

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® SAFETY ASSESSMENT**

r: 8/20

Case Name: _____ **Case ID:** _____ **Locality:** _____

FSS Name: _____ **Supervisor:** _____

Assessment Date: _____ **Creation Date:** _____

☐ Alternative Caretaker Household

Household Assessed: _____

Factors Influencing Child Vulnerability (conditions that may limit a child's ability to protect self; select any factors that apply to any child)

☐ Age 0–5 years

☐ Any child has diminished physical capacity or exceptional medical condition

☐ Any child has diminished developmental/cognitive capacity or exceptional mental health condition

☐ Any child is not readily accessible to community oversight

SECTION 1: SAFETY FACTOR IDENTIFICATION

The following list of factors are behaviors or conditions that may be associated with a child being in **immediate** danger of serious harm. Identify the presence or absence of each factor by selecting "Yes" or "No." Select "Yes" if the factor applies to any child in the household. The assessment shall cover all children in the home and all others present. The focus of the assessment is on conditions that exist at the time of the assessment.

- ☐ **Yes** ☐ **No** **1. Caretaker caused serious physical harm to the child and/or made a plausible threat to cause physical harm in the current Investigation/Family Assessment.**

Comments:

- ☐ **Yes** ☐ **No** **2. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.**

Comments:

- ☐ Yes ☐ No **3. There is evidence that the mother used alcohol or other drugs during pregnancy, AND current circumstances suggest the infant's safety is of immediate concern.**

Comments:

- ☐ Yes ☐ No **4. The family is refusing access to the child or there is reason to believe that the family is about to flee, AND available information suggests that child safety is of immediate concern.**

Comments:

- ☐ Yes ☐ No **5. Caretaker does not provide supervision necessary to protect child from potentially serious harm.**

Comments:

- ☐ Yes ☐ No **6. Caretaker fails to protect child from serious physical harm or threatened harm by others.**

Comments:

- ☐ Yes ☐ No **7. Domestic violence exists in the home, AND circumstances suggest that child safety (physical and/or emotional) is of immediate concern.**

Comments:

- ☐ Yes ☐ No **8. Caretaker is unwilling or unable to meet the child's most basic needs (food, clothing, shelter, and/or medical/dental/mental health care), AND this causes the child to be in imminent danger.**

Comments:

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

Comments:

- ☐ Yes ☐ No **10. Caretaker actions cause significant and excessive emotional distress for the child, AND available information suggests that child safety is of immediate concern.**

Comments:

- ☐ Yes ☐ No **11. Child sexual abuse is suspected, AND circumstances suggest that child safety is an immediate concern.**

Comments:

- ☐ Yes ☐ No **12. Current circumstances, combined with information that the caretaker has or likely has seriously maltreated a child in the past, suggests that child safety may be an immediate concern.**

Comments:

- ☐ Yes ☐ No **13. Other safety factors.**

Comments:

IF NO SAFETY FACTORS ARE PRESENT, GO TO SECTION 3 AND SELECT "SAFE."

SECTION 2: SAFETY RESPONSE—PLANNING CAPACITIES AND PROTECTING INTERVENTIONS

For each safety factor identified in Section 1, consider the resources available to the family and the community that might help to keep the child safe. Select each protecting intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

Planning Capacities

Document caretaker capacities if present for any caretaker based on information gathered (select all that apply).

- ☐ 1. Caretaker is capable of participating in a safety plan
- ☐ 2. Caretaker is willing to participate in a safety plan
- ☐ 3. Caretaker has at least one supporting safe adult who was not involved in the allegation and is willing and able to participate in a safety plan

Other

- ☐ 4. _____

Protecting Interventions

Considering each identified safety threat and available planning capacities, determine which of the following protecting interventions will be implemented to control the safety threat. Protecting interventions will allow the child to remain in the home for the present time. A safety plan is required to systematically describe interventions and facilitate follow-through. If there are no available safety interventions that would allow the child to remain in the home, indicate by selecting item 9, and follow procedures for initiating court action to file for custody.

- ☐ 1. Monitoring or direct services by Family Services Specialist
- ☐ 2. Use of family resources, neighbors, or other individuals in the community in the development and implementation of a safety plan
- ☐ 3. Use of community agencies for safety services (specify agency or resource):

- ☐ 4. Alleged abuser/neglector left the home:
 - ☐ Voluntarily
 - ☐ In response to police intervention
 - ☐ Legal action
 - ☐ Other: _____
- ☐ 5. Non-maltreating caretaker moved to a safe environment with child
- ☐ 6. Caretaker placed child outside the home with an alternate safe caretaker (specify): _____
- ☐ 7. Legal action initiated; child remains in the home (explain in summary)
 - ☐ Restraining order
 - ☐ Protective order
 - ☐ Emergency committal order
 - ☐ Change in custody/visitation/guardianship
 - ☐ Other, specify: _____
- ☐ 8. Other intervention to allow child to remain in the home: _____
- ☐ 9. Emergency removal was conducted to remove child from home due to immediate safety issues

SECTION 3: SAFETY DECISION

Identify your safety decision by selecting the appropriate line. Select only one. This decision should be based on the assessment of all safety factors, protecting interventions, and any other information known about the case. "Safe" should be selected only if no safety factors were identified in Section 1, Safety Factor Identification.

- ☐ 1. **Safe:** No children are likely to be in immediate danger of serious harm.
- ☐ 2. **Conditionally safe:** Protective safety interventions have been taken and have resolved the unsafe situation for the present time. These interventions are included in the attached safety plan.
- ☐ 3. **Unsafe:** Approved removal and placement was the only possible intervention for the child. Without placement, the child will likely to be in danger of immediate or serious harm. See attached safety plan or court order.

Comments:

If decision is "unsafe" and any children are left in the home, explain why:

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® SAFETY ASSESSMENT
DEFINITIONS

FACTORS INFLUENCING CHILD VULNERABILITY

Age 0 to 5 years

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

Any child has diminished developmental/cognitive capacity or exceptional mental health condition

Any child in the household has diminished developmental/cognitive capacity, which has an impact on ability to communicate verbally or to care for and protect self from harm.

OR

Any child in the household has a mental health condition that significantly impairs ability to protect self from harm (diagnosis may not yet be confirmed but preliminary indications are present). Examples may include but are not limited to severe depression, child/adolescent substance use, or behavioral health challenges.

Any child has diminished physical capacity or exceptional medical condition

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

OR

Any child in the household has a medical condition that significantly impairs ability to protect self from harm (diagnosis may not yet be confirmed but preliminary indications are present). Examples may include but are not limited to severe asthma or medical fragility (e.g., requires assistive devices to sustain life).

Any child is not readily accessible to community oversight

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, and the child is not routinely involved in other activities within the community).

SECTION 1: SAFETY FACTOR IDENTIFICATION

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

Examples include but are not limited to the following.

- Child fatality or near-fatality, and other children are present in the home.
- Caretaker caused serious injury, other than accidental, such as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, or severe cuts. Also include any other physical injury that seriously impairs the health or well-being of the child (e.g., suffocating, shooting, bruises/welts, bite marks, choke marks) and requires medical treatment.
- Caretaker committed act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function.
- Threat to cause harm or retaliate against child. Threat of action that would result in serious harm; or household member plans to retaliate against child for CPS Investigation/Family Assessment.
- Caretaker has used excessive physical discipline or force or bizarre physical discipline; or caretaker punished child beyond the duration of the child's endurance.

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

Examples include but are not limited to the following.

- Medical evaluation indicates injury is non-accidental; caretaker denies or attributes injury to accidental causes or there are significant discrepancies or contradictions between caretaker's explanation and medical evaluation.
- Caretaker minimizes the extent of harm to the child or blames the child for the injury.

3. There is evidence that the mother used alcohol or other 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 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 does not/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.

4. The family is refusing access to the child or there is reason to believe that the family is about to flee, AND available information suggests that child safety is of immediate concern

Examples include but are not limited to the following.

- Family removed the child from a hospital against medical advice to avoid Investigation/Family Assessment.
- Family has previously fled in response to a CA/NInvestigation/Family Assessment.
- Family has history of keeping the child away from peers, school, or other outsiders for extended periods to avoid Investigation/Family Assessment.

5. Caretaker does not provide supervision necessary to protect child from potentially serious harm

Examples include but are not limited to the following.

- Caretaker is present but does not attend to child to the extent that need for care goes unnoticed or unmet (e.g., child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards); and/or caretaker leaves or exposes child to circumstances that create opportunities for serious harm, such as leaving child unattended in vehicle (time period varies with age and developmental stage).
- Caretaker is unavailable (incarceration, hospitalization, abandonment, whereabouts unknown).
- Caretaker makes inadequate and/or inappropriate babysitting or childcare arrangements, or demonstrates very poor planning for the child's care.
- Caretaker's substance or alcohol use is having a serious impact on ability to provide adequate supervision to the child.

- Caretaker's physical, intellectual, or mental health condition is having a serious impact on ability to supervise the child.

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

Caretaker fails to protect child from serious harm or threatened harm by others, and, as a result, the child is in immediate danger of physical abuse, neglect, sexual abuse, or exploitation by someone with access to the child. This may include but is not limited to the following.

- Caretaker allows an individual(s) with recent, chronic, or severe violent behavior access to child.
- Caretaker knowingly takes child to dangerous locations where drugs are manufactured or sold (e.g., meth labs or drug houses) or to locations used for prostitution or production of pornography.

7. Domestic violence exists in the home, AND circumstances suggest that child safety (physical and/or emotional) is of immediate concern

Examples include but are not limited to the following.

- Child was aware of, witnessed, or heard a domestic violence incident.
- Child was injured (physical or emotional) during a domestic violence incident.
- Caretaker used a weapon during a domestic violence incident OR has used one in the past when the children were present.
- Child attempted to intervene OR has intervened in the past during a domestic violence incident.
- Child is fearful for own safety OR for the safety of a caretaker as a result of domestic violence in the home.
- Caretaker is unable to self-protect or protect child during incidents of domestic violence.
- Domestic violence in the home is increasing in frequency or intensity.
- Other indicators exist of highly dangerous domestic violence situations such as stalking, hostage taking or abduction, abuse of animals, or other controlling behaviors.

8. Caretaker is unwilling or unable to meet the child's most basic needs (food, clothing, shelter, and/or medical/dental/mental health care), AND this causes the child to be in imminent danger

Examples include but are not limited to the following.

- No housing/emergency shelter, and child must sleep on the streets.
- No food provided or available to the child, or child is starved/deprived of food/drink for long periods.
- Child is without minimally warm clothing in cold months.
- Caretaker does not seek treatment for child's immediate medical/dental or mental health condition(s) OR does not follow prescribed treatments.
- Child appears malnourished or has been diagnosed as non-organic failure to thrive.
- Child has exceptional needs that caretaker cannot/will not meet. Needs include being medically fragile.
- Child is a threat to self or others, and caretaker will not take protective action

9. Child's 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 leaking from a stove or heating unit, windows broken/missing, and/or electrical wires exposed.
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink, or in the open.
- Lack of water, heat, plumbing, or electricity, and provisions are inappropriate.
- Excessive garbage or rotted/spoiled food and/or human/animal waste that threatens health.
- Guns and other weapons are easily accessible.
- Dangerous drugs are being manufactured on premises with child present.

10. Caretaker actions cause significant and excessive emotional distress for the child, AND available information suggests that child safety is of immediate concern

Examples include but are not limited to the following.

- Child fears unreasonable retribution/retaliation from caretaker and/or others in the home.
- Caretaker repeatedly describes or speaks to child in a demeaning or degrading manner.
- Caretaker repeatedly blames child for a particular incident OR views child as responsible for caretaker's or family's problems.
- Caretaker repeatedly expects child to perform or act in a way that is impossible or improbable for child's age or developmental stage (e.g., babies and young children expected not to cry, to be still for extended periods, to be toilet trained, to eat neatly, to care for younger siblings, or to stay alone).

11. Child sexual abuse is suspected, AND circumstances suggest that child safety is an immediate concern

Suspicious of sexual abuse may include but are not limited to the following.

- Child discloses sexual abuse, exploitation, and/or trafficking. Disclosures can be either verbal or behavioral.
- Medical findings are consistent with sexual abuse.

Circumstances suggesting child safety is an immediate concern include but are not limited to the following.

- The alleged abuser has continued access to the child.
- Caretaker blames child for the sexual abuse.

12. Current circumstances, combined with information that the caretaker has or likely has seriously maltreated a child in the past, suggests that child safety may be an immediate concern

This item requires two conditions to answer "Yes." First, *previous* maltreatment was severe OR the caretaker's response to the *previous* intervention was inappropriate (e.g., failure to take recommended safety steps or failure to benefit from professional help). Second, there must be *current* circumstances that, considered in light of the prior incidents, indicate there are safety issues now. In other words, the fact of prior maltreatment does not necessarily mean that "Yes" should be selected for this safety factor.

Examples of prior serious or severe maltreatment include but are not limited to the following.

- Prior child fatality or near-fatality as a result of maltreatment.
- Prior serious non-accidental harm or threat of serious harm to any child.
- Termination of parental rights or failed reunification.

13. Other safety factors

This item should ONLY be used if there are other immediate safety issues not identified above. Any factors in the “other” category require a brief narrative description of the caretaker’s actions or inactions that result or could likely result in an immediate danger.

SECTION 2: SAFETY RESPONSE—PROTECTIVE FACTORS AND INTERVENTIONS

1. Caretaker is capable of participating in a safety plan

Caretaker has the cognitive, physical, emotional, and mental health capacity to participate in safety services/interventions. Caretaker is able to follow through with interventions to protect child from further danger.

2. Caretaker is willing to participate in a safety plan

Caretaker is willing to accept the involvement and recommendations of the caseworker or other individuals and agencies providing safety services/interventions. Caretaker is motivated to protect child from further danger.

3. Caretaker has at least one supporting safe adult who was not involved in the allegation and is willing and able to participate in a safety plan

Caretaker has a supportive relationship with at least one other safe family member, neighbor, or friend who may be able to assist in safety planning. This support network member cares about child or family, and caretaker is willing to involve this person in the safety plan.

PROTECTING INTERVENTIONS

1. Monitoring or direct services by Family Services Specialist

Actions taken or planned by the Family Services Specialist that specifically address one or more safety threats. Examples include providing assistance in obtaining safety services, including emergency aid such as food or transportation; planning return visits to the home to check on progress as outlined in the safety plan; providing information and/or assistance in obtaining services and resources; and so forth.

2. Use of family resources, neighbors, or other individuals in the community in the development and implementation of a safety plan

Applying the family's own strengths as resources to mitigate safety threats, or using extended family members, neighbors, or other individuals to mitigate safety threats. Examples include having a family member, neighbor, or friend move into the home, do daily checks, provide transportation, assist with childcare, and serve as a safety resource for a child.

3. Use of community agencies for safety services (specify agency or resource)

Community resources used as a safety services should be immediately available to the family and be able to reduce the threat of immediate serious harm. Examples include use of shelters, food pantries, domestic violence agencies, community policing, and other services provided by community agencies or providers. DOES NOT INCLUDE long-term therapy or treatment, being put on a waiting list for services, or delays in contact and initiation of services to the family.

4. Alleged abuser/neglector left the home

Alleged abuser/neglector will temporarily or permanently leave the home voluntarily or in response to police intervention or legal action.

Select any that may apply:

- Voluntarily
- In response to police intervention
- Legal action
- Other

5. Non-maltreating caretaker moved to a safe environment with child

A caretaker not suspected of harming the child has taken or plans to take the child to an alternative location where the alleged abuser/neglector will not have access to the child.

6. Caretaker placed child outside the home with an alternate safe caretaker

A caretaker has asked a family member, friend, or other person in the family's life to care for the child during the time of the safety plan.

7. Legal action initiated; child remains in the home (explain in summary)

A legal action, including one initiated by the family and Family Services Specialist, has already commenced or will commence that will effectively mitigate identified safety factors. *May only be used in conjunction with other safety interventions.*

Select all that apply:

- Restraining orders
- Protective order

- Emergency committal orders
- Change in custody/visitation/guardianship
- Other

8. Other intervention to allow child to remain in the home

Consider any existing condition that does not fit within one of the listed categories but may support protective interventions for the safety factors identified.

9. Emergency removal was conducted to remove child from home due to immediate safety issues

There may be protecting interventions present in the home, but they do not adequately address the safety factors identified.

SECTION 3: SAFETY DECISION

Safe: No children are likely to be in immediate danger of serious harm.

Conditionally safe: Protective safety interventions have been taken and have resolved the unsafe situation for the present time. These interventions are included in the attached safety plan.

Unsafe: Approved removal and placement was the only possible intervention for the child. Without placement, the child will likely to be in danger of immediate or serious harm. See attached safety plan or court order.