

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2010
	Section 18: Safety Assessment	Version: 3

POLICY

The Indiana Department of Child Services (DCS) will complete a [Safety Assessment](#) (including a response and decision) within 24 hours of the initiation of the assessment and as necessary thereafter.

When child safety concerns are identified, DCS will always consider the viability of informal and community support services prior to considering involuntary removal of the child and when a Child in Need of Services (CHINS) petition must be filed, will always consider an in-home CHINS if the child can be safe.

[NEW] DCS will utilize the Child and Family Team (CFT) Meeting process to engage children and families throughout the assessment phase to assist in planning for child safety while identifying the child and family’s strengths, informal supports and needs. See separate policy, [5.7 Child and Family Team \(CFT\) Meetings](#).

DCS will explore all possible safety options for the child(ren) with the non-offending parent in domestic violence situations.

DCS will assist the family with referrals when community services are deemed necessary.

DCS will continually reassess a child’s safety throughout the assessment based on the most current information available.

During the course of a [Safety Assessment](#), if the composition of the household changes either as a result of DCS intervention or voluntarily on the part of the family (e.g., the child leaves the home and goes to a relative home or the alleged perpetrator leaves the home), a CHINS petition will be filed in order to provide due process for the affected household member. If the Child and Family Team (CFT) can then create a plan to keep the child safe, DCS may request that the petition be dismissed and a less intrusive intervention, such as an Informal Adjustment (IA), be put in place.

Code References
N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Complete an initial [Safety Assessment](#) (hard copy or electronic) while in the field or as soon as possible thereafter to determine if there are any safety factors present;
2. Complete a preliminary safety response with the parent(s), guardian, or custodian(s) if one or more safety factors are identified during the assessment. Consider the ability and

- willingness of the parent(s), guardian, or custodian(s) to participate in any items on the safety response and include only those items that are viable;
3. Make a safety decision of “safe,” “conditionally safe”, or “unsafe” after considering the identified safety factors and corresponding safety responses;
 4. **[NEW]** Utilize the CFT Meeting process to identify the child and families strengths and needs that will assist in planning for child safety, when appropriate;
 5. Take necessary actions to remove the child (see separate policy, [4.28 Involuntary Removals](#)) if the child cannot remain in the home and be “safe” or “conditionally safe;”
 - a. Immediately, if an emergency removal is required to protect the child’s immediate safety,
 - b. As soon as practical, if a nonemergency removal is determined to be the appropriate safety response, provided any delays do not compromise child safety, or
 - c. Within the time frame ordered by the court.
 6. Document the details of the [Safety Assessment](#), response and decision by completing the safety assessment in the Indiana Child Welfare Information System (ICWIS) within one (1) business day of the safety assessment completion; and
 7. Complete the remaining steps necessary to complete the assessment. See separate policy, [4.3 Conducting the Assessment - Overview](#).

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Safety Assessment](#) - Available in ICWIS
2. [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) – Available in ICWIS

RELATED INFORMATION

Purpose of Safety Assessments

The [Safety Assessment](#) provides structured information concerning the danger of immediate harm to or maltreatment of children. This information guides the decision about whether or not a child may remain in a home or facility with or without safety interventions in place or whether the child must be removed and placed elsewhere while the DCS assessment is completed.

Safety vs. Risk

Safety Assessments evaluate the degree of danger the child is presently in and the interventions currently needed to protect the child. Risk Assessments look at the likelihood of future maltreatment.

Safety Factors (on Safety Assessment Tool)

Safety factors are unsafe conditions that presently exist in the child’s home. Any time one (1) or more safety **factors** are determined to be present, one (1) or more safety **responses** (interventions) will be required. (See “Safety Response” below). DCS recognizes 13 safety factor categories. The categories are types of caregiver behaviors and actions that may pose a

threat to the child's safety. The FCM may select as many of the categories as applicable. For any categories selected, the FCM should provide a brief description of the specific individual's behaviors and related conditions, and/or circumstances.:

1. *Caregiver's behavior is violent or out of control.* Examples may include, but are not limited to: extreme physical or verbal outbursts directed at child; use of brutal or bizarre punishment (e.g., scalding with hot water); domestic violence; use of guns, knives, or other instruments in a violent way; shaking or choking infant or toddler in an attempt to stop the infant or toddler's behavior; behavior that seems out of touch with reality, fanatical, or bizarre; behavior that demonstrates lack of control (e.g., reckless, unstable, raving, explosive);
2. *Caregiver describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.* Examples may include, but are not limited to: caregiver describes child or talks to child in a demeaning or degrading manner (e.g., evil, stupid, ugly); curses at child; scapegoats child; has unrealistic expectations about the child's behavior given the child's age (e.g., expects an infant or toddler to not cry, be still for extended periods, eat neatly, be toilet-trained; expects a young child to care for younger siblings, stay alone, etc.); blames child for caregiver's problems;
3. *Caregiver caused serious physical harm to child or made a plausible threat to cause serious physical harm;*
4. *The caregiver's explanation for the injury is unconvincing.* Examples may include, but are not limited to: the explanation is inconsistent with the type of injury; the explanation minimizes the extent of the harm to the child; medical evaluation indicates injury is the result of abuse yet caregiver attributes injury to accidental causes;
5. *The family refuses to give the FCM access to the child and/or there is reason to believe the family is about to flee and/or the child's whereabouts cannot be ascertained.* Examples may include but are not limited to: family removes child from hospital against advise of medical professionals; family has history of keeping child at home – away from school, peers, friends, and other outsiders for extended periods of time;
6. *Caregiver has not or will not provide necessary supervision to protect the child from potentially serious harm.* Examples may include, but are not limited to: Caregiver does not attend to child and the result is a need that goes unmet (e.g., child can wander outside alone, play with dangerous objects or in dangerous places, be exposed to serious hazards, etc.); caregiver leaves child alone and this is inappropriate given child's developmental stage; caregiver demonstrates very poor planning for child's care (e.g., inadequate or inappropriate baby-sitting/child care arrangements); caregiver's whereabouts are unknown;
7. *Caregiver unwilling and/or unable to meet child's immediate needs for food, clothing, shelter, medical and/or mental health care;*
8. *Caregiver has previously maltreated a child and the severity of the maltreatment and/or the caregiver's response to the previous maltreatment suggests that the child's safety may be an immediate concern.* Examples may include, but are not limited to: Caregiver does not acknowledge or take responsibility for prior afflicted harm to child or explains the incident(s) as justified; an escalating pattern of maltreatment exists, etc.;
9. *Child is fearful of caregiver(s), other family members or other people living in/having access to the home.* Examples may include: child exhibits/verbalizes fear in the presence of certain individuals (e.g., cries, cowers, trembles); child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with person(s) in the home; child has unreasonable fears of retribution and/or retaliation from caregivers;
10. *Child's physical living conditions are hazardous and immediately threatening;*
11. *Child sexual abuse is suspected and circumstances suggest that child's safety may be an immediate concern.* Examples may include, but are not limited to: access to child by

alleged perpetrator; it appears that alleged perpetrator has committed rape, sodomy or has had other sexual contact with the child; caregiver or others forced child to engage in sexual activities/performances;

12. *Caregiver's substance/alcohol use seriously affects his/her ability to supervise, protect or care for the child; and*
13. *Other*

Safety Response

Safety responses are interventions that mitigate one or more unsafe conditions (safety factors) that presently exist in the child's home. They include:

1. The family uses its informal support network (immediate and extended family members, friends, neighbors and/or other individuals in the community) to ensure the child's safety;
2. The family receives services through community providers.

As soon as necessary to protect the safety of the child after a determination of "conditionally safe" has been made, develop a [Family Support/Community Services Plan \(SF 0243/CW3425\)](#) to document the specifics of the safety responses to be used. Develop the plan with participation and input from the family. See separate policy, [4.19 Family Support/Community Services Plan for Conditionally Safe Children](#).

When determining the appropriateness of a safety response, the FCM should take into consideration factors that include, but are not limited to the parent, guardian, or custodian's willingness and ability to implement the intervention, the vulnerability of the child (age, developmental stage), etc.

Safety Decision

1. Safe: No safety factors were identified;
2. Conditionally safe: One (1) or more safety factors were identified but the child can be protected by the voluntary interventions identified in the safety response, as long as the interventions do not change the composition of the household; or
3. Unsafe: One or more safety factors were identified and the child cannot be protected by voluntary interventions (e.g. – parent, guardian, or custodian is unwilling and/or unable), therefore, the child will be involuntarily removed from the home.