SDM® SAFETY ASSESSMENT FOR CONGREGATE CARE

California Department of Social Services

r: 11/23

PROVIDE THE FOLLOWING INFORMATION

- Referral name
- Referral number
- Child/youth name
- Placing county
- Facility name
- Facility type
- Facility county
- County conducting this safety assessment
- Worker
- Date of assessment
- Name of tribe (if applicable)

ASSESSMENT TYPE

- O Initial
- O Review/update (if initial safety assessment for congregate care had a safety decision of "safe with plan")

IS THERE ANY INFORMATION THAT INDICATES THAT THE CHILD/YOUTH IS, OR MAY BE, AN INDIAN CHILD/YOUTH?

- O No, not at this time
- O Yes: O Child is an Indian child O Reason to know O Reason to believe

If yes: Were tribal social workers or representatives consulted during the information gathering and screening process as necessary, for the tribe to make a membership or eligibility determination? O Yes O No

If no: O Contact with tribe(s) attempted O Contact with tribe(s) not attempted

SECTION 1: CONTEXT

PERSON ALLEGED TO BE CAUSING HARM

Select all that apply.

- □ Facility staff (including but not limited to administration, volunteers, and temporary staff)
- □ Other child/youth at the facility
- D Parent/guardian/Indian custodian/family²
- Other (describe): _____
- □ Unknown

FACTORS INFLUENCING CHILD/YOUTH VULNERABILITY

Select all that apply.

- □ Child/youth is younger than most other children/youth at the facility.
- □ Child/youth has conditions that impact their ability to protect themself. Select all that apply.
 - Child/youth has diminished mental capacity (e.g., developmental delay, nonverbal)
 - □ Child/youth has a medical condition
 - □ Child/youth has a mental health or trauma history that currently impairs ability to protect themself
 - Child/youth has diminished physical capacity (e.g., non-ambulatory, limited use of limbs).
 - Other (describe): _____
- □ Child/youth has a history of being sexually exploited or sexually trafficked
- □ Child/youth is new to the facility within the last 30 days
- □ Child/youth identifies as LGBTQ+
- □ Child/youth wears distinctive cultural or religious attire or expresses themself in ways that demonstrate their religion or culture
- □ Child/youth and facility staff experience a language barrier
- Other:

FACILITY FACTORS THAT MAY CONTRIBUTE TO CHILD/YOUTH VULNERABILITY

Select all that apply.

- □ Facility combines children/youth of different ages
- □ Facility does not appear to provide supervision required to meet child/youth needs
- □ Facility combines children/youth of different gender identities
- □ Facility combines children/youth who have different degrees of acuity or disruptive behavior
- □ Facility has a pattern of community care licensing (CCL) complaints or concerns
- □ Facility utilizes physical or hands-on restraints
- Other: _____

² Selecting this will prompt the question "Are you sure you need to complete the congregate care assessment and not the caregiver assessment?" and will bring up a link to the policy.

SECTION 2: SAFETY THREATS

Assess child/youth for each of the following safety threats. Indicate whether current information suggests a threat of imminent, serious harm is present.

1. FACILITY CAREGIVER CAUSED PHYSICAL HARM TO THE CHILD/YOUTH OR MADE A PLAUSIBLE THREAT TO CAUSE SERIOUS PHYSICAL HARM

- O Yes (select all that apply)
 - □ Injury or abuse to the child/youth occurred, other than accidental
 - □ Facility caregiver has threatened to harm or retaliate against the child/youth
 - □ Facility caregiver fears they will maltreat the child/youth
- Facility caregiver has used physical discipline or excessive physical force against the child/youth
 No

2. FACILITY CAREGIVER'S EXPLANATION FOR AN INJURY TO THE CHILD/YOUTH IS QUESTIONABLE OR INCONSISTENT WITH THE TYPE OF INJURY, AND THE NATURE OF THE INJURY SUGGESTS THAT THE CHILD/YOUTH MAY BE IN IMMINENT DANGER OF SERIOUS HARM

- O Yes
- O No

3. CHILD/YOUTH SEXUAL ABUSE IS SUSPECTED, AND CIRCUMSTANCES SUGGEST THAT THE CHILD/YOUTH MAY BE IN IMMINENT DANGER OF SERIOUS HARM

- O Yes
- O No

4. CHILD/YOUTH ABUSE THROUGH COMMERCIAL SEXUAL EXPLOITATION IS SUSPECTED, AND CIRCUMSTANCES SUGGEST THAT THE CHILD/YOUTH MAY BE IN IMMINENT DANGER OF SERIOUS HARM

- O Yes
- O No

5. FACILITY CAREGIVER ACTS TOWARD THE CHILD/YOUTH IN NEGATIVE WAYS THAT RESULT IN SEVERE PSYCHOLOGICAL/EMOTIONAL HARM

- O Yes
- O No

6. FACILITY CAREGIVER DOES NOT MEET THE CHILD/YOUTH'S IMMEDIATE BASIC NEEDS, AND THIS RESULTS IN IMMINENT DANGER OF SERIOUS HARM

O Yes (select all that apply)

- □ Food
- □ Clothing
- □ Medical/dental care
- □ Mental health care
- Other: _____
- O No

7. FACILITY PHYSICAL CONDITIONS ARE HAZARDOUS TO THE POINT OF IMMINENT DANGER OF SERIOUS HARM TO THE CHILD/YOUTH

- O Yes
- O No

8. FACILITY CAREGIVER DOES NOT PROTECT THE CHILD/YOUTH FROM SERIOUS HARM BY PEERS

- O Yes
- O No

9. FACILITY CAREGIVER DOES NOT PROTECT THE CHILD/YOUTH FROM SERIOUS HARM BY OTHER ADULTS

- O Yes
- O No

10. FACILITY CAREGIVER DOES NOT RESPOND TO AND ADDRESS THE FOLLOWING CHILD/YOUTH ACTIONS, AND THIS RESULTS IN IMMINENT DANGER OF SERIOUS HARM

O Yes (select all that apply)

- □ Self-harm
- □ Missing from care
- □ Aggressive/assaultive behavior
- □ Substance use
- Other (describe)
- O No

11. OTHER SAFETY THREAT

O Yes (describe):_____

O No

Supervisor approval: _____

If no safety threats are present, select the safety decision below.

SAFETY DECISION

O **Safe.** No safety threats were identified at this time. Based on currently available information, child/youth is not in imminent danger of serious harm. Child welfare services (CWS) staff should complete the investigation and partner with other counties, tribe(s), and CCL as needed. Do not complete any further sections of this assessment.

SECTION 3: PROTECTIVE CAPACITIES

CHILD/YOUTH

Select all that apply.

- □ Child/youth acknowledges the safety threat
- □ Child/youth is willing and able to participate in a safety plan
- □ Child/youth has shown in the past that they can take action to protect themself
- Child/youth reports having a trusting relationship with at least one facility staff member
- □ Child/youth reports having a trusting relationship with at least one family member or support network member, AND they are willing to share the details of the safety threat with them
- Other (describe): _____

FACILITY

Select all that apply.

- □ Facility staff and leadership acknowledge the safety threat
- □ Facility staff shared details of the safety threat with all relevant members of the Child and Family Team, including any tribal representative
- □ Facility leadership and staff are willing and able to participate in a safety plan
- Other (describe): ______

SECTION 4: PROTECTIVE INTERVENTIONS

If safety threats have been identified, consider the protective capacities above and determine whether a safety plan will allow the child/youth to safely remain in the facility. If so, the safety decision is "safe with plan"; select that decision below and identify interventions that will be used to immediately address the safety threat. If a safety plan that would allow the child/youth to remain in the facility safely cannot be created, skip to Section 5.

SAFETY DECISION

O **Safe with plan.** One or more safety threats are present. Facility leadership, the child/youth, and other members of the Child and Family Team have agreed to participate in a safety plan. This plan will allow the child/youth to safely remain in the facility, as long as the interventions continue to mitigate the safety threats. Develop a formal safety plan with clear intervention and monitoring details and share it with the facility caregivers, facility leadership, child/youth, tribe (if applicable), and child/youth's family/legal guardian, and other relevant team members.

Note: If a safety plan is implemented, a Child and Family Team Meeting (CFTM) should be convened, and a new safety assessment should be completed within 30 days.

Select all interventions that will be used to immediately help address the safety threat.

- □ Intervention or direct services provided by a CWS worker (do not include fact-finding actions from the investigation itself)
- □ Use of Child and Family Team members, support network, and/or community agencies as participants on the safety plan
- □ Use of resources and/or recommendations from tribal representatives as part of the safety plan
- □ Alleged perpetrator has been arrested, fired, or suspended from facility. (This cannot be the only item on the safety plan.)
- □ Facility will change staffing levels to address the safety threat
- □ Facility will change behavior plan/response to child/youth
- □ Facility will change location of child/youth within the facility and/or separate them from particular peers
- □ Other (describe): _____

SECTION 5: PLACEMENT CHANGE

SAFETY DECISION

- O **Unsafe.** One or more safety threats are present. All interventions above have been considered, and none of them will address the safety threat. A placement change is the only intervention possible to address the safety threat for the child/youth. Without the placement change, the child/youth will remain in imminent danger of serious harm.
 - □ County CWS that is responsible for child/youth will transfer the child/youth to a new placement immediately.

TRIBAL AGREEMENT WITH FINAL SAFETY DECISION

Complete only if the child/youth is an Indian child or there is reason to know the child is an Indian child/youth.

Is the tribe(s) in agreement with the final safety decision?

- O Yes
- O No; reasoning: _____
- O Unknown

SECTION 6: OTHER ACTIONS THAT MAY BE NEEDED

1. DURING THE COURSE OF THIS SAFETY ASSESSMENT, WERE OTHER CHILDREN/YOUTH IDENTIFIED AT THE FACILITY WHO MAY HAVE BEEN ABUSED OR NEGLECTED?

- O Yes; report to the child abuse hotline
- O No
- O Unknown

2. IS LICENSING AWARE OF THE CURRENT INVESTIGATION?

- O Yes
- O No; report to licensing
- O Unknown; determine is licensing is aware and file report if needed

3. IS A REPORT TO LAW ENFORCEMENT REQUIRED?

- O Yes
- O No