

Safety Assessment Guidance

This document provides additional information for the completion of form 470-4132, *Safety Assessment*. It lists the focus point for each statement in the *Safety Assessment* form. If there is clear evidence or other cause for concern for present or impending danger on any statement, mark that statement “yes.”

This guide gives examples of present or impending danger concerns that would justify a “yes” answer for each statement. **This list of examples is not exhaustive.** It is possible to have a situation where one would answer “yes” to a statement without a corresponding example of that situation. **Always indicate “yes” on the document if the child’s situation meets the focus of the question.**

Note: The *Safety Assessment* tool is one piece of the process you use in making a safety decision. It is an aid, not an end result in safety assessing.

Current Child Well Being

- 1 Child Has Medical or Mental Health Care Needs** (Focus is on child’s moderate to severe medical or mental health needs and whether these needs are provided for.)
 - ◆ Child has exceptional medical or mental health needs which caretaker does not meet.
 - ◆ Caretaker has not adequately responded to child’s suicidal ideation.
 - ◆ Caretaker has not sought treatment for child’s immediate and dangerous medical condition or mental health.
 - ◆ Caretaker does not follow prescribed treatment for child’s immediate or dangerous medical or mental health condition.
- 2 Child Is Fearful of Others in the Home** (Focus is on child’s behavior or verbalization of fear toward a caretaker.)
 - ◆ Child verbalizes credible fear or acts in ways that display fear when around certain people (cries, cowers, cringes, trembles, etc.).
 - ◆ Child exhibits anxiety (nightmares, insomnia, enuresis) related to situations associated with a particular person.
 - ◆ Collateral or nonoffending caretaker reports child’s fear of another.
 - ◆ Child has reasonable fear of retribution or retaliation from caretaker.
- 3 Child Is Unable to Protect Self** (Focus is on the child’s vulnerability.)
 - ◆ Child is or functions at five years old or less.
 - ◆ Child does not have the capacity to use the phone.
 - ◆ Child cannot verbalize or is unable to independently leave the home.
 - ◆ Child cannot identify a dangerous situation or act accordingly to ensure safety.
 - ◆ The caretaker’s power over the child makes the child unwilling or unable to carry out a safety plan.

Current Parent (Caregiver) Capacities

- 1 **Caretaker's Substance Use** (The focus is on how the caretaker's substance use affects care for the child.)
 - ◆ Caretaker has used illegal substances in past 30 days.
 - ◆ Caretaker's use of substances significantly interferes with ability to care for the child now.
 - ◆ Infant tests positive at birth for drugs; was exposed to alcohol or other drugs in utero.
 - ◆ Alcohol, drugs, or drug paraphernalia are accessible to the child.
- 2 **Caretaker Is Not Providing Supervision to Protect Child** (Focus is on supervision that places child in present or impending danger.)
 - ◆ Caretaker does not provide adequate supervision for the child. The caretaker may be present, but the child may wander the home or outdoors alone without supervision.
 - ◆ Caretaker leaves child home alone and, because of the child's age or developmental stage, the child cannot self-protect.
 - ◆ Caretaker makes inadequate or inappropriate child care arrangements or plans poorly for child's care or caretaker has abandoned child.
- 3 **Caretaker Has Emotional Instability or Developmental Delay** (Focus is on a caregiver's impairment that seriously affects ability to care for the child.)
 - ◆ Caretaker's diagnosed or undiagnosed mental illness affects ability to care for the child:
 - Severe depression; predominant feelings of hopelessness and helplessness or immobilized by symptoms.
 - Hallucinations or delusions.
 - Paranoid thinking.
 - Mania.
 - ◆ Caretaker does not follow medication regimen and this diminishes ability to care for child.
 - ◆ Taking into account the age and functioning level of the child, the caretaker's intellectual or physical functioning is not sufficient to care for the child.

Current Family Safety

- 1 **Child Has Nonaccidental Injuries or History Given Is at Variance With Injury** (Focus is on injury and the caretaker's explanation.)
 - ◆ Explanation for the observed injury is inconsistent with casework, law enforcement, or medical evaluation.
 - ◆ Description of injury minimizes extent of harm to child.
 - ◆ Environmental factors and circumstances are inconsistent with the type of injury.

- 2 Caretaker Is Violent or Out of Control** (Focus is caretaker's behavior and the harm it is producing to child. This is often part of a domestic violence incident.)
- ◆ Caretaker has been violent toward others or property or has made credible threats of violence in the recent past. Use of weapons (guns, knives) may be part of this threat.
 - ◆ Caretaker is suicidal.
 - ◆ Caretaker has serious lack of self-control (aggressive, passes out, bizarre, explosive, ranting, or raving, etc.)
 - ◆ Caretaker has extreme physical (shakes or chokes child) or verbal anger toward the child.
 - ◆ Caretaker uses brutal or bizarre punishment (scalding water, cigarette burns, forced feeding)
 - ◆ Child exhibits fear from verbal, emotional, or physical abuse because of recent domestic violence incident.
 - ◆ Child has been injured or is in danger of physical injury due to a domestic violence situation.
- 3 Caretaker Is Currently Causing or Threatening Maltreatment** (Focus is current abusive or neglectful behavior of the caretaker.)
- ◆ Caretaker causes or threatens injury to child (fracture, poisoning, choking, burns, serious bruises, welts, serious bite marks, etc.).
 - ◆ Caretaker uses action, inaction, or threat that could result in denial of critical care.
- 4 Child Sexual Abuse** (Focus is on the sexual abuse and circumstances which would suggest immediate safety concerns for the child.)
- ◆ Any allegation of sexual abuse perpetrated by a household member.
 - ◆ Any allegation of sexual abuse perpetrated by a nonhousehold member where caretaker minimizes or blames child for the abuse.
 - ◆ Any situation where the alleged or confirmed perpetrator has access to the child.
- 5 Caretaker Previously Abused or Neglected a Child** (Focus is on severity of past abuse or neglect which would suggest concern for impending danger. Examples are also noted on the *Safety Assessment*.)
- ◆ Caretaker retaliated or seriously threatened retribution against child in past incidents.
 - ◆ Caretaker has escalating pattern of maltreatment (abuse or neglect).
 - ◆ Caretaker justifies harm or does not acknowledge or take responsibility for prior harm.
 - ◆ Previous abuse or neglect was serious enough to potentially cause severe injury, harm, or death.
- 6 Caretaker Refuses Access to Child** (Focus is concern that child will be unsafe and unable to be protected.)
- ◆ Caretaker previously fled in response to DHS or court intervention.
 - ◆ Others have knowledge that caretaker is preparing to flee.
 - ◆ Caretaker removed child from hospital against medical advice.
 - ◆ Caretaker will not disclose location of the child.
 - ◆ Caretaker isolates child; keeps child at home, away from peers, school, and others for extended periods.

Current Family Interactions

- 1 **Caretaker Acts in Negative Terms and Unrealistic Ways Toward Child** (Focus is caretaker's interaction toward child which could cause harm to the child.)
 - ◆ Caretaker describes child in predominately negative, demeaning terms (evil, stupid, ugly, etc.).
 - ◆ Caretaker directs profanity toward child or repeatedly attacks child's self esteem, producing interaction that could result in:
 - Child self-harm.
 - Child running from home.
 - Physical abuse of the child.
 - ◆ Caretaker views child as responsible for caretaker or family's problems.
 - ◆ Caretaker expects child to behave in way that is impossible or improbable for the child's age or developmental level:
 - Babies and toddlers must be quiet for extended periods, be toilet trained, or eat neatly.
 - School-aged child must supervise younger siblings or stay home alone.

Current Home Environment

- 1 **Caretaker Does Not Meet Needs for Food, Clothing, Shelter or Physical Living Conditions** (Focus is on failure to provide adequate food, clothing, shelter.)
 - ◆ Child appears malnourished; has a distended stomach, gray skin, or height or weight inappropriate for the child's age.
 - ◆ There is impending risk of malnourishment because there is little or no food or drink provided or available to the child for prolonged periods.
 - ◆ Child is without minimally protective clothing.
 - ◆ There is no housing for the child and no emergency shelter arrangements.
 - ◆ Caretaker has home environment, which produces danger for the child such as:
 - Exposed wires, broken glass.
 - Human or animal feces throughout living quarters.
 - Spoiled foods or garbage that threatens health.
 - Dangerous or hazardous materials (cleaning supplies, weapons) in reach of child.
 - Windows or doors that are open, broken, or missing.
 - Serious illness or injury due to lead poisoning or rodent infestation.
 - Leaking gas from stove or heating unit.
 - Lack of water or other utilities (heat, plumbing, electricity) with no alternate provisions made or inappropriate provisions made (stove, unsafe space heater) including no heat in freezing temperatures.