense of purpose in their parenting.
  - Ask parents if they have concerns about their family's social and physical environment.
  - Dialogue with the members of the family about family well-being.
  - Ask family members to describe one another.
  - Ask family members to explain their relationship and interaction to one another.

- Discuss with parents their feelings regarding the involvement of the PCSA.
- Ask about family culture, traditions, customs and rituals.
  - Family celebrations
  - Bed time routines
  - Religious practices
  - Holiday celebrations
- Ask families about their support networks; do they feel a sense of belonging to extended family, friends or the community?
  - Complete a genogram and ecomap with the child/family to illicit information regarding social connectedness and social support.
  - Isolation --- is the child isolated from others?
  - Isolation can increase child vulnerability. Children who do not attend day care, school, community or social activities may have increased vulnerability when compared to children with contacts outside of the family.

#### **Assessment of the Child:**

- Consider more than the age of child when assessing child vulnerability.
  - Does the child have a history of maltreatment?
  - Has there been chronic neglect in the child's life?
  - Has the child experienced repeated victimization?
  - Is the child non communicative regarding their history of child abuse and/or neglect?
  - Is the child passive as a result of ongoing maltreatment?
  - Does the child report feeling powerless?
  - Does anyone in the family system instill fear in the child?
  - Is power and control used to intimidate the child within the family system?
- Consider the child's age and stage of developmental.
  - Age
  - Child's ability to communicate - can the child verbalize that maltreatment is occurring?
  - Assess the likelihood of serious harm given the developmental stage of the child
  - The child's behaviors
  - The child's emotional needs
  - The child's physical needs
  - The child's physical appearance
  - The child's physical size
  - Assess whether the child has a disability
  - The child's robustness

- Passivity – is the child passive?
- Adjustability – can the child adapt to intrusions, transitions, and changes without distress?
- Sensitivity -- the amount of stimulation or change in stimulation levels needed to evoke a discernible response.
- Distractibility -- how easily external events or stimulation interfere with or divert the child from an ongoing activity.
- Gather and review historical information regarding any child in the family who had been abused and/or neglected in the past.
- The child's ability to problem solve
- Assess the child's frustration tolerance -- how easily the child can withstand the disorganizing effects of limits, obstacles, and rules
- Assess a child's energy level -- how much the child moves around, how intensely he/she reacts to events
- The child's ability to recognize child abuse and/or neglect
- Ask children about their support networks; are they in contact with extended family, friends, organizations, social groups?
  - f* YMCA, Boy Scouts, Organized Sports Teams, Religious Groups, etc.
- Complete a genogram and ecomap with the child to illicit information regarding social connectedness and social support.
- Isolation --- is the child isolated from others?
  - f* Isolation can increase child vulnerability. Children who do not attend day care, school, community or social activities may have increased vulnerability when compared to children with contacts outside of their family.
- Assess whether or not the child demonstrates provocative behaviors
  - Child is defiant
  - Child resists parental authority
  - Child seeks negative attention by agitating others
  - Child demonstrates sexually provocative behaviors including dressing scantily and flirting with males as a pattern of interaction.
  - Child is argumentative

### **The Interactions of Child Vulnerabilities in Relation to the Caretakers' Protective Capacities:**

Consider child vulnerability in relation to protective capacities when assessing safety threats. For example, does a parent's depression impact a 14 year old child to the same degree it may impact a six month old baby? Similarly, the reaction of caretakers to the conditions, behaviors, needs, traits, requests, of children is often comingled with caretakers' emotive, cognitive and behavioral protective capacities. Caseworkers may want to consider the following when assessing child vulnerabilities:

- Observing parents, children and familial interactions
- Noting children's attachment to their parents
- Noting children's energy levels and response to stimuli

- Noting children's compliance with parents requests
- Noting parents' response to children's behaviors, requests, needs, etc.
- Noting parents' verbal instructions to their children and the child's response
- Noting non verbal cues between family members
- Contacting identified collateral contacts to support information reported by the family
- Consider the family's culture and its impact on child vulnerability
- Gather and review historical information concerning the caretakers in relation to their role in any prior maltreatment of children.

## Things to Consider

Child vulnerability should be considered from several dimensions and include a multitude of criteria. These criteria may include, but are not limited to:

### **Child Development (Ages and Stages):**

The caseworker's knowledge of the stages of child developmental and routine milestones in child development is crucial in the assessment of child vulnerability. Caseworkers should be cognizant of a child's developmental level resulting from any cognitive or emotional delay and the child should be assessed accordingly. The age of a child is but one of many criteria to be assessed. It can be helpful to consider the developmental milestones that most children achieve by a certain age. Consider the following when assessing a child's vulnerabilities:

### **What most babies do at 2 months of age:**

#### **Social and Emotional**

- Begin to smile at people
- Can briefly calm himself (may bring hands to mouth and suck on hand)
- Tries to look at parent
- Language/Communication
- Coos, makes gurgling sounds
- Turns head toward sounds

#### **Cognitive (learning, thinking, problem-solving)**

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change
- Movement/Physical Development
- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

It may be a concern if a child:

- Doesn't respond to loud sounds
- Doesn't watch things as they move

**What most babies do at 4 months of age:**

**Social and Emotional**

- Smiles spontaneously, especially at people
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions, like smiling or frowning
- Language/Communication
- Begins to babble
- Babbles with expression and copies sounds he hears
- Cries in different ways to show hunger, pain, or being tired

**Cognitive (learning, thinking, problem-solving)**

- Lets you know if she is happy or sad
- Responds to affection
- Reaches for toy with one hand
- Uses hands and eyes together, such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people and things at a distance
- Movement/Physical Development
- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and swing at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows

**It may be a concern if a child:**

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

**What most babies do at 6 months of age:**

**Social and Emotional**

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror
- Language/Communication
- Responds to sounds by making sounds
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- Responds to own name

- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with “m,” “b”)

**Cognitive (learning, thinking, problem-solving)**

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other
- Movement/Physical Development
- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

**It may be a concern if a child:**

- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make sounds

**What most babies do at 9 months of age:**

**Social and Emotional**

- May be afraid of strangers
- May be clingy with familiar adults
- Has favorite toys
- Language/Communication
- Understands “no”
- Makes a lot of different sounds like “mamamama” and “bababababa”
- Copies sounds and gestures of others
- Uses fingers to point at things

**Cognitive (learning, thinking, problem-solving)**

- Watches the path of something as it falls
- Looks for things he sees you hide
- Plays peek-a-boo
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger

**Movement/Physical Development**

- Stands, holding on
- Can get into sitting position
- Sits without support
- Pulls to stand
- Crawls

**It may be a concern if a child:**

- Doesn't bear weight on legs with support
- Doesn't sit with help
- Doesn't babble ("mama", "baba", "dada")
- Doesn't play any games involving back-and-forth play
- Doesn't respond to own name
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to

**What most children do at 1 Year of Age:**

**Social and Emotional**

- Is shy or nervous with strangers
- Cries when mom or dad leaves
- Has favorite things and people
- Shows fear in some situations
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as "peek-a-boo" and "pat-a-cake"

**Language/Communication**

- Responds to simple spoken requests
- Uses simple gestures, like shaking head "no" or waving "bye-bye"
- Makes sounds with changes in tone (sounds more like speech)
- Says "mama" and "dada" and exclamations like "uh-oh!"
- Tries to say words you say

**Cognitive (learning, thinking, problem-solving)**

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it's named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like "pick up the toy"

**Movement/Physical Development**

- Gets to a sitting position without help
- Pulls up to stand, walks holding on to furniture ("cruising")
- May take a few steps without holding on
- May stand alone

**It may be a concern if a child:**

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that she sees you hide
- Doesn't say single words like "mama" or "dada"
- Doesn't learn gestures like waving or shaking head
- Doesn't point to things
- Loses skills he once had

**What most children do by 18 months of age:**

**Social and Emotional**

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

**Language/Communication**

- Says several single words
- Says and shakes head "no"
- Points to show someone what he wants

**Cognitive (learning, thinking, problem-solving)**

- Knows what ordinary things are for; for example, telephone, brush, spoon
- Points to get the attention of others
- Shows interest in a doll or stuffed animal by pretending to feed
- Points to one body part
- Scribbles on his own
- Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

**Movement/Physical Development**

- Walks alone
- May walk up steps and run
- Pulls toys while walking
- Can help undress herself
- Drinks from a cup
- Eats with a spoon

**It may be a concern if a child:**

- Doesn't point to show things to others
- Can't walk
- Doesn't know what familiar things are for

- Doesn't copy others
- Doesn't gain new words
- Doesn't have at least 6 words
- Doesn't notice or mind when a caregiver leaves or returns
- Loses skills he once had

### **Toddler 1 to 3 Years**

During the toddler years children are advancing from infancy toward and into the preschool years. During this time, a child's physical growth and motor development will slow, but you can expect to see some tremendous intellectual, social, and emotional changes. Toddlers have limited speech capacity and are totally or primarily dependent on others to meet their nutritional, physical and emotional needs. In addition, important social, cognitive and physical skills are developed in early childhood and failure to meet a child's needs may have a significant impact on later growth and development. Information on the developmental milestones for children age birth through five years can be found on the Centers for Disease Control's website: <http://www.cdc.gov/ncbddd/actearly/milestones/index.html>.

### **What most children do between 1 - 2 years of age:**

#### **Social and Emotional**

- Copies others, especially adults and older children
- Gets excited when with other children
- Shows more and more independence
- Shows defiant behavior (doing what he has been told not to)
- Plays mainly beside other children, but is beginning to include other children, such as in chase games

#### **Language/Communication**

- Points to things or pictures when they are named
- Knows names of familiar people and body parts
- Says sentences with 2 to 4 words
- Follows simple instructions
- Repeats words overheard in conversation
- Points to things in a book

#### **Cognitive (learning, thinking, problem-solving)**

- Finds things even when hidden under two or three covers
- Begins to sort shapes and colors
- Completes sentences and rhymes in familiar books
- Plays simple make-believe games
- Builds towers of 4 or more blocks
- Might use one hand more than the other
- Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- Names items in a picture book such as a cat, bird, or dog

### **Movement/Physical Development**

- Stands on tiptoe
- Kicks a ball
- Begins to run
- Climbs onto and down from furniture without help
- Walks up and down stairs holding on
- Throws ball overhand
- Makes or copies straight lines and circles

### **It may be a concern if a child:**

- Doesn't use 2-word phrases (for example, "drink milk")
- Doesn't know what to do with common things, like a brush, phone, fork, spoon
- Doesn't copy actions and words
- Doesn't follow simple instructions
- Doesn't walk steadily
- Loses skills she once had

### **What most Preschoolers do between 3 to 5 years of age:**

The preschool years may bring challenging behavior and a child that was once calm has now become a dynamo of energy, drive, bossiness, belligerence, and generally out-of-bounds behavior. Obstinate behaviors can be difficult for some parents to deal with. Children from birth to six years of age are especially vulnerable. They have limited speech capacity and are totally or primarily dependent on others to meet their nutritional, physical and emotional needs.

Toddlers experience immense physical, social, and cognitive changes during the toddler years. When completing a family assessment consider:

### **3 Years of age:**

#### **Social and Emotional**

- Copies adults and friends
- Shows affection for friends without prompting
- Takes turns in games
- Shows concern for crying friend
- Understands the idea of "mine" and "his" or "hers"
- Shows a wide range of emotions
- Separates easily from mom and dad
- May get upset with major changes in routine
- Dresses and undresses self

#### **Language/Communication**

- Follows instructions with 2 or 3 steps
- Can name most familiar things
- Understands words like "in," "on," and "under"
- Says first name, age, and sex
- Names a friend

- Says words like “I,” “me,” “we,” and “you” and some plurals (cars, dogs, cats)
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences

**Cognitive (learning, thinking, problem-solving)**

- Can work toys with buttons, levers, and moving parts
- Plays make-believe with dolls, animals, and people
- Does puzzles with 3 or 4 pieces
- Understands what “two” means
- Copies a circle with pencil or crayon
- Turns book pages one at a time
- Builds towers of more than 6 blocks
- Screws and unscrews jar lids or turns door handle

**Movement/Physical Development**

- Climbs well
- Runs easily
- Pedals a tricycle (3-wheel bike)
- Walks up and down stairs, one foot on each step

**It may be a concern if a child:**

- Falls down a lot or has trouble with stairs
- Drools or has very unclear speech
- Can’t work simple toys (such as peg boards, simple puzzles, turning handle)
- Doesn’t speak in sentences
- Doesn’t understand simple instructions
- Doesn’t play pretend or make-believe
- Doesn’t want to play with other children or with toys
- Doesn’t make eye contact
- Loses skills he once had

**4 Years**

**Social and Emotional**

- Enjoys doing new things
- Plays “Mom” and “Dad”
- Is more and more creative with make-believe play
- Would rather play with other children than by himself
- Cooperates with other children
- Often can’t tell what’s real and what’s make-believe
- Talks about what she likes and what she is interested in

**Language/Communication**

- Knows some basic rules of grammar, such as correctly using “he” and “she”
- Sings a song or says a poem from memory such as the “Itsy Bitsy Spider” or the “Wheels on the Bus”
- Tells stories

- Can say first and last name

### **Cognitive (learning, thinking, problem-solving)**

- Names some colors and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of “same” and “different”
- Draws a person with 2 to 4 body parts
- Uses scissors
- Starts to copy some capital letters
- Names four colors
- Plays board or card games
- Tells you what he thinks is going to happen next in a book

### **Movement/Physical Development**

- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

### **It may be a concern if a child:**

- Can't jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn't respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can't retell a favorite story
- Doesn't follow 3-part commands
- Doesn't understand “same” and “different”
- Doesn't use “me” and “you” correctly
- Speaks unclearly
- Loses skills he once had

### **Grade School 5 to 12 Years**

Grade school children should feel confident in their ability to meet the challenges in life. This sense of personal power evolves from having successful life experiences in solving problems independently, being creative and achieving positive reinforcement for the efforts made.

### **5 Years**

#### **Social and Emotional**

- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- Shows concern and sympathy for others

- Is aware of gender
- Can tell what's real and what's make-believe
- Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- Is sometimes demanding and sometimes very cooperative

### **Language/Communication**

- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense; for example, "Grandma will be here."
- Says name and address

### **Cognitive (learning, thinking, problem-solving)**

- Counts 10 or more things
- Can draw a person with at least 6 body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used every day, like money and food

### **Movement/Physical Development**

- Stands on one foot for 10 seconds or longer
- Hops; may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet on her own
- Swings and climbs

### **It may be a concern if a child:**

- Doesn't show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- Unusually withdrawn and not active
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- Doesn't respond to people, or responds only superficially
- Can't tell what's real and what's make-believe
- Doesn't play a variety of games and activities
- Can't give first and last name
- Doesn't use plurals or past tense properly
- Doesn't talk about daily activities or experiences
- Doesn't draw pictures
- Can't brush teeth, wash and dry hands, or get undressed without help
- Loses skills he once had

### **Teen 12 to 18**

Adolescence can be a challenge for youth and their parents. Youth may at times be a source of frustration and exasperation, not to mention financial stress. Teens need to develop an outlet for their unique interests and skills. This is the stage of

development where youth desire and assert their independence. Peer friendships are extremely important to them. Peer pressure can be a significant influence of adolescents.

### **Social Connectedness of Child:**

The social connectedness of children is an important consideration when assessing child vulnerability. Families that are connected to a social support system that can offer assistance with care giving support may be less vulnerable. Children that no one sees are vulnerable. Children who do not attend day care, school, community or social activities may have increased vulnerability when compared to children with contacts outside of the family. This includes children who may be hidden from the public child welfare agency. If children are very isolated, abuse may go undetected or unreported, which may increase the likelihood of future abuse. Sources to Consider in assessing Child Vulnerability include:

- Parents
- School
- Pediatrician / doctor
- Neighbors
- Extended Family members
- Siblings
- Service Providers, e.g., daycare provider, HMG

### **Family Composition:**

Is the family system comprised of biological parents and their children?

- Children raised by both their biological parents are at less risk.

Is there an unrelated adult male in the family system?

- An unrelated adult male in the household increases risk to the children.

Does the family allow friends relatives to reside in the house?

- Households where the composition changes frequently can pose additional risks to children in the family.

## **Resources**

### **Ohio Administrative Code Rule:**

**5101:2-1-01** Children Services definition of terms

**5101:2-37-01** PCSA Requirements for Completing the Safety Assessment

**5101:2-37-03** PCSA Requirements for Completing the Family Assessment

**5101:2-37-04** PCSA Requirements for Completing the Reunification Assessment

**5101:2-38-09** PCSA Requirements for Completing the Case Review

**5101:2-38-10** Requirements for Completing the Semiannual Administrative Review

**5101:2-36-01** Intake and Screening Procedures for Child Abuse, Neglect, Dependency and Family in Need of Services Reports; and Information and/or Referral Intakes

<http://emanualstest.odjfs.state.oh.us/emanuals/>

**Ohio Revised Code:**

2151.421 Reporting child abuse or neglect.

5153.16 Duties of agency

<http://codes.ohio.gov/orc>

**Other Information and Resources:**

<http://jfs.ohio.gov/cdc/InfantToddler.pdf>

<http://www.ocwtp.net/CAPMIS/capmishome.html>

<http://www.ocwtp.net/CAPMIS/aboutcapmis.html#Safety>

**American Academy of Pediatrics**

<http://www.healthychildren.org>

**Centers for Disease Control and Prevention**

<http://www.cdc.gov/ncbddd/actearly/milestones/index.html>

<http://www.cdc.gov/ncbddd/childdevelopment/facts.html>

**Help Me Grow**

<http://www.ohiohelpmegrow.org/parents/wellness/ages03/Guidelines.aspx>

**Action for Child Protection**

*Cognitive Protective Capacities*

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