

POLICY AND PROCEDURES MANUAL



Commonwealth of
Kentucky

September 2022

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SDM® SAFETY ASSESSMENT

Case Name: _____ Intake ID Number: _____

TWIST Case Number: _____

Assessment Completed With Family Date: _____ Date Submitted for Approval: _____

Worker Name: _____

Allegation Household: Yes No Assessment Type: Initial Review or update Closing

Select whether the household member was observed, interviewed, or not available for an observation or interview.

HOUSEHOLD MEMBER	OBSERVED	INTERVIEWED	UNAVAILABLE	DATE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For each household member who was unavailable, describe the reason(s) and the plan to see them.

Note: Consider each child's vulnerability throughout the assessment.

FACTORS INFLUENCING CHILD VULNERABILITY

These conditions may result in a child being more vulnerable to danger; select all that apply to *any* child in the household. In the box at the end of Section 1, document which child exhibits the vulnerability.

- Age 4 and under
- Diagnosed or suspected medical or mental health condition that impairs ability to protect self from harm
- Any child in the household is isolated from or has limited access to support network (informal or formal)
- Diminished developmental or cognitive capacity
- Diminished physical capacity
- None apply.

SECTION 1: SAFETY THREATS

Safety threats are behaviors or conditions that describe a child being in imminent danger of serious harm. Assess the above household for each safety threat below and select all that apply. If none apply, select "No safety threats present."

YES NO

- 1. Caretaker caused serious physical harm to a child or made a credible threat to cause serious physical harm in the current investigation, as indicated by any of the following.
 - Serious injury or abuse to the child
 - Caretaker fears they will maltreat the child and/or requests placement.
 - Direct threat to cause harm to or retaliate against the child
 - Excessive discipline or physical force
 - Death of a child due to child abuse or neglect
- 2. Infant suffers adverse effects from introduction of alcohol AND/OR drugs during pregnancy, AND current circumstances suggest the infant's safety is of immediate concern.
- 3. Caretaker's explanation for the child's injury is questionable, inconsistent, or not provided.
- 4. Child sexual abuse, including sexual exploitation, is suspected; and circumstances suggest that the child's safety may be of immediate concern.
- 5. Family/domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
- 6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical/dental/mental health care; AND this poses a threat to the child's health and/or safety.

YES NO

- 7. Household environmental conditions are hazardous and immediately threatening to the child’s health and/or safety.
- 8. Caretaker describes the child in predominantly negative terms, acts toward the child in negative ways, and/or has extremely unrealistic expectations of the child that suggest the child may be in immediate danger of serious harm.
- 9. Caretaker fails or is unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
- 10. The family refuses or limits access to the child, there is reason to believe that the family is about to flee, or the caretaker directly interferes with the investigation.
- 11. Other (specify): _____
- 12. No safety threats present

IF NO SAFETY THREATS ARE PRESENT, PROCEED TO SECTION 3.

If “yes” is selected for any safety threat, identify any of the following factors present that may affect your ability to develop a safety plan with the caretaker.

CARETAKER BEHAVIORS AND FACTORS INFLUENCING SAFETY-PLANNING ABILITY

- Problematic substance use Mental health Developmental/cognitive condition
- Physical/medical condition Other complicating caretaker behavior
- No complicating caretaker behaviors identified

Provide facts that support identification of child vulnerabilities, safety threats, and caretaker behaviors and factors influencing safety-planning ability.

SECTION 2: SAFETY RESPONSE—PROTECTIVE ACTIONS, STRENGTHS, AND RESOURCES

The following are actions that at least one caretaker, child, or other person may have taken. Protective actions, strengths, and resources are not sufficient to resolve the danger but can help with determining strengths for safety planning. If a safety threat is identified, immediate safety interventions must be used.

PROTECTIVE ACTIONS

- 1. At least one caretaker takes some action to protect the child from the danger.

STRENGTHS AND RESOURCES

- 2. At least one safety network member is participating in safety planning.
- 3. At least one child currently acts or has previously acted in ways that protect self from a danger.
- 4. At least one child has successfully pursued support, previously or currently, from a safety network member or other safe person; and that person helped reduce the danger or helped keep the child safe.

IMMEDIATE SAFETY INTERVENTIONS

Work with the family and safety network to develop a safety plan. Consider relevant complicating factors and protective actions. If a safety plan is developed, select which immediate safety interventions (1–6) represent types of activities on the safety plan. The safety decision will be “safe with a safety plan.” If a safety plan cannot be developed, the safety decision will be “unsafe.”

Caretaker will act to protect the child.

- 1. The caretaker reported to have caused harm will do one or more of the following.
 - a. Leave the residence
 - b. Not have unsupervised access to the child
 - c. Not have contact with the child at this time
 - d. Take alternative actions as specified by the safety plan¹

¹ Cannot be the only intervention type

- 2. The caretaker not reported to have caused harm will do one or more of the following.
 - a. Protect the child from the person reported to have caused harm²
 - b. Move to a safe place with the child
 - c. Take legal action
 - d. Take other specific actions described in the safety plan³

Others will act to protect the child.

- 3. Safety network will act to protect the child.
- 4. Community resources will be used to protect the child.
- 5. The child will participate in the safety plan (if appropriate, based on their developmental and emotional competence).⁴
- 6. Other (*specify*): _____⁵

Placement is the only way to control the danger.

- 7. Child is placed in protective custody.

SECTION 3: SAFETY DECISION

Identify the safety decision by selecting the appropriate item below. This decision should be based on the assessment of all safety factors, safety interventions, and other information known about the case. Select one decision only.

- 1. **Safe.** No safety threats were identified at this time. Based on currently available information, no children are likely to be in immediate danger of serious harm.
- 2. **Safe with a safety plan.** One or more safety threats are present, and protective safety interventions have been planned or taken. Because of protective actions and strengths and resources, the child will remain in the home at this time or with a protective caretaker in an alternative living environment. *A safety plan signed by the caretaker is required for the child to remain in the home.*
- 3. **Unsafe.** One or more safety threats are present, and placement is the only safety intervention possible for one or more children. Without placement, one or more children will likely be in immediate danger of serious harm.

² Cannot be the only intervention type

³ Ibid

⁴ Ibid

⁵ Ibid

SECTION 4: CHILD'S PLACEMENT LOCATION

Complete this section only if the safety decision is "unsafe." Record the name of and other information for each child assessed.

LAST NAME	FIRST NAME	CASE NUMBER	BIRTH DATE	REMOVED	REMAIN IN HOME
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>

Worker Signature: _____

Date: _____

Supervisor Review/Approval Signature: _____

Date: _____

DEFINITIONS

FACTORS INFLUENCING CHILD VULNERABILITY

These are conditions that may result in child being more vulnerable to danger; select all that apply to *any* child in the household. Indicate which child exhibits the vulnerability.

AGE 4 AND UNDER

Any child in the household is age 4 or under. Children of this age are considered more vulnerable, as they are less verbal and less able to protect themselves from harm. These children also have less capacity to retain memory of events. Infants and toddlers are particularly vulnerable, as infants are nonverbal and both are completely dependent on others for care and protection.

DIAGNOSED OR SUSPECTED MEDICAL OR MENTAL HEALTH CONDITION THAT IMPAIRS ABILITY TO PROTECT SELF FROM HARM

Any child in the household has a diagnosed or suspected medical or mental health condition that impairs ability to protect self from harm.

Examples may include but are not limited to severe asthma, severe depression, suicidal ideation, or medically fragile (e.g., requires assistive devices to sustain life). Diagnosis may not yet be confirmed but preliminary indications are present, OR testing/evaluation is in process, OR they are on a waitlist for evaluation.

ANY CHILD IN THE HOUSEHOLD IS ISOLATED FROM OR HAS LIMITED ACCESS TO SUPPORT NETWORK (INFORMAL OR FORMAL)

The child is isolated or less visible within the community (e.g., the family lives in an isolated community; the child may not attend a public or private school or daycare; the child is not routinely involved in other activities within the community; or the child has no interactions with extended family, friends, or neighbors).

DIMINISHED DEVELOPMENTAL OR COGNITIVE CAPACITY

Any child in the household has, or is suspected to have, diminished developmental or cognitive capacity, which affects their ability to communicate verbally or to care for and protect themselves from harm.

Examples:

- 7-year-old who is nonverbal
- Fifth-grade student reading at a first-grade level
- Child not reaching age-typical developmental milestones

DIMINISHED PHYSICAL CAPACITY

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

SECTION 1: SAFETY THREATS

1. CARETAKER CAUSED SERIOUS PHYSICAL HARM TO A CHILD OR MADE A CREDIBLE THREAT TO CAUSE SERIOUS PHYSICAL HARM IN THE CURRENT INVESTIGATION, AS INDICATED BY ANY OF THE FOLLOWING.

- **Serious injury or abuse to the child.** Caretaker caused serious injury, defined as brain injury; skull or bone fracture; dislocations; sprains; burns; scalds; severe cuts; subdural hemorrhage or hematoma; injuries sustained from being fed or forced to consume poisonous, corrosive, or unprescribed or mind-altering substances; 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.*

PRACTICE GUIDANCE

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

- **Caretaker fears they will maltreat the child and/or requests placement.** Caretaker self-reports that they are unable to cope and that they feel they may hurt the child.
- **Direct threat to cause harm to or retaliate against the child.** Caretaker threatens action that would result in serious harm, or household member plans to retaliate against the child for the allegation or investigation.
- **Excessive discipline or physical force.** Caretaker used torture or physical force (e.g., shaking or choking) that may result in injury or physical pain. If the child sustained a serious injury, select "Serious injury or abuse to the child." Include use of confinement or restraints that results in physical trauma to the child, actions by the caretaker intended for disciplinary purposes that are likely to result in serious injury to child, or the caretaker's punishment of the child that goes beyond the child's physical endurance.

Examples include but are not limited to:

- » Direct physical contact with the child such as hitting, biting, or kicking in critical areas; shaking; or use of an object;

- » Exposing the child to physical elements or the environment as punishment;
- » Not allowing a child to come into the home, and it is reasonable to expect that the child may be harmed due to weather or injured due to the environment;
- » Requiring unreasonable physical activity as punishment that exceeds the child's ability to perform; and the child has experienced or is likely to experience extreme pain, dehydration, or exhaustion; or
- » Forcible confinement such as locking the child in a room or closet or using physical restraints.
- **Death of a child due to child abuse or neglect.** Caretaker caused or is suspected of causing the death of a child due to child abuse or neglect.

2. INFANT SUFFERS ADVERSE EFFECTS FROM INTRODUCTION OF ALCOHOL AND/OR DRUGS DURING PREGNANCY, AND CURRENT CIRCUMSTANCES SUGGEST THE INFANT'S SAFETY IS OF IMMEDIATE CONCERN.

Examples include but are not limited to the following.

- Infant is born with medical complications as a result of in utero substance exposure, and caretaker response suggests inability or unwillingness to meet the infant's exceptional needs.
- Caretaker's or infant's level of toxicity and/or type of drug present suggests caretaker will be unable to meet the infant's basic needs upon discharge.
- Caretaker has not attended to the infant in the hospital.
- Behavior of caretaker with inadequate support system suggests caretaker will be unable to meet the infant's basic needs upon discharge.

3. CARETAKER'S EXPLANATION FOR THE CHILD'S INJURY IS QUESTIONABLE, INCONSISTENT, OR NOT PROVIDED.

The child has a serious injury or illness that requires medical attention; AND while the cause is undetermined, non-accidental cause cannot be ruled out, due to caretaker providing conflicting or inconsistent accounts or no account.

Factors to consider include child's age, mobility, developmental ability, location of injury, and exceptional needs; and chronicity of injuries.

Examples include the following.

- Medical evaluation indicates that the injury is a result of abuse; however, caretaker denies this or attributes the injury to accidental causes.
- Caretaker's explanation for the observed injury is inconsistent with the type of injury.
- Caretaker denies knowing how injury occurred despite severity of injury and child crying, screaming, etc.

- Caretaker’s description of the injury or cause of the injury minimizes the extent of harm to the child.

4. CHILD SEXUAL ABUSE, INCLUDING SEXUAL EXPLOITATION, IS SUSPECTED; AND CIRCUMSTANCES SUGGEST THAT THE CHILD’S SAFETY MAY BE OF IMMEDIATE CONCERN.

Suspicion of sexual abuse 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 caretaker or others in the household have been convicted of, investigated for, or accused of sexual misconduct.
- The caretaker or others in the household have forced or encouraged the child to engage in sexual performances or activities or forced the child to view pornography.

AND

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

- There is no protective caretaker.
- A caretaker is influencing or coercing the child regarding disclosure.
- Access exists to a child by a caretaker or other household member reasonably suspected of sexually abusing the child OR by a registered sexual abuse offender, especially one with known restrictions regarding anyone under age 18.

5. FAMILY/DOMESTIC VIOLENCE EXISTS IN THE HOME AND POSES AN IMMINENT DANGER OF SERIOUS PHYSICAL AND/OR EMOTIONAL HARM TO THE CHILD.

There is evidence of family/domestic violence in the home, AND the child’s safety is of immediate concern.

Examples include the following.

- Child was previously injured in a family/domestic violence incident or was at risk of injury because of their proximity to the incident.
- Child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with family/domestic violence.
- Child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of family/domestic violence. Child may also be withdrawn, disassociate, or exhibit no outward emotional response.
- Child has had to take steps to protect themselves from harm such as calling police, fleeing to the neighbors, hiding, or physically intervening in an effort to protect a caretaker or stop the violence.

- Individuals in the home use guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of serious, frequent, escalating violence or abusive, controlling behaviors is apparent.
- Other indicators exist of potentially highly dangerous family/domestic violence situations, such as an alleged perpetrator:
 - » Eliciting an intuitive sense of fear in the caretaker;
 - » Resisting recent separation;
 - » Threatening or attempting to kill an adult;
 - » Threatening or attempting suicide;
 - » Exhibiting obsessive behaviors or sexual jealousy;
 - » Violating a protection order; or
 - » Threatening or harming household pets.

6. CARETAKER DOES NOT MEET THE CHILD’S IMMEDIATE NEEDS FOR SUPERVISION, FOOD, CLOTHING, AND/OR MEDICAL/DENTAL/MENTAL HEALTH CARE; AND THIS POSES A THREAT TO THE CHILD’S HEALTH AND/OR SAFETY.

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

Supervision

A child has been injured or become ill, or is likely to become injured or ill, because caretaker has not provided the level of supervision required.

Examples include the following.

- Caretaker leaves child alone (length of time for concern varies with age and developmental status).
- Caretaker’s whereabouts are unknown.
- Caretaker is present but does not or cannot attend to the child, such that care needs go unnoticed or unmet. Examples include the following.
 - » Caretaker provided a child with drugs or alcohol or is aware the child is using alcohol or drugs to an extent that the child has required medical care; and caretaker does not intervene or seek appropriate treatment.
 - » One child is repeatedly assaultive toward another, causing serious injury; and caretaker does not intervene.
 - » One child is sexually abusive toward another, and caretaker continually puts the victim child alone with the abusive child or does not make efforts to keep the children separated when the abuse is known.

- » A child is involved in significant criminal activity or gang-related activity in ways that endanger themselves or another child, and caretaker does not follow recommendations of law enforcement or mental health professionals to help the child disengage from the criminal activity or gang.
- » Caretaker does not demonstrate ability to provide safe supervision of a newborn upon discharge (inattentive while holding newborn to the extent that the infant may be injured, relying on assistance from hospital staff in providing basic care to the newborn, etc.).
- » Child has unrestricted access to pools or bodies of water; consider child's age and developmental status.

Food

Child's nutritional needs are not met, resulting in danger to the child's health, growth, or development.

Examples include the following.

- Child has a current diagnosis by a qualified medical professional of non-organic failure to thrive; or qualified medical professional states that there are indicators of failure to thrive, but a formal diagnosis has not yet been made.
- Documented growth failure.
- Stick-like limbs, muscle wasting, unexplained weight loss, thin skin folds, aged appearance.
- Underfeeding accompanied by at least one of the following.
 - » Dry, flaky skin
 - » Dry, dull hair or hair loss
- Swelling of abdomen or legs.

Clothing

Caretaker 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. Caretaker has refused additional services for assistance.

Medical or dental care

One or more of the following apply.

- The caretaker 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 declining health status.

Examples include:

- » Not providing or following prescribed insulin regimen for a child with diabetes;

- » Not providing follow-up care for an infected wound or dental abscess; or
- » Not providing care for a broken bone.

Note: Include use of alternative practices rather than prescribed treatment if evidence exists that the child's health status is declining AND evidence exists that the prescribed treatment would likely be effective.

- The child has exceptional medical needs that the caretaker does not or cannot meet.

Mental health care

The child is suicidal, expressing suicidal ideation, threatening to self-harm, or actively self-harming; and the caretaker does not take protective action.

Examples include the following.

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

7. HOUSEHOLD ENVIRONMENTAL CONDITIONS ARE HAZARDOUS AND IMMEDIATELY THREATENING TO THE CHILD'S HEALTH AND/OR SAFETY.

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.

- Gas is leaking from stove or heating unit, wood stove inappropriately ventilated, or open fires exist in the home (excluding fires in a fireplace).
- Substances or objects are accessible to the child that may endanger their health and/or safety.
- Illegal drug manufacture occurs in the home.
- There is a lack of adequate water or utilities (e.g., heat, plumbing, electricity, adequate ventilation or cooling); and no safe, alternative provisions have been made.
- Exposed electrical wires exist.
- Excessive garbage or rotting or spoiled food are threatening health.
- Serious illness or significant injury (e.g., lead poisoning, rat bites) has occurred due to living conditions, and these conditions still exist.
- Evidence exists of human or animal feces throughout living areas.
- Guns and/or other weapons are easily accessible or not stored appropriately; consider child's age and development status.
- Access exists to unsafe doors, stairways, or fire escape; consider child's age and developmental status.

8. CARETAKER DESCRIBES THE CHILD IN PREDOMINANTLY NEGATIVE TERMS, ACTS TOWARD THE CHILD IN NEGATIVE WAYS, AND/OR HAS EXTREMELY UNREALISTIC EXPECTATIONS OF THE CHILD THAT SUGGEST THE CHILD MAY BE IN IMMEDIATE DANGER OF SERIOUS HARM.

Examples of caretaker actions include the following.

- Caretaker describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- Caretaker curses at and/or repeatedly puts the child down.
- Caretaker scapegoats a particular child in the family.
- Caretaker blames the child for a particular incident or family problems.
- Caretaker expects the child to perform or act in a way that is impossible or improbable based on the child's age and/or developmental status.

Examples of impact on the child include the following.

- Child is fearful caretaker may harm them.
- Child is a danger to self or others, acting out aggressively or being severely withdrawn and/or suicidal.

9. CARETAKER FAILS OR IS UNABLE TO PROTECT THE CHILD FROM SERIOUS HARM OR THREATENED HARM BY OTHERS. THIS MAY INCLUDE PHYSICAL ABUSE, SEXUAL ABUSE, OR NEGLECT.

- Caretaker fails or is unable to protect the child from serious or threatened physical abuse, neglect, or sexual abuse by other family members, other household members, or others with regular access to the child. Include access by known sexual offenders if prior sexual abuse history is confirmed and either of the following apply.
 - » Caretaker knew about history but allowed access to the child.
OR
 - » Caretaker did not know history but, upon learning information, indicates that they are unwilling OR unable to prevent future access.
- Caretaker does not provide supervision necessary to protect the child from potentially serious harm by others, based on the child's age or developmental status.
- An individual with known violent and/or current or historical high-risk criminal behavior resides in the home, or caretaker allows this person access to the child.

10. THE FAMILY REFUSES OR LIMITS ACCESS TO THE CHILD, THERE IS REASON TO BELIEVE THAT THE FAMILY IS ABOUT TO FLEE, OR THE CARETAKER DIRECTLY INTERFERES WITH THE INVESTIGATION.

- Family currently refuses access to the child or will not provide the child's location.

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

11 OTHER (SPECIFY).

If, after careful review of the definitions for the preceding 10 safety threats, a child protection social worker (worker) feels that something unique in this family was not captured by any other safety threat, the worker should select "Other" and document the identified unique safety threat that, if not resolved immediately with a safety plan, would lead to removal of a child from this home.

CARETAKER BEHAVIORS AND FACTORS INFLUENCING SAFETY-PLANNING ABILITY

The presence of these behaviors or characteristics in one or more caretakers may affect your ability to develop a safety plan with the caretaker. Consider these characteristics and prioritize safety interventions in identifying and developing the safety plan to support the child/family/caretaker as long as it is in the child's best interest.

Problematic substance use: Caretaker has misused alcohol or other legal or illegal substances in this incident to the extent that control of their actions is significantly impaired, or information is available that the caretaker has previously misused legal or illegal substances.

Mental health: One or both caretakers appear to be struggling with mental health issues at the time of this incident or have a known history of mental health issues. This may be indicated by the caretaker(s) having self-reported a current or previous diagnosis, hospitalization, or report for observation; or by other credible information having been gathered.

Developmental/cognitive condition: One or both caretakers has or may have diminished capacity as a result of developmental delays or cognitive issues.

Physical/medical condition: Caretaker has a known or observed severe medical condition or physical disability. Examples include but are not limited to the caretaker having:

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

Other complicating caretaker behavior: If, after careful review of the caretaker, worker feels that a unique behavior may affect safety interventions and/or safety planning, the worker should select "other" and document the identified behavior.

SECTION 2: SAFETY RESPONSE—PROTECTIVE ACTIONS, STRENGTHS, AND RESOURCES

PROTECTIVE ACTIONS

Protective actions are specific actions taken OR activities performed by the caretaker that directly reduce the danger. These are observed activities that have been demonstrated in the past to reduce similar danger or that have already been taken in response to the current danger.

1. At least one caretaker takes some action to protect the child from the danger.

At least one caretaker has demonstrated specific action that reduces the identified danger. The action may be:

- Action taken prior to developing a safety plan; or
- Carrying out a responsibility from the safety plan.

Strengths and Resources

Strengths and resources are specific actions taken by the safety network or the child in direct response to the danger. These are observed activities that have been demonstrated in the past to reduce similar danger or that have already been taken in response to the current danger.

2. At least one safety network member is participating in safety planning.

At least one safety team member has demonstrated all of the following.

- Understands the safety threat or danger after being informed.
- Agreed to participate in safety planning.
- When applicable, carried out an action they are responsible for as part of a safety plan.

3. At least one child currently acts or has previously acted in ways that protect self from a danger.

In response to the current danger or in response to similar circumstances in the past, a child has acted to protect self (e.g., the child left the situation, called 911 to seek assistance, or found another way to reduce the danger).

4. At least one child has successfully pursued support, previously or currently, from a safety network member or other safe person; and that person helped reduce the danger or helped keep the child safe.

When faced with one of the dangers, past or present, the child sought help from and received the necessary assistance from someone in the identified safety network; OR, if there is or was no existing safety network, from a safe person.

AND

In response to the child, the safety network member or other safe person took action that either reduced the danger or protected the child from the danger (e.g., fed child, called police, called the Department for Community Based Services [DCBS], kept the child away from the dangerous environment).

C. IMMEDIATE SAFETY INTERVENTIONS

Caretaker will act to protect the child.

Caretaker has taken or will take specific actions to directly reduce the danger.

1. The caretaker reported to have caused harm will do one or more of the following.

- *a. Leave the residence.* A caretaker reported to have caused harm has already arranged to stay in another location for the time being or, while worker or safety network members are still present, will leave to stay in another arranged location. Include arrest only if there is commitment to remain away from the residence upon release.
- *b. Not have unsupervised access to the child.* Until further decisions are made, caretaker reported to have caused harm agrees to have a worker or designated safety network member present who will be responsible for protecting the child.
- *c. Not have contact with the child at this time.* Until further decisions are made, caretaker reported to have caused harm will not contact the child, including in person, over the phone, electronically, by mail, by being within sight, or in any other way.
- *d. Take alternative actions as specified by the safety plan.* A safety plan action will occur that does not fit under options a–c in this section and is a responsibility of the caretaker reported to have caused harm.

PRACTICE GUIDANCE

Intervention 1d can never be the only intervention.

2. *The caretaker not reported to have caused harm will do one or more of the following.*

- *a. Protect the child from the person reported to have caused harm.* A caretaker not reported to have harmed the child is able and willing to protect the child from the person reported to have caused harm.

PRACTICE GUIDANCE

When safety planning with families where family/domestic violence is present, a victim of family/domestic violence should not be placed in a position to protect the child from an aggressor of family/domestic violence.

PRACTICE GUIDANCE

Intervention 2a can never be the only intervention.

- *b. Move to a safe place with the child.* A caretaker not reported to have harmed the child has taken or plans to take the child to an alternative location where the person reported to have caused harm will have no access (e.g., a crisis shelter or a friend or relative's home).
- *c. Take legal action.* Legal action has already commenced, or will commence, that will effectively reduce identified dangers (e.g., caretaker has applied for and will invoke a Domestic Violence Restraining Order [DVRO]).
- *d. Take other specific actions described in the safety plan.* A safety plan action will occur that does not fit under options a–c in this section and is a responsibility of the caretaker who is not reported to have caused harm.

PRACTICE GUIDANCE

Intervention 2d can never be the only intervention.

Others will act to protect the child.

3. *Safety network will act to protect the child.*

Individuals (e.g., family members, neighbors, friends, or professionals):

- Acknowledge the danger; AND
- Are engaged and willing to participate as safety network members; AND
- Have the ability and capacity to perform or support the specific responsibilities detailed in the safety plan.

4. *Community resources will be used to protect the child.*

Community-based organizations or other agencies are involved in activities to reduce danger (e.g., providing food, emergency accommodation, babysitting, childcare, student care, or immediate hospitalization for a child who is a danger to self or others).

Does not include resources provided that do not directly reduce danger, such as services a caretaker or child attends.

5. *The child will participate in the safety plan (if appropriate, based on their developmental and emotional competence).*

The child has a specific responsibility in the safety plan, such as identifying an item that is a direct indicator of a child's feeling of safety or uncertainty to worker or safety network, making a phone call, or otherwise telling a support person or other person specific information.

For example: Adolescent agrees to check in with family member, guidance counselor, or other safe person if they feel unsafe.

PRACTICE GUIDANCE

Intervention 5 can never be the only intervention.

6. *Other (specify).*

A safety plan action will occur that does not fit under items 3, 4, or 5 in this section and is the responsibility of a safety network member, community resource, or child.

Placement is the only way to control the danger.

7. *Child is placed in protective custody.*

A safety plan could not be developed with the family. Worker should initiate immediate action to place the child into protective custody.

SECTION 3: SAFETY DECISION

1. **Safe.** No safety threats were identified at this time. Based on currently available information, no children are likely to be in immediate danger of serious harm.

- 2. Safe with a safety plan.** One or more safety threats are present, and protective safety interventions have been planned or taken. Based on protective actions, the child will remain in the home at this time or with a protective caretaker in an alternative living environment. *A safety plan signed by the caretaker is required for the child to remain in the home.*

- 3. Unsafe.** One or more safety threats are present, and placement is the only safety intervention possible for one or more children. Without placement, one or more children will likely be in immediate danger of serious harm.

POLICY AND PROCEDURES

The purpose of the safety assessment is (1) to help assess whether any current safety threats exist for children in the home and (2) to determine what interventions should be used to mitigate the safety threats.

Safety refers to a current condition within a home or family and considers whether there is an immediate threat to the child's safety. A threat to the child's safety refers to a specific family situation that is out of control, imminent, and likely to have severe effects on a child. A child is assessed to be safe when there is no threat to the child's safety within the family or home, or, if such a threat does exist, when the family has sufficient protective capacities to protect the child and manage the threat.

To determine the best interests of an Indigenous child, all factors related to the child's circumstances must be considered, including the following.

- The child's cultural, linguistic, religious, and spiritual upbringing and heritage.
- The child's needs, considering their age and developmental status, such as the child's need for stability.
- The nature and strength of the child's relationship with their caretaker, the care provider, and any member of their family who plays an important role in their life.
- The importance to the child of preserving their cultural identity and connections to the language and territory of the Indigenous group, community, or people to which the child belongs.
- The child's views and preferences, giving due weight to the child's age and maturity, unless their views and preferences cannot be ascertained.
- Any plans for the child's care, including care in accordance with the customs or traditions of the Indigenous group, community, or people to which the child belongs.
- Any family/domestic violence and its impact on the child, including whether the child is directly or indirectly exposed to the family/domestic violence as well as the physical, emotional, and psychological harm or risk of harm to the child.
- Any civil or criminal proceeding, order, condition, or measure that is relevant to the child's safety, security, and well-being.

WHICH CASES

All reports that are assigned for a child protection investigation, except for specialized investigations and non-caretaker investigations.

Any open investigations or cases in which changing circumstances require safety assessment due to:

- Change in family circumstances;
- Change in information known about the family; or

- Change in ability of safety interventions to mitigate safety threats.

WHO

The worker assigned to the investigation.

WHEN

- For a new report, the safety assessment *process* is completed, using the safety assessment policy and procedures, before leaving a child in the home or returning a child to the home during the investigation. Circumstances may warrant postponing the completion of the safety assessment *tool*. The tool should be completed as soon as possible but no later than three working days from the end of the initiation response time.
- During active investigations in which changing circumstances prompt a new safety assessment, the safety assessment *process* is completed immediately. The safety assessment *tool* is completed within three working days from the end of the initiation response time.
- If a safety plan was initiated and no ongoing case will be opened, a safety assessment must be completed before closing the investigation. If safety threats remain unresolved, a case should be opened.
- Prior to closure of an open case.

DECISIONS

The safety assessment provides structured information concerning the danger of imminent harm or maltreatment to a child. This information guides the decision about whether the child may remain in the home with or without safety interventions, may remain in the home with safety interventions in place or with a protective caretaker in an alternative living environment, or must be protectively placed.

In most cases, when a safety threat is present and at least one child is removed, a safety plan will be required for all children who remain in the home.

The safety plan is a written document completed with and signed by the family and is written in family-friendly language. The plan identifies the specific threats identified by the worker, the interventions for each, and the plan to monitor the interventions. The safety plan remains in effect until all threats have been resolved or the child is subsequently placed due to failure of the plan.

APPROPRIATE COMPLETION

FACTORS INFLUENCING CHILD VULNERABILITY

These conditions may result in a child being more vulnerable to danger; select all that apply to *any* child in the household. In the box at the end of Section 1, document which child exhibits the vulnerability.

While considering whether safety threats are present, keep in mind the increased vulnerability of children for whom any of these factors apply. Vulnerability factors are not safety threats in and of themselves.

SECTION 1: SAFETY THREATS

Safety Threats

Select "Yes" for each item for which information gathered at the point of assessment completion reached the threshold for the definition, considering the most vulnerable child in the household for that item. Select "No" for each item for which current information is not sufficient for the worker to conclude that the definition is met.

Caretaker Behaviors and Factors Influencing Safety-Planning Ability

Select "Yes" for each item for which information gathered at the point of assessment completion reached the threshold for the definition.

Select "No" for each item for which current information is not sufficient for the worker to conclude that the definition is met.

SAFETY DECISION: SAFE.

If no safety threats were identified, and "yes" was selected for Safety Threat 12, the safety decision is "Safe." The safety assessment is complete. If the safety assessment is being done during an investigation, proceed with the overall assessment, including the risk assessment.

If "Yes" was selected for one or more safety threats, proceed to safety planning. Further assessment is required to distinguish which immediate intervention to initiate.

SECTION 2: SAFETY RESPONSE—PROTECTIVE ACTIONS, STRENGTHS, AND RESOURCES

If one or more safety threats are selected and the family is willing to develop and follow a safety plan that would allow the child to remain at home, work with the family and safety network to develop a detailed plan.

Protective Actions and Strengths and Resources

Select all actions that have already been demonstrated. This includes actions taken in response to the current danger or, if similar situations have occurred previously, demonstrated in the past.

Immediate Safety Interventions

Upon completion of the safety plan, if one has been developed, a written copy of the plan should be created and placed in the assessment file, and copies should be provided to the family and any safety network members who are participating in the plan. Signatures of all participants should be obtained if possible. A copy of the plan should also be provided to the child if the child participated in the plan and if developmentally appropriate; or, an alternative child-friendly version of the plan can be provided.

On the safety assessment, select any intervention items (1–6) that are being used in the safety plan. Note that most safety plans will use a combination of interventions.

SAFETY DECISION: SAFE WITH A SAFETY PLAN

If any immediate safety intervention to remain at home is selected, the safety decision is “Safe with a safety plan.” As long as the safety plan is being followed and is working to keep the child safe, the child will not require protective placement.

SAFETY DECISION: UNSAFE

If it is impossible to develop a safety plan (e.g., no caretaker is available; all caretakers refuse to participate in safety planning; caretaker is intoxicated, under the influence, or hallucinating) OR if a proposed safety plan is insufficient to control the danger, the safety decision is “Unsafe.” This decision means that at least one child requires immediate removal. An unsafe child cannot remain in the home.

REASSESSING SAFETY

Assessing child safety is a critical consideration throughout involvement with the family. Consideration of safety threats should be incorporated into each contact with the family, whether they are in an investigation, an open case, and/or an ongoing intervention. After the initial safety assessment is completed, subsequent safety assessments should be completed whenever a change in the family’s circumstances poses a safety threat and the need for possible protective actions.

- If the investigation will be closed without ongoing services and the most recent safety assessment identified safety threats that have not been resolved with a new safety assessment, case documentation should specify how all identified safety threats were resolved.
- If the investigation will be opened for ongoing services, case documentation should indicate whether the safety plan and interventions still apply at the time the current safety plan expires.
- If safety threats still exist or new threats have emerged, a new safety plan is required.
- If protective actions successfully resolved initial safety threats and no current safety threats exist, case documentation should specify how they were resolved.

SDM RISK ASSESSMENT

Case Name: _____

Intake ID Number: _____

TWIST Case Number: _____

Worker Name: _____

Assessment Date: _____

Household Assessed: _____

Primary Caretaker: _____

Secondary Caretaker (if there is one): _____

SECTION 1: NEGLECT/ABUSE INDEX

	Neglect Score	Abuse Score
1. Current referral		
○ a. Neglect	1	0
○ b. Abuse	0	1
○ c. Both	1	1
2. Number of children involved in the allegation(s)/incident(s)		
○ a. One, two, or three	0	0
○ b. Four or more	1	0
3. Age of youngest child in the home at the time of the investigation		
○ a. Two years or older	0	0
○ b. Under 2 years	1	0
4. Prior investigations		
○ a. No	0	0
○ b. Yes	1	0
<i>If "No," skip to item 5.</i>		
4a. Prior neglect investigations		
○ a. None	0	0
○ b. One	1	0
○ c. Two	1	0
○ d. Three or more	2	0

	Neglect Score	Abuse Score
4b. Prior abuse investigations		
○ a. None	0	0
○ b. One	0	1
○ c. Two or more	0	2
5. Prior injury to a child resulting from child abuse or neglect		
○ a. No	0	0
○ b. Yes	0	1
6. Household was previously referred for ongoing child protective services		
○ a. No	0	0
○ b. Yes	1	1
7. Current or historical characteristics of children in household (select all that apply)		
<input type="checkbox"/> a. Medically fragile or failure to thrive	1	0
<input type="checkbox"/> b. Positive toxicology screen at birth	1	0
<input type="checkbox"/> c. Developmental, physical, or learning disability	1	0
<input type="checkbox"/> Developmental or learning disability	0	1
<input type="checkbox"/> Physical disability	0	0
<input type="checkbox"/> d. Child or youth involved with law	0	1
<input type="checkbox"/> e. Mental health or behavioral issue	0	1
<input type="checkbox"/> f. None of the above	0	0
8. Primary caretaker has a history of abuse or neglect as a child		
○ Yes	0	1
○ No	0	0
9. Primary caretaker's assessment of current incident (select all that apply)		
<input type="checkbox"/> a. Blames child for maltreatment	0	1
<input type="checkbox"/> b. Justifies maltreatment	0	2
<input type="checkbox"/> c. None of the above	0	0
10. Primary caretaker provides physical care consistent with child needs		
○ No	1	0
○ Yes	0	0

	Neglect Score	Abuse Score
11. Primary caretaker characteristics (select all that apply)		
<input type="checkbox"/> a. Provides emotional/psychological support that is insufficient or damaging	0	1
<input type="checkbox"/> b. Employs excessive/inappropriate discipline	0	1
<input type="checkbox"/> c. Domineering	0	1
<input type="checkbox"/> d. None of the above	0	0
12. Primary caretaker has a historical or current mental health issue		
<input type="radio"/> a. No	0	0
<input type="radio"/> b. Yes (select all that apply)	1	0
<input type="checkbox"/> Current (within the last 12 months)		
<input type="checkbox"/> Historical (prior to the last 12 months)		
13. Primary caretaker has a historical or current alcohol or drug issue		
<input type="radio"/> a. No	0	0
<input type="radio"/> b. Yes		
<input type="checkbox"/> Alcohol (select all that apply)	1	0
<input type="checkbox"/> Current (within the last 12 months)		
<input type="checkbox"/> Historical (prior to the last 12 months)		
<input type="checkbox"/> Drugs (select all that apply)	1	0
<input type="checkbox"/> Current (within the last 12 months)		
<input type="checkbox"/> Historical (prior to the last 12 months)		
14. Secondary caretaker has a history of abuse or neglect as a child		
<input type="radio"/> a. No secondary caretaker	0	0
<input type="radio"/> b. No	0	0
<input type="radio"/> c. Yes	0	0
15. Secondary caretaker has a historical or current mental health issue		
<input type="radio"/> a. No secondary caretaker	0	0
<input type="radio"/> b. No	0	0
<input type="radio"/> c. Yes (select all that apply)	0	0
<input type="checkbox"/> Current (within the last 12 months)		
<input type="checkbox"/> Historical (prior to the last 12 months)		

	Neglect Score	Abuse Score
16. Secondary caretaker has a historical or current alcohol or drug issue		
○ a. No secondary caretaker	0	0
○ b. No	0	0
○ c. Yes	0	1
<input type="checkbox"/> Alcohol (select all that apply)		
<input type="checkbox"/> Current (within the last 12 months)		
<input type="checkbox"/> Historical (prior to the last 12 months)		
<input type="checkbox"/> Drugs (select all that apply)		
<input type="checkbox"/> Current (within the last 12 months)		
<input type="checkbox"/> Historical (prior to the last 12 months)		
17. Family/domestic violence in the household in the past year		
○ a. No	0	0
○ b. Yes	0	2
18. Housing (select all that apply)		
<input type="checkbox"/> a. Current housing is physically unsafe	1	0
<input type="checkbox"/> b. Homeless	2	0
<input type="checkbox"/> c. None of the above	0	0
19. Family is socially isolated or unsupported by extended family		
○ a. No	0	0
○ b. Yes	0	0
TOTAL SCORE		

SECTION 2: SCORING

SCORED RISK LEVEL

Neglect Score

- 0–1 Low
- 2–4 Moderate
- 5–8 High
- 9+ Very High

Abuse Score

- 0–1 Low
- 2–4 Moderate
- 5–7 High
- 8+ Very High

The scored risk level is the higher level between the neglect risk level and the abuse risk level.

CASE ACTION RECOMMENDATION TABLE

Based on the final safety and risk level, DCBS will indicate the recommended action. The worker should discuss this recommendation with their supervisor before making a final decision.

CASE PROMOTION RECOMMENDATIONS			
SAFETY STATUS	RISK LEVEL		
	LOW RISK	MODERATE RISK	HIGH/VERY RISK
SAFE	Close case	Service Referral: If no maltreatment is found during a child protection intervention, make the appropriate community referral(s) and close the case.	In-Home Ongoing Case: If the child was found to be safe during the child protection intervention, but the family has high/very high risk factors and the family agrees to a Services Needed Voluntary In-home services case, to assist in reducing the risk factors present, the SSW will open a case and work with family to develop necessary case planning goals and objectives
SAFE WITH A SAFETY PLAN	In-home ongoing case: <ul style="list-style-type: none"> DCBS-managed voluntary services (regardless of finding status) when caretakers are willing to work with DCBS. If family refuses voluntary services, DCBS will file court petition with finding noted for DCBS intervention to be required to ensure safety. If court is not possible, offer community referrals. 		
UNSAFE	Out-of-home ongoing case: Open out-of-home ongoing case in order to address child safety and potentially reduce the risk level.		

ACTION TAKEN AFTER SUPERVISOR CONSULTATION

While the recommended action should be followed for most families, there are times that alternative action will be required or needed.

Indicate the action taken. If the action taken differs from the recommended action, a text box will require a brief explanation.

For example, if a high-risk family’s case is closed after assessment, the following might be entered.

- Family was informed of risk, and interventions were offered. Family refused, the finding is “unsubstantiated,” and the matter is not petitionable.

- Family is aware of risk, is connected with community resources and a strong social support system, and will manage the risk with these supports.

NEXT STEPS

ACTION TAKEN	NEXT STEPS
Close case	Consider whether referrals to community services may benefit the family. If so, provide referral information to the family.
Community referrals/service referrals	Referrals to appropriate community services are likely to benefit the family. Connect the family with the community services.
Services Needed In-Home Open Case	Complete the referral process and case planning and ongoing transfer process.
DCBS In-Home Open Case	Complete the case finding documentation, case planning, and ongoing transfer process.
DCBS Out-of-Home Care (OOHC) Open Case	Complete the appropriate court petition documentation, complete the case finding documentation, and complete OOHC case planning and ongoing transfer process.

NECESSARY DOCUMENTATION FOLLOWING A FINDING

For notification of the finding, complete and send the findings letter to the alleged perpetrator and the victim’s parent or guardian. Appropriate documentation can be found in SOP 2.13 of the DCBS Standards of Practice Online Manual.

DEFINITIONS

The risk assessment is composed of items that demonstrate a strong statistical relationship with future involvement with child protection. Only one household can be assessed on a risk assessment. If two households are involved in the alleged incident(s), separate risk assessments should be completed for each household.

In applying the definitions, consider conditions that existed *at the beginning* of the investigation. Also, select any risk items that emerged or occurred *during* the investigation unless the definition states otherwise.

SECTION 1: RISK ITEMS

1. CURRENT REFERRAL

Determine whether the current referral is for neglect, abuse, or both. Abuse includes physical abuse, emotional harm, or sexual abuse/sexual exploitation. Include all allegations indicated in the referral as well as allegations added during the investigation. Include allegations of abuse or neglect if a second incident has been linked to the current referral.

2. NUMBER OF CHILDREN INVOLVED IN THE ALLEGATION(S)/INCIDENT(S)

Determine the number of children under 18 years old who are alleged victims of abuse or neglect in the current investigation. This includes any children not identified at the time of report for whom allegations of abuse or neglect were observed during the investigation.

3. AGE OF YOUNGEST CHILD IN THE HOME AT THE TIME OF THE INVESTIGATION

Determine the age of the *youngest child* currently residing in the household where maltreatment allegedly occurred. If a child is removed as a result of the current investigation or is otherwise temporarily placed or temporarily residing outside of the household, count the child as residing in the household. Consider *all* children currently residing in the household, regardless of victim role or their current temporary placement outside of the home.

4. PRIOR INVESTIGATIONS

Identify whether prior investigations involved any adult⁶ members of the current household with caretaking responsibilities who were alleged perpetrators of neglect or physical, emotional, or sexual abuse, regardless of whether the investigation occurred in the same household and regardless of finding.

Select “yes” if there were any prior investigations.

When information is received that a family previously resided out of state or in another jurisdiction within the last seven years, including out of country, history from the other jurisdictions must be checked.

Do not count:

- Allegations that were perpetrated by an adult who is not currently part of the household;
- Investigations in which children in the home were identified as perpetrators of abuse/neglect; or
- Referrals that were screened out/not accepted for investigation.

If yes, indicate the number of prior neglect investigations and the number of prior abuse investigations, or whether there were none for either.

Scoring guidelines for prior neglect and prior abuse

Count the number of investigations, including any allegation of neglect, and record under item 4a. Prior neglect investigations. For example, if a family has one prior investigation including multiple allegations of neglect, select “b. One” under 4a.

Count the number of investigations including any allegation of abuse and record under item 4b. Prior abuse allegations. For example, if a family has one prior investigation including multiple allegations of abuse, select “b. One” under 4b.

If a family has a prior investigation including allegations of both neglect and abuse, record the number of prior investigations involving any neglect under 4a and the number involving any abuse under 4b. For example, if a family has one prior investigation including allegations of both abuse and neglect, select “b. One” under 4a AND “b. One” under 4b.

⁶ If the current household includes a caretaker who is a minor parent (not yet age 18), include instances where that minor parent was an alleged perpetrator of neglect or abuse against their child.

4a. Prior neglect investigations

- a. *None*. No investigations for neglect prior to the current investigation.
- b. *One*. One prior investigation, substantiated or not, for any type of neglect prior to the current investigation.
- c. *Two*. Two prior investigations, substantiated or not, for any type of neglect prior to the current investigation.
- d. *Three or more*. Three or more investigations, substantiated or not, for any type of neglect prior to the current investigation.

4b. Prior abuse investigations

- a. *None*. No abuse investigations prior to the current investigation.
- b. *One*. One investigation, substantiated or not, for any type of abuse prior to the current investigation.
- c. *Two or more*. Two or more investigations, substantiated or not, for any type of abuse prior to the current investigation.

5. PRIOR INJURY TO A CHILD RESULTING FROM CHILD ABUSE OR NEGLECT

Select "yes" if any of the following circumstances are present.

- An adult in the household had a previous substantiation for child abuse or neglect that resulted in an injury to a child, whether or not that child is a member of the current household.
- Though the incident was not previously reported or substantiated, credible information now exists that an adult in the household caused an injury to a child consistent with abuse or neglect, whether or not that child is a member of the current household.

6. HOUSEHOLD WAS PREVIOUSLY REFERRED FOR ONGOING CHILD PROTECTIVE SERVICES

Select "yes" if any adult members of the current assessed household with caretaking responsibilities were referred for, received, or are currently receiving ongoing services as a result of a prior investigation. Service history includes court-ordered family services or ongoing family services.

- Include:
 - » Court-ordered services where the court's jurisdiction is on the basis of abuse or neglect;
 - » Ongoing services in response to a substantiated abuse or neglect report; and
 - » Ongoing services with a family agreement in response to a "Services Needed" finding.

- Exclude those services or referrals provided for reasons other than abuse or neglect. For example, exclude referrals or referral assistance to local parenting support groups, housing programs, or food pantries when no allegations of abuse or neglect exist.

7. CURRENT OR HISTORICAL CHARACTERISTICS OF CHILDREN IN HOUSEHOLD

Assess each child in the household and determine the presence of any of the characteristics below. Select all that apply.

- Medically fragile or failure to thrive.** Any child in the household has a diagnosis of medically fragile or failure to thrive as evidenced by caretaker’s statement of such a diagnosis, medical records, and/or doctor’s report. A medically fragile child is one who, because of an accident, illness, congenital disorder, abuse, or neglect, has been left in a stable condition but is dependent on life-sustaining medications, treatments, or equipment and needs assistance with activities of daily living. Children are diagnosed with failure to thrive when their weight or rate of weight gain is significantly below that of other children of similar age and gender. Infants or children with failure to thrive seem to be dramatically smaller or shorter than other children the same age.
- Positive toxicology screen at birth.** Any child had a positive toxicology screen at birth for alcohol or another drug/substance not used in accordance with a doctor’s prescription. Select “yes” if the test was negative but other credible information exists that birthing parent used substances during a pregnancy that birthing parent was aware of (e.g., witnessed use, birthing parent’s self-admission) or the child is showing or showed signs of withdrawal.
- Developmental, physical, or learning disability.** Any child in the household has a developmental, physical, or learning disability that has been diagnosed by a professional as evidenced by caretaker’s or other person’s credible statement of such a diagnosis, medical/school records, and/or professional’s statement.
 - *Developmental disability:* A severe, chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include but are not limited to cognitive disabilities, autism spectrum disorders, and cerebral palsy.
 - *Learning disability:* Child has an individualized education program (IEP) to address a learning challenge such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral issues. Also include a child with a learning disability—diagnosed by a physician or mental health professional—who is eligible for an IEP but does not yet have one or is in preschool. Examples include but are not limited to dyslexia, dysgraphia, dyspraxia, or auditory or visual processing disorders.
 - *Physical disability:* A severe acute or chronic condition diagnosed by a physician that impairs mobility or sensory or motor functions. Examples include but are not limited to paralysis, amputation, and blindness.
- Child or youth involved with law.** Any child in the household has been involved with the status/juvenile/criminal justice system. Also answer “yes” for behavior with the potential for legal involvement that is not brought to court attention but that creates stress within the household, such as a child who runs away or is habitually truant.

- e. **Mental health or behavioral issue.** Any child in the household has mental health or behavioral issues not related to a physical or developmental disability (includes attention deficit disorders). This could be indicated by:
- A mental health diagnosis by a qualified professional;
 - Child receiving mental health treatment; or
 - An IEP due to behavioral issues.
- f. **None of the above.** No child in the household exhibits characteristics listed above.

8. PRIMARY CARETAKER HAS A HISTORY OF ABUSE OR NEGLECT AS A CHILD

The primary caretaker was maltreated as a child. Consider any maltreatment history known to the agency and/or credible statements by the primary caretaker or others. Include situations that would be considered abuse or neglect using current standards, even if the situation was not considered to be abuse or neglect at the time.

9. PRIMARY CARETAKER'S ASSESSMENT OF CURRENT INCIDENT

Assess for each characteristic and select all that apply.

- a. **Blames child for maltreatment.** An incident of abuse or neglect occurred (whether substantiated or not), and the primary caretaker blames the child for the abuse or neglect.
- b. **Justifies maltreatment.** An incident of abuse or neglect occurred (whether substantiated or not), and the primary caretaker justifies the abuse or neglect. Justifying refers to the caretaker's statement/belief that their action or inaction was appropriate and constitutes good parenting.
- c. **None of the above.** The primary caretaker neither blames the child nor justifies the current maltreatment or alleged maltreatment.

10. PRIMARY CARETAKER PROVIDES PHYSICAL CARE CONSISTENT WITH CHILD NEEDS

Physical care of the child includes providing for the following needs: food, clothing, shelter, hygiene, and medical care (e.g., physical, vision, dental). Consider the child's age and developmental status when answering this item.

11. PRIMARY CARETAKER CHARACTERISTICS

Assess the primary caretaker for each characteristic below and select all that apply.

- a. **Provides emotional/psychological support that is insufficient or damaging.** The primary caretaker provides insufficient emotional support to the child, such as persistently berating, belittling, or demeaning the child or depriving the child of affection or emotional support.

- b. **Employs excessive/inappropriate discipline.** The primary caretaker’s disciplinary practices caused or threatened harm to a child because they were excessively harsh physically, excessively harsh emotionally, and/or dangerous given the child’s age or development. Examples may include:
- Hitting, kicking, biting, or punching;
 - Locking the child in a room, closet, attic, or containment item like a dog cage;
 - Hitting the child with objects; or
 - Isolating a child from physical and/or social activity for extended periods.
- c. **Domineering.** The primary caretaker overly controls the child or expects immediate compliance. This may be characterized by a caretaker seeing their own way as the only way, by little two-way communication between the caretaker and child; or by controlling, abusive, overly restrictive, or over-reactive rules.
- d. **None of the above.** The primary caretaker does not exhibit characteristics listed above.

12. PRIMARY CARETAKER HAS A HISTORICAL OR CURRENT MENTAL HEALTH ISSUE

Select “yes” if credible and/or verifiable statements by the primary caretaker or others indicate that the primary caretaker has been diagnosed by a mental health clinician with a mental health condition, other than substance-related disorders.

Select “yes” if the primary caretaker currently has, or has had, multiple good-faith referrals for mental health/psychological evaluations, treatment, or hospitalizations but is unwilling or unable to participate in an assessment.

Select “no” for referrals driven solely by efforts to undermine the credibility of the primary caretaker or by other ulterior motives.

13. PRIMARY CARETAKER HAS A HISTORICAL OR CURRENT ALCOHOL OR DRUG ISSUE

Assess whether the primary caretaker has a historical or current alcohol or drug issue that interferes with their own or the family’s functioning. Legal, non-abusive prescription drug or alcohol use should be answered “no.” Any of the following may be true of the primary caretaker.

- Was assessed as having an alcohol or drug issue by an addiction counselor or mental health clinician. Select “yes” if the primary caretaker is unwilling to participate in an assessment.
- Self-identifies as an alcoholic or addict.
- Uses substances in ways that have negatively affected their own:
 - » Employment;
 - » Marital or family relationships; or
 - » Ability to provide protection, supervision, and care for the child.

- Was arrested for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances. Do not count delivery, manufacture, or sale of substances.
- Was arrested in the past two years for driving under the influence.
- Was treated for substance misuse.
- Had a positive drug test/urine analysis (UA).
- Has/had health/medical problems resulting from substance use.
- Gave birth to a child diagnosed with fetal alcohol spectrum disorder (FASD); child had a positive toxicology screen at birth; other credible information showed prenatal substance abuse by the birthing parent (e.g., witnessed use, self-admission); or the child is showing or showed signs of withdrawal.

14. SECONDARY CARETAKER HAS A HISTORY OF ABUSE OR NEGLECT AS A CHILD

The secondary caretaker was maltreated as a child. Consider any maltreatment history known to the agency and/or credible statements by the secondary caretaker or others. Include situations that would be considered abuse or neglect using current standards, even if the situation was not considered to be abuse or neglect at the time.

15. SECONDARY CARETAKER HAS A HISTORICAL OR CURRENT MENTAL HEALTH ISSUE

Select “yes” if credible and/or verifiable statements by the secondary caretaker or others indicate that the secondary caretaker has been diagnosed by a mental health clinician with a mental health condition, other than substance-related disorders..

Select “yes” if the secondary caretaker has had multiple good-faith referrals for mental health/psychological evaluations, treatment, or hospitalizations but is unwilling or unable to participate in an assessment.

Select “no” for referrals motivated solely by efforts to undermine the credibility of the secondary caretaker or by other ulterior motives.

16. SECONDARY CARETAKER HAS A HISTORICAL OR CURRENT ALCOHOL OR DRUG ISSUE

Assess whether the secondary caretaker has a historical or current alcohol or drug issue that interferes with their own or the family’s functioning. Legal, non-abusive prescription drug and/or alcohol use should be answered “no.” Any of the following may be true of the secondary caretaker.

- Was assessed as having an alcohol- or drug-related problem by an addiction counselor or mental health clinician. Select “yes” if the caretaker is unwilling to participate in an assessment.
- Self-identifies as an alcoholic or addict.

- Uses substances in ways that have negatively affected their own:
 - » Employment;
 - » Marital or family relationships; or
 - » Ability to provide protection, supervision, and care for the child.
- Was arrested for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances. Do not count delivery, manufacture, or sale of substances.
- Was arrested in the past two years for driving under the influence.
- Was treated for substance misuse.
- Had a positive drug test/UA.
- Has had health/medical problems resulting from substance use.
- Gave birth to a child diagnosed with FASD; child had a positive toxicology screen at birth; other credible information showed prenatal substance misuse by the birthing parent (e.g., witnessed use, self-admission); or the child is showing or showed signs of withdrawal.

17. FAMILY/DOMESTIC VIOLENCE IN THE HOUSEHOLD IN THE PAST YEAR

In the previous year:

- Two or more physical assaults occurred, resulting in no or minor physical injury;
- One or more serious incidents occurred, resulting in serious physical harm and/or involving use of a weapon; or
- Multiple incidents of intimidation, threats, or harassment occurred between parents/caretakers or between a caretaker and another adult(s).

Incidents may be identified by self-report, credible report by a family or other household member, credible collateral contacts, police reports, and/or Emergency Protective Order (EPO)/domestic violence order (DVO).

18. HOUSING

Assess and determine the presence of any of the characteristics below at any time during the investigation. Select all that apply.

- a. **Current housing is physically unsafe.** The family has housing, but the physical structure and/or presence of hazards are potentially hazardous to the extent that the home may not meet the child's health or safety needs.
- b. **Homeless.** The family was homeless or was about to be evicted at the time of the alleged incident or became homeless in the course of the investigation.
- c. **None of the above.** Neither of the above is true, and the family has housing that is physically safe.

19. FAMILY IS SOCIALLY ISOLATED OR UNSUPPORTED BY EXTENDED FAMILY.

Indicate if the primary or secondary caretaker does not have friends, family members, neighbors, and other community members who provide emotional support and concrete assistance regularly and often for multiple purposes (e.g., childcare, help moving, problem solving).

Examples include but are not limited to: family resides nearby but is estranged from caretaker; family resides nearby but family members encourage or support negative behaviors by caretaker, such as drug or alcohol misuse or inappropriate discipline.

POLICY AND PROCEDURES

The risk assessment identifies families who have very high, high, moderate, or low probabilities of becoming involved with child protection in the future. By completing the risk assessment, the worker obtains an objective assessment of the likelihood that a family will return to child protection in the next 12 to 18 months. Differences between the risk levels are substantial. High-risk families have significantly higher rates of subsequent referral and validation than low-risk families, and they are more often involved in serious abuse or neglect incidents.

The risk assessment is based on research on abuse/neglect cases that examined the relationships between family characteristics and the outcomes of subsequent confirmed abuse and neglect. The assessment does not predict recurrence; it simply assesses whether a family is more or less likely to have future involvement with child protection.

One important result of the research is that the same set of criteria should not be used to assess the risk of both abuse and neglect because different family dynamics are present in abuse and neglect situations. Hence, different sets of criteria are used to assess the future probability of abuse or neglect, although *all items* are completed for every family under investigation for child maltreatment.

The scored risk level is determined by answering all items on the assessment, regardless of allegation types, totaling the score in the neglect and abuse columns and taking the higher score from the abuse and neglect indices.

WHICH CASES

All child protective services investigations, including new investigations of families currently receiving ongoing services.

Exclude referrals on abuse and neglect by third-party perpetrators, including licensed daycare facilities, unless there are concurrent allegations of failure to protect by the caretaker. Exclude investigations where the perpetrator is a foster parent, school personnel, residential facility, or non-caretaker. Also exclude unable to locate, No Finding, and cases where the only child in the home died.

Also complete risk assessment when information on a household from a new intake has been merged with the current intake report.

WHICH HOUSEHOLD(S)

Always assess the legal caretaker's household that is the subject of the investigation. If the alleged perpetrator is part of the child's household, assess that household.

If the alleged perpetrator is not a member of the child’s household, do *not* complete a risk assessment for the alleged perpetrator’s household; complete a risk assessment for the household of the child’s caretaker.

PRIMARY AND SECONDARY CARETAKER

When answering some items on the risk assessment, it is necessary to consistently identify a primary and a secondary caretaker. Select a primary and secondary caretaker from among the household members using the following table, beginning at the top and working down until the primary and secondary caretakers can be identified. If the child’s legal caretakers live in separate households, *each* household will have a primary (and possibly secondary) caretaker who is one of the people residing in that household.

SITUATION	PRIMARY CARETAKER	SECONDARY CARETAKER
Only caretaker	The only caretaker	None
Two or more caretakers with differing caretaking roles	The caretaker who provides the most care (emotional and physical) for the child	The caretaker who provides the next most care
Two or more caretakers with equal caretaking roles, but only one is the legal caretaker	The only legal caretaker	The other caretaker
Two or more caretakers with equal caretaking roles AND equal legal status	The caretaker named as the person causing harm	The other caretaker
Two or more caretakers with equal caretaking roles, equal legal status, AND equal contribution to harming child	The caretaker whose harm has had greatest impact on child	The other caretaker

WHO

The worker.

WHEN

Complete the risk assessment by the conclusion of the investigation after the safety assessment has been completed. Complete the risk assessment prior to any decision to open a case for ongoing services or to close the referral with no additional services.

Investigations must be completed within 30 working days (approximately 45 calendar days). The Structured Decision Making® (SDM) risk assessment must be completed in The Workers Information System (TWIST) at least five business days prior to the end of the investigation.

DECISION

The risk assessment outcome is a risk level that helps provide understanding of the likelihood of future involvement with the child protection system. This is one piece of information that can be used to structure case action decisions. Use the most recent safety assessment outcome, risk classification, investigation summary, and professional expertise with supervisory consultation to determine case action.

Situations may exist in which low- and moderate-risk cases will be opened for ongoing services—specifically, if unresolved safety threats remain at the end of the investigation, an ongoing case should be opened to provide services that address child safety and assess needs that may contribute to the caretaker’s ability to care for and protect their child. Situations may also occur in which high- and very high-risk cases will not be opened for ongoing services—specifically, where significant progress to address static (historical) risk factors is evident in the worker’s clinical assessment.

APPROPRIATE COMPLETION

- Answer all items on the assessment. The risk level is determined based on the higher level from the neglect and abuse indices.
- Describe identified risk items. Provide documentation with a behavior-based description for each item that is answered “yes.”
- Only one household can be assessed per risk assessment tool.

The risk assessment is completed based on conditions that existed at the time the investigation was initiated, prior family history, and information gathered during the investigation.

All items are answered regardless of the type of allegations reported or investigated. *The worker must make every effort throughout the investigation to obtain the information needed to answer each assessment item through review of written historical case material and interviews with all family members and collateral contacts. The item definitions must be used when answering each risk item.*

If information cannot be obtained to answer a specific item, the item must be answered “no” or “none of the above.”

A risk classification will be automated after completion of the assessment in TWIST.

Non-scoring supplemental items: Included in the risk items in Section 1 are supplemental risk items that do not contribute to the scored or final risk level. These items are being reviewed for future risk assessment validation. All items on the risk assessment must be completed, including items that do not contribute to the neglect or abuse scores.