



The Structured Decision Making<sup>®</sup> System

# Procedure and Reference Manual Safety and Risk Assessment

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Texas Department of Family and  
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## STRUCTURED DECISION MAKING® SYSTEM OVERVIEW GOALS, OBJECTIVES, AND CHARACTERISTICS

### Structured Decision Making® System Goals

1. Reduce subsequent child maltreatment.
  - a. Reduce subsequent investigations or Alternative Response (AR) cases.
  - b. Reduce subsequent validated investigations.
  - c. Reduce subsequent injuries.
  - d. Reduce subsequent foster placements.
2. Expedite permanency for children.

### Structured Decision Making® System Objectives

1. Identify **critical decision points**.
2. Increase **reliability** of decisions.
3. Increase **validity** of decisions.
4. **Target resources** to families at **highest risk**.
5. **Use case-level data** to inform decisions throughout the agency.

### Critical Characteristics of the Structured Decision Making® System

**Reliability:** Structured assessments and protocols systematically focus on the critical decision points in the life of a case, increasing worker consistency in assessment and planning with families. Families are assessed more objectively, and decision making is guided by facts of the case, rather than by individual judgment.

**Validity:** Research repeatedly demonstrates the model's effectiveness at reducing subsequent abuse/neglect, as evidenced by reduced rates of subsequent referrals, substantiations, injuries to children, and placements in foster care. The cornerstone of the model is the actuarial research-based risk assessment, which accurately classifies families according to the likelihood of subsequent maltreatment, enabling agencies to target services to families at highest risk.

**Equity:** Structured Decision Making® (SDM) assessments ensure that critical case characteristics, safety factors, and domains of family functioning are assessed for every family, every time, regardless of social differences. Detailed definitions for assessment items increase the likelihood that workers assess all families using a similar framework. Research demonstrates racial equity of the risk assessment in classifying families across risk levels.

**Utility:** The model and its assessments are easy to use and understand. Assessments are designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case. Assessment use provides workers with a means to focus the information-gathering and assessment process. By focusing on critical characteristics, workers are able to organize case narratives in a meaningful way. Additionally, the assessments facilitate communication between worker and supervisor, and unit to unit, about each family and the status of the case. Aggregate data facilitate communication among community partners and stakeholders.

## **SDM® CULTURAL CONSIDERATIONS—GENERAL**

Throughout the use of all SDM® assessments, the worker will be asked questions concerning characteristics of families being investigated/assessed, including environmental, parenting, and mental health issues. The ways in which families function within their family of origin, values, cultural backgrounds, and community standards are incorporated into the assessment. It is important that workers do not judge families against their own cultural background and values, nor against a predefined cultural norm. The worker must consider the family's own values and the community in which the family is functioning.

While respecting cultural differences and working to be culturally responsive, it is important to consider the issues from the viewpoint of the family and to focus on conditions that may represent risks to children. Remaining responsive to a family's culture is likely to assist us in identifying true risk issues and increasing the respect the family feels from the worker.

### **Developing Cultural Responsiveness**

The following recommendations will help workers to work with families in a culturally responsive manner.

- Become aware of your own cultural background, values, and biases.
- Become aware of the history of child welfare, its foundation in Euro-centric ideas and principles, and its struggle to meet the needs of diverse populations, especially when there is distrust based on past actions of child welfare agencies.
- Become aware of the effects of institutional racism and disproportionality during your interaction with the family.
- Recognize that while others' customs and beliefs may be different from yours, there are no right or wrong cultural beliefs.
- Establish personalized contact with individuals and their families.
- Learn about the people you serve, including their cultural beliefs and personal values.
- Call upon the child/safety network for assistance in understanding how to work with families.

- Be aware of stereotypes, and avoid making decisions or assessments based on those stereotypes rather than what you learn from the person with whom you are working. Stereotypes may be developed based on individuals' language, race, sexual preference, body size, or any other characteristic.
- Assist families with issues that are important to them as is reasonable, even if they are not directly related to abuse or neglect of the children.
- Be sensitive to others' cultural perceptions of issues.
- If you are not proficient in someone's native language, be sure to use an interpreter.
- Try to discover some commonalities of experience.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES  
SDM® GLOSSARY**

The following definitions apply when completing the SDM safety and risk assessments.

The purpose of the safety assessment is to inform safety planning for the caregiver’s household; in the event that safety planning cannot keep one or more children in the household safe from imminent harm, removal is recommended. It is not intended to assess the households of out-of-home caregivers such as foster parents and facility and shelter staff.

The purpose of the SDM initial risk assessment is to classify the likelihood of future maltreatment within the caregiver’s household. It is not intended to assess the households of out-of-home caregivers such as foster parents and facility and shelter staff.

1. **Caregiver:** A person who is responsible for a child’s care, custody, or welfare, such as:
  - a. A parent, guardian, or managing or possessory conservator;
  - b. Another adult member of the child’s family or household; or
  - c. A person with whom the child’s parent cohabits.

Use the table below to distinguish between the primary and secondary caregiver for the risk assessment.

<b>Circumstance</b>	<b>Primary Caregiver</b>	<b>Secondary Caregiver</b>
Two parents/caregivers (including minor parents) with legal responsibility for the child living together	Provides the most child care. May be 51% of care. TIE BREAKER: If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent/caregiver
Single parent/caregiver (including minor parent) with legal responsibility for the child, any other adult in household	The only parent/caregiver	Other adult who provides care to the child
Single parent/caregiver (including minor parent) with legal responsibility for the child, no other adult in household	The only parent/caregiver	None

Circumstance	Primary Caregiver	Secondary Caregiver
No legal parent, one caregiver (e.g., alleged victim resides with relative without a legal parent/caregiver in the home)	The only caregiver	None
No legal parent, two or more caregivers (e.g., alleged victim resides with relatives without a legal parent/caregiver in the home)	Provides the most child care. May be 51% of care. TIE BREAKER: If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	Other adult who provides care to the child

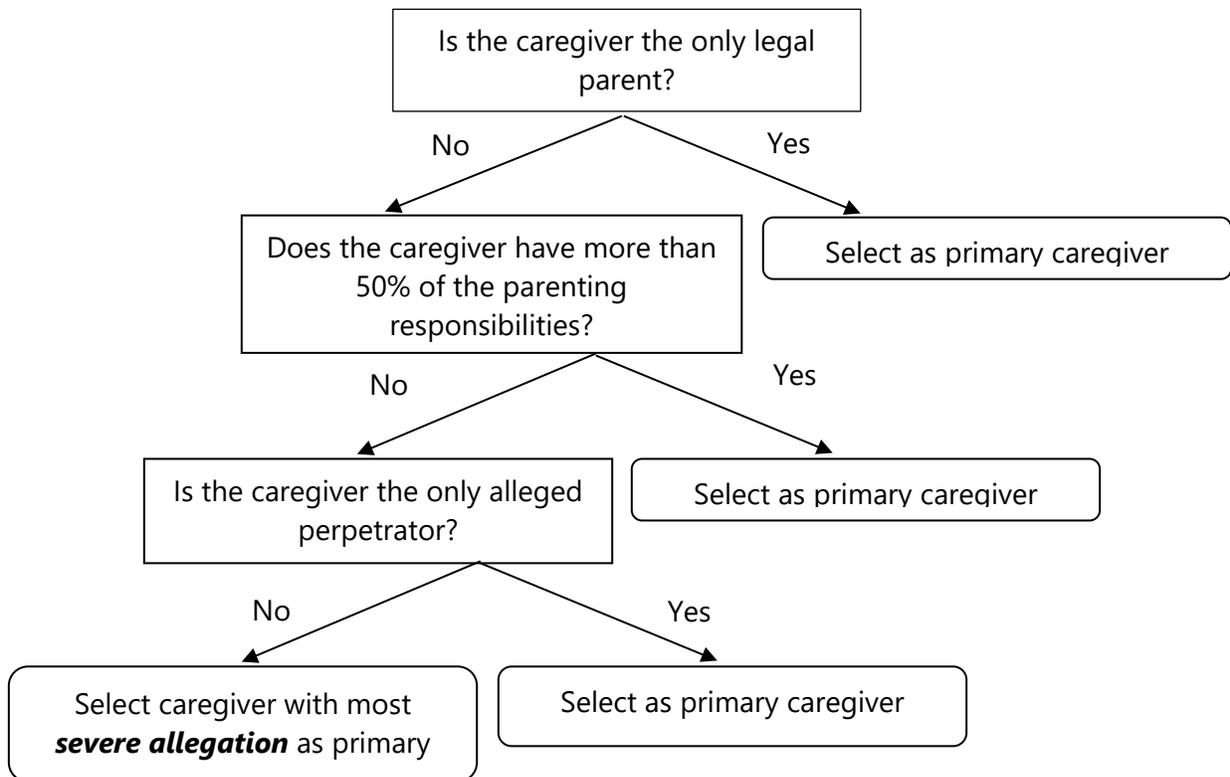
Additional Considerations

A minor may be the primary or secondary caregiver if he/she is the biological parent of the alleged child victim. A minor is a child under the age of 18. This does not include a child who has been legally emancipated and lives separately from his/her parents.

A minor may never be considered the primary or secondary caregiver of his/her sibling.

### Caregiver Identification Chart

For each household in which a child or children are a member, distinguish between primary and secondary caregivers according to the following criteria.



*For the safety assessment:* Assess all household members, including everyone who has significant in-home contact with the child.

*For the risk assessment:* When answering risk items, consider ONLY household members. Answer items with careful attention to whether the question refers to the primary or secondary caregiver.

- 2. Family:** Two or more people, related by blood, law, or significant relationship with the child or child's caregivers.
- 3. Household/SDM Household Plus:** SDM assessments are completed on households. A household includes all persons who have significant in-home contact with the child and may include persons who do not live full time in the residence. For example, a household could include a parent's intimate partner or other family member who visits the home routinely. When a child's parents do not live together, the child may be a member of two

households. Child protective investigations (CPI)/child protection services (CPS) is assessing the household(s) of the caregiver(s) with the allegation(s).

Household composition can change during the life of a case. Take into consideration changes in household composition when completing SDM assessments. Take these changes into consideration when completing a reassessment of safety and SDM assessments completed during FBSS and CVS.

Continue to assess parental child safety placement (PCSP) households under current policy (3210 Parental Child Safety Placements). SDM assessments are not applied to PCSP households unless there is a new allegation on a PCSP caregiver.

**Note: Throughout this manual, the term “household” refers to “SDM Household Plus.”**

4. **CPI/CPS:** Child protective investigations/child protection services. Throughout this manual, CPI/CPS is used to refer to any child protection agency, generically. This may refer to the Department of Family and Protective Services or any child protection agency in any other jurisdiction. When a definition references “CPI/CPS,” the reader should be aware that this includes other states.
5. **DFPS:** Department of Family and Protective Services. Throughout this manual, DFPS is used to refer to the Texas Department of Family and Protective Services specifically, rather than to any CPI/CPS agency.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES  
SDM® SAFETY ASSESSMENT

r: 05/18

Case Name: \_\_\_\_\_ Case ID: \_\_\_\_\_

County: \_\_\_\_\_ Worker: \_\_\_\_\_

Date of Assessment: \_\_\_/\_\_\_/\_\_\_ Assessment Type:  Initial  Reassessment  Case closure

**Names of Children Assessed:**

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

If more than six children are assessed, include additional names and numbers (e.g., 7. Joe Smith):  
\_\_\_\_\_  
\_\_\_\_\_

Household Name: \_\_\_\_\_

Caregiver(s) Assessed: \_\_\_\_\_

**SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY**

These are conditions resulting in child's inability to protect self; mark all that apply to any child.

- |   |  |
|---|--|
| <input type="checkbox"/> Child is age 0–5.  | <input type="checkbox"/> Child has diminished mental capacity.   |
| <input type="checkbox"/> Child has diagnosed or suspected medical or mental condition, including medically fragile. | <input type="checkbox"/> Child has diminished physical capacity. |
| <input type="checkbox"/> Child has limited or no readily accessible support network.                                | <input type="checkbox"/> None apply                              |

**SECTION 2: CURRENT DANGER INDICATORS**

The following list is comprised of danger indicators, defined as behaviors or conditions that describe a child being in imminent danger of serious harm. Assess the above household for each of the danger indicators, and mark "yes" for any and all danger indicators present in the family's situation at the time of the assessment and "no" for any and all of the danger indicators absent from the family's current situation based on the information at this time. Mark all that apply.

Yes No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/AR case, as indicated by:<br><input type="checkbox"/> Serious injury or abuse to the child other than accidental.<br><input type="checkbox"/> Caregiver fears he/she will maltreat the child.<br><input type="checkbox"/> Threat to cause harm or retaliate against the child.<br><input type="checkbox"/> Substantial or unreasonable use of physical force.<br><input type="checkbox"/> Drug-exposed infant. |
|--------------------------|--------------------------|--|

Yes No

- 2. Child sexual abuse is suspected to have been committed by:
  - Caregiver;
  - Other household member; OR
  - Unknown person AND the caregiver or other household member cannot be ruled out, AND circumstances suggest that the child's safety may be of immediate concern.
- 3. Caregiver is aware of the potential harm AND unwilling, OR unable, to protect the child from serious harm or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should be captured under danger indicator 9.)
- 4. Caregiver's explanation or lack of 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.
- 5. Caregiver does not meet the child's immediate needs for supervision, food, and/or clothing.
- 6. Caregiver does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).
- 7. Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- 8. Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
- 9. Domestic violence exists in the household and poses an imminent danger of serious physical and/or emotional harm to the child.
- 10. Caregiver persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn.
- 11. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
- 12. Family currently refuses access to or hides the child and/or seeks to hinder an investigation/AR case.
- 13. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
- 14. Other (specify): \_\_\_\_\_

**If no item in Section 2 was selected, go to Section 5.**  
**If any current danger indicators are marked, go to Section 3.**

### SECTION 3: HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS

**Household strengths** 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 danger indicator.

**Protective actions** are specific actions and/or activities that have been taken by the caregiver that directly address the danger indicator and are demonstrated over time.

These factors should be assessed, considered, and included when building a safety plan to mitigate the danger indicators. Evaluate whether household strengths and protective actions apply to at least one caregiver and at least one child in the household. Mark all that apply to the household.

	<b>Household Strengths</b>	<b>Protective Actions</b>
Caregiver problem solving	<input type="checkbox"/> At least one caregiver identifies and acknowledges the problem/danger indicator(s) and suggests possible solutions.	<input type="checkbox"/> At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified danger indicators, and the caregiver has used or could use these strategies in the current situation.
Caregiver support network	<input type="checkbox"/> At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network. <input type="checkbox"/> At least one protective caregiver exists and is willing and able to protect the child from future harm. <input type="checkbox"/> At least one caregiver is willing to work with DFPS to alleviate danger indicators, including allowing worker(s) access to the child.	<input type="checkbox"/> At least one caregiver has a stable support network that is aware of the danger indicator(s), has been responding or is responding to these indicator(s), and is willing to provide protection for the child.
Child problem solving	<input type="checkbox"/> At least one child is emotionally/intellectually capable of acting to protect him/herself from a danger indicator.	<input type="checkbox"/> At least one child, in the past or currently, acts in ways that protect him/herself from a danger indicator.
Child support network	<input type="checkbox"/> At least one child is aware of his/her support network members and knows how to contact these individuals when needed.	<input type="checkbox"/> 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 danger and keep the child safe.
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

#### **SECTION 4: SAFETY INTERVENTIONS**

For each identified danger indicator, review available household strengths and protective actions. Considering the household strengths and protective actions, can the following interventions alleviate any danger indicators? Consider whether each danger indicator appears to be related to caregiver's knowledge, skill, or motivational issue.

Consider whether safety interventions will allow the child to remain in the home for the present time. A completed safety plan is required to systematically describe interventions and facilitate follow-through.

Mark the item number for **ALL** safety interventions that will be implemented.

#### **Family Safety Interventions**

- 1. Worker-initiated intervention or direct services by worker. (DO NOT include the investigation/AR case itself as an intervention.)
- 2. Use of family, neighbors, or other individuals in the community as safety network members.
- 3. Use of community agencies or services.
- 4. A protective caregiver will take actions to keep the child victim from the alleged perpetrator's dangerous behavior.
- 5. The alleged perpetrator will leave or has left the home.
- 6. A protective caregiver will move or has moved to a safe environment with the child.
- 7. Family-initiated legal action is planned or initiated—child remains in the home.
- 8. Other (specify): \_\_\_\_\_
- 9. Parental Child Safety Placement (PCSP): The child will temporarily reside with a PCSP caregiver identified by the family, with worker monitoring.

#### **CPI/CPS Safety Intervention**

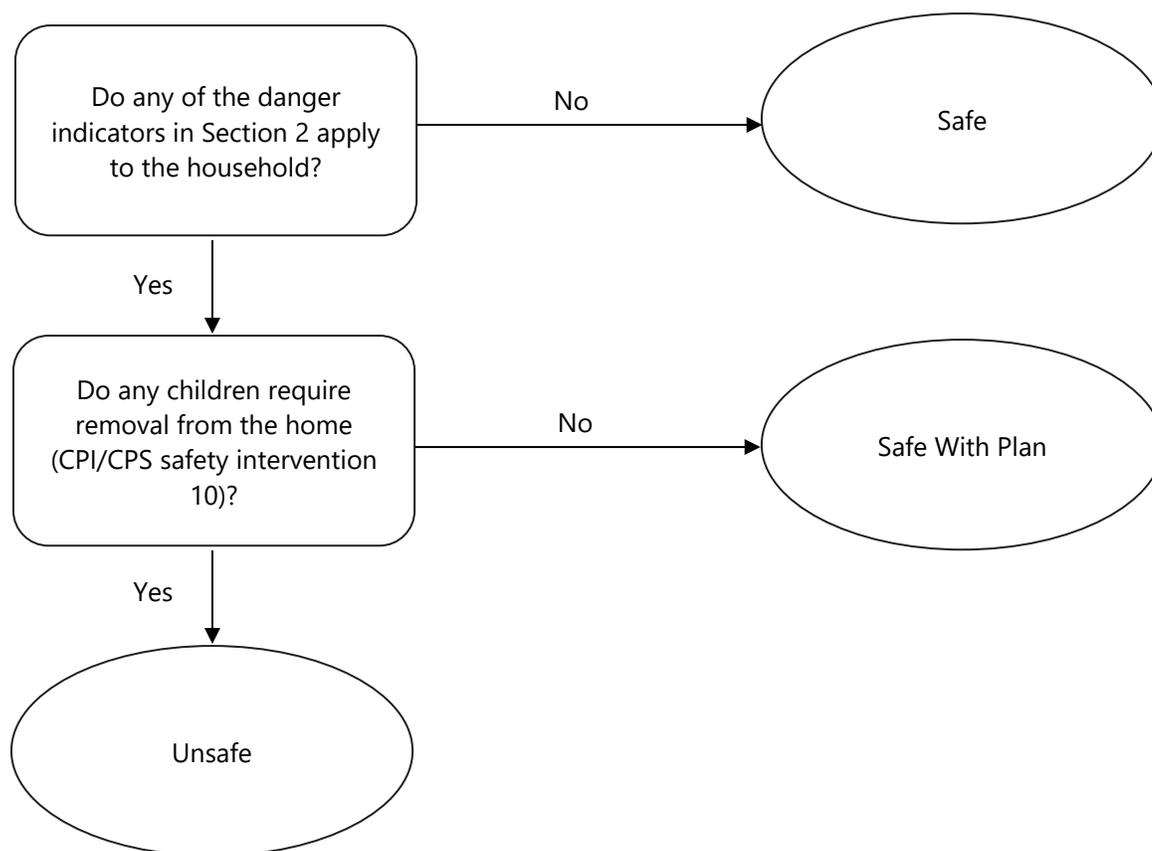
- 10. Removal of any child in the household; interventions 1–9 do not adequately ensure the child's safety.

### SECTION 5: SAFETY DECISION

Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all danger indicators, safety interventions, and any other information known about the case. Check one response only.

- 1. **Safe.** No danger indicators identified; no safety plan is needed at this time.
- 2. **Safe with plan.** One or more danger indicators are present; safety plan required.
- 3. **Unsafe.** One or more danger indicators are present; emergency or nonemergency removal is necessary.
  - All children were removed.
  - One or more children were removed and other children remain in home or in a PCSP. SAFETY PLAN REQUIRED for remaining children unless an approved exception applies. (See manual for exceptions.)

**Safety Assessment Discussion** (see [definition](#); bullet points are acceptable)





## Safety Plan

**Purpose:** A safety plan is used only when there is a specific threat to a child in the immediate or foreseeable future. The plan must be created with the family; must be written in practical, action-oriented language; and must emphasize the family's network of support.

**Instructions:** The caseworker fills out all fields on the form. The caseworker then reviews the form with each parent and caregiver who will sign it. The caseworker ensures that the parent or caregiver has read or understands the form and has initialed each applicable field. The caseworker will work with the family to arrange for a review of the plan. The caseworker then provides a copy to each person who signs the form. All persons involved in the safety plan must sign the form.

<b>Family Name:</b>				
<i>What is the specific situation or action that causes the child to be unsafe?</i>	<i>What actions need to be taken right now to keep the child safe?</i>	<i>Who is responsible for ensuring that these actions are taken?</i>	<i>Timeframe for completing the actions</i>	<i>Parent's or caregiver's initials</i>
<b>Family Name:</b>				



<i>What is the specific situation or action that causes the child to be unsafe?</i>	<i>What actions need to be taken right now to keep the child safe?</i>	<i>Who is responsible for ensuring that these actions are taken?</i>	<i>Timeframe for completing the actions</i>	<i>Parent's or caregiver's initials</i>



**STATEMENTS OF UNDERSTANDING AND AGREEMENT**

<b>PARENT OR CAREGIVER</b>		<b>Initials</b>
You (the parent or caregiver) agree that this plan does not conflict with any existing court order, or if you are affected by a court order, all parties affected by the court order agree to the safety plan on a temporary basis.		
This safety plan may be reviewed at any time, if either you decide or DFPS decides that a modification is needed due to a change in the family's circumstances.		
If you are unable to carry out this plan successfully, or your child is considered to be in an unsafe situation, DFPS may refer you for further services, may ask you to place the child out of the home until the situation changes, or may ask the court to order you to complete services or place the child in foster care.		
If you (the parent) are asked to place the child with a caregiver (in what is known as a parental child safety placement) and you agree, you understand that DFPS will share any information with the caregiver that is important for the safety and welfare of your child while the child lives in the caregiver's home.		
This safety plan will cease to be in effect when you are notified as such by your caseworker, or DFPS is no longer investigating or providing services to you or your family		

<b>CAREGIVER (IN THE CASE OF A PARENTAL CHILD SAFETY PLACEMENT OR KINSHIP PLACEMENT)</b>		<b>Initials</b>
If you (the caregiver providing care during a parental child safety placement or kinship placement) are unable to carry out this plan successfully, or if the child in your care is considered to be in an unsafe situation, the child will be moved to a different placement and further DFPS involvement may be necessary, including legal intervention.		

<b>SIGNATURES</b>			
Child's Parent or Legal Guardian: X	Date Signed:	Child's Parent or Legal Guardian: X	Date Signed:
Child's Parent or Legal Guardian: X	Date Signed:	DFPS Caseworker: X	Date Signed:
Other Party: X	Date Signed:	DFPS Supervisor: X	Date Signed:

<b>Who Can I Call? (Who can I call if circumstances change, or if I have questions about DFPS involvement or this safety plan?)</b>		
DFPS Caseworker's Name:	Phone Number:	Email address: @dfps.state.tx.us
DFPS Supervisor's Name:	Phone Number:	Email address: @dfps.state.tx.us

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES  
SDM® SAFETY ASSESSMENT  
DEFINITIONS**

**SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY**

- **Child is age 0–5.**  
Children ages 0–5 are presumed to be vulnerable in protecting themselves. Evaluate whether any child is able to avoid an abusive or neglectful situation; flee; or seek outside protective resources, such as telling a relative, teacher, etc.
- **Child has diagnosed or suspected medical or mental condition, including medically fragile.**  
Any child in the household has a diagnosed medical or mental disorder that impairs his/her ability to protect him/herself from harm OR an unconfirmed diagnosis where preliminary indicators are present. Examples may include but are not limited to severe asthma, severe depression, untreated diabetes, medically fragile (e.g., requires assistive devices to sustain life), etc.
- **Child has limited or no readily accessible support network.**  
Any child in the household is isolated or less visible within the community; or the child does not have adult family or friends who understand the danger indicators; or the child does not have adult family or friends who are willing to take an active role in keeping the child safe.
- **Child has diminished mental capacity.**  
Any child in the household has diminished developmental/cognitive capacity, which impacts the child’s ability to communicate verbally or to care for him/herself.
- **Child has diminished physical capacity.**  
Any child in the household has a physical condition/disability that impacts his/her ability to protect him/herself from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency situation if left unattended, cannot care for self, etc.).
- **None apply.**

## SECTION 2: CURRENT DANGER INDICATORS

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

- Serious injury or abuse to the child other than accidental. The caregiver caused severe injury, including 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, regardless of whether the caregiver sought medical treatment.
- Caregiver fears he/she will maltreat the child. The caregiver expresses overwhelming fear that he/she poses a plausible threat of harm to the child or has asked someone to take his/her child so the child will be safe. For example, a mother with postpartum depression fears that she will lose control and harm her child. This does not include normal anxieties, such as fear of accidentally dropping a newborn baby.
- Threat to cause harm or retaliate against the child. The caregiver has made a threat of action that would result in serious harm, or a household member plans to retaliate against the child.
- Substantial or unreasonable use of physical force. The caregiver has used physical force in a way that bears no resemblance to reasonable discipline. Unreasonable discipline includes discipline practices that cause injuries, last for lengthy periods of time, are not age- or developmentally appropriate, place the child at serious risk of injury/death, are humiliating or degrading, etc. Use this subcategory for caregiver actions that are likely to result in serious harm but have not yet done so.
- Drug-exposed infant. There is evidence that the mother abused alcohol or prescription drugs or used illegal substances during pregnancy, AND this has created imminent danger to the infant. Imminent danger includes:
  - » Infant tests positive for alcohol or drugs in his/her system;
  - » Infant exhibits withdrawal symptoms; or
  - » Infant displays physical characteristics (e.g., low birth weight, slow reflexes, etc.) of substance abuse by the mother.

**2. Child sexual abuse is suspected to have been committed by:**

- **Caregiver**
- **Other household member**
- **Unknown person AND the caregiver or other household member cannot be ruled out,**

**AND circumstances suggest that the child's safety may be of immediate concern.**

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

- The child discloses sexual abuse;
- The child demonstrates sexualized behavior inappropriate for his/her age and developmental level;
- Medical findings are consistent with sexual abuse;
- The caregiver or others in the household have been convicted of, investigated for, or accused of sexual misconduct or have had sexual contact with a child; and/or
- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities, or forced the child to view pornography.

AND

The child's safety may be of immediate concern if:

- There is no protective caregiver;
- A caregiver is influencing or coercing the child victim regarding disclosure; and/or
- Access to a child by a caregiver or other household member reasonably suspected of sexually abusing the child OR a registered sexual abuse perpetrator, especially with known restrictions regarding any child under age 18, exists.

**3. Caregiver is aware of the potential harm AND unwilling, OR unable, to protect the child from serious harm or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should be captured under danger indicator 9.)**

- The caregiver fails to protect the child from serious harm or threatened harm, such as physical abuse, emotional abuse, sexual abuse (including child-on-child sexual contact), or neglect by others, including other family members, other household members, or others having regular access to the child. Based on the child's age or developmental stage, the caregiver does not provide the supervision necessary to protect the child from potentially serious harm by others.
- An individual with known violent criminal behavior/history resides in the home AND is posing a threat to the child, and the caregiver allows access to the child.

**4. Caregiver's explanation or lack of 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.**

Assess this item based on the caregiver's statements by the end of the contact. It may be typical for a caregiver to initially minimize, deny, or give an inconsistent explanation but, through discussion, admit to the true cause of the child's injury.

Mark this danger indicator if the caregiver's statements have not changed (i.e., the caregiver has not admitted or accepted the more likely explanation) by the end of the contact. Examples include but are not limited to the following.

- Medical evaluation indicates, or medical professionals suspect, the injury is the result of abuse; the caregiver denies this or attributes the injury to accidental causes.
- The caregiver's description of the injury or cause of the injury minimizes the extent and impact of harm to the child.

Factors to consider include the child's age, location of injury, child's special needs (cognitive, emotional, or physical), or history of injuries.

**5. Caregiver does not meet the child's immediate needs for supervision, food, and/or clothing.**

- The child's minimal nutritional needs are not met, resulting in danger to the child's health, such as malnourishment.

- The child is without clothing appropriate for the weather. Consider the age of the child and whether clothing is the choice of the child or the provision of the parent.
- The caregiver does not provide age- or developmentally appropriate supervision to ensure the safety and well-being of the child to the extent that the need for care goes unnoticed or unmet (e.g., caregiver is present but the child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards).
- The caregiver is unavailable (e.g., incarceration, hospitalization, abandonment, whereabouts unknown).
- The caregiver makes inadequate and/or inappropriate babysitting or childcare arrangements or demonstrates very poor planning for the child's care, OR the caregiver leaves the child alone (time period varies with age and developmental stage). In general, consider emotional and developmental maturity, length of time, provisions for emergencies (e.g., able to call 911, neighbors able to provide assistance), and any child needs or vulnerabilities.

**6. Caregiver does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).**

- The caregiver does not seek treatment for the child's immediate, chronic, and/or dangerous physical medical condition(s) or does not follow prescribed treatment for such conditions.
- The child has exceptional needs, such as being medically fragile, which the caregiver does not or cannot meet.
- The child shows significant symptoms of prolonged lack of emotional support and/or socialization with the caregiver, including lack of behavioral control, severe withdrawal, and missed developmental milestones that can be attributed to caregiver behavior.

Exclude situations in which the caregiver chooses not to provide psychotropic or behavioral medications to a child unless the child is suicidal or homicidal. (Exclude circumstances related to religion per CPI/CPS Handbook, Section 2362.)

**7. 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, including but not limited to the following.

- Leaking gas from stove or heating unit.
- Substances or objects accessible to the child that may endanger his/her health and/or safety.
- Lack of water or utilities (e.g., heat, plumbing, electricity) and no alternate or safe provisions are made.
- Open/broken/missing windows in areas accessible to the child and/or unsafe structural issues in the home (e.g., walls falling down, floor missing).
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness or significant injury has occurred or is likely to occur due to living conditions and these conditions still exist (e.g., scabies due to conditions of the home, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns/ammunition and other weapons are not safely secured and are accessible to the child.
- Methamphetamine production in the home.
- The family has no shelter for the night or is likely to be without shelter in the near future (e.g., the family is facing imminent eviction from their home and has no alternative arrangements, or the family is without a permanent home and does not know where they will take shelter in the next few days or weeks).

AND

This lack of shelter is likely to present a threat of serious harm to the child (e.g., the child is likely to be exposed to extreme cold without shelter, the child is likely to sleep in a dangerous setting).

**8. Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.**

The caregiver has abused legal or illegal substances or alcoholic beverages to the extent that the caregiver is unable or likely will be unable to care for the child, has harmed the child, or is likely to harm the child.

**9. Domestic violence exists in the household and poses an imminent danger of serious physical and/or emotional 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.

Domestic violence perpetrators, in the context of the child welfare system, are parents and/or caregivers who engage in a pattern of coercive control against one or more intimate partners. This pattern of behavior may continue after the end of a relationship or when the couple no longer lives together. The alleged perpetrator's actions often directly involve, target, and impact any children in the family.

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

Do not include violence between any adult household member and a minor child (this would be classified as physical abuse and marked as danger indicator 1 and/or 3 as appropriate).

Do not include arguments that do not escalate beyond verbal encounters and are not otherwise characterized by threatening or controlling behaviors. Examples of when a child's safety may be of concern may include the following.

- The child was previously injured in a domestic violence incident.
- The child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- The child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the household.
- The child is at potential risk of physical injury based upon his/her vulnerability and/or proximity to the incident (e.g., caregiver holding child while alleged perpetrator attacks caregiver, incident occurs in a vehicle while an infant child is in the back seat).
- The child's behavior increases risk of injury (e.g., attempting to intervene during a violent dispute, participating in a violent dispute).
- Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from domestic violence that could have a harmful impact on the child (e.g., broken glass and child could cut him/herself, broken cell phone and child cannot call for help).

**10. Caregiver persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn.**

This threat is related to a persistent pattern of caregiver behaviors. Examples of caregiver actions include the following.

- The caregiver describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- The caregiver curses at and/or repeatedly puts the child down.
- The caregiver scapegoats a particular child in the family.
- The caregiver blames the child for a particular incident or family problems.
- The caregiver places the child in the middle of a custody battle (e.g., parent persistently makes negative comments about other parent or asks the child to report back what goes on at the other parent's home).

**11. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.**

Caregiver appears to be mentally ill, developmentally delayed, or cognitively impaired, AND as a result, one or more of the following are observed.

- The caregiver's refusal to follow prescribed medications impedes his/her ability to care for the child.
- The caregiver's inability to control his/her emotions impedes his/her ability to care for the child.
- The caregiver's mental health status impedes his/her ability to care for the child.
- The caregiver expects the child to perform or act in ways that are impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, or expected to be still for extended periods, be toilet trained, eat neatly, care for younger siblings, or stay alone).
- Due to cognitive delay, the caregiver lacks knowledge related to basic parenting skills, such as:
  - » Not knowing that infants need regular feedings;
  - » How to access and obtain basic/emergency medical care;
  - » Proper diet; or
  - » Adequate supervision.

**12. Family currently refuses access to or hides the child and/or seeks to hinder an investigation/AR case.**

- The child's location is unknown to DFPS, and the family will not provide the child's current location.
- The family has removed or threatened to remove the child from whereabouts known to DFPS to avoid investigation/AR case.
- The family is threatening to flee or has fled in response to a CPI/CPS investigation/AR case.
- The family is keeping the child at home and away from friends, school, and other outsiders for extended periods of time for the purpose of avoiding investigation/AR case.
- There is evidence that the caregiver coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the investigation/AR case.

**13. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.**

- There must be both current immediate threats to child safety that do not meet any other danger indicator criteria;

AND

- There is related previous child maltreatment that was severe and/or represents an unresolved pattern of maltreatment. Previous maltreatment includes any of the following.
  - » Prior child death, possibly as a result of abuse or neglect.
  - » Prior serious injury or abuse or near death of the child, other than accidental. The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impaired the health or well-being of the child and required medical treatment, regardless of whether the caregiver sought medical treatment.

- » Failed reunification—The caregiver had reunification efforts terminated in connection with a prior CPI/CPS case.
- » Prior child removal—Removal/placement of a child by CPI/CPS or other responsible agency or concerned party was necessary for the safety of the child.
- » Prior CPI/CPS interventions that represent serious, chronic, and/or patterns of abuse/neglect allegations.
- » Prior threat of serious harm to a child—Previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against a child for previous incidents; or prior domestic violence that resulted in serious harm or threatened harm to a child.
- » Prior service failure—Failure to successfully complete court-ordered or voluntary services.

**14. Other (specify).**

Circumstances or conditions pose an immediate threat of serious harm to a child and are not already described in danger indicators 1–13.

### **SECTION 3: HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS**

**Household strengths** 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 danger indicator.

**Protective actions** are specific actions and/or activities that have been taken by the caregiver that directly address the danger indicator and are demonstrated over time. They also can include actions taken by the child in some circumstances. These are observed behaviors that have been demonstrated in the past and can be directly incorporated into the safety plan. It is important to note that any protective action taken by the child should not be the sole basis for a safety plan but may be incorporated as part of a plan, as it is never a child's sole responsibility to keep himself/herself safe. Indicating a household strength does not necessarily mean the caregiver or child is taking a protective action.

These factors should be assessed, considered, and included when building a safety plan to mitigate the danger indicators. Evaluate whether household strengths and/or protective actions apply to at least one caregiver and at least one child in the household. Mark all that apply to the household.

## CAREGIVER STRENGTHS AND PROTECTIVE ACTIONS

The following household strengths and protective actions apply to any caregiver in the household.

### Caregiver Problem Solving

Household Strengths	Protective Actions
<p><b>At least one caregiver identifies and acknowledges the problem/danger indicator(s) and suggests possible solutions.</b> At least one caregiver demonstrates an understanding of the issues that led to the current danger indicator and participates in planning to mitigate the situation by suggesting possible solutions for mitigating the danger indicator.</p>	<p><b>At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified danger indicators, and the caregiver has used or could use these strategies in the current situation. At least one caregiver has been able to protect the child from similar dangers in the past through his/her own actions. That caregiver is able to describe both the current dangers and the strategies he/she currently is using or willing to use to mitigate them.</b></p>

### Caregiver Support Network

Household Strengths	Protective Actions
<p><b>At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network.</b> At least one 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 cares about the child or family but may not, at this time, know what the danger indicator is or have been asked to take action to ensure that the child is protected from the danger indicator now and in the future.</p>	<p><b>At least one caregiver has a stable support network that is aware of the danger indicator(s), has been responding or is responding to these indicator(s), and is willing to provide protection for the child.</b> At least one 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. The protective caregiver has informed these network members of the dangers and they have assisted or are willing to assist in the situation by protecting the child (e.g., members of the support network have provided assistance to prevent utility shut off, food when needed, or a planned safe place for the child to stay in the event of violence in the household; have not allowed an offending caregiver to have unplanned forms of contact, etc.).</p>
<p><b>At least one protective caregiver exists and is willing and able to protect the child from future harm.</b> At least one caregiver has done nothing to contribute to the existence of the danger indicator. This protective caregiver understands that continued exposure of the child to the danger poses a threat to the child's safety, and the protective caregiver may be willing to become part of a support network and protect the child in the future.</p>	

Household Strengths	Protective Actions
<p><b>At least one caregiver is willing to work with DFPS to alleviate danger indicators, including allowing worker(s) access to the child.</b></p> <p>In the current case, at least one caregiver allows CPI/CPS to have contact with the child for the purpose of assessing the child’s safety. This includes interviews and observation of the child in the household. That caregiver accepts the involvement and initial service recommendations of the worker or other individuals working through referred community agencies. That caregiver cooperates with the continuing investigation/AR case, allows the worker and intervening agency to have contact with the child, and supports the child in all aspects of the investigation/AR case or ongoing intervention.</p>	

### CHILD STRENGTHS AND PROTECTIVE ACTIONS

The following household strengths and protective actions apply to any child in the household.

#### Child Problem Solving

Household Strengths	Protective Actions
<p><b>At least one child is emotionally/intellectually capable of acting to protect him/herself from the danger.</b></p> <p>The 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 a neighbor, telling a teacher).</p>	<p><b>At least one child, in the past or currently, acts in ways that protect him/herself from a danger indicator.</b></p> <p>Prior to the current danger, in response to similar circumstances where a danger has been present or circumstances 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 danger.</p>

## Child Support Network

Household Strengths	Protective Actions
<p><b>At least one child is aware of his/her support network members and knows how to contact these individuals when needed.</b> 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 help the child and other children, if applicable, in the future. That child also has strategies for how to reach the adults.</p>	<p><b>At least one child has successfully pursued support, in the past or currently, from a member of his/her support network in response to a danger indicator and that person(s) was able to help address the danger and keep the child safe.</b> When faced with a one of the danger indicators, at least one 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.</p>

## OTHER HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS

Household Strengths	Protective Actions
<p><b>Other.</b> Other qualitative, actions, resources and coping skills demonstrated by a caregiver or household member that could be built on in a safety plan but do not by themselves fully address the danger indicator(s).</p>	<p><b>Other.</b> Other protective actions taken by a caregiver, a household member, and/or the child that mitigate at least one of the danger indicators not captured in the items above.</p>

## SECTION 4: SAFETY INTERVENTIONS

Safety interventions are actions taken to specifically mitigate any identified danger indicators. They should address immediate safety considerations rather than long-term changes. Follow DFPS policies whenever applying any of the safety interventions. **Multiple interventions may be necessary to create a feasible and effective safety plan.**

For each identified danger indicator, review available household strengths and protective actions. With these protective actions in place, can the following interventions control the danger indicator? Consider whether the threat to safety appears to be related to the caregiver's knowledge, skill, or motivational issue.

Consider whether safety interventions will allow the child to remain in the home for the present time. Mark the item number for all safety interventions that will be implemented.

A completed safety plan is required to systematically describe interventions and facilitate follow-through.

## FAMILY SAFETY INTERVENTIONS

**1. Worker initiated intervention or direct services by worker. (DO NOT include the investigation/AR case itself as an intervention.)**

Actions taken or planned by the investigating worker or other CPI/CPS staff that specifically address one or more danger indicators. Examples include: providing information on obtaining restraining orders; organizing emergency family team meeting; transportation to shelter; providing emergency material aid, such as food; planning return visits to the home to check on progress; role modeling nonviolent disciplinary methods, child development needs, or parenting practices; or use of local "Rainbow Rooms."

**2. Use of family, neighbors, or other individuals in the community as safety network members.**

Engaging the family's natural safety network to mitigate safety concerns. Examples include: engaging a grandparent to assist with child care, agreement by a neighbor to serve as a safety net for an older child, commitment by a person to enforce and support the caregiver's relapse plan, or the caregiver chooses to have another protective adult spend a night or a few days with the family.

**3. Use of community agencies or services.**

Involving a community- or faith-based organization or other agency in activities to address danger indicators (e.g., a local food pantry, medical appointments, domestic violence shelters, homeless shelters, emergency utilities, home visiting nurse). DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for services.

**4. A protective caregiver will take actions to keep the child victim safe from the alleged perpetrator's dangerous behavior.**

A protective caregiver has acknowledged the danger and is able and willing to protect the child from the alleged perpetrator. Examples include: agreement that the child will not be alone with the alleged perpetrator or agreement that the caregiver will intervene to protect the child from the alleged perpetrator

**5. The alleged perpetrator will leave or has left the home.**

Temporary or permanent removal of the alleged perpetrator. Examples include: incarceration of alleged perpetrator, no contact order, protection from abuse order, or the alleged perpetrator agrees to leave.

**6. A protective caregiver will move or has moved 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 to which the alleged perpetrator will not have access. Examples include: domestic violence shelter, home of a friend or relative, or hotel.

- 7. Family-initiated legal action is planned or initiated—child remains in the home.**  
Legal action has already commenced, or will be commenced, that will effectively mitigate identified danger indicators. This includes family-initiated actions up to and including change in custody/visitation/guardianship initiated by protective caregiver.
- 8. Other (specify).**  
The family or worker identified a unique intervention for an identified danger indicator that does not fit within items 1–7.
- 9. Parental Child Safety Placement (PCSP): The child will temporarily reside with a PCSP caregiver identified by the family, with worker monitoring.**  
The caregiver has identified an alternative care provider to allow the child to reside elsewhere. To select this intervention, the worker must document:
- The address of the temporary residence of the child;
  - The person in that household who will be responsible for the child;
  - Background checks (criminal history and DFPS history) on all persons in the residence 14 years of age or older (according to current Texas policy);
  - Completion of the relative/nonrelative home safety assessment;
  - Inclusion of the person responsible for the child in a safety plan to contain threats to the child’s safety; and
  - A timeframe to reassess the agreement to make a decision for the longer-term residence of the child.

## **CPI/CPS SAFETY INTERVENTION**

- 10. Removal of any child in the household; interventions 1–9 do not adequately ensure the child’s safety.**  
If safety interventions 1–9 are marked for any child, **COMPLETE A SAFETY PLAN.** (See CPI/CPS Handbook, Section 3220, regarding removal.)

## SECTION 5: SAFETY DECISION

Identify the safety decision by marking the appropriate line. This decision should be based on the assessment of all danger indicators, safety interventions, and any other information known about the case. Check one response only.

1. **Safe.** No danger indicators were identified at this time and no safety plan is needed at this time. Based on currently available information, no children are likely in immediate danger of serious harm and no safety interventions are needed at this time.
2. **Safe with plan.** One or more danger indicators are present; a safety plan is required. Safety interventions have been initiated and the child will remain in the home or PCSP as long as the safety interventions mitigate the danger. SAFETY PLAN REQUIRED.
3. **Unsafe.** One or more danger indicators are present, and removal is the only protecting intervention possible for one or more children. Without removal, one or more children will likely be in danger of immediate or serious harm. The child will be placed in custody because interventions 1–9 do not adequately ensure the child’s safety.
  - All children were removed.
  - One or more children were removed and other children remain in home or in a PCSP. SAFETY PLAN REQUIRED for remaining children unless an approved exception applies. (See manual, page 30, for exceptions.)

Note: If the safety decision is “unsafe” and any children remain in the home, a safety plan is required. If all children are removed from the home, no safety plan is required.

If a worker marks any danger indicators after contact but is unable to assess whether any safety interventions are possible, the safety decision at that point in time is “unsafe.” Legal support for a removal must be pursued, although local legal representation may recommend other legal action. Once more information is gathered or a new safety intervention is taken, a reassessment of safety should be documented in IMPACT.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES  
SDM® SAFETY ASSESSMENT  
POLICY**

**Purpose and Policy**

The purpose of the SDM® safety assessment is: (1) to help assess, at a point in time, whether any child is likely to be in *immediate* danger of serious harm/maltreatment, which requires a safety intervention; and (2) to determine what interventions should be initiated or maintained to provide appropriate protection. Safety assessment is a process that workers use during every contact with a family to help them organize and document their thinking about safety. It should also be noted that although the worker must assess safety during every contact, formal documentation of that assessment occurs at specific points during the case.

**Safety Assessment 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 immediate danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment.

**Which Cases**

All cases in which the child is in his/her own home, including subsequent referrals.

In ongoing intervention, this safety assessment should only be done for in-home cases (Family-Based Safety Services [FBSS]) or cases where the child is in out-of-home care (Conservatorship [CVS]) and is in return in his/her own home (i.e., with the caregiver from whom the child was removed) OR when there is at least one child residing in the removal household.

**Which Household**

Assess the household of the caregiver who is the subject of the investigation, AR assessment, or ongoing case.

If the alleged perpetrator is part of the child's household, assess that household.

If the alleged perpetrator is not a member of the child's household, do *not* complete a safety assessment for the household of the alleged perpetrator; instead, complete a safety assessment for the household of the caregiver of the child.

If the abuse or neglect involved more than one household, assess each household where the alleged abuse or neglect occurred.

## Who

The worker (to include night intake or on-call workers when indicated) who is responsible for the investigation, AR assessment, or ongoing case.

## When Safety Is Assessed

Safety is assessed **throughout** the life of a case. The SDM safety assessment or a reassessment is required in the following circumstances.

- At the time of the first face-to-face contact with all identified child victims and household caregivers during an investigation.
- At the time of the first face-to-face meeting with the family during an AR assessment.
- Prior to returning a child home from a PCSP.

Note: Children in CVS may not be placed in a PCSP. If a child in CVS needs to be placed outside of the CVS home due to danger, this is considered a placement change.

- Prior to a CVS reunification staffing.
- When information on a household from a new intake with different allegations/incidents has been merged with the current investigation/AR report. (Follow DFPS guidelines regarding merging new intake information.)
- Whenever circumstances suggest that the child's safety may be jeopardized, including when a new danger indicator is identified, a previous danger indicator changes, or there is a change in safety intervention or safety decision. Examples may include:
  - » Change in family circumstances (e.g., birth of a baby, new household members, a person leaves the household, the household moves);
  - » Change in ability of safety interventions to mitigate danger indicators OR PCSP breakdown;
  - » Change in placement (see CPI/CPS Handbook, Section 6270, on updates required by changes in circumstances); or
  - » New allegations of abuse or neglect (see CPI/CPS Handbook, Section 6150: Caseworker's Duty to Report Abuse and Neglect in an Open CVS Case).

Note: In circumstances where there are concerns about a placement while a child is in substitute care, do not use the SDM safety assessment to assess safety. Instead, use the current process to assess safety of the substitute caregiver's home and document it in the CVS record in IMPACT (see CPI/CPS Handbook, Section 4134: Issues Regarding Subsequent Placements).

- When considering closure of an investigation/AR case without transfer to FBSS or CVS, complete a closure safety assessment to ensure no danger indicators are present. (For policy timeframes related to reassessment completion for investigations, see CPI/CPS Handbook, Section 2271: Time Frames for Completing a Safety Assessment or Reassessment; for AR, see Section 2624.1: Completing the Safety Reassessment.)

Note: If extraordinary circumstances do not allow completion of a safety reassessment, consult your supervisor and follow local policies—for example, family cannot be located or is uncooperative and legal intervention is not possible according to local policy (see CPI/CPS Handbook, Section 3100: When a Child Who is With His or Her Family Cannot be Located, and Section 2210: General Provisions.)

- When considering case closure following FBSS or CVS.

### **When the Safety Assessment Is Documented**

The SDM safety assessment must be documented in IMPACT by the worker completing the assessment within 24 hours of the priority response time based on face-to-face interviews with alleged child victims and/or caregivers OR after implementing a safety intervention.

In circumstances where none of the child victims could be interviewed during the response priority time, a safety assessment would not be documented. A safety assessment should be documented as soon as face-to-face interviews with alleged child victims and/or caregivers occur or upon implementing a safety intervention (see CPI/CPS Handbook, Section 2271: Time Frames for Completing a Safety Assessment or Reassessment).

For the assessment date of all SDM safety assessments—including initial assessments and updated and case closing safety assessments—use the date of the face-to-face contact with the family upon which the findings of the SDM safety assessment are based, rather than the date the safety assessment is completed in IMPACT.

When an FBSS or CVS worker is aware of a change of circumstances (with the exception of a new investigation) or potentially unsafe circumstances in the household, the worker should reassess safety and complete a new SDM safety reassessment in IMPACT.

## Decision

The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to a child. This information guides the decision about whether the child may remain in the home with no intervention, may remain in the home with a safety plan (including PCSP), or is unsafe and CPI/CPS removal is necessary.

## Safety Plan

The safety plan is required when:

- The safety decision is safe with a plan (including PCSP);

(Note: Any safety plan active in investigations or AR and passed on to FBSS or CVS should be discussed with the ongoing worker.)

OR

- The safety decision is unsafe, AND:
  - » At least one child will remain in the home\*; OR
  - » At least one child is in a PCSP.

\*A supervisor can determine **no need for safety plan development** for children remaining in the home in the following circumstances.

1. A child returns to CPI/CPS care post-Permanent Managing Conservatorship or post-adoption to receive additional services (usually involving residential treatment center placement), and there is no abuse/neglect.
2. A child with severe emotional disturbance is in need of a mental health bed, and the parents require CPI/CPS involvement to meet that need.
3. A child needs services for mental health, and the parents cannot afford the services after exhausting all resources.
4. Parents refuse blood transfusions or other medical procedures due to religious reasons, and CPI/CPS takes custody for that limited purpose; there are no other allegations of abuse/neglect.
5. The information gathered indicates that no other child in the home is vulnerable to any identified danger in the home. Evidence of the presence of protection should be documented in the safety assessment discussion box.

### **Safety Plan Review**

A safety plan review is completed on or before the date identified by the worker to determine whether the current safety plan should continue or should be modified, a new safety plan should be developed, or safety plan is no longer needed.

- Any modification or new plan must be reviewed and discussed with the family.
- The worker should document in IMPACT any safety plan changes.
- The worker should complete a follow-up contact with the family to inform them when a safety plan ends.

A case cannot be closed when there is an active safety plan.

The Family Team Meeting (FTM) plan can replace the safety plan. However, it cannot replace the reassessment if the FTM plan requires information from a safety reassessment.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES**  
**SDM® SAFETY ASSESSMENT**  
**PROCEDURES**

Workers should familiarize themselves with the items included on the safety assessment and the accompanying definitions. What distinguishes the SDM safety assessment is that it ensures 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 assessment items, the worker should conduct his/her contact as he/she normally would, using good family engagement practice to collect information from the child, caregiver, and/or collateral sources. The SDM safety assessment ensures that the specific assessment items are assessed at some time during contact.

**Date of Assessment**

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

**Assessment Type**

Enter the type of safety assessment.

- Initial. Each household should have one, and only one, initial assessment. This should be completed during the first face-to-face contact with a household where there are allegations. However, if there are allegations in two households within a single report, there may be two initial safety assessments, one on each household. Initial assessments are only completed in investigations or AR assessment.
- Reassessment. After the initial assessment, any additional safety assessment is most likely a reassessment, unless it is completed at the point of closing an investigation or case. Refer to the policy section for examples of when a reassessment is indicated.
- Case closure. This specialized reassessment is completed when considering closing a case after investigation without providing ongoing services or when closing an FBSS case or a CVS case with at least one child in the home. This is required if the most recent safety finding was safe with a plan or unsafe. Refer to the policy section for additional details.

**The safety assessment consists of five sections.**

1. Factors Influencing Child Vulnerability. Indicate whether any factors influencing the child's vulnerability are present. Consider these vulnerabilities when reviewing current danger indicators. Vulnerability issues provide a **context** for assessing the impact of the dangers. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe. The presence of one or more vulnerabilities also does not mean a safety intervention is required.
2. Current Danger Indicators. This is a list of critical indicators that must be assessed by every worker in every case. If the danger indicator is present, based on available information, mark that item "yes." If the danger indicator is not present, mark that item "no." These indicators cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm. Because not every conceivable danger indicator can be anticipated or listed on a form, the "other" category permits workers to indicate that some other circumstance creates danger.

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 contact. However, it is not expected that all facts about a case can be known immediately. Some information is inaccessible, and some is deliberately hidden from the worker.

Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 13 danger indicators and accompanying definitions. **For each item, consider the vulnerability of all children in the home.** If the worker determines circumstances to be a danger indicator and these circumstances are not described by one of the existing items, the worker should mark "other" and briefly describe the danger.

When a danger indicator was present at some time in the past **but is currently not present and is not likely to become a concern** in the near future, the worker should mark "no" and document carefully in IMPACT and in the Safety Assessment Discussion box why the conditions do not present an imminent danger of serious harm.

3. Household Strengths and Protective Actions. This section is completed only if one or more danger indicators were identified. Mark any of the listed household strengths and protective actions that are present for any child/caregiver. Consider information from the report; 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 supports protective interventions for the danger indicators identified in Section 2.

*Household strengths* are resources and conditions that increase the likelihood or ability to create safety for a child but do not in and of themselves fully address the danger indicator. These factors should be assessed, considered, and included when building a safety plan to mitigate the danger indicators.

*Protective actions* are specific actions and/or activities that have been taken by the caregiver that directly address the danger indicator and are demonstrated over time. They also can include actions taken by the child in some circumstances. These are observed behaviors that have been demonstrated in the past and can be directly incorporated into the safety plan. It is important to note that any protective action taken by the child should not be the sole basis for a safety plan but may be incorporated as part of a plan, as it is never a child's sole responsibility to keep him/herself safe.

4. Safety Interventions. This section is completed only if one or more danger indicators are identified. If one or more danger indicators are present, it does not automatically follow that a child must be placed. It will sometimes be possible to initiate a safety plan that will mitigate the danger indicator(s) sufficiently so that the child may remain in the home while the investigation/AR case continues. The plan will need to be reevaluated, at a minimum, every 30 days or as circumstances change (see the policy section). Consider child vulnerability, the relative severity of the danger indicator(s), household strength(s), and protective action(s).

The safety intervention list contains general categories of interventions rather than specific services. The worker should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate the danger indicator(s) identified 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 have reason to believe the caregiver would not follow through. The worker should keep in mind that any single intervention may be insufficient to mitigate the danger indicator(s), but a combination of interventions may provide adequate safety. **Also keep in mind that the safety intervention is not the family plan of service**—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/AR case or out of the home with a PCSP.

If one or more danger indicators are identified and the worker determines that interventions are unavailable, are insufficient, or may not be used, the final option is to indicate that the child requires removal.

If one or more interventions will be implemented, mark each category that will be used. If an intervention that will be implemented does not fit in one of the categories, mark

line 8 and briefly describe the intervention. Use CPI/CPS safety intervention 10 only when a child is unsafe and only removal from the home can ensure safety.

5. Safety Decision. In this section, the worker records the result of the safety assessment. Refer to the accompanying flow chart to help determine the safety decision. There are three choices.
- *Safe*. Mark this line if no danger indicators are identified. The child may remain in the home for the present.
  - *Safe with plan*. Mark this line if one or more danger indicators are identified and the worker is able to identify sufficient protective interventions that lead the worker to believe the child may remain in the home or in a PCSP for the present time. **A SAFETY PLAN IS REQUIRED.**
  - *Unsafe*. If the worker determines that the child cannot be safely kept in the home even after considering a complete range of interventions, this line is marked. It is possible the worker will determine that due to interventions, one child may remain in the home while another must be removed. **Mark this line if ANY child requires removal.**

Complete a safety plan for any children remaining in the home.

*Safety Assessment Discussion Box*. In the narrative box, describe caregiver behaviors, their impact on the child, and what details informed the safety decision. Be brief but as specific as possible. Avoid labels and jargon.

- a. For cases where the child is determined to be safe, briefly describe the presence of safety—not just the absence of danger—by summarizing caregiver behaviors and what protective impact they have that makes the child safe. Following is an example of what to include in the discussion box.
- The school reported that Lucy (age 10) told her teacher that over the weekend her mother got angry and “beat her with a kitchen spatula.” Upon further inquiry, Lucy shared that her brother, Michael (age 12) also sometimes gets hit when he misbehaves. The school nurse found no marks on either child. Yolanda and her boyfriend, Marcus, met with the worker and discussed their remorse for the incident over the weekend, and each child was interviewed individually. There is no evidence to support a danger indicator being marked, as the disciplinary action did not meet the threshold for causing serious harm. The children’s basic and medical needs are being met. This worker did observe an emotional bond and parent-child affection. They also agreed to try alternative discipline techniques, such as incentives for when the children do not follow the rules (e.g., doing chores, etc.). Yolanda’s mother, Yessenia, also lives in the

home and felt that household discipline was reasonable, but she will now support the use of incentives.

- b. For cases where the child is safe with a plan, the worker should briefly describe any reasons why the chosen interventions are likely to enhance safety. Actual plan details should be captured in the safety plan itself. Following is an example of what to include in the discussion box.
- Tommy (age 8) reported that his father repeatedly struck him with a belt. He has two 2- to 3-inch bruises on his back and right arm. He and his mother, Janet, are worried that Tommy's father, John, will hit Tommy again with a belt and leave bruises again when he is drinking if nothing changes. The interventions that John and Janet agreed to are sufficient for a safety plan to mitigate the danger indicators until we meet again next week. The family and their network members agreed to contact the worker if they are worried the plan will not hold.
- c. For cases where the child is unsafe, the worker should explain why interventions explored were not possible and removal was necessary. Following is an example of what to include in the discussion box.
- Cassie (age 3) was found by police wandering alone outside her home in a busy street with no shoes on. When she was identified by a neighbor and returned home, her mother, Lauren, was found passed out from a heroin overdose and was admitted to the local hospital for treatment. There are no other adult caregivers in the home and Lauren was not able to make a safety plan. Neighbors confirmed Lauren's regular drug use and reported that they are unaware of any extended family nearby. Cassie's father is currently unknown and she needed to be placed in foster care at this time.

**Accurate completion of the safety assessment adheres to the following internal logic.**

- If no danger indicators are marked, there should be no interventions marked, and the only possible safety decision is "Safe. No danger indicators identified; no safety plan is needed at this time."
- If one or more danger indicators are marked, there must be at least one intervention marked and the only possible safety decisions are:
  - » "Safe with plan. One or more danger indicators are present; safety plan required;" or

- » "Unsafe. One or more danger indicators are present; emergency or nonemergency removal is necessary."
- If one or more of interventions 1-9 are marked AND intervention 10 is not marked, "safe with plan" should be marked.
- If intervention 10 is marked, the safety decision must be "unsafe."

## Safety Plan

The following behavioral descriptions must be included in any safety plan.

1. What is the specific situation or action that causes the child to be unsafe?  
What is causing the current danger(s) to the child? Describe the conditions or behaviors in the home that place any child at imminent threat of serious harm. Use language the family understands so it is clear to them why danger indicators have been identified. This section needs to be written as a danger statement, which includes the following information: Who is worried, about what caregiver actions, and the impact they could have on the child if nothing changes.
2. What actions need to be taken right now to keep the child safe?  
What needs to be done to keep the child safe? Explain how each of the danger indicators listed will be mitigated. What will the family do to keep the child safe? This includes a written statement of an action or behavior taken by the responsible party, which keeps the child safe in the current conditions. If appropriate, it is suggested that the worker and family discuss a contingency plan in the event that the original plan to keep the child safe unexpectedly changes due to unforeseen circumstances.
3. Who is responsible for ensuring that these actions are taken?  
Who will take action and assume responsibility for the actions needed to keep the child safe? The individual assigned this responsibility must be present and acknowledge his/her understanding of keeping the child safe. Actions to keep the child safe should not be assigned to individuals who were not present in the safety planning discussion.
4. Timeframe for completing the actions.  
When do the responsible parties' tasks need to be accomplished? For how long must the intervention continue? Discuss with the family when and how the worker will follow up to ensure that actions to keep the child safe are being followed.

5. Parent's or caregiver's initials.  
Does the family understand the agreement they are entering into? Does the family have any questions? The worker should review each of these statements individually with the caregiver(s) participating in the plan to ensure he/she understands the importance of entering into this agreement and potential consequences of not following the plan. Once the caregiver(s) has read each statement, he/she should initial by each statement listed on the safety plan to acknowledge an understanding of it.
  
6. Signatures of family members, the worker, and his/her supervisor.  
The safety plan must be signed by the caregiver(s) and all family members who are taking action to keep the child safe from the danger indicator(s). Signing the safety plan is acknowledgement by all parties that they understand the purpose of the safety plan and the roles and responsibilities of each individual in carrying out the tasks in the safety plan. Worker should ensure that they have thoroughly explained the safety plan tasks to the family and that the family understands their role. The worker's supervisor will review the safety plan within 24 hours to ensure all danger indicators have been addressed appropriately by the family and their safety network.

The safety planning process requirements include the following.

- The safety plan must include at least one additional person aside from the alleged perpetrator.
  
- Over time, the safety plan should be reviewed at least every 30 days or as needed.
  
- The responsibility of providing for the child's safety should be transferred back to the caregiver, substituting the family's informal supports for formal and agency-provided supports as the caregiver's ability is developed or better understood.
  
- Each safety plan should be feasible and effective, meaning that the worker has confidence it will be completed as planned and that it will successfully provide for the child's safety.
  
- Each safety plan should also employ the skills of the caregiver and family.

*Note: The safety plan details will be documented in the narrative in IMPACT.*

The safety plan MUST be completed with the family. A copy should be left with the family and anyone who is participating in the plan. The plan must be signed by everyone involved in the safety plan to indicate that they understand and agree to their roles and responsibilities in implementing the agreement. Signing also indicates that participants understand the consequences of not fulfilling their safety plan responsibilities.

If danger indicators have not been resolved by the end of the investigation/AR case, the safety plan will be provided to the ongoing worker and all remaining interventions will be incorporated into the family plan of service. For a new safety plan created during FBSS or CVS, the family plan of service will be updated to reflect the new interventions.

For a new safety plan for an open FBSS or CVS case, make sure that the existing danger indicators are resolved (i.e., behavioral change and protective actions are demonstrated) before closing the case.

### **Safety Plan Review**

Any modification to the existing safety plan or new plan must be reviewed and discussed with the family. The worker should leave a copy of any new plan with the family and any safety plan participants and set a subsequent review date.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES  
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT

r: 05/18

Case Name: \_\_\_\_\_ Case ID: \_\_\_\_\_

Worker Name: \_\_\_\_\_ Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Household Assessed: \_\_\_\_\_ Secondary Caregiver (if present): \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_

SECTION 1: NEGLECT/ABUSE INDEX	Risk of Future Neglect Score	Risk of Future Abuse Score
<b>1. Current referral</b> <input type="radio"/> a. Neglect <input type="radio"/> b. Abuse <input type="radio"/> c. Both	1 0 1	0 1 1
<b>2. Number of children involved in the allegation(s)/incident(s)</b> <input type="radio"/> a. One, two, or three <input type="radio"/> b. Four or more	0 1	0 0
<b>3. Age of youngest child in the home</b> <input type="radio"/> a. Two years or older <input type="radio"/> b. Under 2 years	0 1	0 0
<b>4. Prior investigations/alternative response cases</b> <input type="radio"/> a. No <input type="radio"/> b. Yes <i>If "No," skip to question 5.</i>	0 1	0 0
<b>4a. Prior neglect</b> <input type="radio"/> a. None <input type="radio"/> b. One <input type="radio"/> c. Two <input type="radio"/> d. Three or more	0 1 1 2	0 0 0 0
<b>4b. Prior abuse</b> <input type="radio"/> a. None <input type="radio"/> b. One <input type="radio"/> c. Two or more	0 0 0	0 1 2
<b>5. Prior injury to a child resulting from child abuse/neglect</b> <input type="radio"/> a. No <input type="radio"/> b. Yes	0 0	0 1
<b>6. Household was previously referred for ongoing child protective services</b> <input type="radio"/> a. No <input type="radio"/> b. Yes	0 1	0 1

	<b>Risk of Future Neglect Score</b>	<b>Risk of Future Abuse Score</b>
<b>7. Current or historic characteristics of children in household (check all that apply)</b> <input type="checkbox"/> a. Medically fragile or failure to thrive <input type="checkbox"/> b. Positive toxicology screen at birth <input type="checkbox"/> c. Developmental, physical, or learning disability <input type="checkbox"/> i. Developmental or learning disability <input type="checkbox"/> ii. Physical disability <input type="checkbox"/> d. Delinquent behavior and/or child or youth in conflict with law <input type="checkbox"/> e. Mental health or behavioral problem <input type="checkbox"/> f. None of the above	 1 1 1 0 0 0 0 0 0	 0 0 0 1 0 1 0
<b>8. Primary parent/caregiver has a history of abuse or neglect as a child</b> <input type="radio"/> a. Yes <input type="radio"/> b. No	 0 0	 1 0
<b>9. Primary parent/caregiver's assessment of current incident (check all that apply)</b> <input type="checkbox"/> a. Blames child for maltreatment <input type="checkbox"/> b. Justifies maltreatment <input type="checkbox"/> c. None of the above	 0 0 0	 1 2 0
<b>10. Primary parent/caregiver provides physical care consistent with child needs</b> <input type="radio"/> a. No <input type="radio"/> b. Yes	 1 0	 0 0
<b>11. Primary parent/caregiver characteristics (check all that apply)</b> <input type="checkbox"/> a. Provides emotional/psychological support that is insufficient or damaging <input type="checkbox"/> b. Employs excessive/inappropriate discipline <input type="checkbox"/> c. Domineering <input type="checkbox"/> d. None of the above	 0 0 0 0	 1 1 1 0
<b>12. Primary parent/caregiver has a historic or current mental health issue</b> <input type="radio"/> a. No <input type="radio"/> b. Yes (check all that apply) <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to the last 12 months)	 0 1	 0 0
<b>13. Primary parent/caregiver has a historic or current alcohol or drug issue</b> <input type="radio"/> a. No <input type="radio"/> b. Yes <input type="checkbox"/> Alcohol (check all that apply) <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to the last 12 months) <input type="checkbox"/> Drugs (check all that apply) <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to the last 12 months)	 0 1 1	 0 0 0
<b>14. Secondary parent/caregiver has a history of abuse or neglect as a child</b> <input type="radio"/> a. No secondary parent/caregiver <input type="radio"/> b. No <input type="radio"/> c. Yes	 0 0 0	 0 0 0

	<b>Risk of Future Neglect Score</b>	<b>Risk of Future Abuse Score</b>
<b>15. Secondary parent/caregiver has a historic or current mental health issue</b> <input type="radio"/> a. No secondary parent/caregiver <input type="radio"/> b. No <input type="radio"/> c. Yes (check all that apply) <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to the last 12 months)	0 0 0	0 0 0
<b>16. Secondary parent/caregiver has historic or current alcohol or drug issue</b> <input type="radio"/> a. No secondary parent/caregiver <input type="radio"/> b. No <input type="radio"/> c. Yes <input type="checkbox"/> Alcohol (check all that apply) <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to the last 12 months) <input type="checkbox"/> Drugs (check all that apply) <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to the last 12 months)	0 0 0	0 0 1
<b>17. Mother's boyfriend who is not the birth father of the child provides unsupervised child care to a child under the age of 3</b> <input type="radio"/> a. Not applicable <input type="radio"/> b. No <input type="radio"/> c. Yes	0 0	0 0
<b>18. Domestic violence in the household in the past year</b> <input type="radio"/> a. No <input type="radio"/> b. Yes	0 0	0 2
<b>19. Housing (check all that apply)</b> <input type="checkbox"/> a. Current housing is physically unsafe <input type="checkbox"/> b. Homeless <input type="checkbox"/> c. None of the above	1 2 0	0 0 0
<b>20. Is the family socially isolated or unsupported by extended family?</b> <input type="radio"/> a. No <input type="radio"/> b. Yes	0 0	0 0
<b>TOTAL RISK SCORE</b>		

**SECTION 2: SCORING**

**Scored Risk Level**

Neglect Score	Abuse Score
<input type="radio"/> 0–1 Low	<input type="radio"/> 0–1 Low
<input type="radio"/> 2–4 Moderate	<input type="radio"/> 2–4 Moderate
<input type="radio"/> 5–8 High	<input type="radio"/> 5–7 High
<input type="radio"/> 9+ Very High	<input type="radio"/> 8+ Very High

The scored risk level is the higher level between the neglect risk level and the abuse risk level. Use the chart below to identify the <b>scored risk level</b> . Identify the scored neglect risk level in the left-hand column of the table. Identify the scored abuse risk level in the top row of the table. The intersection of the column and row indicate the scored risk level in the shaded section of the table		<b>Overall Scored Risk Level</b>			
		<b>Scored Abuse Risk Level</b>			
		<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>Scored Neglect Risk Level</b>	<b>Low</b>	Low	Moderate	High	Very High
	<b>Moderate</b>	Moderate	Moderate	High	Very High
	<b>High</b>	High	High	High	Very High
	<b>Very High</b>	Very High	Very High	Very High	Very High

**OVERRIDES**

Please select an override code. If there are no overrides, select "No overrides apply"; risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If there is a discretionary override, the risk level will increase one level, and a reason must be entered in the box provided.

- No overrides apply
- Policy Override (final risk level elevated to very high)
  - Non-accidental injury to a child younger than 3.
  - Sexual abuse case AND the perpetrator is likely to have access to the child.
  - Severe non-accidental injury to any child younger than 16.
  - Parent/caregiver's action or inaction resulted in death of a child due to abuse or neglect (previous or current).
- Discretionary Override (an override can increase the risk level by one level)
 

Select override level:  Moderate     High     Very High

**Overrides**

- No overrides apply
- Policy override (final risk level elevated to very high)
- Discretionary override (an override can increase the risk level by one level)

**Override(s) reason:** \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FINAL RISK LEVEL**

Final risk level:     Low     Moderate     High     Very High

Risk Classification	Recommendation	Check Recommended Action
Very High	Open for ongoing services	<input type="checkbox"/>
High	Open for ongoing services	<input type="checkbox"/>
Moderate	Close unless child is "safe with plan" or "unsafe"*	<input type="checkbox"/>
Low	Close unless child is "safe with plan" or unsafe"*	<input type="checkbox"/>

\*Low- and moderate-risk cases should be opened if the most recent safety assessment finding was safe with a plan or unsafe.

**ACTION**

Enter the action taken (opened as a case or not opened as a case). If the recommended action differs from the action taken, provide an explanation.

- Open (note whether  new or  continuing services offered)
- Do not open

If recommended action and action taken do not match, explain why: \_\_\_\_\_

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES  
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT  
DEFINITIONS**

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

In applying the definitions, consider conditions that existed AT THE BEGINNING of the investigation/AR case. Also, mark any risk items that emerged or occurred DURING the investigation/AR case unless otherwise stated in the definition.

**SECTION 1: RISK ITEMS**

**1. Current referral**

Determine whether the current referral is for neglect, abuse, or both. Abuse includes physical abuse, emotional harm, or sexual abuse/sexual exploitation. Include all allegations indicated in the referral as well as allegations added during the course of the investigation.

**2. Number of children involved in the allegation(s)/incident(s)**

Determine the number of children under 18 years of age alleged to have been abused or neglected in the current investigation/AR case. This includes any children not identified at the time of report for whom allegations of abuse or neglect were observed during the course of the investigation/AR case.

**3. Age of youngest child in the home**

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

(Note: If assessing a noncustodial parent/caregiver household that will be receiving reunification services, mark "yes" for this item as if the child were residing in that household.)

**4. Prior investigations/alternative response cases**

Identify whether prior investigations/alternative response cases involved any adult\* members of the current household with caregiving responsibilities who were alleged

perpetrators of neglect or physical, emotional, or sexual abuse, regardless of whether the investigation/AR case occurred in the same household and regardless of finding.

Mark "yes" if there were any prior investigations/alternative response cases.

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

Do not count:

- Allegations that were perpetrated by an adult who is not currently part of the household;
- Investigations/alternative response cases in which children in the home were identified as perpetrators of abuse/neglect; or
- Referrals that were screened out/not accepted for investigation/AR case to include Priority N (PN) and administrative closures.

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

### **Scoring guidelines for prior neglect and prior abuse**

Count the number of investigations/AR cases, including any allegation of neglect, and record under item 4a prior neglect. For example, if a family has one prior investigation/AR case including multiple allegations of neglect, select "b. One" under 4a.

Count the number of investigations/AR cases including any allegation of abuse and record under item 4b prior abuse. For example, if a family has one prior investigation/AR case including multiple allegations of abuse, select "b. One" under 4b.

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

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

**4a. Prior neglect**

- a. None. No investigations/alternative response cases for neglect prior to the current investigation/AR case.
- b. One. One prior investigation/alternative response case, validated or not, for any type of neglect prior to the current investigation/AR case.
- c. Two. Two prior investigations/alternative response cases, validated or not, for any type of neglect prior to the current investigation/AR case,.
- d. Three or more. Three or more investigations/alternative response cases, validated or not, for any type of neglect prior to the current investigation/AR case.

**4b. Prior abuse**

- a. None. No abuse investigations/alternative response cases prior to the current investigation/AR case.
- b. One. One investigation/alternative response case, validated or not, for any type of abuse prior to the current investigation/AR case.
- c. Two or more. Two or more investigations/alternative response cases, validated or not, for any type of abuse prior to the current investigation/AR case.

**5. Prior injury to a child resulting from child abuse/neglect**

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

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

**6. Household was previously referred for ongoing child protective services**

Mark "yes" if any adult members of the current assessed household with caregiving responsibilities were referred for, received, or are currently receiving ongoing CPI/CPS services as a result of a prior investigation/AR case. Ongoing CPI/CPS services include family-based safety services and conservatorship services. Service history includes voluntary or court-ordered family services or ongoing family services.

- Include:
  - » Court-ordered services where the court's jurisdiction is on the basis of abuse or neglect;
  - » Voluntary services in response to a validated abuse or neglect report; and
  - » Voluntary services in response to a determination of high/very high risk and/or danger indicators.
- Exclude those services or referrals provided for reasons other than abuse/neglect. For example, exclude referrals or referral assistance to local parenting support groups, housing programs, or food pantries when no allegations of abuse or neglect exist.

## 7. **Current or historic characteristics of children in household**

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

- a. Medically fragile or failure to thrive. Any child in the household has a diagnosis of medically fragile or failure to thrive as evidenced by parent/caregiver's statement of such a diagnosis, medical records, and/or doctor's report. A medically fragile child is one who, because of an accident, illness, congenital disorder, abuse, or neglect, has been left in a stable condition but is dependent on life-sustaining medications, treatments, or equipment and has need for assistance with activities of daily living. Children are diagnosed with failure to thrive when their weight or rate of weight gain is significantly below that of other children of similar age and gender. Infants or children who fail to thrive seem to be dramatically smaller or shorter than other children the same age.
- b. Positive toxicology screen at birth. Any child had a positive toxicology screen at birth for alcohol or another drug/substance not used in accordance with a doctor's prescription. Mark "yes" if the test was negative but other credible information exists that mother used substances during a known pregnancy (e.g., witnessed use, birth mother's self-admission), or the child is showing or showed signs of withdrawal.
- c. Developmental, physical, or learning disability. Any child in the household has a developmental, physical, or learning disability that has been diagnosed by a professional as evidenced by parent/caregiver's or other person's credible statement of such a diagnosis, medical/school records, and/or professional's statement.

- *Developmental disability:* A severe, chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include but are not limited to cognitive disabilities, autism spectrum disorders, and cerebral palsy.
- *Learning disability:* Child has an Independent Education Plan (IEP) to address a learning challenge such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability—diagnosed by a physician or mental health professional—who is eligible for an IEP but does not yet have one or is in preschool. Examples include but are not limited to dyslexia, dysgraphia, dyspraxia, or auditory or visual processing disorders.
- *Physical disability:* A severe acute or chronic condition diagnosed by a physician that impairs mobility or sensory or motor functions. Examples include but are not limited to paralysis, amputation, and blindness.

For children with an IEP designed solely to address mental health or behavioral problems, mark “no” for this item.

- d. Delinquent behavior and/or child or youth in conflict with law. Any child in the household has been involved with the juvenile/criminal justice system. Offending or antisocial behavior not brought to court attention but that creates stress within the household should also be marked “yes,” such as child who runs away or is habitually truant.
- e. Mental health or behavioral problem. Any child in the household has mental health or behavioral problems not related to a physical or developmental disability (includes attention deficit disorders). This could be indicated by:
- A mental health diagnosis by a qualified professional;
  - Receiving mental health treatment; or
  - An IEP due to behavioral problems.
- f. None of the above. No child in the household exhibits characteristics listed above.

**8. Primary parent/caregiver has a history of abuse or neglect as a child**

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

**9. Primary parent/caregiver's assessment of current incident**

Assess for each characteristic and check all that apply.

- a. Blames child for maltreatment. An incident of abuse or neglect occurred (i.e., was validated), and the parent/caregiver blames the child for the abuse or neglect.
- b. Justifies maltreatment. An incident of abuse or neglect occurred (i.e., was validated), and the primary parent/caregiver justifies the abuse or neglect. Justifying refers to the parent/caregiver's statement/belief that his/her action or inaction was appropriate and constitutes good parenting.
- c. None of the above. The parent/caregiver neither blames the child nor justifies the current maltreatment or alleged maltreatment.

**10. Primary parent/caregiver provides physical care consistent with child needs**

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

Mark this item "no" when the child was harmed or his/her well-being was threatened because of unmet physical needs. Needs may be considered unmet even when the situation is outside of the parent/caregiver's control. This also includes if the current investigation for neglect is related to physical care AND is validated during the investigation (do not include failure to protect or neglectful supervision).

**11. Primary parent/caregiver characteristics**

Assess the primary parent/caregiver for each characteristic below and check all that apply.

- a. Provides emotional/psychological support that is insufficient or damaging. The primary parent/caregiver provides insufficient emotional support to the child, such as persistently berating/belittling/demeaning the child or depriving the child of affection or emotional support.
- b. Employs excessive/inappropriate discipline. The primary parent/caregiver's disciplinary practices caused or threatened harm to a child because they were excessively harsh physically, excessively harsh emotionally, and/or dangerous given the child's age or development. Examples may include:
  - Hitting, kicking, biting, or punching;
  - Locking the child in a room, closet, or attic;
  - Hitting the child with dangerous objects; or
  - Isolating a child from physical and/or social activity for extended periods.

- c. Domineering. The primary caregiver is domineering, indicated by controlling, abusive, overly restrictive, or over-reactive rules.
- d. None of the above. The primary caregiver does not exhibit characteristics listed above.

**12. Primary parent/caregiver has a historic or current mental health issue**

Mark "yes" if credible and/or verifiable statements by the primary parent/caregiver or others indicate that the primary parent/caregiver has been diagnosed by a mental health clinician with a mental health condition, other than substance-related disorders, that impacts daily functioning.

Mark "yes" if the primary parent/caregiver has/had multiple good-faith referrals for mental health/psychological evaluations, treatment, or hospitalizations but is unwilling/unable to participate in an assessment.

Mark "no" for referrals motivated solely by efforts to undermine the credibility of the primary parent/caregiver or by other ulterior motives.

**13. Primary parent/caregiver has historic or current alcohol or drug issue**

Assess whether the primary parent/caregiver has a historic or current alcohol/drug abuse problem that interferes with his/her or the family's functioning. Legal, non-abusive prescription drug and/or alcohol use should be marked "no." Any of the following may be true of the primary parent/caregiver.

- Was assessed as having an alcohol- or drug-related problem by an addiction counselor or mental health clinician. Mark "yes" if the primary parent/caregiver is unwilling to participate in an assessment.
- Self-identifies as an alcoholic or addict.
- Uses substances in ways that have negatively affected his/her:
  - » Employment;
  - » Marital or family relationships; or
  - » Ability to provide protection, supervision, and care for the child.
- Was arrested for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances. Do not count delivery, manufacture, or sale of substances.
- Was arrested in the past two years for driving under the influence.
- Was treated for substance abuse.

- Had a positive drug test/urine analysis (UA).
- Has/had health/medical problems resulting from substance use.
- Gave birth to a child diagnosed with fetal alcohol spectrum disorder (FASD); child had a positive toxicology screen at birth; other credible information showed prenatal substance abuse by the mother (e.g., witnessed use, self-admission); or the child is showing or showed signs of withdrawal.

**14. Secondary parent/caregiver has a history of abuse or neglect as a child**

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

**15. Secondary parent/caregiver has a historic or current mental health issue**

Mark "yes" if credible and/or verifiable statements by the secondary parent/caregiver or others indicate that the secondary parent/caregiver has been diagnosed by a mental health clinician with a mental health condition, other than substance-related disorders, that impacts daily functioning.

Mark "yes" if the secondary parent/caregiver has/had multiple good-faith referrals for mental health/psychological evaluations, treatment, or hospitalizations but is unwilling/unable to participate in an assessment.

Mark "no" for referrals motivated solely by efforts to undermine the credibility of the secondary parent/caregiver or by other ulterior motives.

**16. Secondary parent/caregiver has historic or current alcohol or drug issue**

Assess whether the secondary parent/caregiver has a historic or current alcohol/drug abuse problem that interferes with his/her or the family's functioning. Legal, non-abusive prescription drug and/or alcohol use should be marked "no." Any of the following may be true of the secondary parent/caregiver.

- Was assessed as having an alcohol- or drug-related problem by an addiction counselor or mental health clinician. Mark "yes" if the primary parent/caregiver is unwilling to participate in an assessment.
- Self-identifies as an alcoholic or addict.
- Uses substances in ways that have negatively affected his/her:
  - » Employment;

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

**17. Mother's boyfriend who is not the birth father of the child provides unsupervised child care to a child under the age of 3**

Mark "yes" if mother's boyfriend, who is not the birth father of the child and lives in or visits the home, provides unsupervised child care to any child in the household who is under the age of 3. If the mother does not have a boyfriend, the mother's boyfriend is the birth father of the child, OR there is no child under the age of 3, mark "not applicable".

**18. Domestic violence in the household in the past year**

In the previous year:

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

Incidents may be identified by self-report, credible report by a family or other household member, credible collateral contacts, and/or police reports.

## 19. Housing

Assess and determine the presence of any of the characteristics below at any time during the investigation/AR case. Check all that apply.

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

## 20. Is the family socially isolated or unsupported by extended family?

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

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

## OVERRIDES

*If the scored risk level is very high, overrides will not apply.*

## Policy Overrides

Indicate whether a policy override condition exists. The presence of one or more listed conditions increases risk to very high.

### 1. Non-accidental injury to a child younger than 3.

Any child in the household younger than the age of 3 has a physical injury resulting from the actions or inactions of a parent/caregiver.

### 2. Sexual abuse case AND the perpetrator is likely to have access to the child.

One or more of the children in this household are victims of sexual abuse and actions by the parent/caregiver indicate that the perpetrator is likely to have access to the child(ren), resulting in danger to the child(ren).

- 3. Severe non-accidental injury to any child younger than 16.**  
Any child in the household younger than 16 has a severe physical injury resulting from the action or inaction of the parent/caregiver. The parent/caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, or 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.*
  
- 4. Parent/caregiver's action or inaction resulted in death of a child due to abuse or neglect (previous or current).**  
Any child in the household died as a result of actions or inactions by the parent/caregiver.

### **Discretionary Override**

A discretionary override is used whenever the worker believes that the risk score does not accurately portray the household's actual risk level. The worker may increase the risk level by one level. If the worker applies a discretionary override, the reason should be specified in the space provided and the final risk level should be marked.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES  
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT  
POLICY**

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

When risk is clearly defined, the choice between serving one family as opposed to other families is simplified: Agency resources are provided to higher-risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research of abuse/neglect cases that examined the relationships between family characteristics and the outcomes of subsequent confirmed abuse and neglect. The assessment does not predict recurrence; it simply assesses whether a family is more or less likely to have another abuse/neglect incident without CPI/CPS intervention.

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

The scored risk level is determined by answering all questions on the assessment, regardless of the type of allegations, totaling the score in the neglect and abuse columns and taking the highest score from the abuse and neglect scores. The final risk level is determined after considering whether any policy override is present or a discretionary override is applied.

**Which Cases**

All CPI/CPS investigations/AR case, including new investigations of families currently receiving ongoing services.

Exclude referrals on abuse and neglect by third-party perpetrators, including licensed daycare facilities, unless there are concurrent allegations of failure to protect by the parent. Exclude investigations where the perpetrator is a foster parent, school personnel, or residential facility care provider. Also exclude administrative closures, abbreviated investigations, unable to complete (UTC) investigations when there is no allegation disposition, unable to locate AR cases when the family has never been assessed, and cases where the only child in the home died.

Also complete risk assessment when information on a household from a new intake has been merged with the current intake report. (Follow DFPS manual guidelines regarding merging new intake information).

### **Which Household(s)**

Always assess the legal parent/caregiver's household that is the subject of the investigation/AR case. If the alleged perpetrator is part of the child's household, assess that household.

If the alleged perpetrator is not a member of the child's household, do *not* complete a risk assessment for the household of that perpetrator; complete a risk assessment for the household of the parent/caregiver of the child.

### **Who**

The investigator or AR caseworker.

### **When**

Complete the risk assessment by the conclusion of the investigation/AR case after the safety assessment has been completed. Complete the risk assessment prior to any decision to open a case for ongoing services or closure of the referral with no additional services. See the assessment and practice guide for additional information about procedures for completing the risk assessment in situations in which the case is transferred immediately to CVS prior to the end of an investigation.

### **Decision**

The risk level is used to determine whether the case should be transferred for ongoing services or be closed. Households with a high or very high final risk level should be opened for services. All cases with a final risk level of low or moderate should be closed following completion of the investigation/AR case, unless danger indicators have been identified in the safety assessment. The following table presents the recommendations.

<b>Risk Classification</b>	<b>Recommendation</b>
Very High	Open for ongoing services
High	Open for ongoing services
Moderate	Close unless child is "safe with plan" or "unsafe"*
Low	Close unless child is "safe with plan" or "unsafe"*

\*When unresolved danger indicators are still present at the end of the investigation/AR case, the referral should be promoted to ongoing services regardless of risk level.

Low- and moderate-risk cases will be opened for ongoing services in some situations. Specifically, if any unresolved danger indicators remain at the end of the investigation/AR case and the safety assessment is "safe with a plan" or "unsafe" at that time, an ongoing case should be opened to provide services that address child safety and assess needs that may contribute to the parent/caregiver's ability to care for and protect his/her child.

In the event that family members are no longer accessible to CPI/CPS, documentation must justify the decision for closure and supervisor approval must be obtained.

For cases opened for ongoing services following the investigation/AR case, the risk level is used to determine the contact requirements for ongoing services.

These guidelines ensure that as risk level increases, more cases are opened and served with the goal of reducing maltreatment recurrence.

### **Factors to Consider When Choosing Not to Open a Safe/Safe With Plan or High-/Very High-Risk Case**

- Does the family already have strong community connections and network involvement that will address the danger indicators or risk factors, instead of ongoing services?
- Is the parent/caregiver taking protective actions that demonstrate major behavioral changes to address the danger indicators or risk factors? What is the evidence that these actions will be sustained after we close the case?

See the assessment and practice guide for suggested frequency of contact with the family by a combination of workers, service providers and network members for each risk classification.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES  
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT  
PROCEDURES**

**Appropriate Completion**

1. Answer all questions on the assessment and determine the risk level based on the higher level in either the neglect or abuse column.
2. Review policy overrides to see if any apply. Mark "yes" or "no" for each override reason. Policy overrides automatically result in a risk level of very high. *Note that policy overrides will not apply if the scored risk level is very high.*
3. Consider discretionary overrides. Mark "yes" or "no." Risk level may be increased one level from the scored risk level with a discretionary override. *Note that discretionary overrides will not apply if the scored risk level is very high.*
4. Indicate the final risk level. If an override has been exercised, the final risk level should differ from the initial risk level. If an override has not been used, the final risk level will be the same as the initial risk level.
5. Describe identified risk items. Provide documentation with behaviorally based description for all items that are marked "yes."

Only one household can be assessed per risk assessment form.

The risk assessment is completed based on the following: conditions that existed at the time the investigation/AR case was initiated, prior family history, and information gathered during the course of the investigation/AR case. For example, if the family was living in a house deemed structurally unsafe on day one, but resolved that two weeks later by moving to a new home, then the risk item regarding housing would still be marked. Carefully review the item definition to understand if the item involves both historical as well as current information about the family.

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

If information cannot be obtained to answer a specific item, the item must be marked as "no" or "none of the above."

Using the chart in the initial risk level section, identify the corresponding risk level for neglect and abuse. Indicate the overall risk level by marking the higher of the two levels. This process

will be automated in IMPACT, which will total the scores and select the higher of the two for the scored risk level.

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

## **OVERRIDES**

### **Policy Overrides**

After completing the risk items, the investigator determines whether or not any of the policy override reasons exist and marks each override reason "yes" or "no." Policy overrides reflect incident seriousness and child vulnerability concerns, warranting the highest level of service regardless of the overall risk score. If any policy override reasons exist, mark the appropriate policy override reason. The risk level is then increased to very high.

### **Discretionary Override**

A discretionary override is applied by the investigator to **increase** the risk level in any case where the worker believes the scored risk level is too low. Discretionary overrides may only increase the risk level by one unit (e.g., from low to moderate or moderate to high, but NOT low to very high). Use of a discretionary override means there is a clinical judgment that the likelihood of future harm is higher than scored. The override reason must be indicated.

Discretionary overrides must be approved by the supervisor. Approval is indicated when the supervisor signs and dates the form. A discretionary override means the worker's professional judgment is that the likelihood of future harm is higher than scored. A discretionary override is not used simply to provide continuing services to a case. The reasons for all overrides must be explained in the narrative for the referral. **Reasons must be specific, be based on the facts, and not include items already scored on the assessment.**

Mark the appropriate final risk level. If an override has been exercised, the final risk level will differ from the initial risk level. If an override has not been used, the final risk level will be the same as the initial risk level.

## **ACTION**

Indicate the action taken (e.g., opened as a case or not opened as a case). If the recommended action differs from the action taken, explain the reason in the space provided at the end of the assessment form.

In the event that the safety decision is "unsafe" or "safe with a plan" but the risk level is low or moderate, the worker should explain to attorneys and the court that the removal decision is

based on the safety decision and the risk level informs the need for ongoing services. Low- and moderate-risk families are typically not recommended for ongoing services, but when danger indicators are present, ongoing services should be offered until the danger indicators are resolved in accordance with the safety plan allowing for reunification. Workers should consider the family's risk level when planning the length of service in the safety plan; low- and moderate-risk families may require shorter interventions than high- or very-high-risk families. In other words, when the safety assessment finding is "unsafe" or "safe with a plan" but the assessed risk level is low or moderate, CVS services will assist the family in building a network and resolving the danger indicators, but the family will likely be open for a shorter period of time than a high-risk family.

## DOCUMENT CHANGE LOG

The following table is used to record changes made to this document.

Date	Author	Page #	Change Summary
4/20/15	Peggy Cordero	N/A	Draft Version 1.0 released (Risk Assessment Manual).
4/21/15	Peggy Cordero	Page 30	Version 1.1: Added language to policy and procedures section of Safety Assessment to further clarify that "date of assessment" for IMPACT Safety Assessment corresponds to date of face-to-face contact with family upon which assessment is based (Safety Assessment Manual).
5/12/15	Shanna Dean	Page 43	<p>For the definition on risk item #6, added the following language based on feedback from training participants and the CRC research team (additions in bold, omissions in strikethrough).</p> <p>Mark "yes" if any <b>adult members of the current assessed household</b> with caregiving responsibilities were <del>the household has previously been</del> referred for, received, or is currently receiving ongoing CPI/CPS services as a result of a prior investigation. Ongoing CPI/CPS services include family- based safety services and conservatorship services. Service history includes voluntary or court-ordered family services or ongoing family services.</p> <p><b>Consider whether we should consistently refer to the "current assessed household."</b></p>
8/24/15	Peggy Cordero	Cover N/A Page 4 Page 27 Pages 51 and 54	<p>Cover and headers changed to Version 1.1, August 2015.</p> <p>Safety and risk manuals combined.</p> <p>Caregiver identification chart added to glossary.</p> <p>Safety policy and procedures sections moved after definitions.</p> <p>Risk procedure section separated from policy.</p>
1/19/15	Shanna Dean	See tracked changes	Safety assessment revised to include AR, FBSS, and CVS and feedback from Jenny, Kimberlie, and Lindsay.
4/10/16	Heather Meitner	Added to page 31	The Family Team Meeting (FTM) plan can replace the safety plan. However, it cannot replace the reassessment if the FTM plan requires information from a safety reassessment.

<b>Date</b>	<b>Author</b>	<b>Page #</b>	<b>Change Summary</b>
4/10/16	Heather Meitner	See tracked changes	Safety Assessment tool page 10 unsafe second sub-bullet added: unless an approved exception applies. (See manual for exceptions.) Then updated policy section pages 26–31.
4/10/16	Heather Meitner	See tracked changes: page 30	Added five exceptions to safety plan needed for children remaining in home when others were removed.
6/7/16	Heather Meitner	Pg. 29	Reworded section on safety assessment completion when considering case closure of low/mod risk cases
1/2/2018	Karen Meulendyke	See tracked changes	Annual update; included agreed upon changes to safety assessment policy and both assessments to include AR cases.