CALIFORNIA
SDM® SAFETY ASSESSMENT

r: 10/23

Referral Name: _____ **Referral #:** _____-_____-_____-_____

County: _____ **Worker:** _____

Is there any information that indicates a child in this household is, or may be, an Indian child? ○ Yes ○ No, not at this time.
If yes: ○ Reason to know ○ Reason to believe

If yes, were tribal social workers or representative(s) consulted during the information gathering and safety assessment process? ○Yes ○No
If no: ○ Contact with the Tribe(s) attempted ○ Contact with Tribe(s) not attempted

Date of Assessment: _____/_____/_____ **Assessment Type:** ○ Initial ○ Review/update ○ Referral closing/case closing

Names of Children Assessed: (If more than six children are assessed, add additional names and numbers on reverse side.)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Are there additional names on reverse? ○ Yes ○ No

Household Name: _____ **Were there allegations in this household?** ○ Yes ○ No

Factors Influencing Child Vulnerability (Conditions resulting in child's inability to protect self; select all that apply to any child.)

☐ Age 0–5 years
☐ Significant diagnosed medical or mental disorder
☐ Not readily accessible to community oversight
☐ Diminished mental capacity (e.g., developmental delay, nonverbal)
☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

SECTION 1: SAFETY THREATS
Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe a safety threat is present. Select all that apply.

Yes	No	
○	○	1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by: ☐ Serious injury or abuse to the child other than accidental. ☐ Caregiver fears he/she will maltreat the child. ☐ Threat to cause harm or retaliate against the child. ☐ Excessive discipline or physical force. ☐ Substance-affected infant.
○	○	2. Child sexual abuse or sexual exploitation is suspected, AND circumstances suggest that the child's safety may be of immediate concern. ☐ Sexual abuse ☐ Commercial sexual exploitation

○ ○ 3. Caregiver does not meet the child's immediate needs, resulting in serious harm or imminent danger of serious harm. *Select all that apply.*
☐ Supervision
☐ Food or clothing
☐ Medical or dental care
☐ Mental health care

○ ○ 4. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

○ ○ 5. Caregiver describes or speaks to the child in predominantly negative terms or acts toward or in the presence of the child in negative ways AND these actions result in severe psychological/emotional harm, leading to the child being a danger to self or others.

○ ○ 6. Caregiver does not protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

○ ○ 7. Caregiver'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.

○ ○ 8. The family refuses access to the child, or there is reason to believe that the family is about to flee.

○ ○ 9. Domestic violence exists in the household and poses an imminent danger of serious harm to the child. *Select all that apply.*
☐ Physical Harm
☐ Emotional Harm

○ ○ 10. Other: Current circumstances meet the threshold of imminent and severe danger, but are not described within Safety Threats 1 – 9 (specify):

Note: Supervisor approval required

Safety Decision: If no safety threats are present, complete the safety decision below.

○ Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm. Complete the investigation and the risk assessment as required.

SECTION 1A: CAREGIVER COMPLICATING BEHAVIORS

If yes is selected for any safety threats above, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Select all that apply to the household.

☐ Substance abuse ☐ Domestic violence ☐ Mental health ☐ Developmental/cognitive impairment
☐ Physical condition ☐ Other (specify): _____

SECTION 2: HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS

Household Strengths: These are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats.

Protective Actions: These are specific actions, taken by one of the child's current caregivers or by the child, that mitigate identified safety threats in the household.

Household strengths and protective actions should be assessed, considered, and built upon when creating a safety plan. *Select all that apply to the household.*

	Household Strengths *(Select all that apply)*	Protective Actions *(Select all that apply)*
Caregiver problem solving	☐ At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions.	☐ At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s), and the caregiver has used or could use these strategies in the current situation.
Caregiver support network	☐ At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network. ☐ At least one non-offending caregiver exists and is willing and able to protect the child from future harm. ☐ At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.	☐ At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to provide protection for the child.
Child problem solving	☐ At least one child is emotionally/ intellectually capable of acting to protect him/herself from a safety threat.	☐ At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s).
Child support network	☐ At least one child is aware of his/her support network members and knows how to contact these individuals when needed.	☐ At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was able to help address the safety threat and keep the child safe.
Other	☐ Other	☐ Other

SECTION 3: IN-HOME PROTECTIVE INTERVENTIONS

If safety threats have been identified in the household and after consideration of child vulnerabilities, household strengths, and protective actions, it is determined that a safety plan will allow the child to remain in the home, the safety decision is "safe with plan." Select the decision below. If a safety plan that would allow the child to remain in the home safely cannot be created, go to Section 4.

SAFETY DECISION

○ Safe with plan. One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protective interventions have been initiated through a safety plan and the child will remain in the home as long as the safety interventions mitigate the safety threats. Select all in-home interventions used in the safety plan.

☐ 1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.
☐ 3. Use of community agencies or services as safety resources.
☐ 4. Inclusion of tribal, Indian community service agency, and/or ICWA staff as part of action steps on the safety plan.
☐ 5. Have the caregiver appropriately protect the victim from the alleged perpetrator.
☐ 6. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
☐ 7. Have the non-offending caregiver move to a safe environment with the child.
☐ 8. Legal action planned or initiated—child remains in the home.
☐ 9. Other (specify): _____

SECTION 4: PLACEMENT INTERVENTIONS

Safety Decision

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

☐ 10. Have the caregiver voluntarily place the child outside the home, consistent with WIC § 11400 (o) and (p).
☐ 11. A warrant or detention order will immediately be sought per local policy.
☐12. Child placed in protective custody.

Tribal Agreement:

If the child is or may be an Indian child, is the tribe in agreement with the final safety decision?

- ○ Yes
- ○ No : _____
- ○ Unknown: _____

CALIFORNIA
SDM® SAFETY ASSESSMENT
DEFINITIONS

Information exists that a child in the household is, or may be, an Indian child.

The duty to inquire begins at initial contact and continues until a tribe provides confirmation of tribal membership status or the court makes a finding that proper and adequate further inquiry has been conducted and there is no reason to know whether the child is an Indian child.

Note: If the child is an Indian child or there is reason to know that a child is an Indian child or a member of an Indian tribe, a social worker or representative from the tribe should be included in the safety assessment and safety planning process. See BIA list of ICWA designees to support noticing and collaborative assessment.

This contact should not prevent or delay the agency from responding within the required timeframe when indicated.

- Reason to know. Information at the time of assessment **indicates** that a child in the household is an Indian child, including the following.
  - » The child, family, or a person having interest in the child provides direct information that the child is an Indian child
  - » The residence of the child, the child's parents, or Indian custodian is on a reservation or in an Alaskan Native village.
  - » Any participant in a court proceeding, officer of the court, Indian tribe, Indian organization, or agency provides information indicating the child is an Indian child;
  - » The child gives reason to know that the child is an Indian Child.
  - » The child is or has been a ward of a tribal court.
  - » The parent or child possesses an identification card indicating membership or citizenship in an Indian tribe.

- Reason to believe. Information at the time of the assessment **suggests** that either the child or a parent of the child may be eligible for membership in an Indian tribe or may have Indian ancestry. Further inquiry is required.

If yes, were Tribal social workers or representatives consulted during the information gathering and safety assessment process?

A social worker or representative from the tribe was successfully contacted and included in the safety assessment and safety planning process. Examples may include gathering key facts about the child's situation and the caregiver's behavior and impact on the child or exploring protective

capacities and network members to support safety planning. Details of the contact must be documented in CWS/CMS, including which tribe(s) were contacted, a summary of information discussed, and the impact on decision making.

If contact with tribe was attempted but not successful, document efforts within CWS/CMS.

Factors Influencing Child Vulnerability (conditions resulting in child's inability to protect self; select all that apply to any child in the household)

- Age 0–5 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.

- Significant diagnosed medical or mental disorder. Any child in the household has a diagnosed medical or mental disorder that significantly impairs ability to protect him/herself from harm, OR diagnosis may not yet be confirmed but preliminary indications are present and testing/evaluation is in process. Examples may include but are not limited to: severe asthma, severe depression, medically fragile (e.g., requires assistive devices to sustain life), etc.

- 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 or be routinely involved in other activities within the community, etc.).

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

- Diminished physical capacity (e.g., non-ambulatory, limited use of limbs). Any child in the household has a physical condition/disability that impacts ability to protect self from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency situation if left unattended).

SECTION 1: SAFETY THREATS

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:

- Serious injury or abuse to the child other than accidental. The caregiver caused, or could have caused a serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, or severe cuts, and the child requires medical treatment, or would have required medical treatment had a serious injury occurred.

- Caregiver fears he/she will maltreat the child. The caregiver has reported credible fears that he/she will hurt the child in a way that would cause serious injury and/or requests placement.

- Threat to cause harm or retaliate against the child. Threat of action that would result in serious harm, or household member plans to retaliate against child for child protective services (CPS) investigation.

- Excessive discipline. The caregiver used physical discipline with a child that resulted or could easily result in serious injury. For example, caregiver uses an object to strike the child hard enough to cause serious injury, or caregiver is enraged or out of control during physical discipline.

- Substance-affected infant. An infant is born affected by substance AND this has created imminent danger to the infant.

  - California defines an "infant born and identified as affected by substance abuse" as an infant where substance exposure is indicated at birth AND subsequent assessment identifies indicators of risk that may affect the infant's health and safety.
  - When assessing imminent danger, consider factors such as type of substance present, level of toxicity or harm to the child, severity of withdrawal symptoms, or medical complications AND the caregiver's capacity to meet the infant's needs. Efforts to develop plans of safe care to prevent removal should be explored and documented per ACL 20-122 as a part of assessment of caregiver capacity.

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

Child sexual abuse or sexual exploitation is suspected AND circumstances suggest that the child's safety may be of immediate concern. The child's safety may be of immediate concern if:

- There is not a non-offending caregiver, or the non-offending caregiver is not protective (blaming the child for the sexual abuse or the investigation or denying that the sexual abuse occurred) or is otherwise influencing or coercing the child victim regarding disclosure; or

- Continued access to a child by a confirmed sexual abuse perpetrator or trafficker, especially with known restrictions regarding any child under age 18, exists.

PRACTICE GUIDANCE

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

- The child discloses sexual abuse verbally.
- The child displays behaviors that strongly indicate sexual abuse (e.g., excessive, age-inappropriate sexualized behavior toward self or others).
- Medical findings consistent with sexual abuse or molestation.
- The caregiver or others in the household have been convicted, investigated, or accused of rape or sodomy, or have had other sexual contact with the child.

Commercial sexual exploitation
The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing the child to observe sexual performances or activities, or commercial sexual exploitation, including sex trafficking).

Children and youth aged 17 years old and younger are sexually exploited when they have engaged in, solicited for, or been forced to engage in sexual conduct or performance of sexual acts in return for a benefit, such as money, food, drugs, shelter, clothing, gifts, or other goods, or for financial or some other gain for a third party. The sexual conduct may include any direct sexual contact or performing any acts, sexual or nonsexual, for the sexual gratification of others. These acts constitute the sexual exploitation of a child regardless of whether they happened using force, fraud, or coercion and whether they are live, filmed, or photographed.

3. **Caregiver does not meet the child's immediate needs, resulting in serious harm or imminent danger of serious harm. *Select all that apply.***
One of the following conditions exist and cannot be mitigated via provision of resources to the family AND the child has been seriously harmed or is in imminent danger of being seriously harmed as a result.

Note: This item should not be selected based on a parent's economic disadvantage alone, and must reach the threshold of immediate and serious danger (physical harm or illness) to the child. See WIC 300(b)(1)(A-D)

Attempts to mitigate a lack of basic resources must be documented when selecting this safety threat as a part of reasonable efforts to maintain the child safely in the home.

Supervision

At least one of the following applies.

- The caregiver leaves the child alone (time period varies with age and developmental stage) in circumstances that create serious harm
- The caregiver is present but does not supervise the child to the extent that need for care goes unnoticed or unmet in a situation that created immediate danger (e.g., child can wander outdoors alone in unsafe areas, play with dangerous objects, or be exposed to other serious hazards).
- The caregiver knowingly makes child care arrangements that do not provide the minimal level of safety for the child (e.g., temporary caregiver is routinely intoxicated or has limited capacity which would indicate they are unable to meet child's needs).
- The caregiver is unavailable (e.g., incarceration, hospitalization, abandonment, whereabouts unknown) and there are no arrangements for the child that would ensure their safety.

Food, clothing, or hygiene

The caregiver does not meet the child's basic needs for food, clothing, or hygiene to the extent that the child is in imminent danger. Examples include the following.

- The child's nutritional needs are not met, resulting in immediate concerns about the child's health or safety. This may include severe malnutrition, morbid obesity, or similar nutritional concerns that put the child in imminent danger, as verified by a medical professional.
- The child is without adequate clothing/hygiene, resulting in danger to the child's health or safety. Consider impact, such resulting sores, infection, or severe diaper rash that is left untreated; the age of the child; and whether clothing is the choice of the child or has been willfully and consistently not provided by the caregiver.

Medical or dental care
At least one of the following applies.

- The caregiver does not meet the child's exceptional needs, such as being medically fragile, resulting in declining health status likely to result in serious physical harm or death.
- The caregiver does not seek treatment for the child's immediate, chronic, and/or dangerous medical condition(s), or does not follow prescribed treatment for such conditions, likely to result in declining health status leading to serious physical harm or death (e.g. not providing follow-up care for a wound that is severely infected).

  Note: The pursuit of traditional or alternative practices rather than prescribed treatment is included here IF there is evidence that the child's health status is gravely declining AND there is evidence that prescribed treatment would likely be effective.

  Mental Health Care

  The child is suicidal and/or is seriously self-harming AND the caregiver will not take protective actions.

4. **The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.**
   Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening. Examples include:

   - Leaking gas from stove or heating unit.
   - Lack of water or utilities (heat, plumbing, electricity), and no alternative or safe provisions have been made.
   - Open/broken/missing windows.
   - Exposed electrical wires.
   - Excessive garbage or rotted or spoiled food that threatens health.
   - Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).
   - Evidence of human or animal waste throughout living quarters.

- Guns and other weapons are not locked and not properly secured.

- Drug production in the home that threatens child safety.

- Substances (including drugs, drug paraphernalia or cleaning supplies) or objects within reach of child that may endanger his/her health and/or safety.

5. Caregiver describes or speaks to the child in predominantly negative terms or acts toward or in the presence of the child in negative ways AND these actions result in severe psychological/emotional harm resulting in imminent danger.

Severe emotional harm causing concern for imminent danger may include circumstances in which the child is a danger to self or others or has untoward aggressive behavior, debilitating depression or anxiety, or eating disorders that threaten severe injury or illness.

Examples of caregiver actions may include the following, if the impact on child reaches threshold above.

- The caregiver describes the child in a demeaning or degrading manner.
- The caregiver scapegoats a particular child in the family or blames the child for a particular incident or for family problems.
- The caregiver places the child in the middle of a custody battle.

6. Caregiver does not protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

The caregiver fails to protect the child from serious harm or threatened harm as a result of physical abuse, neglect, or sexual abuse by other family members, other household members, or others having regular access to the child.

NOTE: Concerns related to domestic violence should be assessed under Safety Threat #9.

Examples may include the following.

- The caregiver does not provide supervision necessary to protect the child from potentially serious harm by others based on the child's age or developmental stage.

- An individual with known violent criminal behavior/history or sexual abuse resides in the home, or the caregiver allows access to the child. Include regardless of whether the caregiver (1) knew of the history and allowed access, or (2) upon learning of the history, has not prevented further access.

- The caregiver regularly takes the child to dangerous locations where drugs are manufactured or regularly administered (e.g., meth labs or drug houses), or locations used for sex work or pornography.

7. Caregiver'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.

Factors to consider include the child's age, location of injury, exceptional needs of the child, or chronicity of injuries.

- The injury requires medical attention AND medical assessment indicates the injury is likely to be the result of abuse or is inconsistent with the explanation provided by the caregiver; OR

- There was a suspicious injury that did not require medical treatment but covered multiple parts of the body, appeared to be caused by an object, or is in different stages of healing, AND/OR was located on an infant, or for older children, on the torso, face, or head.

AND one of the following is true:

- The caregiver denies abuse or attributes the injury to accidental causes; OR

- The caregiver's explanation, or lack of explanation, for the observed injury is inconsistent with the type of injury; OR

- The caregiver's description of the injury or cause of the injury minimizes the extent of harm to the child.

8. The family refuses access to the child, or there is reason to believe that the family is about to flee.

This safety threat should only be identified when other threats are near, but do not reach the threshold in the definitions; the worker has made attempts to contact the child and been refused access by the caregiver; OR there is reason to believe the family is about to flee during an ongoing investigation after an initial safety assessment has been completed.

- The family currently refuses access to the child or cannot/will not provide the child's location.

- The family has removed the child from a hospital against medical advice to avoid investigation.

- The family has previously fled in response to a CPS investigation or there is credible information that the family is about to flee.

- The family has a history of keeping the child at home, away from peers, school, and other outsiders, for extended periods of time for the purpose of avoiding investigation.

9. Domestic violence exists in the household and poses an imminent danger of serious harm to the child.

There is evidence of domestic violence in the household, AND the alleged perpetrator's behavior creates a safety concern for the child.

Physical harm. Domestic violence may occur on more than one occasion OR on a single occasion that involved weapons or resulted in any injury to an adult or child as a result of the domestic violence incident.

Examples of physical abuse incidents may include the following.

- Increased potential for serious harm or death (e.g., strangulation, use of guns, knives, or other weapons used during the domestic violence incident).
- The child is at potential risk of physical injury based upon their vulnerability and/or proximity to the incident. Examples include:
  - Caregiver holding child while alleged perpetrator attacks caregiver;
  - Incident occurs in a vehicle while a child is present; and
  - Attempting to intervene during a violent dispute.
- The child was previously injured in a domestic violence incident.

Emotional harm. The caregiver engages in behaviors associated with domestic violence in the presence of the child, resulting in serious emotional harm to the child.

Examples of emotional abuse incidents may include the following.

- The child exhibits trauma symptoms (e.g., severe anxiety, nightmares, insomnia) related to situations associated with domestic violence that could result in social, behavioral, emotional, or educational deficits.

Practice guidance

Domestic violence perpetrators, in the context of the child welfare system, are parents and/or caregivers who can engage in a pattern of violence and/or coercive control (e.g. stealing phones, abusing pets, financial control) against one or more intimate partners.

This pattern of behavior may occur when the partners does not live together and after the end of a relationship. The alleged perpetrator's actions often directly involve, target, and impact children in the family.

Incidents of domestic violence may be identified by self-report, credible report by a family or other household member, police reports or other sources.

Do not include arguments that do not escalate beyond verbal encounters and are not otherwise characterized by threatening or controlling behaviors.

10. Other: Current circumstances meet the threshold of imminent and severe danger, but are not described within Safety Threats 1 – 9 (specify).

Circumstances or conditions pose an immediate threat of serious harm to a child but are not already described in safety threats 1–9. Supervisory approval is required for selection of this threat.

Safety Decision

Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm. Complete the investigation and the risk assessment as required.

SECTION 1A: CAREGIVER COMPLICATING BEHAVIORS

Substance abuse. Caregiver uses substances or alcoholic beverages to the extent that caregiving abilities are significantly impaired.

Domestic violence. There are indications of a recent history of one or more physical assaults between intimate members of the household, or threats/intimidation or harassment that are known as a result of self-report or other credible report by a family or other household member, friend, other collateral contacts, and/or police reports.

Mental health. One or both caregivers appear to be mentally ill at the time of this incident or have known mental health issues that ***impact care of children.***

Developmental/cognitive impairment. One or both caregivers may have diminished capacity as a result of developmental delays or cognitive issues ***that impact their ability to provide care and supervision of children***.

Physical condition. One or both caregivers has a physical condition that impacts care and protection of the child in the household.

Other. Other caregiver complicating behaviors that make it more difficult or complicated to create safety for a child that must be considered when assessing for and planning to mitigate safety threats with a safety plan.

SECTION 2: HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS

Household strengths are resources and coping skills/qualities in an individual or a family that contribute in positive ways to family life but do not, in and of themselves, directly enhance the child's protection from the safety threat(s) over time. These characteristics can be built upon for future planning and indicate the capability to be used in the safety planning process.

Protective actions are specific actions and/or activities that have been taken by the caregiver that directly address the safety threat and are demonstrated over time. These are observed activities that have been demonstrated in the past and can be directly incorporated into the safety plan for the family and child. They may also include actions taken by the child in some circumstances. Actions taken by the child should not be the basis for the safety plan but may be incorporated as part of the plan.

Household Strengths

The following strengths should be assessed, considered, and built upon when creating a safety plan to mitigate the safety threats. Select all that apply to the household.

At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions. The caregiver demonstrates an understanding of the issues that led to the current safety threats and participates in planning to mitigate the situation by suggesting possible solutions for mitigating the safety threat.

At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network. The caregiver has a supportive relationship with at least one other family member, neighbor, or friend who may be able to assist in safety planning. This support network member is someone who cares about the child or family but may not, at this

time, know what the safety threat is, or has not yet been asked to take action to ensure that the child is protected from those threats now and into the future.

At least one non-offending caregiver exists and is willing and able to protect the child from future harm. There is at least one caregiver who has done nothing to contribute to the existence of the safety threat. This non-offending caregiver understands that continued exposure between the child and the offending caregiver poses a threat to the safety of the child, and the non-offending caregiver may be willing to become part of a support network and protect the child going forward.

At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing caseworker(s) access to the child. In the current investigation or assessment, the caregiver allows CPS to have contact with the child for the purpose of assessing child safety. This includes interviews and observation of children in the household. The caregiver accepts the involvement and initial service recommendations of the worker or other individuals working through referred community agencies, including tribal or Indian community service agencies, and/or the use of ICWA program resources. The caregiver cooperates with the continuing investigation/assessment, allows the worker and intervening agency to have contact with the child, and supports the child in all aspects of the investigation or ongoing intervention.

At least one child is emotionally/intellectually capable of acting to protect him/herself from a safety threat. At least one child has the intellectual or emotional capacity to ask for help. He/she understands his/her family environment in relation to any real or perceived threats to safety and is able to communicate at least two options for obtaining immediate assistance if needed (e.g., calling 911, running to neighbor, telling teacher).

At least one child is aware of his/her support network members and knows how to contact these individuals when needed. When faced with a potentially dangerous situation, at least one child can currently name adults who care about him/her and who would be able to help him/her in the future. Child also has strategies for how to reach the adults.

Other. Other qualitative actions, resources, and coping demonstrated by the caregiver or family that could be built upon in a safety plan but do not, by themselves, fully address the safety threat.

Protective Actions

The following actions should be assessed, considered, and built upon when creating a safety plan. Select all that apply to the household.

At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s), and the caregiver has used or could use these strategies in the current situation. At least one caregiver in the household has been able to protect the child from similar threats in the past through his/her own actions or by using resources. The caregiver is able to describe both the current threats and the strategies he/she is using to mitigate them currently.

At least one caregiver has a stable support network that is aware of the safety threats(s), has been or is responding to the threat(s), and is willing to provide protection for the child. A caregiver regularly interacts, communicates and makes plans with an extended network of family; friends; neighbors; and/or cultural, religious, or other communities that provide support and meet a wide range of needs for the caregiver and/or the child (including tribal ICWA programs, Indian organizations, and/or family members, which can include non-related tribal members). The caregiver has informed these network members of the threats and they have assisted in the situation by providing protection to the child (e.g., members of the support network have provided food when needed, assistance to prevent utility shut-off, or a planned safe place for the child to stay in the event of violence in the household; not allowing an offending caregiver to have unplanned forms of contact, etc.).

At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s). Prior to the current threat, in response to similar circumstances where a threat has been present or circumstances leading to a threat were escalating, the child has been able to protect him/herself. For example, the child was able to remove him/herself from the situation, called 911 to seek assistance, or was able to find another way to mitigate the safety threat.

At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was able to help address the safety threat and keep the child safe. When faced with one of the safety threats, the child was able to seek help from and receive the necessary assistance from someone in the identified support network (e.g., family members, friends, professionals) AND can currently name adults who care about him/her and would be able to help if a similar situation arose in the future.

Other. Other actions of protection taken by the caregiver, a household member, safety network member, and/or the child, which mitigate one or more of the safety threats.

SECTION 3: IN-HOME PROTECTIVE INTERVENTIONS

Safety Decision

Safe with plan. One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protective interventions, to be monitored and supported by network members, have been initiated through a safety plan and the child will remain in the home as long as the safety interventions mitigate the safety threats. Select all in-home interventions used in the safety plan.

Safety interventions are actions taken to specifically mitigate any identified safety threats. They should address immediate safety considerations rather than long-term changes. Follow county policies whenever applying any of the safety interventions.

1. **Intervention or direct services by worker. (DO NOT include the investigation itself.)** Actions taken or planned by the investigating worker or other CPS staff that specifically address one or more safety threats. Examples include: creating a plan of safe care for substance-affected infants that addresses immediate danger; providing information about nonviolent disciplinary methods, child development needs, or parenting practices; providing emergency material aid such as food; planning return visits to the home to check on progress; providing information on obtaining restraining orders; and providing definitions of child abuse laws and informing involved parties of the consequences of violating these laws. DOES NOT INCLUDE the investigation itself or services provided to respond to family needs that do not directly affect safety.

2. **Use of family, neighbors, or other individuals in the community as safety resources.** This includes applying the family's own strengths as resources to mitigate safety concerns or using extended family members, neighbors, or other individuals to mitigate safety concerns. Examples include: family's agreement to use nonviolent means of discipline; engaging a grandparent to assist with child care; agreement by a neighbor to serve as a safety net for an older child; agreement by a network member or 12-step sponsor to meet with the caregiver daily and call the worker if the caregiver's behavior is placing or has placed the child in imminent danger;

   OR

   The caregiver's decision, *as part of a safety plan*, to have the child cared for by a friend or relative for a limited period of time, such as overnight or for a few days.

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

4. **Inclusion of tribal, Indian community service agency, and/or ICWA program staff as part of action steps on the safety plan.**
   This includes but is not limited to participation of the following people in the safety plan:
   - Tribal family services from the child's/caregiver's tribe or a tribal consortium;
   - Indian resource center staff;
   - Indian health clinic staff;
   - Tribal TANF (Temporary Assistance for Needy Families);
   - Title VII Indian education programs, which may not be affiliated with a tribe; and
   - A county-based dedicated Indian specialist or service unit staff.

5. **Have the caregiver appropriately protect the victim from the alleged perpetrator.**
A non-offending caregiver has acknowledged the safety threats and is able and willing to protect the child from the alleged perpetrator. A non-offending caregiver who had prior knowledge of the alleged perpetrator's actions but took no action prior to the safety assessment should not be the only safety resource or intervention. Examples include agreement that the child will not be alone with the alleged perpetrator or agreement that the caregiver will restrain the alleged perpetrator from physical discipline of the child.

6. **Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.**
Temporary or permanent removal of the alleged perpetrator. Examples include: arrest of alleged perpetrator, non-perpetrating caregiver "kicking out" alleged perpetrator who has no legal right to the residence, or the alleged perpetrator agrees to leave.

7. **Have the non-offending caregiver move to a safe environment with the child.**
A caregiver not suspected of harming the child has taken or plans to take the child to an alternative location where the alleged perpetrator will not have access to the child. Examples include a domestic violence shelter, home of a friend or relative, or hotel.

8. **Legal action planned or initiated—child remains in the home.**
Legal action has already commenced, or will be commenced, that will immediately and effectively mitigate identified safety threats and is identified in the safety plan. This includes family-initiated actions (e.g., restraining orders, mental health commitments, change in custody/visitation/guardianship) and CPS-initiated actions (file petition and child remains in the home with the intention of initiating Family Maintenance services). This includes actions taken by the child's tribe and tribal court to intervene or take jurisdiction of the Indian child's case.

9. **Other (specify).**
The family or worker identifies a unique intervention for an identified safety concern that does not fit within items 1–8.

SECTION 4: PLACEMENT INTERVENTIONS

Safety Decision

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

10. Have the caregiver voluntarily place the child outside the home, consistent with WIC § 11400 (o) and (p).

A voluntary agreement is signed between the caregiver and the CPS agency to place the child in an approved resource family placement, tribally approved home, or tribally specified home, and the caregiver is cooperating with the agency to provide needed consents and information to fund this voluntary placement. This voluntary agreement is consistent with Welfare and Institutions Code (WIC) § 11400 (o) and (p). The caregiver understands that if he/she withdraws consent for voluntary placement and identified safety threats are still present, other interventions to ensure the child's safety will need to be considered.

11. A warrant or detention order will immediately be sought per local policy.

Local policy and guidance indicate that application for a removal order is needed.

Note: if warrant is not granted, an updated safety assessment should be completed to re-assess in-home protective interventions.

12. Child placed in protective custody.

One or more children are protectively placed pursuant to WIC § 309 and are entitled to notice and a hearing within 72 judicial hours.

Note: If the only safety threat selected was safety threat 3 (caregiver not meeting immediate needs), CWS should not select "unsafe" unless they have made and documented attempts to mitigate any concerns due solely to lack of basic resources, as part of reasonable efforts to maintain the child safely in the home.

Tribal Agreement with safety decision:

If it has been indicated that the child may be an Indian child and contact with the tribe(s) has been made, review the safety decision collaboratively with the tribe(s). While agreement with the decision is not required, document efforts to gain agreement and the tribe's position on the final safety decision.

CALIFORNIA
SDM® SAFETY ASSESSMENT
POLICY AND PROCEDURES

The purpose of the safety assessment is: (1) to help assess whether any child is likely to be in immediate danger of serious harm/maltreatment, which requires a protective intervention, and (2) to determine what interventions should be initiated or maintained to provide appropriate protection.

Safety versus risk assessment: It is important to keep in mind the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that it assesses the child's present danger of immediate/serious harm and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of any future maltreatment.

Which Cases

Complete an SDM safety assessment for:

- All referrals that are assigned for in-person response
- Any open referrals or cases in which changing circumstances require an updated safety assessment due to:

  Change in family circumstances;

  Change in information known about the family; or

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

Note: If the referral alleges maltreatment by a substitute care provider or congregate care provider, use the substitute care provider or congregate care safety assessment.

A safety assessment is **NOT** required in the following circumstances.

- An in-person response is required for an incident involving *only* a third-party perpetrator of sexual exploitation, and there are no allegations regarding the caregiver.

  OR

- A child fatality is suspected to be a result of abuse or neglect AND there are no remaining minor children in the household. Note: Record the results of these investigations in CWS/CMS.

Who

The social worker who is responding to the referral.

When
For a new referral, the safety assessment *process* is completed, using the safety assessment field guide, before leaving a child in the home, or returning a child to the home during the investigation, following the initial face-to-face contact with all child victims. The safety assessment form should be completed within two working days of the first contact.

- For a child who has already been protectively placed by law enforcement or other means, and for whom no safety assessment has been completed, the social worker will complete a safety assessment within two working days of the referral.

- For open referrals or cases in which changing circumstances prompt a new safety assessment, the safety assessment *process* is completed immediately. The safety assessment *form* is completed within two working days.

- If a safety plan was initiated, there must be an updated safety assessment documenting that the safety threats have been resolved. If safety threats remain unresolved, a case should be opened.[1]

- A safety assessment must be done prior to closing a case. A case will not be closed if safety threats in the household are present.

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

Appropriate Completion
Workers should familiarize themselves with the items that are included on the safety assessment and the accompanying definitions. Workers will notice that the items on the tool are items they are probably already assessing. What distinguishes SDM is that it ensures that every worker is assessing the same items in each case, and that the responses to these items lead to specific decisions. Once a worker is familiar with the items that must be assessed to complete the tool, the worker should conduct his/her initial contact as he/she normally would—using good social work practice to collect information from the child, caregiver, and/or collateral sources. SDM ensures that the specific items that comprise the safety assessment are assessed at some time during the initial contact.

[1] If the child is no longer living in the household that has unresolved safety threats, and that parent refuses services, the case may be closed.

The decision logic for the safety assessment is:

- If no safety threats are selected, the only possible safety decision is "Safe: No safety threats were identified at this time." No in-home interventions or placement interventions need to be reviewed; the assessment is complete.

- If one or more safety threats are selected, the worker must determine whether an in-home safety plan will mitigate the safety threat or whether the child must be placed.

- If a safety plan can be developed with the caregivers, only interventions 1 through 9 can be selected and the safety decision is "Safe with Plan: One or more safety threats are present; however, the child can safely remain in the home with a safety plan." In-home protective interventions have been initiated through a safety plan and the child will remain in the home as long as the safety interventions mitigate the safety threats. Placement (interventions 10 and 11) should not be selected as an intervention if other interventions are selected.

- If a safety plan cannot be developed with the caregivers, then placement intervention 10 or 11 must be selected and the safety decision must be "Unsafe: One or more safety threats are present, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm."

Complete all assessment header information as indicated:

- Record the date of the safety assessment. The date of assessment is typically the date that the worker made initial face-to-face contact with the child to assess safety, which may be different than the date that the form is completed in WebSDM.

- When working with a family, the worker must inquire whether any child in the household is or may be an Indian Child, as required by WIC §224.2(a). Indicate whether there is any information at the time of assessment that indicates that there is reason to know or reason to believe that a child in the household may be an Indian child. When reason to know or reason to believe exists, the investigating social worker should contact all appropriate tribe(s) as soon as possible for further information gathering and decision-making, as described in MPP 31-105.114. Contact with the tribe should not delay a decision about immediate safety for the child – however – such contact is likely to create more possibilities for safety assessment and planning. Details of the contact/attempted contact with tribe(s), a summary of information, and the impact on assessment and decision making must be documented in CWS/CMS and efforts to contact the tribe must continue through investigations as outlined in MPP 31-101.552.

- Enter the type of safety assessment, which is either:

  - » **Initial.** Each referral should have one initial assessment, completed during the first face-to-face contact with at least one child victim in the household where there are allegations. However, if there are allegations in two households within a single referral, there may be two initial safety assessments.

  - » **Review/update.** After the initial assessment, any additional safety assessment is most likely a review/update, unless it is completed at the point of closing a referral or case. A review/update includes a safety assessment completed on a second household where there are no allegations.
  - » **Referral closing.** This is a specialized review/update that is completed when considering closing a referral without promoting it to a case when a safety threat has been documented at some point during the investigation. This option only appears in WebSDM when completing a safety assessment on a referral.

  - » **Case closing.** This is a specialized review/update that is completed when considering closing a case. This option only appears in WebSDM when completing a safety reassessment on an open ongoing case.

- Enter the name of the household assessed. In referrals where there is more than one household, and there are allegations regarding each household, a safety assessment is required on both. Enter the name of the household assessed.

  - » Also indicate (select) whether there are allegations in the household being assessed. If at least one alleged perpetrator resides in the household, there are allegations in that household.

  - » If the household is being assessed for safety as a potential placement (e.g., a non-custodial parent), select "no."

- Indicate (select) whether any child vulnerabilities are present. Consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for assessing safety. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe.

The safety assessment consists of five sections:

SECTION1: SAFETY THREATS

This is a list of 10 critical threats (nine identified and defined and an "other") that must be assessed by every worker in every case. These threats cover the kinds of conditions that, if they exist, would render a child in danger of immediate, serious harm.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is expected that not all facts about a case can be known immediately. Based on reasonable efforts to obtain information necessary to respond to each item, review each of the safety threats and accompanying definitions.

For each item, consider the most vulnerable child. If the safety threat is present, based on available information, select "yes" for that item. If the safety threat is not present, select "no" for that item. Because not every conceivable safety threat can be anticipated or listed on a form, the "other" category permits a worker to indicate that some other circumstance creates a safety threat. Supervisor review or consultation should take place whenever a worker selects use of Safety Threat 10, to ensure that the circumstances are not described within another safety threat, and that the description provides clarity on why the circumstances meets the intended threshold of immediate and severe danger.

Safety Decision: If there are no identified safety threats in the household, the safety decision is "safe." Select "safe" and the safety assessment is completed.

SECTION 1A: CAREGIVER COMPLICATING BEHAVIORS

This section is completed only when there are safety threats identified as present in the household. If "yes" was selected for any of the safety threats and there is evidence that one or more caregivers are experiencing substance abuse, mental health concerns, domestic violence, or cognitive/developmental or physical health concerns, indicate all that apply. These are conditions which may make it more difficult or complicated to create safety for a child, but do not by themselves constitute a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats. Select all that apply to the household. Additionally, when completing the subsequent risk assessment and the family strengths and needs assessment, be attentive to these concerns.

SECTION 2: HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS

This section is completed only if one or more safety threats were identified. Select any of the listed protective capacities that are present for any child/caregiver. Consider information from the referral; from worker observations; interviews with children, caregivers, and collaterals; and review of records. For "other," consider any existing condition that does not fit within one of the listed categories but may support protective interventions for the safety threats identified in Section 1.

SECTION 3: IN-HOME PROTECTIVE INTERVENTIONS

This section is completed only if one or more safety threats are identified and the worker has determined that a safety plan can be developed with the family that will protect the child in his/her home while the investigation continues. If one or more safety threats are present, it does not automatically follow that a child must be placed. In many cases, it will be possible to initiate a temporary plan that will mitigate the safety threat(s) sufficiently so that the child may remain in the home while the investigation continues. When determining whether a safety plan can be developed, consider the relative severity of the safety threat(s), any complicating behaviors by the caregiver that may impact safety planning, household strengths and protective actions, the vulnerability of the child, and the in-home safety interventions that are available.

The in-home protective intervention list contains general categories of interventions rather than specific programs. The worker should consider each potential category of interventions and determine whether an intervention in that category is available and sufficient to mitigate the safety threat(s), and whether there is reason to believe the caregiver will follow through with a planned intervention.

Simply because an intervention exists in the community does not mean it should be used in a particular case. The worker may determine that even with an intervention, the child would be unsafe; or the worker may determine that an intervention would be satisfactory, but has reason to believe the caregiver would not follow through. The worker should keep in mind that while any single intervention may be insufficient to mitigate the safety threat(s), a combination of interventions may provide adequate safety.

Also keep in mind that the safety intervention is not the case plan—it is not intended to "solve" the household's problems or provide long-term answers. A safety plan permits a child to remain home during the course of the investigation by listing specific, timely actions that address the identified safety threats.

If one or more interventions will be implemented, select each category that will be used. If there is an intervention that will be implemented that does not fit in one of the categories, select line 9 and briefly describe the intervention. Safety interventions 10 and 11 are used only when a child is unsafe and only a placement can ensure safety.

Safety Plan

Individual counties should use their own safety plan form. The following must be included in any safety plan:

- Each safety threat that has been identified and a description of the conditions or behaviors in the home that place any child at imminent threat of serious harm. The worker should use language the family understands so it is clear to them what caused the worker to identify the threat.

- Detailed information for each planned safety intervention: What needs to happen to keep the child safe? Explain how safety threat(s) will be mitigated. What will the family do to keep the child safe? What will other people outside the family do? This should include a written statement of actions or behaviors, to be taken by a responsible party, that will keep the child safe in the current conditions.

- Who is participating in the plan, the role of each participant, and information that describes how the safety plan will be monitored (e.g., who is responsible for each intervention action), and the timeframe in which each intervention will remain in place.

- Signature lines for family members, the worker, and his/her supervisor.

A SAFETY PLAN IS REQUIRED WHEN SAFETY DECISION IS "SAFE WITH PLAN."

Note: The safety plan should be documented in the investigation contact and indicated with the appropriate special project code in CWS/CMS.

The safety plan MUST be developed in partnership with and agreed to by the family, and a copy should be left with the family.

If safety threats have not been resolved by the end of the investigation/assessment, the safety plan will be provided to the ongoing worker and all remaining interventions will be incorporated into the ongoing case plan.

PRACTICE GUIDANCE

When it is known or there is reason to know that a child is an Indian child, active efforts, as described in MPP 31-002(a)(1), must be made prior to removal of the child, except in the case of emergency removal of an Indian child when there is imminent physical harm or danger.

The safety plan should be developed in consultation with the tribe, with consideration given to the prevailing social and cultural conditions and way of life of the child's tribe as described in MPP 31-127-23. Consider the use of tribal resources, tribal community service agencies, and/or ICWA program staff to help the family address the identified safety threats and participate in the safety plan.

SECTION 4: PLACEMENT INTERVENTIONS

This section is only completed when, after considering complicating behaviors that may impact safety planning, household strengths and protective actions, the vulnerability of the child, and the in-home safety interventions that are available, the worker determines that placement is the only intervention for protection of the child.

If one or more safety threats are identified and the worker determines that in-home interventions are unavailable, insufficient, or may not be used, the final option is to indicate that the child will be placed by selecting placement interventions 10, 11, or 12.

Practice Considerations

While safety is the prevailing concern of the first face-to-face contact, the manner of engaging the family will depend upon social work clinical skills. Whenever possible, the worker should use a strengths-based approach in the initial contact, while remaining observant for the presence or absence of safety threats. Most safety threats are salient and can be discerned without invasive questioning. Others will benefit from candor, which will be more forthcoming when the family is approached with respect. The first face-to-face contact may be limited to assessing safety if there are significant safety issues. At other times, the worker will also begin to gather information regarding risk and/or strengths and needs items, as well as additional clinical information.

For all cases in which the child or caregiver knows their tribe and membership status, the social worker must contact the tribe to engage and team with the designated ICWA agent or tribal family services department.

Resources for American Indian/Alaska Native children vary depending on a tribe's resources and the location of the child and family (rural versus urban, proximity to tribal resources, or proximity to urban Indian community resources). The child's/caregiver's tribe may provide resources through tribal family services or through a tribal consortium. Some urban areas have resources through Indian resource centers, Indian health clinics, Tribal TANF (Temporary Assistance for Needy Families), or Title VII Indian education programs (which may not be affiliated with a tribe). Some counties have a dedicated Indian specialist or specialty unit dedicated to serving Indian children, which can assist with engagement and access to resources. They may also have current contact information to assist the child/caregivers in obtaining official membership with their tribe.

It is recommended that children and caregivers who know their tribe or have a tribal affiliation contact the tribe (lists of designated ICWA agents are available at the Bureau of Indian Affairs website, bia.gov). Many tribes have public websites that provide information about their ICWA or family service programs.

For children/caregivers who have lost contact with their tribe, are from unrecognized or terminated tribes, or are unsure of their status with a tribe, resources will exist through local Indian resource centers, tribal TANF, or Title VII Indian education programs. Resources are available to assist the social worker and caregivers in tracing Indian ancestry, such as http://www.doi.gov/tribes/trace-ancestry.cfm and http://www.bia.gov/cs/groups/public/documents/text/idc002656.pdf.