

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SAFETY ASSESSMENT (rev4/15)**

OASIS Referral Name: _____ Worker Name: _____ Supervisor: _____

FIPS Code: _____ Status: ___ Investigation ___ Assessment Safety Assessment Completion Date: ___/___/___

Alternative Caretaker Household

Please check either Investigation/Assessment or Open Case and fill out the corresponding section.

Investigation/Assessment

Referral #: _____ Check one: ___ Initial ___ Review # 1 2 3 4 _____

Referral Date: ___/___/___ Alleged Perpetrator: _____

Open Case

Case #: _____ Review # 1 2 3 4 _____

Factors Influencing Child Vulnerability (conditions that result in child's inability to protect self; check any factor that applies to any child)

- | | | | |
|-------|---|-------|--|
| _____ | Age 0-6 | _____ | Any child has exceptional medical or emotional condition |
| _____ | Diminished physical capacity (e.g., uses wheelchair) | _____ | Any child is of school age, but is not attending school |
| _____ | Diminished mental capacity (e.g. intellectual disability) | | |

SECTION 1: SAFETY FACTOR IDENTIFICATION

Directions: The following list of factors 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 checking yes or no. Check yes if the factor applies to any child in the household. The assessment shall cover all children in the home and all others present. The focus of the assessment is on conditions that exist at the time of the assessment.

Yes **No** **1. Caretaker caused serious physical harm to the child and/or made a plausible threat to cause physical harm in the current investigation/assessment. (Check yes if any one of the following apply. Check all that apply.)**

- _____ a. Death of a child.
- _____ b. Serious injury or abuse to child other than accidental.
- _____ c. Caretaker committed act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function.
- _____ d. Threat to cause harm or retaliate against child.
- _____ e. Excessive physical discipline or physical force.
- _____ f. Immediate threatened harm as a result of child's proximity to domestic violence incident.
- _____ g. One or more caretakers fear they will maltreat child.
- _____ h. Drug-exposed infant.
- _____ i. Caretaker intended to hurt child and does not show remorse.

Comments: _____

Yes **No** **2. Caretaker has previously maltreated a child in his/her care and the severity of the maltreatment or the caretaker's response to the previous incident AND current circumstances suggest that child's safety may be an immediate concern. (If caretaker previously maltreated a child, check below all circumstances that apply. The fact of prior involvement does not necessarily mean there is a safety issue now.)**

- | | | | |
|-------|-------------------------------------|-------|---|
| _____ | a. Prior death of a child. | _____ | e. Prior CPS founded allegation or supported assessment. |
| _____ | b. Prior serious harm to any child. | _____ | f. Prior threat of serious harm to child. |
| _____ | c. Termination of parental rights. | _____ | g. Caretaker failed to benefit from previous professional help. |
| _____ | d. Prior removal of any child. | | |

Comments: _____

- Yes No **3. Caretaker fails to protect child from serious physical harm or threatened harm by others.**
- _____ a. Caretaker fails to protect child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child.
 - _____ b. An individual(s) with recent, chronic, or severe violent behavior resides in the home, or caretaker allows access to the child.

Comments: _____

- Yes No **4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.**
- _____ a. Medical exam shows injury is the result of abuse; caretaker gives no explanation, denies, or attributes to accident.
 - _____ b. Caretaker's explanation for the observed injury is inconsistent with the type of injury.
 - _____ c. Caretaker's description of the cause of the injury minimizes the extent of harm to the child.
 - _____ d. Caretaker's and/or collateral contacts' explanation for the injury has significant discrepancies or contradictions.

Comments: _____

- Yes No **5. The family is refusing access to the child, there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.**
- _____ a. Family currently refuses access to the child and cannot or will not provide child's location.
 - _____ b. Family removed the child from a hospital against medical advice.
 - _____ c. Family has previously fled in response to a CA/N investigation/assessment.
 - _____ d. Family has history of keeping the child away from peers, school, or other outsiders for extended periods to avoid investigation/assessment.
 - _____ e. Family is otherwise attempting to block or avoid investigation/assessment.

Comments: _____

- Yes No **6. Child is fearful of caretaker, other family members, or people living in or having access to the home.**
- _____ a. Child cries, cowers, cringes, trembles, or exhibits or verbalizes fear in relation to certain individuals.
 - _____ b. Child exhibits anxiety, nightmares, or insomnia related to a situation associated with a person in the home.
 - _____ c. Child fears unreasonable retribution/retaliation from caretaker, others in the home, or others having access to the child.

Comments: _____

- Yes No **7. Caretaker fails to provide supervision necessary to protect child from potentially serious harm.**
- _____ a. Caretaker present but child wanders outdoors alone, plays with dangerous objects or on window ledges, etc.
 - _____ b. Caretaker leaves child alone (period of time varies with age and developmental status).
 - _____ c. Caretaker makes inadequate/inappropriate child care arrangements or plans very poorly for child's care.
 - _____ d. Caretaker's whereabouts are unknown.

Comments: _____

Yes No **8. Caretaker fails to meet the child's immediate needs for food, clothing, shelter, and/or medical and/or mental health care.**

- a. No housing/emergency shelter; child must sleep in the street, car, etc.; housing is unsafe, without heat/water, etc.
- b. No food provided or available to the child, or child is starved/deprived of food/drink for long periods.
- c. Child is without minimally warm clothing in cold months.
- d. Caretaker does not seek treatment for child's immediate medical condition(s) or does not follow prescribed treatments.
- e. Child appears malnourished.
- f. Child has exceptional needs that parents cannot/will not meet.
- g. Child is suicidal and parents will not take protective action.
- h. Child shows effects of maltreatment (e.g., emotional symptoms, lack of behavior control, or physical symptoms).

Comments: _____

Yes No **9. Child's physical living conditions are hazardous and immediately threatening, based on the child's age and developmental status.**

- a. Leaking gas from a stove or heating unit.
- b. Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink, or in the open.
- c. Lack of water, heat, plumbing, or electricity, or provisions are inappropriate (e.g., stove/space heaters).
- d. Open/broken/missing windows.
- e. Exposed electrical wires.
- f. Excessive garbage or rotted or spoiled food that threatens health.
- g. Serious illness/significant injury due to current living conditions (e.g., lead poisoning, rat bites, etc.).
- h. Evidence of human or animal waste throughout the living quarters.
- i. Guns and other weapons are not stored in a locked or inaccessible area.
- j. Dangerous drugs are being manufactured on premises with child present.

Comments: _____

Yes No **10. Caretaker's substance use is currently and seriously affecting his/her ability to supervise, protect, or care for child.**

- a. The caretaker is currently high on drugs or alcohol.
- b. There is a current, ongoing pattern of substance abuse that leads directly to neglect and/or abuse of the child.

Comments: _____

Yes No **11. Caretaker's behavior towards the child is violent or out of control.**

- a. Behavior that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).
- b. Caretaker uses brutal or bizarre punishment (e.g., scalding, burning with cigarettes, forced feeding, killing or torturing pets as punishment).
- c. Extreme action/reaction (e.g., physical attacks, violently shaking or choking).
- d. Use of guns, knives, or other instruments in a violent and/or out-of-control manner.

Comments: _____

Yes No **12. Caretaker describes or acts towards the child in predominantly negative terms or has unrealistic expectations, and this has a major impact on the child (e.g., severely withdrawn).**

- _____ a. Caretaker repeatedly describes child in a demeaning or degrading manner (e.g., as evil, possessed, stupid, ugly, etc.).
- _____ b. Caretaker repeatedly curses and/or puts child down.
- _____ c. Caretaker repeatedly scapegoats a particular child in the family.
- _____ d. Caretaker repeatedly blames child for a particular incident, or distorts child's behavior as a reason to abuse.
- _____ e. Caretaker repeatedly expects unrealistic behavior(s) per child's age/developmental stage.
- _____ f. Caretaker views child as responsible for the caretaker's or family's problems.

Comments: _____

Yes No **13. Child sexual abuse is suspected and circumstances suggest that child safety is an immediate concern.**

- _____ a. Caretaker or other(s) in the household has committed rape, sodomy, or other sexual contact with the child.
- _____ b. Child forced/encouraged to engage in sexual performances or activities.
- _____ c. Access to a child by possible or confirmed sexual abuse perpetrator exists.

Comments: _____

Yes No **14. Caretaker's physical, intellectual, or mental health seriously affects his/her current ability to supervise, protect, or care for the child.**

- _____ a. Caretaker has a physical condition that seriously impairs his/her ability to parent the child.
- _____ b. Emotional instability, acting out, or distorted perception is seriously impeding ability to parent.
- _____ c. Depression or feelings of hopelessness/helplessness immobilize the caretaker, who then fails to maintain child/home.
- _____ d. Caretaker is overwhelmed by child's dysfunctional emotional, physical, or mental characteristics.
- _____ e. Caretaker's cognitive delays result in lack of knowledge about basic parenting skills.

Comments: _____

Yes No **15. Other safety factors (specify):** _____

IF THERE ARE NO SAFETY FACTORS PRESENT, GO TO SECTION 2 AND CHECK #11.

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SAFETY ASSESSMENT
DEFINITIONS**

1. Caretaker caused serious physical harm to the child and/or made a plausible threat to cause physical harm in the current investigation/assessment.

- a. Death of a child. This incident resulted in the death of one or more children.
- b. Serious injury or abuse to child other than accidental. Caretaker caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, or severe cuts. Also include any other physical injury that seriously impairs the health or well-being of the child (e.g., suffocating, shooting, bruises/welts, bite marks, choke marks) and requires medical treatment.
- c. Caretaker committed act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function.
- d. Threat to cause harm or retaliate against child. Threat of action that would result in serious harm; or household member plans to retaliate against child for CPS investigation/assessment.
- e. Excessive physical discipline or physical force. Caretaker has used torture or excessive physical force, or acted in a way that bears little resemblance to reasonable discipline given the child's age and stage of development; or caretaker punished child beyond the duration of the child's endurance. Examples include punching child in head or stomach, tying child up, locking child in a closet, slamming child against wall, or punishing child in a way that produces humiliation or degradation; or punishing child for acts that are outside child's control.
- f. Immediate threatened harm as a result of child's proximity to domestic violence incident. Child was in immediate danger of serious physical harm by being in close proximity to an incident(s) of assaultive behavior/domestic violence between adults in the household.
- g. One or more caretakers fear they will maltreat child and/or requests placement.
- h. Drug-exposed infant. Drugs are found in the child's system; infant is medically fragile as result of drug exposure; infant suffers adverse effects from introduction of drugs during pregnancy; or mother tested positive at delivery.
- i. Caretaker intended to hurt child and does not show remorse. Caretaker's intention in the current incident was to inflict pain/injury on the child and the caretaker does not express remorse for this action.

2. Caretaker has previously maltreated a child in his/her care and the severity of the maltreatment or the caretaker's response to the previous incident AND current circumstances suggest that child's safety may be an immediate concern.

Note: This item requires three conditions to answer "yes." First, there must have been one or more **previous** incidents of maltreatment reported to child welfare. Second, that maltreatment must have been severe OR the caretaker's response to the previous maltreatment was inappropriate (e.g., dismissive, minimizing, failure to take recommended safety steps). Third, there must be **current** circumstances that, considered in light of the prior incidents, indicate there are safety issues now. In other words, the fact of prior maltreatment does not necessarily mean that this safety factor should be checked "yes."

Check all characteristics of **prior** maltreatment that apply to this case, whether or not this item is

currently a safety issue.

- a. Prior death of a child as a result of maltreatment.
- b. Prior serious harm to any child. Previous maltreatment by caretaker that was serious enough to cause severe injury (e.g., fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, and/or physical findings consistent with sexual abuse based on medical exam).
- c. Termination of parental rights. Caretaker had parental rights terminated as a result of a prior CPS investigation/assessment.
- d. Prior removal of any child. Removal/placement of child by CPS or other responsible agency or concerned party was necessary for the safety of child.
- e. Prior CPS founded allegation or supported assessment. Prior CPS investigation/assessment founded for maltreatment or supported assessment.
- f. Prior threat of serious harm to child. Previous maltreatment that could have caused severe injury; retaliation/threatened retaliation for previous incidents; prior domestic violence that resulted in serious harm or threatened harm to a child.
- g. Caretaker failed to benefit from previous professional help. Caretaker previously maltreated a child in his/her care and was referred for professional services as a result, but did not participate in or did not benefit from those services.

3. Caretaker fails to protect child from serious physical harm or threatened harm by others.

- a. Caretaker fails to protect child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child. Caretaker does not provide supervision necessary to protect child from potential serious harm by others, based on the child's age or developmental stage. Harm includes physical abuse, neglect, or sexual abuse.
- b. An individual(s) with recent, chronic, or severe violent behavior resides in the home, or caretaker allows access to the child.

4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

- a. Medical exam shows injury is the result of abuse; caretaker gives no explanation, denies, or attributes to accident. Medical evaluation indicates injury is non-accidental; caretaker denies or attributes injury to accidental causes.
- b. Caretaker's explanation for the observed injury is inconsistent with the type of injury.
- c. Caretaker's description of the cause of the injury minimizes the extent of harm to the child.
- d. Caretaker's and/or collateral contacts' explanation for the injury has significant discrepancies or contradictions. There are significant discrepancies between what the caretaker says and what other contacts say about the cause of the injury.

5. The family is refusing access to the child, there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.

- a. Family currently refuses access to the child or cannot or will not provide child's location.
 - b. Family removed the child from a hospital against medical advice to avoid investigation/assessment.
 - c. Family has previously fled in response to a CA/N investigation/assessment.
 - d. Family has history of keeping the child away from peers, school, or other outsiders for extended periods to avoid investigation/assessment.
 - e. Family is otherwise attempting to block or avoid investigation/assessment.
- 6. Child is fearful of caretaker, other family members, or people living in or having access to the home.**
- a. Child cries, cowers, cringes, trembles, or exhibits or verbalizes fear in relation to certain individuals.
 - b. Child exhibits anxiety, nightmares, or insomnia related to a situation associated with a person in the home.
 - c. Child fears unreasonable retribution/retaliation from caretaker, others in the home, or others having access to the child.
- 7. Caretaker fails to provide supervision necessary to protect child from potentially serious harm.**
- a. Caretaker present but child wanders outdoors alone, plays with dangerous objects or on window ledges, etc.
 - b. Caretaker leaves child alone (period of time varies with age and developmental status).
 - c. Caretaker makes inadequate/inappropriate child care arrangements or plans very poorly for child's care.
 - d. Caretaker's whereabouts are unknown.
- 8. Caretaker fails to meet the child's immediate needs for food, clothing, shelter, and/or medical and/or mental health care.**
- a. No housing/emergency shelter; child must sleep in the street, car, etc.; housing is unsafe, without heat/water, etc.
 - b. No food provided or available to the child, or child is starved/deprived of food/drink for long periods.
 - c. Child is without minimally warm clothing in cold months.
 - d. Caretaker does not seek treatment for child's immediate medical condition(s) or does not follow prescribed treatments.
 - e. Child appears malnourished or has been diagnosed as non-organic failure to thrive.

- f. Child has exceptional needs that parents cannot/will not meet. Needs include being medically fragile.
- g. Child is suicidal and parents will not take protective action.
- h. Child shows effects of maltreatment (e.g., emotional symptoms, lack of behavior control, or physical symptoms).

9. Child's physical living conditions are hazardous and immediately threatening, based on the child's age and developmental status.

Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening, including but not limited to the following:

- a. Leaking gas from a stove or heating unit.
- b. Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink, or in the open.
- c. Lack of water, heat, plumbing, or electricity, or provisions are inappropriate (e.g., stove/space heaters).
- d. Open/broken/missing windows.
- e. Exposed electrical wires.
- f. Excessive garbage or rotted or spoiled food that threatens health.
- g. Serious illness/significant injury due to current living conditions (e.g., lead poisoning, rat bites, etc.).
- h. Evidence of human or animal waste throughout the living quarters.
- i. Guns and other weapons are not stored in a locked or in accessible area.
- j. Dangerous drugs are being manufactured on premises with child present.

10. Caretaker's substance use is currently and seriously affecting his/her ability to supervise, protect, or care for child.

Caretaker is abusing legal or illegal substances or alcoholic beverages to the extent that control of his or her actions is significantly impaired.

- a. The caretaker is currently high on drugs or alcohol.
- b. There is a current, ongoing pattern of substance abuse that leads directly to neglect and/or abuse of the child.

11. Caretaker's behavior towards the child is violent or out of control.

Caretaker behavior is a serious potential threat to child, as indicated by the following:

- a. Behavior that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).

- b. Caretaker uses brutal or bizarre punishment (e.g., scalding, burning with cigarettes, forced feeding, killing or torturing pets as punishment).
- c. Extreme action/reaction (e.g., physical attacks, violent shaking or choking).
- d. Use of guns, knives, or other instruments in a violent and/or out-of-control manner.

12. Caretaker describes or acts towards the child in predominantly negative terms or has unrealistic expectations, and this has a major impact on the child (e.g., severely withdrawn).

- a. Caretaker repeatedly describes child in a demeaning or degrading manner (e.g., as evil, possessed, stupid, ugly, etc.).
- b. Caretaker repeatedly curses and/or puts child down.
- c. Caretaker repeatedly scapegoats a particular child in the family.
- d. Caretaker repeatedly blames child for a particular incident, or distorts child's behavior as a reason to abuse.
- e. Caretaker repeatedly expects unrealistic behavior(s) per child's age/ developmental stage. Caretaker repeatedly expects child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, expected to be still for extended periods, be toilet trained, eat neatly, or expected to care for younger siblings or stay alone).
- f. Caretaker views child as responsible for the caretaker's or family's problems.

13. Child sexual abuse is suspected and circumstances suggest that child safety is an immediate concern.

Suspicion of sexual abuse may be based on indicators such as the following:

- a. Caretaker or other(s) in the household has committed rape, sodomy, or other sexual contact with the child.
- b. Child forced/encouraged to engage in sexual performances or activities. Caretaker or others in the household have forced or encouraged child to engage in sexual performances or activities (including forcing child to observe sexual performances or activities).
- c. Access to a child by possible or confirmed sexual abuse perpetrator exists.

14. Caretaker's physical, intellectual, or mental health seriously affects his/her current ability to supervise, protect, or care for the child.

- a. Caretaker has a physical condition that seriously impairs his/her ability to parent the child.
- b. Emotional instability, acting out, or distorted perception is seriously impeding ability to parent.
- c. Depression or feelings of hopelessness/helplessness immobilize the caretaker, who then fails to maintain child/home.
- d. Caretaker is overwhelmed by child's dysfunctional emotional, physical, or mental characteristics.

- e. Caretaker's cognitive delays result in lack of knowledge about basic parenting skills. Due to cognitive delay, the caretaker lacks the basic knowledge related to parenting skills, such as the following:
- 1) Knowing that infants need regular feedings;
 - 2) Fails to access and obtain basic/emergency medical care;
 - 3) Knowledge of proper diet; or
 - 4) Adequate supervision.

15. Other safety factors

This item should be used if there are other immediate safety issues not identified above. Any "other" factors require a brief narrative description of the circumstances or conditions that constitute a threat.

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SAFETY ASSESSMENT
PROCEDURES**

The purpose of the safety assessment and plan is to 1) help assess whether any children are currently in immediate danger of serious physical harm that may require a protecting intervention, and 2) to determine what interventions should be maintained or initiated to provide appropriate protection.

Risk versus safety assessment: 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 it assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment.

- Which Cases:**
- All referrals that are assigned for investigation/assessment.
 - New referrals on currently active cases.
 - Any open referrals or cases in which changing circumstances require an assessment of safety due to the following:
 - » Change in family circumstances.
 - » Change in information known about the family.
 - » Change in ability of safety interventions to mitigate safety factors.

Who: The worker who makes the initial response to the referral. For open cases, the worker with responsibility for the case.

When: Safety assessment is both a process and a document. Safety assessment is an ongoing process throughout the life of a case. A worker completes a safety assessment process before concluding each face-to-face contact. Documentation of the safety assessment using the SDM tool is created to reflect safety status at certain points (create a new safety assessment when documenting changes to safety instead of amending the initial safety assessment as it is critical to maintain a decision making trail):

- Within 24 hours of concluding the first face-to-face contact.
- Within 24 hours of any subsequent contact in which there was a change in safety status:
 - » One or more safety factors previously present are no longer present;
 - » One or more safety factors not present before are present now;
 - » Changes to safety plan and/or safety decision.
- Prior to placing a child with a non-custodial parent, relative, or interested individual. This also pertains to voluntary placements when the parent is placing a child. (Note: these safety assessments should be clearly recorded as pertaining to a household other than the household under investigation by checking “Alternative Caretaker Household”.)

Decisions:

The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to a child. This information guides the decision about whether the child may remain in the home with no intervention, may remain in the home with safety interventions in place, or must be protectively placed.

A safety intervention is required for all children when any safety factor has been identified.

Appropriate Completion:

If this is a fatality AND there are no other children in the home, check “safe”.

Workers should familiarize themselves with the items that are included in the safety assessment and accompanying definitions. Once a worker is familiar with the items on the safety assessment, the worker should conduct initial contact as he/she normally would, using good social work practice to collect information from the child, caretaker, and/or collateral sources. The worker is assessing safety conditions in the home (e.g. if child is hospitalized, assess the safety of the home not the hospital setting.)

Indicate (check) whether any child vulnerabilities are present. Consider these vulnerabilities when reviewing safety items. 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.

All safety factor responses must have a written rationale and description if the response is “yes.” All rationales must be specific to the family situation (do not simply quote the definition).

All children who are household members are included in a safety assessment.

The safety assessment consists of three parts:

Section 1: Safety Factor Identification. This is a list of critical factors that must be assessed by every worker in every case. These factors cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm. Because not every

conceivable safety factor can be anticipated or listed on a form, an “other” category permits a worker to indicate that some other circumstance creates a safety factor; that is, there is something other than the listed categories that causes the worker to believe that the child is in danger of being harmed now.

The safety factors have a series of sub-items listed. These sub-items serve as definitional guidelines and as illustrations of conditions that would warrant answering “yes” for that safety factor. However, they are not exhaustive of the conditions that could warrant a “yes” response. If one of the listed sub-items is present in the case, it should be checked and the safety factor should be scored as “yes.” If some other serious (but unlisted) condition exists that meets the threshold for severity indicated by the safety factor language and the listed sub-items, it should be described briefly in the space provided below that safety factor, and “yes” should be checked.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is not expected that all facts about a case can be known immediately. Some information may be inaccessible and some may be deliberately hidden from the worker. Based on reasonable efforts to obtain information necessary to respond to each item, review each of the safety factors and accompanying definitions. For each item, consider the most vulnerable child. If the safety factor is present, based on available information, check “yes.” If the safety factor is not present, check “no.” If there are circumstances the worker determines constitute a safety factor, and these circumstances are not described by one of the existing items, the worker should check “other” and briefly describe the factor.

If it is suspected that there are safety issues in relation to a particular factor, but there is little/no evidence to support the suspicion, check “no,” but clearly specify the concerns in the narrative section.

Section 2: Safety Response—Protecting Interventions. This section is completed only if one or more safety factors were identified. If one or more safety factors are present, it does not automatically follow that a child must be placed. In many cases, it will be possible for a temporary plan to be initiated that will mitigate the safety factors sufficiently so that the child may remain in the home while the investigation/assessment continues. Consider the relative severity of the safety factor(s), the caretaker’s ability and willingness to work toward solutions, the availability of resources, and the vulnerability of the child.

The safety intervention list is made up of general categories of interventions rather than specific programs. The worker should consider each potential category of intervention and determine whether that intervention is available and sufficient to mitigate the safety factor(s) and whether there is reason to believe the caretaker will follow through with a planned intervention. Simply because an intervention exists in the community does not mean it should be used in a particular case. The worker may determine that even with an intervention the child would be unsafe; or the worker may determine that an intervention would be satisfactory, but has reason to believe the caretaker would not follow through. Also keep in mind that the safety intervention is not the service plan—it is not intended to “solve” the household’s problems or provide long-term answers. A safety intervention permits a child to remain home during the course of the investigation/assessment.

If one or more safety factors were identified and the worker determines that interventions are unavailable, insufficient, or may not be used, the final option is to indicate that child will be placed.

If one or more interventions will be implemented, mark each category that will be used. If there is an intervention that will be implemented that does not fit the other categories, mark intervention #8 and briefly describe the intervention. Intervention #9 is used only when a child is unsafe and only a placement can ensure safety. Intervention #10 should be completed whenever staff have requested assistance from the police.

Section 3: Safety Decision. In this section, the worker records the result of the safety assessment. There are three choices:

- a. **Safe.** Check this line if **no** safety factors were identified. The SDM system guides the worker to leave the child in the home. If this is a fatality AND there are no other children in the home, assessment is “safe” as safety pertains to immediate danger of harm to child (note: this may require worker to uncheck #1).
- b. **Conditionally safe.** If one or more safety factors were identified and the worker was able to identify sufficient protective interventions that lead him/her to believe the child may remain in the home for the present time, this line is checked. Complete safety plan.
- c. **Unsafe.** If the worker determined that one or more children could not be safely kept in the home even after considering a complete range of interventions, this line is checked. It is possible that the worker will determine that interventions make it possible for one child to remain in the home while another must be removed. Check this line if ANY child is placed. Ensure that the court report or order is in the hard copy record.

Section 4: Comments/ Safety Plan. In this section the safety plan is described.

Accurate completion of the safety assessment adheres to the following internal logic:

If no safety factors are checked, there should be no interventions checked, and the only possible safety decision is **1. Safe, no intervention required.**

If one or more safety factors are checked, there must be at least one intervention checked, and the only possible safety decisions are **2. Conditionally safe, requiring intervention** or **3. Unsafe, requiring placement.**

If one or more interventions are checked AND placement is not checked as an intervention, the safety decision that should be checked is **2. Conditionally safe, requiring intervention.** Placement should not be checked as an intervention if other interventions are checked.

If placement is checked as an intervention, the safety decision must be **3. Unsafe, requiring placement.**