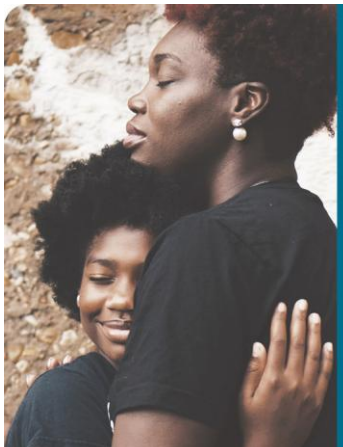
EVIDENT CHANGE
Inform Systems. Transform Lives.

SDM® SAFETY ASSESSMENT

Policy and Procedures Manual

Minnesota Department of Children, Youth, and Families

January 2025



ABOUT EVIDENT CHANGE

Evident Change promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice. For more information, call (800) 306-6223 or visit us online at EvidentChange.org. Find us on social media by visiting Linktr.ee/EvidentChange.

CONTENTS

SDM® SAFETY ASSESSMENT

Minnesota Department of Children, Youth, and Families

r: 01-25

SSIS Workgroup Name #: _____

Assessed By: _____ **Assessment Date:** _____

Tool Status: _____ **Finalized Date:** _____

Primary Caregiver: _____ **Secondary Caregiver:** _____

SECTION 1: FACTORS AFFECTING CHILD VULNERABILITY

Directions: Select items below that apply to any child in the household.

☐ Age 0 to 5 years
☐ Diminished developmental/cognitive capacity (e.g., developmental delay, nonverbal)
☐ Significant diagnosed medical or mental health disorder
☐ Isolated with limited community visibility
☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

SECTION 2: SAFETY FACTORS

PART A. SAFETY FACTOR IDENTIFICATION

Directions: The following is a list of factors that may be associated with a child being in immediate danger of serious harm. *Identify the presence or absence of each by selecting either "Yes" or "No."*

Yes	No	
○	○	1. Caregiver acts toward the child in negative ways that result in severe psychological/emotional harm.
○	○	2. Caregiver caused serious physical harm to the child or has made a plausible threat to cause serious physical harm.
○	○	3. Caregiver's explanation for a child's injury is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child may be in immediate danger as a result.
○	○	4. The family refuses access to the child, there is reason to believe that the family is about to flee, and/or the child's whereabouts cannot be ascertained.

Yes	No	
○	○	5. Caregiver is unable or unwilling to provide supervision necessary to protect child from potentially serious harm.
○	○	6. Caregiver willfully and consistently does not meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.
○	○	7. Caregiver has previously maltreated a child, and the severity of the maltreatment, or the caregiver's response to the previous incident(s), suggests that child safety may be an immediate concern.
○	○	8. The child's physical living conditions are hazardous and immediately threatening, and caregiver will not or has not attempted to adequately resolve the issue.
○	○	9. Child sexual abuse is suspected, and circumstances suggest that child safety may be an immediate concern.
○	○	10. Other safety factor (specify): _____

IF NO SAFETY FACTORS ARE PRESENT, GO TO SECTION 4: SAFETY DECISION

PART B. SAFETY FACTOR DESCRIPTION

Directions: For all safety factors selected, note the applicable safety factor number and then briefly describe the specific individuals, behaviors, conditions, and/or circumstances associated with that particular safety factor.

SECTION 3: SAFETY PLANNING

PART A: COMPLICATING FACTORS

If "Yes" is selected for any safety factors above, indicate whether any of the following complicating factors are present. These conditions may make it more difficult or complicated to create safety for the child but do not by themselves constitute safety factors. These factors should be considered when determining whether it is possible to develop a safety plan. Select all that apply to the household.

☐ Chemical health

☐ Domestic violence

☐ Mental/behavioral health

☐ Developmental/cognitive impairment

☐ Physical/medical condition

☐ Poverty and/or limited access to necessary resources

☐ Other (specify): _____

PART B: PROTECTIVE CAPACITIES

Select all that apply to at least one caregiver in the household.

☐ 1. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.

☐ 2. Caregiver discusses the child's safety and participates, where appropriate, in additional steps intended to enhance safety.

☐ 3. Other (specify): _____

PART C: SAFETY INTERVENTIONS

Directions

For each factor identified in Section 2, Part A, consider the resources available within the family and in the community that might help to keep the child safe. Select each response taken to protect the child and explain below. Describe *all* safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

☐ 1. Use the caregiver who is not causing harm, family resources, neighbors, or other individuals in the community as safety resources.

☐ 2. Use culturally appropriate resources (when available) or specific community agencies or services as safety resources.

☐ 3. Have the person allegedly causing harm leave the home, either voluntarily or in response to legal action, and/or support the caregiver who is not causing harm in limiting access between the child and the person allegedly causing harm.

☐ 4. Have the caregiver who is not causing harm temporarily move to a safe environment with the child.

☐ 5. Other: _____

☐ 6. Have the caregiver(s) place the child outside the home through formal voluntary placement in foster care. Note: Include explanation below regarding why responses 1–5 could not be used to keep the child safe.

☐ 7. Legal action must be taken by the agency to place the child outside the home in foster care. Note: Include explanation below regarding why responses 1–5 could not be used to keep the child safe.

Safety response description:

SECTION 4: SAFETY DECISION

Directions: Identify your safety decision by selecting the appropriate line below. Select one choice only. This decision should be based on the assessment of all safety factors and any other information known about this case. If "B" or "C" is selected, Section 3 must be completed. "A" is to be selected only if no safety factors were indicated in Section 2, Part A.

○ **A. Safe**: No child is likely to be in immediate danger of serious harm.

○ **B. Conditionally Safe:** Controlling safety interventions have been implemented since the report was received, and those interventions likely will adequately provide for the child's safety for the immediate future.

○ **C. Unsafe**: Child is likely to be in immediate danger of serious harm. Remove child from the home.

SDM® SAFETY ASSESSMENT DEFINITIONS

Minnesota Department of Children, Youth, and Families

SECTION 1: FACTORS AFFECTING CHILD VULNERABILITY

Age 0 to 5 years.

Any child in the household is under the age of 5. Younger children are considered more vulnerable, as they are less verbal and less able to protect themselves from harm. Younger children also have less capacity to retain memory of events. Infants are particularly vulnerable, as they are nonverbal and completely dependent on others for care and protection.

Diminished developmental/cognitive capacity (e.g., developmental delay, nonverbal).

Any child in the household has diminished developmental/cognitive capacity, which affects ability to communicate verbally or to care for and protect self from harm outside of the expected developmental range of the child.

Significant diagnosed medical or mental health disorder.

Any child in the household has a diagnosed medical or mental health disorder that significantly impairs ability to protect self from harm; or diagnosis may not yet be confirmed but preliminary indications are present and testing/evaluation is in process. Examples may include but are not limited to severe asthma, severe depression or behavioral health challenges, and medical fragility (e.g., requires assistive devices to sustain life).

Isolated with limited community visibility.

The child is isolated or less visible within the community and thus has few to no other adults observing child's well-being (e.g., the family lives in an isolated community, or the child may not attend a public or private school and is not routinely involved in other activities within the community).

Diminished physical capacity (e.g., non-ambulatory, limited use of limbs).

Any child in the household has a physical condition/disability that affects ability to protect self from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency situation if left unattended).

SECTION 2: SAFETY FACTORS

PART A. SAFETY FACTOR IDENTIFICATION

Safety factor examples that establish parameters for selecting a particular safety factor are provided below. The examples should not be considered complete descriptions of all possible circumstances related to the factors. Other behaviors or conditions may be associated with each listed factor and may also be indicative of the *possibility of immediate danger of serious harm*. Recency of the behavior or condition should also be considered; that is, is the situation currently present, likely to occur in the immediate future, or has it occurred in the recent past. The examples should not be construed as necessarily equating with an "unsafe" decision but rather as "red flag alerts" to the possibility that the child may be unsafe.

1. Caregiver acts toward the child in negative ways that result in severe psychological/emotional harm.

Psychological/emotional harm refers to a substantial and observable injury to the children's psychological capacity or emotional stability inflicted or caused by the caregiver's neglectful behavior.

Examples of caregiver behavior include but are not limited to the following.

- Caregiver persistently describes the child in a demeaning or degrading manner (e.g., as evil, possessed, stupid, ugly) or persistently curses at or puts the child down.
- Behavior toward the child that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).
- Expects a child to perform or act in a way that is impossible or improbable for the child's age (e.g., infants and young children expected not to cry, expected to be still for extended periods, expected to be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone).
- Child is seen by either caregiver as responsible for the caregiver's problems.

Examples of impact on the child include but are not limited to the following.

- Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
- The child is a danger to self or others.
- Child exhibits severe anxiety (e.g., nightmares, insomnia) related to situation(s) associated with a person or persons in the home.
- Child has reasonable fears of retribution or retaliation from caregiver.

2. Caregiver caused serious physical harm to the child or has made a plausible threat to cause serious physical harm.

Caregiver caused serious physical harm, or any other physical injury that seriously impairs the child's health or well-being (e.g., suffocating, shooting, bruises/welts, bite marks, choke marks) *and may require medical treatment*.

Examples include but are not limited to the following.

- Caregiver caused serious non-accidental abuse or injury (e.g., broken bones, dislocations, an injury that may result in long-term disability or deformity, injury that results in a traumatic brain injury [TBI], internal injuries that may or may not be categorized as life-threatening, or blows to the head or face [child age 4 or younger], genital injury, burns).
- An action, inaction, or threat that would result in serious harm (e.g., to kill; starve; force consumption of poisonous, unprescribed, or mind-altering chemicals; lock out of home for extended periods).
- Caregiver shakes or chokes baby or young child.
- One or both caregivers fear they will maltreat the child.
- Use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding).
- Caregiver threatens action that would result in serious harm.

PRACTICE GUIDANCE
When there is physical evidence of abuse, a medical assessment should be conducted as early as possible in the investigation.

3. Caregiver's explanation for a child's injury is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child may be in immediate danger as a result.

The child has a serious injury or illness that requires medical attention; AND while the cause is undetermined, non-accidental causes cannot be ruled out due to caregiver providing conflicting or inconsistent accounts or no account. Factors to consider include age of the child, location of injury, exceptional needs of the child, and chronicity of injuries. Examples include the following.

- Medical evaluation indicates that the injury is a result of abuse; however, caregiver denies this or attributes injury to accidental causes.
- Caregiver's explanation for the observed injury is inconsistent with the type of injury.
- Caregiver's description of the injury or cause of the injury minimizes the extent of harm to the child.

4. **The family refuses access to the child, there is reason to believe that the family is about to flee, and/or the child's whereabouts cannot be ascertained.**

The caregiver refuses access to the child OR there is reason to believe the family is about to flee during an ongoing investigation after an initial safety assessment has been completed.

- Family has previously fled in response to a CPS assessment.
- Family has removed the child from a hospital against medical advice.
- Family has history of keeping the child at home and away from peers, school, or other outsiders for extended periods.
- Caregiver intentionally coaches or coerces the child or allows others to coach or coerce the child in an effort to hinder the investigation.

5. **Caregiver is unable or unwilling to provide supervision necessary to protect child from potentially serious harm.**

The caregiver does not act protectively in the face of serious harm or threatened harm as a result of physical abuse, neglect, or sexual abuse by other family members, other household members, or others having regular access to the child.

- Caregiver does not attend to child to the extent that need for care goes unnoticed or unmet (e.g., although caregiver is present, child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards).
- Caregiver leaves the child alone (time period varies with age and developmental stage) in circumstances that create opportunities for serious harm (e.g., child left unattended in vehicle).
- Caregiver makes inadequate and/or inappropriate babysitting or childcare arrangements or demonstrates very poor planning for child's care.
- An individual with known or current high-risk violent behavior resides in the home, and caregiver allows this person access to the child. Include access by known sexual perpetrator if prior sexual abuse history is confirmed and either of the following apply.
  - » Caregiver knew about history but allowed access to the child.

  OR
  - » Caregiver did not know history but, upon learning information, indicates that they are unwilling OR unable to prevent future access.
- Caregiver is unavailable (e.g., incarceration, hospitalization, abandonment, whereabouts unknown) and there are no arrangements for the child that would ensure their safety.

6. **Caregiver willfully and consistently does not meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.**

Caregiver does not attend to the child to the extent that the need for care goes unnoticed or unmet.

PRACTICE GUIDANCE

This item should not be selected based on a caregiver's financial difficulty. Select only when immediate danger of serious harm to the child is present. Reasonable or active efforts must be made with the family to support the caregiver's lack of basic resources. These efforts should be documented in detail when selecting this safety threat as reasonable efforts or active to maintain the child safely in the home.

Food

Caregiver refuses to meet child's nutritional needs. There may be no food provided or available to the child, or the child may be starved or deprived of food or drink for prolonged periods.

- Child has a current diagnosis by a qualified medical professional of non-organic failure to thrive, or a qualified medical professional states that there are indicators of failure to thrive, but a formal diagnosis has not yet been made.
- Documented growth failure.
- Child appears malnourished (i.e., stick-like limbs, muscle wasting, unexplained weight loss, thin skin folds, aged appearance, swelling of abdomen or leg).

Clothing

Caregiver consistently does not provide the child with clothing sufficient for the weather to the extent that the child has experienced or is likely to experience serious harm (e.g., frostbite, hypothermia) or is consistently in conditions where serious harm is likely to occur. The caregiver has refused additional services for assistance.

Medical or dental care

The caregiver does or did not seek treatment for the child's immediate, dangerous, or chronic medical or dental condition or does not follow prescribed treatment for such condition, resulting in a serious impact on the child as documented in reports alleging medical neglect. Examples may include the following.

- Not providing or following prescribed insulin regimen for a child with diabetes.
- Not providing follow-up care for an infected wound or dental abscess.
- Not providing care for a broken bone.

Note: Include the use of alternative practices rather than prescribed treatment if medical professionals indicate that there is a serious impact on the child's health and that the prescribed treatment would likely be effective.

The child has exceptional medical needs that the caregiver has not met due to an unwillingness to follow through with accessing and/or establish recommended services or supports.

Mental health care

The child is suicidal, expressing suicidal ideation, threatening to self-harm, or actively self-harming, and the caregiver does not take protective action. Examples include the following.

- The child is suicidal or self-harming, and the caregiver does not securely lock guns, knives, sharp objects, and/or medications in the home nor remove them.
- A doctor or mental health professional recommended immediate hospitalization, but caregiver refuses or has not followed through.

7. Caregiver has previously maltreated a child, and the severity of the maltreatment, or the caregiver's response to the previous incident(s), suggests that child safety may be an immediate concern.

The caregiver was previously found to maltreat a child. Caregiver is now providing care again for the same and/or different child and due to the prior event, the child has been or likely will be exposed to maltreatment in the near future. Examples include the following.

- Previous maltreatment that was serious enough to cause or that could have caused severe injury or harm.
- Caregiver has retaliated or threatened retribution against child for past incidents.
- Pattern of maltreatment is escalating.
- Caregiver does not acknowledge or take responsibility for prior inflicted harm to the child or explains incident(s) as justified.
- Caregiver does not explain injuries and/or conditions.

8. The child's physical living conditions are hazardous and immediately threatening, and caregiver will not or has not attempted to adequately resolve the issue.

The caregiver is unable or unwilling to provide a nonhazardous living environment for the child. Based on the child's age and developmental status, the physical living conditions are hazardous and immediately threatening. Examples include but are not limited to the following.

- Leaking gas from stove or heating unit.
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.
- Lack of water or utilities (heat, plumbing, electricity) and caregiver refuses to make alternate provisions, or alternate provisions are inappropriate
- Open/broken/missing windows that the caregiver can safely address and does not.
- Exposed electrical wires that the caregiver can safely address and does not.
- Excessive garbage or rotted or spoiled food that threatens health.

- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked.

9. Child sexual abuse is suspected, and circumstances suggest that child safety may be an immediate concern.

Child sexual abuse or sex trafficking and exploitation is suspected, and circumstances suggest that the child's safety may be of immediate concern.

Suspicion of sexual abuse or sex trafficking and exploitation may be based on indicators, such as the following.

- The child discloses sexual abuse.
- The child demonstrates sexualized behavior inappropriate for their age and developmental level.
- Medical findings are consistent with sexual abuse.
- The caregiver or others in the household have been convicted of, investigated for, or accused of sexual misconduct.
- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing the child to observe sexual performances or activities, or sex trafficking).

The child's safety may also be of immediate concern because any the following apply.

- A caregiver who is not causing harm is unavailable to provide immediate safety for the child.
- The caregiver who is not causing harm is not protective (blaming the child for the sexual abuse or the investigation, or denying that the sexual abuse occurred).
- The caregiver who is not causing harm is otherwise influencing or coercing the child victim regarding disclosure;
- Continued access to a child by a confirmed sexual abuse perpetrator or trafficker exists, especially with known restrictions regarding any child under age 18.

10. Other safety factor (specify):

If, after careful review of the definitions for the preceding nine safety factors, the caseworker assessed that something unique in this family was not captured in any other safety factor, then the caseworker should select "Other" and document the identified unique safety factor that, if not resolved immediately, would lead to removal of a child from this home. This item is not used for complicating factors, risk factors, or general case planning. Any "Other" safety factors require a brief narrative description of the circumstances or conditions that constitute an immediate threat to the child's safety.

SECTION 3: SAFETY PLANNING

PART A: COMPLICATING FACTORS

These conditions make it more difficult or complicated to create safety for a child but do not by themselves constitute safety factors. These factors should be considered when determining whether it is possible to develop a safety plan. Select all that apply to the household.

Chemical health

Indicators exist of caregiver substance use at the time of this incident, or caregiver has a known history of substance use. May have past diagnoses, treatment, hospitalizations, or referrals to treatment that may be known as a result of self-report, other credible report by family member or friend, other contacts, or police reports.

Domestic violence

Indicators exist of a recent history of one or more incidents of domestic violence. Domestic violence, or intimate partner violence, refers to behavior by a current or former intimate partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors. This definition includes a wide array of behavior that is unique to the circumstances of each relationship yet stems from the abusive partner's intention to maintain a pattern of power, control, and dominance over the victim through a range of tactics.

Mental/behavioral health

Caregiver mental/behavioral health indicators exist at the time of this incident, or caregiver has a known history of mental/behavioral health indicators. May have a past diagnosis, hospitalizations, or referrals for treatment that may be known as a result of self-report, other credible report by family member or friend, other collateral contacts, or police reports.

Developmental/cognitive impairment

Caregiver may have diminished capacity due to developmental delays or cognitive issues that limit or impair their abilities to care for the child. Caregiver must be allowed to alleviate the concerns by using supportive parenting services.

Poverty and/or limited access to necessary resources

Caregiver has expressed, or indicators exist, that caregiver has difficulty accessing basic resources or lacks the financial means to adequately support their family. At times, conditions such as poverty create circumstances in which a child may be neglected due to caregiver's lack of access to necessary

resources. This should not be considered a safety concern for neglectful behavior. Under these circumstances, local welfare agencies should work to assist the caregiver in accessing the necessary resources to meet the basic and protective needs of their children.

Examples include but are not limited to the following. Caregiver:

- Doesn't receive a livable wage to provide financial stability for their family;
- Is not in close proximity or lacks reliable transportation to access necessary formal or informal supports; or
- Lives in inadequate housing due to financial difficulty and/or does not have stable housing.

Physical/medical condition

Caregiver has a known or observed severe medical condition or physical disability that limits or impairs their ability to care for the child and inconsistently makes alternative care arrangements. Examples include but are not limited to the following. Caregiver has:

- A severe illness and cannot get out of bed;
- Severe arthritis and frequently experiences limited mobility; or
- Paraplegia.

None of the above apply

None of the above behaviors apply to any caregiver in the household.

PART B: PROTECTIVE CAPACITIES

1. **Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions**

- The caregiver has the ability to understand that the current situation poses a threat to the child's safety.
- The caregiver is able to follow through with any actions required to protect the child.
- The caregiver is willing to prioritize the child's emotional and physical needs.

2. **Caregiver discusses the child's safety and participates, where appropriate, in additional steps intended to enhance safety.**

- The caregiver agrees to follow through with additional steps to enhance safety and agrees to continue to communicate with caseworker.
- Caregiver can identify actions that, in the past, have been successful in keeping the children safe.

3. **Other (specify)**

This option is for circumstances or conditions that are not already described in Protective Capacities 1 or 2.

PART C: SAFETY INTERVENTIONS

1. **Use the caregiver who is not causing harm, family resources, neighbors, or other individuals in the community as safety resources.**

This involves applying the family's own strengths as resources to mitigate safety factors, or using extended family members, neighbors, or other individuals to mitigate safety factors. Examples include the following.

- The caregiver not reported to have caused harm will protect the child from the person reported to cause harm. This could include moving the child to a safe location or taking legal action.
- Engaging a grandparent to assist with childcare or transportation.
- Cultural resources, such as tribal nations, ceremonies, and faith communities who can provide childcare or supervision.
- Family, friends, or elder support to assist with visitation or transportation.
- A parent advocate or domestic violence advocate to support the caregiver with safety interventions.
- Coaches, teachers, youth group leaders, and other mentors in the child's life to provide additional assistance with safety interventions or to support the child if they feel unsafe.
- Agreement by a neighbor to serve as a safety net for an older child.
- Commitment by 12-step sponsor/support person to meet with caregiver daily and call caseworker if caregiver has used.

2. **Use culturally appropriate resources (when available) or specific community agencies or services as safety resources.**

Involving a community-based or faith-related organization or other agency in activities to address immediate safety threats (e.g., using a local food pantry). DOES NOT INCLUDE long-term therapy or treatment, or being put on a waiting list for services.

3. **Have the person allegedly causing harm leave the home, either voluntarily or in response to legal action, and/or support the caregiver who is not causing harm in limiting access between the child and the person allegedly causing harm.**

This means temporary or permanent removal of the person alleged to have caused harm through their voluntarily agreeing to leave. Person alleged to have caused harm has been arrested or ordered by the court to not have contact.

4. **Have the caregiver who is not causing harm temporarily move to a safe environment with the child.**

A caregiver who is not causing harm has acknowledged the safety concerns and is able and willing to protect the child from the person alleged to have caused harm; for example, they agree that the child will not be left alone with the person alleged to have caused harm. In cases involving domestic violence, seeking emergency shelter may or may not be an option, depending on the family's circumstances and risks. Child safety may be strengthened by safety planning with the abused caregiver specific to minimizing risks posed by a person committing domestic violence. In cases involving co-occurring domestic violence against a child's caregiver, caseworkers should use the Victim Inventory of Goals, Options, and Risks (VIGOR) Planning Tool available at https://www.lifepathsresearch.org/the-vigor/the-vigor-planning-tool/

5. **Other.**

The family or caseworker identified a unique intervention for an identified safety concern that does not fit within items 1–4.

6. **Have the caregiver(s) place the child outside the home through formal voluntary placement.**

Note: include explanation below regarding why responses 1–5 could not be used to keep the child safe.

Formal voluntary placement in foster care means placement of a child in foster care based on a written agreement between the responsible social services agency or child placing agency and the child's caregiver, guardian, or legal custodian. The voluntary foster care agreement gives the agency legal responsibility for the placement of the child. The voluntary foster care agreement is based on both the agency's and the caregiver's, guardian's, or legal custodian's assessment that placement is necessary and in the child's best interests.

7. **Legal action must be taken by the agency to place the child outside the home in foster care.**

Note: include explanation below regarding why responses 1–5 could not be used to keep the child safe.

Legal action may include any formal action in court pertaining to the safety and/or placement of the child, such as Emergency Protective Care (EPC) or Child in Need of Placement of Services (CHIPS).

SDM® SAFETY ASSESSMENT POLICY AND PROCEDURES

Minnesota Department of Children, Youth, and Families

The purpose of the safety assessment is to help assess whether a child is likely to be in immediate danger of serious physical harm that may require a protecting intervention and to determine what interventions should be maintained or initiated to provide appropriate protection.

It is important to keep in mind the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that safety assesses the child's present danger and determines the interventions immediately needed to protect the child for the duration of the investigation period. In contrast, the family risk assessment looks at the likelihood of future involvement in child protection.

WHICH CASES

All CPS maltreatment reports assigned for an assessment or investigation that involve a family caregiver. This does not apply to facility maltreatment cases or non-caregiver sex trafficking investigations.

WHO COMPLETES

Caseworker assigned to the family completes the SDM® safety assessment.

WHEN

The safety assessment *process* is completed prior to allowing the child to remain in the household. The written *documentation* is to be completed and entered into SSIS as soon as possible but no later than within three working days of making the initial face-to-face contact to assess safety.

The safety factors are to be considered throughout the life of the case, from the point of report through case closure. If at any point an unsafe factor becomes operant, a new safety assessment should be completed. If the unsafe factor requires removing a child from the home, a new safety assessment should be completed.

DECISION

The safety assessment provides structured information concerning the immediate danger of serious harm to a child. This information guides the decision about whether the child may remain in the home without safety interventions, may remain in the home with safety interventions in place, or must be removed from the home. Placement decisions should not be made solely on the outcome of the safety assessment; consultation with supervisory staff and others are necessary.

APPROPRIATE COMPLETION

Only *one* household can be assessed on the safety assessment. See the general definitions section of this manual for additional guidance on which household to assess.

The safety assessment has four sections: factors affecting child vulnerability, safety factors, safety planning, and safety decision. Each section is preceded by instructions for appropriate completion.

SECTION 1: FACTORS AFFECTING CHILD VULNERABILITY

Each child's vulnerability is considered throughout the assessment and safety planning and throughout case management, if applicable. Typically, young children cannot protect themselves. For older children, an inability to protect themselves could result from diminished mental or physical capacity or repeated victimization. Indicate whether any child vulnerabilities are present for any child in the household who may be in need of protection. Note that these vulnerability issues provide a context for safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe or that a safety threat is present.

SECTION 2: SAFETY FACTORS

The list of factors under Part A are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence or absence of each factor by selecting either "Yes" or "No." Also consider conditions that were present at the time of the alleged incident and the current impact on child safety, always using item definitions to determine whether each factor is present or not. If yes, an intervention is required to support the child's safety for the duration of the investigation/assessment period and throughout case management, if applicable.

In Part B, for all safety factors selected, note the applicable safety factor number and then briefly describe the specific individual's behaviors, conditions, and/or circumstances associated with that particular safety factor. If no safety factors are present, skip Part B and go to Section 4: Safety Decision.

SECTION 3: SAFETY PLANNING

A safety intervention is any action taken by staff or others to mitigate the unsafe condition identified in the assessment while services are provided to the family. The caseworker completes this section whenever one or more safety factors have been identified.

Part A: Complicating Factors are conditions that, when present, *may* make it more difficult or complicated to create safety for the child. However, they *do not* by themselves constitute safety factors. These factors should be considered when determining whether it is possible to develop a safety plan. The caseworker selects all the apply.

Part B: Protective Capacities represents capacities that, when present, enhance the caregiver's ability to participate in safety planning. The caseworker selects all that apply.

Part C: Safety Interventions are used to indicate the intervention utilized by the assigned caseworker together with the family.

SECTION 4: SAFETY DECISION

The assigned caseworker completing the assessment makes a determination of *safe, conditionally safe, or unsafe*, based on whether safety interventions can mitigate the unsafe factor(s) identified. The safety decision should reflect the situation *at the time* the safety assessment is being completed.

- A child is "safe" if no child in the family is in danger of immediate harm as indicated by scoring all safety factors in Section 2, Part A "No."
- A child is "conditionally safe" if safety interventions 1 through 5 allow the child to remain in the family home while services are provided.
- A child is "unsafe" if the *only* safety intervention is removal of the child from the family home.