

SDM[®] REUNIFICATION ASSESSMENT

Policy and Procedures Manual



**Kentucky Department
for Community Based
Services**

June 2025

KENTUCKY DEPARTMENT FOR COMMUNITY BASED SERVICES

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ABOUT EVIDENT CHANGE

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ONGOING ASSESSMENT PATHWAY DETERMINATION

Kentucky Department for Community Based Services

Case Name: _____ Case Number: _____

Household Assessed: _____

Worker: _____ Assessment/Reassessment Date: _____

Is any child being assessed currently placed outside of the home of origin?

- Yes.** Please ensure all placement screens are completed in TWIST and proceed to the Structured Decision Making® (SDM) reunification assessment.
- No.** Please proceed to the SDM® risk reassessment.

SDM® REUNIFICATION ASSESSMENT

Kentucky Department for Community Based Services

Revised 06/25

Case Name: _____ Case ID: _____

Household Assessed: _____

Primary Caregiver: _____ Secondary Caregiver: _____

Worker: _____ Assessment/Reassessment Date: _____

Assessment/Reassessment #: 1 2 3 4 _____

Complete the following table for each child in the household.

If No is selected in the first column, complete the second column as the child remains in out-of-home care. If Yes or N/A is selected in the first column, do not complete the second column or include the children in the rest of the assessment.

CHILD NAME	WAS CHILD REUNIFIED TO HOME OF ORIGIN PRIOR TO THIS ASSESSMENT?	HAS THE CHILD BEEN PLACED OUTSIDE OF THE HOME OF ORIGIN FOR NINE MONTHS OR MORE?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No

A. REUNIFICATION SAFETY ASSESSMENT

SAFETY THREAT	PRESENT AT THE TIME OF REMOVAL	CURRENTLY PRESENT
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. <input type="checkbox"/> Serious injury or abuse to the child <input type="checkbox"/> Caretaker fears they will maltreat the child or requests placement. <input type="checkbox"/> Direct threat to cause harm to or retaliate against the child <input type="checkbox"/> Excessive discipline or physical force <input type="checkbox"/> Death of a child due to child abuse or neglect	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

SAFETY THREAT	PRESENT AT THE TIME OF REMOVAL	CURRENTLY PRESENT
2. Infant suffers adverse effects from the introduction of alcohol or drugs during pregnancy, and current circumstances suggest the infant's safety is of immediate concern.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. Caretaker's explanation for the child's injury is questionable, inconsistent, or not provided.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Child sexual abuse, including sexual exploitation, is suspected; circumstances suggest that the child's safety may be of immediate concern.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. Family or domestic violence exists in the home and poses an imminent danger of serious physical or emotional harm to the child.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, or medical, dental, or mental health care, threatening the child's health or safety.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7. Household environmental conditions are hazardous and immediately threaten the child's health or safety.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. Caretaker describes the child in predominantly negative terms, acts toward the child in negative ways, or has extremely unrealistic expectations of the child that suggest the child may be in immediate danger of serious harm.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9. Caretaker fails or cannot protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
11. Other (specify):	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If no current safety threats are identified, please describe how the parent(s) demonstrated protective actions and mitigated the safety threats that led to the placement of the child(ren) outside of the home.

If at least one current safety threat identified that, if the child(ren) were returned home, would present an immediate danger of serious harm, are there safety intervention(s) that can and will be incorporated into the case plan to mitigate these safety threats?

- Yes. Please describe the safety interventions that will be incorporated and how the parent(s) demonstrate protective actions to address the safety threats below.

- No. If the child(ren) were reunified at this time, no safety interventions would be available to mitigate safety threats.

SAFETY DECISION

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

- Safe.** No current safety threats have been identified at this time. If a child(ren) were to return home today, there would be no current safety threats, and any safety threats that were previously identified would have been addressed through parents demonstrating protective actions.
- Safe with interventions.** If a child(ren) were to return home today, one or more current safety threats would be present; however, parents are demonstrating protective actions or interventions that address safety threats. The family is progressing toward safety, and interventions to address safety threats must be included in the modifications to the case plan.
- Unsafe.** If a child(ren) were to return home today, one or more safety threats would be present, and no parent would demonstrate protective actions/interventions. Continued placement is the only protective intervention at this time.

B. CASE PLAN PROGRESS REVIEW

If there are two parents, rate the progress for each. If there is no secondary parent, select "No secondary parent" at the top and rate only the primary parent.

CP1. PARENT'S ENGAGEMENT WITH CASE PLAN TASKS (AS INDICATED BY OBSERVED BEHAVIORAL CHANGE)

Compliance with/attendance of services is not sufficient to indicate behavioral change.

	P	S
No secondary parent		<input type="radio"/>
a. Consistently engaged. Parent is consistently engaged in efforts to achieve and/or maintain case plan tasks.	<input type="radio"/>	<input type="radio"/>
b. Inconsistently engaged. Parent is inconsistently engaged in efforts to achieve case plan tasks.	<input type="radio"/>	<input type="radio"/>
c. Not engaged. Parent is not engaged in efforts to achieve and/or maintain case plan tasks.	<input type="radio"/>	<input type="radio"/>

Provide rationale using behaviorally specific details:

CP2. PARENT DEMONSTRATES A UTILIZATION OF FORMAL AND INFORMAL SUPPORTS TO ACHIEVE/MAINTAIN BEHAVIORAL CHANGES SPECIFIC TO IDENTIFIED CASE PLAN TASKS.

Compliance with/attendance of services is not sufficient to indicate behavioral change.

	P	S
No secondary parent		○
a. All the time. Parent demonstrates the use of supportive resources to achieve or maintain behavioral changes specific to identified case plan tasks.	○	○
b. Some of the time. Parent occasionally demonstrates a utilization of supportive resources to achieve/maintain behavioral changes specific to identified case plan tasks.	○	○
c. None of the time. Parent does not demonstrate the use of supportive resources to support them in achieving/maintaining behavioral changes specific to identified case plan tasks.	○	○

Provide rationale using behavior-specific details:

CP3. PARENT’S OVERALL PROGRESS IN ACHIEVING CASE PLAN TASKS (AS INDICATED BY BEHAVIORAL CHANGE)

Compliance with/attendance of services is not sufficient to indicate behavioral change.

	P	S
No secondary parent		○
a. All the time. Parent always demonstrates new skills and behaviors consistent with achieving/maintaining case plan tasks.	○	○
b. Some of the time. Parent inconsistently or minimally demonstrates new skills and behaviors consistent with achieving/maintaining case plan tasks.	○	○
c. None of the time. Parent does not demonstrate new skills and behaviors consistent with achieving/maintaining case plan tasks.	○	○

Provide rationale using behavior-specific details:

C. PARENT-CHILD INTERACTIONS

Assess the parent’s actions to maintain contact with each child placed outside of their care and their behavior with and around the child during these interactions. Focus on interactions during the period under review (since placement or last reassessment).

Contact refers to any contact with the child, including visits.

Is the parent(s) prohibited from contact with the child through a court order?

Yes. Identify which parent is prohibited from contact:

- Primary parent
- Secondary parent
- Both (skip to Section D)

No (Continue with this section)

1. VISITATION ATTENDANCE

Visit/visitation refers to structured and scheduled visits outlined in the visitation agreement. A visitation agreement should include location, scheduled time for the visits, frequency, who can participate in the visits, expectations of the parent, expectations of the worker, expectations of the placement provider, and how the visit will be supervised (if at all). Consider any modifications to the original visitation agreement when assessing frequency and quality.

	P	S
No secondary parent		<input type="radio"/>
a. Consistently follows visitation agreement schedule	<input type="radio"/>	<input type="radio"/>
b. Inconsistently follows visitation agreement schedule	<input type="radio"/>	<input type="radio"/>
c. Does not follow visitation agreement schedule	<input type="radio"/>	<input type="radio"/>

2. PARENT’S BEHAVIOR DURING INTERACTIONS WITH THE CHILD

When assessing the parent’s behavior during contact, consider the setting; the time of day; the child’s energy, development, and emotions; and the limited time the parent and child have together in evaluating appropriate limit setting and discipline. Consider the parent’s ability to demonstrate healthy parenting responses to the child’s behavior.

	P	S
No secondary parent		<input type="radio"/>
a. Positive interactions	<input type="radio"/>	<input type="radio"/>
b. Showing improvement	<input type="radio"/>	<input type="radio"/>
c. Unhealthy or potentially harmful interactions	<input type="radio"/>	<input type="radio"/>

Please provide a brief description of parent child interactions during contact using behavior-specific details:

D. PLACEMENT/PERMANENCY PLAN GUIDELINES

The recommendation displayed below is completed for **each child** based on the results of sections A, B, and C. If any items in section B or C were rated as C, a review of the case plan objectives and visitation agreement may be necessary. Consider the recommendation displayed before completing section E.

- Safety outcome: Safe.** No safety threats would exist if the child(ren) were to return home today.

Were case plan review and parent–child contact sections assessed as acceptable (A or B rating)?

- No. There was at least one C response in either section or parent(s) is prohibited from contact through a court order.
- Yes. **Recommendation: Reunify**

If no, is parent(s) prohibited from contact with the child due to a court order?

- No. **Recommendation: Reunify with modified or new case plan objectives to address all areas, resulting in a C response. Review with supervisor or manager.**
- Yes. **Recommendation: Maintain the goal of reunification.**

- **Safety outcome: Safe with interventions.** If a child(ren) were to return home today, one or more current safety threats would be present; however, parents are demonstrating protective actions or interventions that address the safety threats. Family is progressing toward safety. Interventions to address safety threats must be included in case plan modifications.

Were case plan review and parent–child interactions sections assessed as acceptable (A or B rating)?

- No. There was at least one C response in either section or parent(s) are prohibited from contact through a court order.
- Yes. **Recommendation: Reunify. Review safety threats and protective actions/interventions with a supervisor or manager. Identified safety threats must be addressed through a modified or new case plan.**

If no, has the child been out of their home of origin for nine months?

- No. **Recommendation: Maintain the goal of reunification. Review safety threats, protective actions, interventions, and visitation agreements with a supervisor or manager. Address all identified safety threats and need areas through a modified or new case plan.**
- Yes. **Recommendation: Change the permanency goal. If a child is in the custody of DCBS, consult with OLS. PPLA/SPC consult.**

- **Safety outcome: Unsafe.** If a child(ren) were to return home today, one or more safety threats would be present, and no parent would demonstrate protective actions/interventions.

Were case plan review and parent–child contact sections assessed as acceptable (A or B rating)?

- No. Either there was at least one C response in either section or parent(s) are prohibited from contact through a court order. Review any identified safety threats, case plan objectives, or visitation agreements with a supervisor or manager. Revise case plan objectives or visitation agreement.
- Yes. Review safety threats and protective actions/interventions with the supervisor or manager.

Has the child been out of their home of origin for nine months?

- No. **Recommendation: Maintain the goal of reunification. Review and revise any identified safety threats, current case plan objectives, or visitation agreements with a supervisor or manager. Identified safety threats must be addressed through a modified or new case plan.**
- Yes. **Recommendation: Change the permanency goal. If the youth is in the custody of DCBS, consult with OLS. PPLA/SPC consult.**

E. RECOMMENDATION SUMMARY

The permanency recommendation for each child is summarized below. Select any alternate recommendation and document the rationale for selecting. Then, the final permanency recommendation for each child will be displayed.

CHILD NAME	INITIAL PERMANENCY RECOMMENDATION	ALTERNATE RECOMMENDATION	FINAL PERMANENCY RECOMMENDATION
1.	<ul style="list-style-type: none"> <input type="radio"/> Reunify <input type="radio"/> Maintain reunification <input type="radio"/> Change in permanency goal 	<ul style="list-style-type: none"> <input type="radio"/> Agency files compelling reasons to reunify. <input type="radio"/> Agency files compelling reasons to maintain the goal of reunification while the child remains in foster care/placement. <input type="radio"/> Agency files compelling reasons to change permanency goals. <input type="radio"/> ICPC. <input type="radio"/> ASFA. <input type="radio"/> Agency pursues expedited permanency. <input type="radio"/> No alternate recommendations apply. 	<ul style="list-style-type: none"> <input type="radio"/> Reunify <input type="radio"/> Maintain reunification <input type="radio"/> Change in permanency goal
2.	<ul style="list-style-type: none"> <input type="radio"/> Reunify <input type="radio"/> Maintain reunification <input type="radio"/> Change in permanency goal 	<ul style="list-style-type: none"> <input type="radio"/> Agency files compelling reasons to reunify. <input type="radio"/> Agency files compelling reasons to maintain the goal of reunification while the child remains in foster care/placement. <input type="radio"/> Agency files compelling reasons to change permanency goal. <input type="radio"/> ICPC. <input type="radio"/> ASFA. <input type="radio"/> Agency pursues expedited permanency. <input type="radio"/> No alternate recommendations apply. 	<ul style="list-style-type: none"> <input type="radio"/> Reunify <input type="radio"/> Maintain reunification <input type="radio"/> Change in permanency goal
3.	<ul style="list-style-type: none"> <input type="radio"/> Reunify <input type="radio"/> Maintain reunification <input type="radio"/> Change in permanency goal 	<ul style="list-style-type: none"> <input type="radio"/> Agency files compelling reasons to reunify. <input type="radio"/> Agency files compelling reasons to maintain the goal of reunification while the child remains in foster care/placement. <input type="radio"/> Agency files compelling reasons to change permanency goal. <input type="radio"/> ICPC. <input type="radio"/> ASFA. <input type="radio"/> Agency pursues expedited permanency. <input type="radio"/> No alternate recommendations apply. 	<ul style="list-style-type: none"> <input type="radio"/> Reunify <input type="radio"/> Maintain reunification <input type="radio"/> Change in permanency goal

CHILD NAME	INITIAL PERMANENCY RECOMMENDATION	ALTERNATE RECOMMENDATION	FINAL PERMANENCY RECOMMENDATION
4.	<ul style="list-style-type: none"> <input type="radio"/> Reunify <input type="radio"/> Maintain reunification <input type="radio"/> Change in permanency goal 	<ul style="list-style-type: none"> <input type="radio"/> Agency files compelling reasons to reunify. <input type="radio"/> Agency files compelling reasons to maintain the goal of reunification while the child remains in foster care/placement. <input type="radio"/> Agency files compelling reasons to change permanency goal. <input type="radio"/> ICPC. <input type="radio"/> ASFA. <input type="radio"/> Agency pursues expedited permanency. <input type="radio"/> No alternate recommendations apply. 	<ul style="list-style-type: none"> <input type="radio"/> Reunify <input type="radio"/> Maintain reunification <input type="radio"/> Change in permanency goal

If an alternate recommendation was selected to change the final permanency plan recommendation, provide the rationale here:

F. SIBLING GROUP

If the final permanency plan recommendation is different for at least one child, provide the rationale here:

SDM® GENERAL DEFINITIONS

Kentucky Department for Community Based Services

HOUSEHOLD

All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

Consider a person to be a member of the household if they spend 50% or more of their time in the home OR if the home is their only permanent residence (e.g., deployed members of the military, temporarily incarcerated individuals).

Do not consider employees (e.g., babysitter, nanny) to be household members.

In a situation in which multiple families share a home, consider the group to be one household if there is shared childcare and/or shared access to the children. For example, if two families share a house and the adults in both family groups have access to children in both families, assess the group as one household. However, if two families share a house with clear partitions of space and the ability to restrict access to children (e.g., locked doors between living areas, separate entrances to the home), consider the families to comprise two separate households.

CARETAKER

Caretaker refers to any of the following persons.

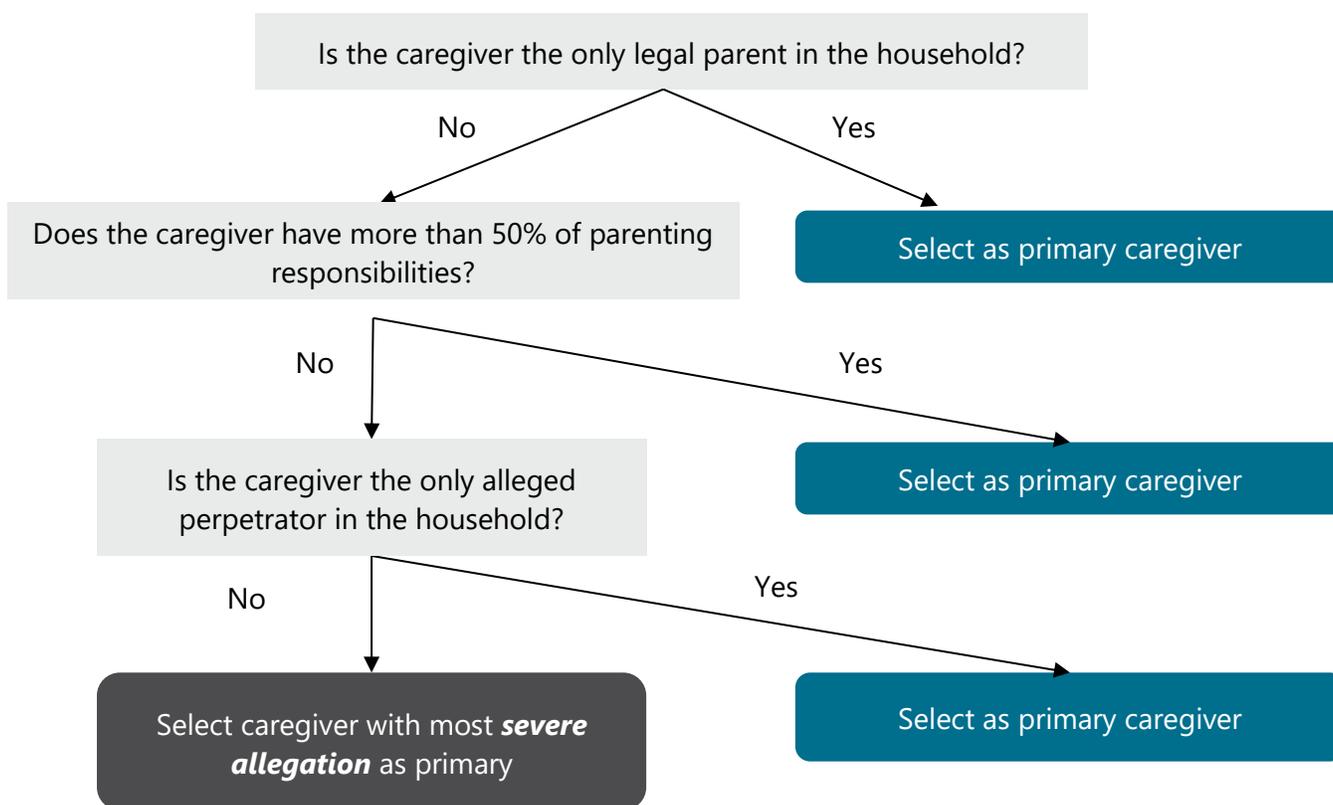
- A person responsible for a child's health, welfare, or care, including:
 - » The child's parent;
 - » The child's guardian;
 - » The child's foster parent;
 - » An employee of a public or private residential home, agency, or institution;
 - » Any other person legally responsible under state law for the child's welfare in a residential setting; or
 - » Any staff person providing out-of-home care, including center-based child daycare, family daycare, or group daycare.
- A person entrusted with the care of a child, defined as someone given access to a child by a person responsible for the health, welfare, or care of a child for the purpose of providing education, childcare, counseling, spiritual guidance, coaching, training, instruction, tutoring, or mentoring.

Only a child as defined above may be classified as a victim of child abuse and/or neglect.

Only a person responsible, a person given access, or a person entrusted as defined above may be classified as a perpetrator of child abuse and/or neglect.

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

CARETAKER LOGIC



When a **minor parent** is living with their parent and the minor parent retains legal care and custody of their child, the minor parent should be considered the primary caregiver of their child. The minor parent’s parent may be considered a secondary caregiver of the infant/young child.

SDM® REUNIFICATION ASSESSMENT DEFINITIONS

Kentucky Department for Community Based Services

A. REUNIFICATION SAFETY ASSESSMENT

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 or requests placement.* Caretaker self-reports that they are unable to cope and believes they may hurt the child.
- *Direct threat to cause harm to or retaliate against the child.* Caretaker threatens to take action that would result in serious harm, or a 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 the use of confinement or restraints that result in physical trauma to the child, actions by the caretaker intended for disciplinary purposes that are likely to result in serious injury to a 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 using 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.
- » 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 the introduction of alcohol 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 the caretaker's response suggests an inability or unwillingness to meet the infant's exceptional needs.
- Caretaker's or infant's level of toxicity or type of drug present suggests that the 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 a caretaker with an inadequate support system suggests that the 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. While the cause is undetermined, the non-accidental cause cannot be ruled out due to the caretaker providing conflicting or inconsistent accounts or no account.

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

Examples include the following.

- Medical evaluation indicates that the injury is a result of abuse; however, the 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 the 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 of 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 the police, fleeing to the neighbors, hiding, or physically intervening 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, or medical, dental, or mental health care, threatening the child’s health 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 the caretaker has not provided the required level of supervision.

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 the caretaker does not intervene.
 - » One child is sexually abusive toward another, and the 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 the 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 the 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, the child's health, growth, or development are threatened.

Examples include the following.

- Child has a current diagnosis by a qualified medical professional of non-organic failure to thrive, or a qualified medical professional states that there are indicators of failure to thrive, but a formal diagnosis has not yet been made.
- Documented growth failure.
- 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.
 - » Not providing care for a broken bone.

Note: Include the 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, or medications in the home or remove them.
- A doctor or mental health professional recommended immediate hospitalization, but the caretaker refuses or has not followed through.

7. Household environmental conditions are hazardous and immediately threaten the child's health or safety.

The physical living conditions are hazardous and immediately threatening, based on the child's age and developmental status. Examples include but are not limited to the following.

- Gas is leaking from the stove or heating unit, the wood stove is inappropriately ventilated, or open fires exist in the home (excluding fires in a fireplace).
- Substances or objects are accessible to the child and may endanger the child's health 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.
- Electrical wires are exposed.
- Excessive garbage or rotting or spoiled food threatens health.
- Serious illness or significant injury (e.g., lead poisoning, rat bites) has occurred due to living conditions, and these conditions still exist.
- Evidence of human or animal feces throughout living areas.
- Guns or other weapons are easily accessible or not stored appropriately; consider the child's age and development status.
- There is access to unsafe doors, stairways, or fire escape; consider the child's age and developmental status.

8. Caretaker describes the child in predominantly negative terms, acts toward the child in negative ways, 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 or repeatedly puts the child down.
- Caretaker scapegoats a particular child in the family.
- Caretaker blames the child for a particular incident or family problem.
- Caretaker expects the child to perform or act impossibly or improbably based on the child's age or developmental status.

Examples of impact on the child include the following.

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

9. Caretaker fails or cannot protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

- Caretaker fails or cannot 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 a prior sexual abuse history is confirmed and either of the following applies.
 - » Caretaker knew about history but allowed access to the child.
 - » Caretaker did not know history but, upon learning information, indicates that they are unwilling OR unable to prevent future access.
- Caretaker does not provide the 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 or current or historical high-risk criminal behavior resides in the home, or a 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 to avoid investigation.

- Caretaker intentionally coaches or coerces the child or allows others to coach or coerce the child to hinder the investigation.

11. Other (specify).

If one of the preceding 10 safety threats did not capture something unique in this family, the child protection social worker should select "Other" and document the identified threat that would lead to removing a child from the home if not immediately resolved with a safety plan.

Before assessing current safety, the worker should review the safety assessment that led to removal.

If no current safety threats are identified, please describe how the parent(s) demonstrated protective actions and mitigated the safety threats that led to the placement of the child(ren) outside of the home.

Describe how the initial safety threats were resolved using behavior-specific language to explain the protective actions and interventions the parent(s) demonstrated. Consider current conditions in the home, parent characteristics, child characteristics, and interactions between the parent and child during visitation.

If there is at least one current safety threat identified that, if the child(ren) were returned home, would present an immediate danger of serious harm, are there safety intervention(s) that can and will be incorporated into the case plan to mitigate these safety threats?

If yes, identify and describe the safety threats, the protective actions, and any safety interventions that are available and appropriate to mitigate the current safety threats that would be present if a child(ren) were to return home. Consider current conditions in the home, parent characteristics, child characteristics, and interactions between the parent and child during visitation.

If no, identify and describe the safety threat and explain why any actions demonstrated by the parent(s) will not sufficiently mitigate the current safety threats.

SAFETY DECISION

- 1. Safe.** No current safety threats have been identified at this time. If a child(ren) were to return home today, there would either be no current safety threats or any safety threats that were previously identified have been addressed through parents demonstrating protective actions.
- 2. Safe with intervention.** If a child(ren) were to return home today, one or more current safety threats would be present; however, parents are demonstrating protective actions or interventions that address safety threats. The family is progressing toward safety, and case plan modifications must include interventions to address safety threats.

3. **Unsafe.** One or more safety threats are present, and continued placement is the only protective intervention because no parent is demonstrating protective actions. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

B. CASE PLAN PROGRESS REVIEW

When completing this, consider how long the child has been in care.

CP1. PARENT'S ENGAGEMENT WITH CASE PLAN TASKS (AS INDICATED BY BEHAVIORAL CHANGE)

Identify whether a parent is actively engaged in achieving the case plan tasks specified in the case plan.

"Engagement" refers to partnering with various services to plan and achieve case plan tasks and gain skills and insight to make behavioral changes.

"Case plan tasks" specifically refer to the activities in the case plan that identify changes in parent behavior necessary to create and maintain safety.

If there are two parents, rate the progress for each. If there is no secondary parent, select "No secondary parent" at the top and rate only the primary parent.

a. **Consistently engaged. Parent is consistently engaged in efforts to achieve and/or maintain case plan tasks.**

Choose this option if the parent consistently engages in efforts to achieve or maintain identified case plan tasks (e.g., follows court orders, follows service providers' recommendations, maintains contact with service providers, is able to communicate the skills/insights they have gained, is making progress in treatment).

b. **Inconsistently engaged. Parent is inconsistently engaged in efforts to achieve case plan tasks.**

Choose this option if the parent is inconsistently engaged in efforts to achieve the identified case plan tasks (e.g., completes assessments but does not follow recommendations, attends sessions but cannot communicate the skills/insights they have gained).

c. **Not engaged. Parent is not engaged in efforts to achieve case plan tasks.**

Choose this if the parent is not working to achieve the case plan tasks. For example, they have not followed provider recommendations nor made efforts to complete assessments, and the parent is absent and not following court orders.

CP2. PARENT DEMONSTRATES A UTILIZATION OF FORMAL AND INFORMAL SUPPORTS TO ACHIEVE/MAINTAIN BEHAVIORAL CHANGES SPECIFIC TO IDENTIFIED CASE PLAN TASKS.

Identify whether a parent demonstrates the use of **available** supportive resources in achieving/maintaining behavioral changes specific to identified case plan tasks. If there are two parents, rate progress for each. If there is no secondary parent, select the top item and rate only the primary parent.

“Formal supports” refers to support coming from any sanctioned entities, such as schools, therapists, service providers, community ministry groups, family support benefits, physicians, licensed daycares, and attorneys.

“Informal support” refers to support coming from neighbors, family members, babysitters, places of worship, friends, work, and maintaining self-care activities.

a. All the time. Parent demonstrates a utilization of supportive resources to achieve/maintain behavioral changes specific to identified case plan tasks.

Choose this option if the parent regularly demonstrates the use of supportive resources to achieve/maintain behavioral changes specific to identified case plan tasks. Examples may include active enrollment in family support benefits if applicable, consistent communication with the schools, a backup plan with identified supports, consistent use of childcare, and independently seeking supportive services.

b. Some of the time. Parent occasionally demonstrates a utilization of supportive resources to achieve/maintain behavioral changes specific to identified case plan tasks.

Choose this option if the parent is occasionally demonstrating utilization of supportive resources to achieve/maintain behavioral changes specific to identified case plan tasks. Examples may include seeking supportive services when prompted, underuse of identified supports, and multiple incomplete or unsuccessful uses of resources or support systems without identifying or seeking alternatives.

c. None of the time. Parent does not demonstrate a utilization of supportive resources to support them in achieving/maintaining behavioral changes specific to identified case plan tasks.

Choose this option if the parent does not demonstrate utilization of supportive resources to achieve/maintain behavioral changes specific to identified case plan tasks. Examples may include not scheduling appointments with identified service providers.

CP3. PARENT'S OVERALL PROGRESS IN ACHIEVING CASE PLAN TASKS (AS INDICATED BY BEHAVIORAL CHANGE)

(Compliance with/attendance of services is not sufficient to indicate behavioral change.)

Identify whether a parent demonstrates the skills/behaviors consistent with achieving/maintaining case plan tasks that will enable the parent to create and maintain safety for the child (e.g., ability to manage substance use/abuse; ability to resolve conflict constructively and respectfully; using age-appropriate, non-physical discipline in conjunction with appropriate boundary setting; developing a mutually supportive relationship with a partner). If there are two parents, rate progress for each. If there is no secondary parent, select the top item and rate only the primary parent.

a. All the time. Parent always demonstrates new skills and behaviors consistent with achieving/maintaining case plan tasks.

Choose this option if the parent consistently demonstrates all behavioral changes identified in the case plan tasks, which can create long-term safety for children in the household.

b. Some of the time. Parent inconsistently or minimally demonstrates new skills and behaviors consistent with achieving/maintaining case plan tasks.

Choose this option if the parent inconsistently or minimally demonstrates new skills and behavioral changes necessary to create long-term safety in some areas.

c. None of the time. Parent does not demonstrate new skills and behaviors consistent with achieving/maintaining case plan tasks.

Choose this option if the parent demonstrates no behavioral changes consistent with achieving/maintaining case plan tasks and has made no progress toward changing their behavior. Parent behavior continues to create safety threats that may contribute to the immediate danger of serious harm.

C. PARENT-CHILD INTERACTIONS

Assess parent's actions to maintain contact with each child placed outside of their care and their behavior with and around the child during these contacts. Focus on interactions during the period under review (since placement or last reassessment).

Visit/visitation refers to structured and scheduled visits outlined in the visitation agreement. A visitation agreement should include location, scheduled time for the visits, frequency, who can participate in the visit, expectations of the parent, expectations of the worker, expectations of the placement provider,

and how the visit will be supervised (if at all). When assessing frequency and quality, consider any modifications to the original visitation agreement.

Contact refers to any contact with the child, including visits.

If contact with the child(ren) is prohibited due to court order, do not complete the remainder of this section. This section will be assessed as “not acceptable” in Section D (Placement/Permanency Plan Guidelines).

1. VISITATION ATTENDANCE

a. Consistently follows visitation agreement schedule

Examples include but are not limited to the following.

- Visit is scheduled at a time and place accessible to the parent as negotiated in the visitation agreement in the least restrictive setting. The parent has demonstrated commitment to visit by regularly attending scheduled contact for the full time available.
- If parent must miss a visit, it is rescheduled or canceled in advance and with clear recognition of potential impact on the child.

b. Inconsistently follows visitation agreement schedule

- Parent has inconsistently attended contacts/visits.
- Parent has been missing or causing cancellation of visits, even when provided with times that accommodate their schedules and resource limitations (e.g., bus, taxi, gas card).

c. Does not follow visitation agreement schedule

Select this option if the parent has not engaged in establishing scheduled contact or attending scheduled contact.

2. PARENT’S BEHAVIOR DURING INTERACTIONS WITH CHILD

When assessing parent behavior during contact, consider the setting; the time of day; the child’s energy, development, and emotions; and the limited time parent and child have together in evaluating appropriate limit setting and discipline. Consider the parent’s ability to demonstrate healthy parenting responses to the child’s behavior.

a. Positive interactions

Parent behavior is within the range of healthy parenting responses and demonstrates a general understanding of child development and of their child's personality, likes, and dislikes. Parent's expression or expression of parental exhaustion or frustration should not discount positive interactions alone.

Parent regularly engages in some or all of the following behaviors.

- Anticipates and meets child's basic needs during the contact.
- Demonstrates effective limit-setting and discipline strategies when appropriate.
- Demonstrates a focus on the child during contact and can appropriately greet and say goodbye to child; shows empathy with the child.
- Engages with the child in developmentally appropriate activities and discussions, including playing, reading, talking, snuggling, sleeping, or eating.
- Responds to the child's cues and needs in an engaging, supportive manner that builds trust, and shows the ability to co-regulate with the child. Consider verbal and non-verbal responses.
- Parent demonstrates commitment to maintaining/improving relationship with the child through other allowed communication (e.g., phone, text, social media).
- Parent shows a commitment to engage in responsibilities of parenthood by seeking out additional ways to be involved in the child's life.

b. Showing improvement

Parent inconsistently demonstrates behavior within the range of healthy parenting responses. Parent may demonstrate some understanding of child development, but improvement in anticipating or responding to the child's basic needs is needed. Examples include but are not limited to the following.

- Parent needs and accepts guidance in appropriately responding to the child's behaviors, cues, and physical and emotional needs.
- Parent recognizes a need to set limits but requires assistance in establishing developmentally appropriate limits and enforcing them in developmentally appropriate ways.
- Parent needs occasional guidance and support from the worker to focus on and interact with the child during contact, and may need redirection from the worker regarding developmentally appropriate ways to interact with the child.
- Parent demonstrates willingness to change parenting behavior to address unsafe behaviors (e.g., lack of supervision, developmentally inappropriate expectations of child, unsafe discipline practices).

c. Unhealthy or potentially harmful interactions

Parent does not demonstrate behavior within the range of healthy parenting responses. Parent demonstrates little to no understanding of child development and limited interest/ability toward displaying positive parenting techniques. Examples include but are not limited to the following.

- Parent demonstrates little or no ability to anticipate and meet the child’s needs in a nurturing, supportive, and developmentally appropriate way.
- Parent demonstrates significant lack of understanding or a complete inability to respond appropriately to the child’s cues or encourages negative behavior in the child’s placement.
- Parent does not recognize a need to set limits or sets limits and engages in ineffective, developmentally inappropriate, or harmful discipline.
- Parent displays concerning or harmful behavior toward the child, self, or others during contact. Concerning or harmful behavior occurs regularly during contact or may have been one or more extreme incidents.
- Parent is disengaged during contact. Examples include being engaged in a phone call or discussion with another adult to the extent that the child is not attended to or involved, sleeping when the child is awake, or spending most of the contact away from the child.
- Parent inappropriately contacts the child outside of agreed-upon contacts.
- Parent has inappropriate conversations or makes false promises to the child despite agreements or redirection attempts by the worker/provider.
- Parent’s lack of accountability for issues negatively impacts their contact with the child.
- Parent provides inappropriate material (cigarettes, alcohol, phones, weapons, etc.) to their child during visits.

D. PLACEMENT/PERMANENCY PLAN GUIDELINES

The recommendation displayed is completed for each child, based on the results of sections A, B, and C. If any items in sections B or C were rated as “C,” a review of the case plan objectives and visitation agreement may be necessary. If all items in sections B and C were rated as A or “B,” the sections are assessed as acceptable.

RECOMMENDATION

Reunify

Based on the reunification assessment outcomes and consultation, the recommendation is for the child to be reunified within the household being assessed. Safety threats or C responses in sections B or C must be addressed through case plan modifications. A supervisor or manager must review case plan objectives and safety threats to ensure appropriate interventions are in place. Describe any actions that parents have taken to address safety threats that were present leading to the children being placed outside of the home and efforts to mitigate risks or ongoing needs in the household.

Maintain Goal of Reunification

Based on the reunification assessment outcomes and consultation, the recommendation is for reunification efforts to continue with the household being assessed and to keep the child in out-of-home care. Continue concurrent planning, consistent with practice guidance. Review and consider revisions to case plan objectives and visitation agreements to ensure all efforts are made to support parents and children in reunification efforts. If contact with the child was prohibited due to court order, continue to support the parents and children in progressing toward reunification.

Change in Permanency Goal

Based on the reunification assessment outcomes and consultation, the recommendation is to consider a change in permanency goal. While pursuing a permanency goal, continue to provide support and plan for a change in permanency plans. If the child is in DCBS's custody, consult with OLS.

E. RECOMMENDATION SUMMARY

The SDM recommendation summary is designed to record worker decisions.

The initial recommendation is displayed based on the assessment of the previous sections. For each child, consider if any alternate recommendation displayed applies. If so, select the appropriate alternate recommendation, indicating that the final recommendation will differ from the outcome of the reunification assessment. After considering and applying any alternate recommendations, the final permanency plan recommendation will be displayed. Provide a rationale for selecting an alternate recommendation in the narrative box.

The alternate recommendations in section E. Recommendation Summary can be used as result of exceptions to statutes or local policies and practice, or due to court orders. Alternate recommendations provide an opportunity to change the initial permanency recommendation determined from the assessment based on outside influencing factors. There may be reasons to maintain the goal of reunification even when the assessment recommendation is to reunify due to a child being in a long-term treatment facility. Below are some examples of appropriate use of the alternate recommendation section.

- **Agency is filing compelling reasons to reunify.** Example: Parents agree that a relative should have permanency custody. This option would be selected, and the worker could follow policy guidelines to close the case with aftercare planning.
- **Agency is filing compelling reasons to maintain goal of reunification while child remains in foster care/placement.** Example: The family is still working towards case plan objectives, has concerns about their ability to manage children's behaviors, and wishes for more assistance before reunification. Another example: A family member is making progress on their case plan, but the family member is seeking inpatient treatment for their needs to be met, and reunification would not be appropriate now.

- **Agency is filing compelling reasons to change permanency goal:** Use only when a unique situation requires a change to the permanency goal for a reason not captured elsewhere. Selection of this alternate recommendation requires supervisor consultation and clear rationale.
- **ICPC: Agency is finding compelling reasons to maintain the goal of reunification due to a pending Interstate Compact on the Placement of Children (ICPC) evaluation.** This alternate recommendation applies in situations where the family has not been working on their case plan objectives, but there is a pending relative ICPC evaluation that needs to be completed prior to a goal change.
- **ASFA: The Agency finds compelling reasons to maintain the goal of reunification due to an approved Adoption and Safe Families Act (ASFA) exemption.** Example: The family starts making case plan progress later in the case, and more time is allotted. Another example is when a parent is identified later in the case, and time is needed to offer services and make reunification plans.
- **Agency is pursuing expedited permanency.** Example: The family of origin has decided not to pursue reunification.
- **No alternate recommendations apply.**

F. SIBLING GROUP

This section applies only if at least one child's recommendation is different from the recommendation for any other child.

SDM® REUNIFICATION ASSESSMENT POLICY AND PROCEDURES

Kentucky Department for Community Based Services

The family reunification assessment/reassessment consists of components used to evaluate safety, case plan review, and parent/child interactions. Results are used to reach a recommendation and help guide decisions regarding reunification. This assessment/reassessment will be used only with households considered a reunification resource. This is not to be used to assess potential relative parents or other potential permanent placements.

WHICH CASES

Any CPS case in which at least one child is in out-of-home placement with a goal of reunification. When parents live separately, and each one has case plan tasks to achieve for reunification, separate reunification assessments/reassessments are required.

WHO

The focused intervention caseworker will have input from child-in-care workers, family support workers, service providers, the children and parents, members of the family safety network, and other stakeholders in the case.

WHEN

- No later than six months from the removal date from home of origin and every six months after that.
- Prior to any court hearing, the permanency goal or progress toward case plan goals and goals must be reviewed.
- Prior to a permanency consultation.
- At any time, a child is being considered for a trial home visit or return home.

DECISIONS

When the decision is made to reunify a child with their family, services to the family should continue immediately after reunification.