



The Structured Decision Making[®] System

Procedure and Reference Manual Safety Assessment

January 2015



Texas Department of Family and
Protective Services

NCCCD | Children's
Research Center

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TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
STRUCTURED DECISION MAKING®
SAFETY ASSESSMENT GLOSSARY

The following definitions apply when completing the Structured Decision Making® (SDM) safety assessment.

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.

2. Family: Two or more people, related by blood, law, or significant relationship with the child or child's caregivers.

3. Household: 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 paramour or other family member who visits the child or home routinely. When a child's parents do not live together, the child may be a member of two households.

4. CPS: Child protective services. Throughout this manual, CPS is used to refer to any child protection agency, generically. This may refer to the Department of Family and Protective Services, or may refer to any child protection agency in any other jurisdiction. When a definition references "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 CPS agency.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
SDM® SAFETY ASSESSMENT

c: 12/14

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 current situation 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, as indicated by:
<input type="checkbox"/> Serious injury or abuse to the child other than accidental.
<input type="checkbox"/> Caregiver fears he/she will maltreat the child.
<input type="checkbox"/> Threat to cause harm or retaliate against the child.
<input type="checkbox"/> Substantial or unreasonable use of physical force.
<input type="checkbox"/> Drug-exposed infant. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Caregiver does not meet the child's immediate needs for supervision, food, and/or clothing. |

Yes No

- 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.
- 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.

	Household Strengths	Protective Actions
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 caseworker(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 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.

CPS SAFETY INTERVENTION

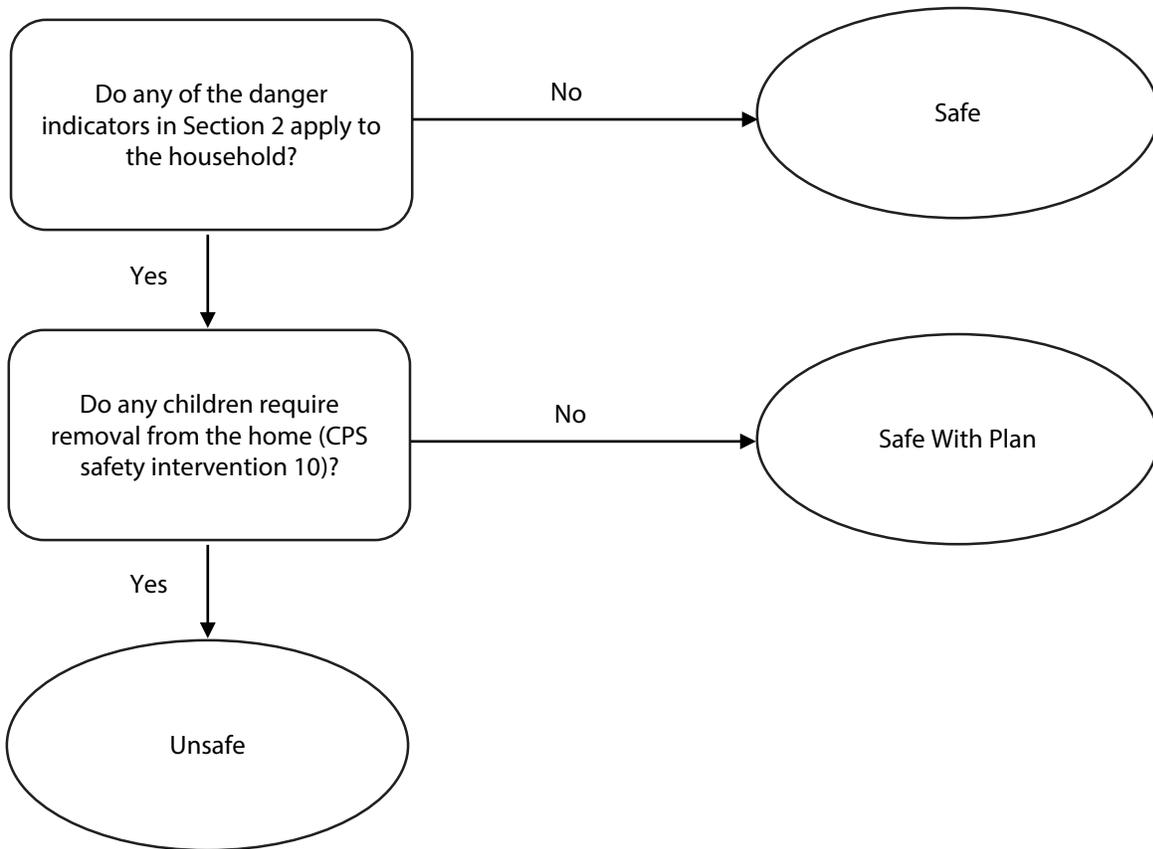
- 10. Removal of any child in the household; interventions 1–9 do not adequately ensure the child's safety.

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.

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





SAFETY PLAN

CHILD PROTECTIVE SERVICES

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 and the family complete 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.

Family Name:				
<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

PARENT OR CAREGIVER

Initials

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 CPS 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, CPS 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 CPS 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 CPS is no longer investigating or providing services to you or your family.

CAREGIVER

(in the case of a parental child safety placement or kinship placement)

Initials

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 CPS involvement may be necessary, including legal intervention.

SIGNATURES

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:

Who Can I Call?

(Who can I call if circumstances change, or if I have questions about CPS involvement or this safety plan?)

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
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 caseworkers use during every contact with a family to help them organize and document their thinking about safety. It should also note that although the caseworker must assess safety during every contact, formal documentation of that assessment occurs at a specific point 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.

Which Household: Assess the household of the alleged perpetrator.

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.

When Safety Is Assessed: Safety is assessed **throughout** the investigation. 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.
- Prior to returning a child home from a parental child safety placement (PCSP).
- Whenever circumstances suggest that the child's safety may be jeopardized.

Examples may include:

- » Change in family circumstances (e.g., birth of a baby, new household members, a person leaves the household, the household moves) or
- » Change in ability of safety interventions to mitigate danger indicators OR PCSP breakdown.

- When considering case closure (**without** transfer to Family Based Safety Services [FBSS] or Conservatorship):
 - » IF, at the time of submission, more than 45 days have passed since the last assessment and the prior safety finding was safe; OR
 - » IF the last safety finding was unsafe or safe with a plan. This helps to ensure that all prior and current danger indicators have been resolved.

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 CPS Handbook, Section 2360, on attempts to interview children).

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 CPS removal is necessary.

Safety Plan:

The safety plan is required when:

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

Safety Plan Review:

A safety plan review is completed on or before the date identified by the investigator 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.

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 initial 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 the initial contact.

Date of Assessment: Record the date of the safety assessment. The date of assessment should be the date the worker made initial 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.
- 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. 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 initial 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 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 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 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.

1. 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.
2. 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.
3. 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, the safety plan will be provided to the ongoing worker and all remaining interventions will be incorporated into the family plan of service.

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® SAFETY ASSESSMENT
ITEM 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, 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 CPS Handbook, Section 2794.)

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 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.

- 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.
- The family is threatening to flee or has fled in response to a CPS investigation.
- 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.
- 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.

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 CPS investigation.
 - » Prior child removal—Removal/placement of a child by CPS or other responsible agency or concerned party was necessary for the safety of the child.

- » Prior CPS validation—A prior CPS investigation was validated for maltreatment.
- » Prior inconclusive CPS investigation—Factors to be considered include seriousness, chronicity, 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>At least one caregiver identifies and acknowledges the problem/danger indicator(s) and suggests possible solutions. 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>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.</p>

Caregiver support network

Household Strengths	Protective Actions
<p>At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network. At least one 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</p>	<p>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. At least one caregiver regularly interacts, communicates, and makes plans with an extended</p>

Household Strengths	Protective Actions
<p>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>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>At least one protective caregiver exists and is willing and able to protect the child from future harm. 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>	
<p>At least one caregiver is willing to work with DFPS to alleviate danger indicators, including allowing caseworker(s) access to the child. In the current investigation or assessment, at least one caregiver allows 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/assessment, allows the worker and intervening agency to have contact with the child, and supports the child in all aspects of the investigation or ongoing intervention.</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>At least one child is emotionally/intellectually capable of acting to protect him/herself from the danger. 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>At least one child, in the past or currently, acts in ways that protect him/herself from a danger indicator. 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>At least one child is aware of his/her support network members and knows how to contact these individuals when needed.</p> <p>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>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.</p> <p>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>Other.</p> <p>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>Other.</p> <p>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 itself as an intervention.)**
Actions taken or planned by the investigating worker or other 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.

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 CPS Handbook Section 2500 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.

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 initial contact, but is unable to assess whether or not 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.