EVIDENT CHANGE
Inform Systems. Transform Lives.

SAFETY AND RISK ASSESSMENT MANUAL

Arkansas State Police and Division of Children and Family Services

March 2024

Structured Decision Making and SDM are registered in the US Patent and Trademark Office.

ABOUT EVIDENT CHANGE

Evident Change promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice. For more information, call (800) 306-6223 or visit us online at EvidentChange.org. Find us on social media by visiting Linktr.ee/EvidentChange.

CONTENTS

STRUCTURED DECISION MAKING® SYSTEM OVERVIEW: GOALS, OBJECTIVES, AND CHARACTERISTICS

SDM® SYSTEM GOALS

- Reduce subsequent child maltreatment and child protective system involvement, including the following.
  - » Investigations
  - » Validated investigations
  - » Injuries
  - » Placements
- Expedite permanency for children.

SDM SYSTEM OBJECTIVES

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

CORE CHARACTERISTICS OF THE SDM SYSTEM

Reliability: Structured assessments and protocols, such as those used in the Structured Decision Making® (SDM) model, systematically focus on the critical decision points in the life of a case, increasing worker consistency in assessment and case planning. Families are assessed more objectively, and decision making is guided by the facts of the case rather than solely by individual judgment.

Validity: The cornerstone of the model is the actuarial research–based risk assessment, which accurately classifies families according to the likelihood of subsequent child protective system involvement, enabling agencies to target services to families at highest risk.

Addressing Disproportionality: SDM® assessments ensure that critical case characteristics, safety threats, and domains of family functioning are assessed for every family, every time, regardless of social differences. Detailed definitions for assessment items increase the likelihood that workers assess all families using a similar framework. Research demonstrates the risk assessment in classifying families fairly by key demographics across risk levels.

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

SDM CULTURAL CONSIDERATIONS

Throughout the use of all SDM assessments, the worker will be asked questions concerning characteristics of families being investigated/assessed, including environmental, parenting, and mental health issues. The ways in which families function within their family of origin, values, cultural backgrounds, and community standards are incorporated into the assessments.

It is important to consider the issues from the family's viewpoint and to focus on conditions that may represent risk to children. Remaining responsive to a family's culture is likely to assist us in identifying true risk issues and increasing the respect the family feels from the worker.

CULTURAL RESPONSIVENESS

Workers can do the following to be culturally responsive with families.

- Be authentic. Establish personalized contact with individuals and their families.
- Stay curious. Learn about the people being served, including their cultural beliefs and personal values and their linkages to their parenting norms.
- Ask the child or safety network for assistance in understanding how to work with families.
- Be aware of stereotypes, and avoid making decisions or assessments based on those stereotypes rather than things the worker has learned from the person themself.
- Assist families with issues that are important to them as is reasonable, even if they are not directly related to abuse or neglect of the children.
- Be sensitive to others' cultural perceptions of issues.
- Use an interpreter if not proficient in someone's native language.
- Try to discover some commonalities of experience.

SDM GENERAL DEFINITIONS

SDM assessments are completed on households where there have been screened-in child abuse and/or neglect allegations (with the exception of the hotline assessment, which is completed for referrals). The following general definitions apply when completing the SDM assessments beyond screening.

FAMILY

Caregivers; adults fulfilling the caregiver role; guardians; children; and others related by ancestry, adoption, or marriage; or as defined by the family itself.

HOUSEHOLD

All persons who have significant in-home contact with the child, including those who may not actually live there but have a familial or an intimate relationship with any person in the home.

PRIMARY AND SECONDARY CAREGIVER

When answering some items on the risk assessment, it is necessary to consistently identify a primary and a secondary caregiver. Select a primary and secondary caregiver from among the household members using the caregiver identification flowchart below, beginning at the top and working down until the primary and secondary caregivers can be identified. If the child's legal parents live in separate households, *each* household will have a primary (and possibly secondary) caregiver who is one of the people residing in that household.

CAREGIVER

A person who is responsible for a child's care, custody, or welfare, such as:

- A parent, guardian, or managing or possessory conservator;
- Another adult member of the child's family or household; or
- A person with whom the child's parent cohabits.

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

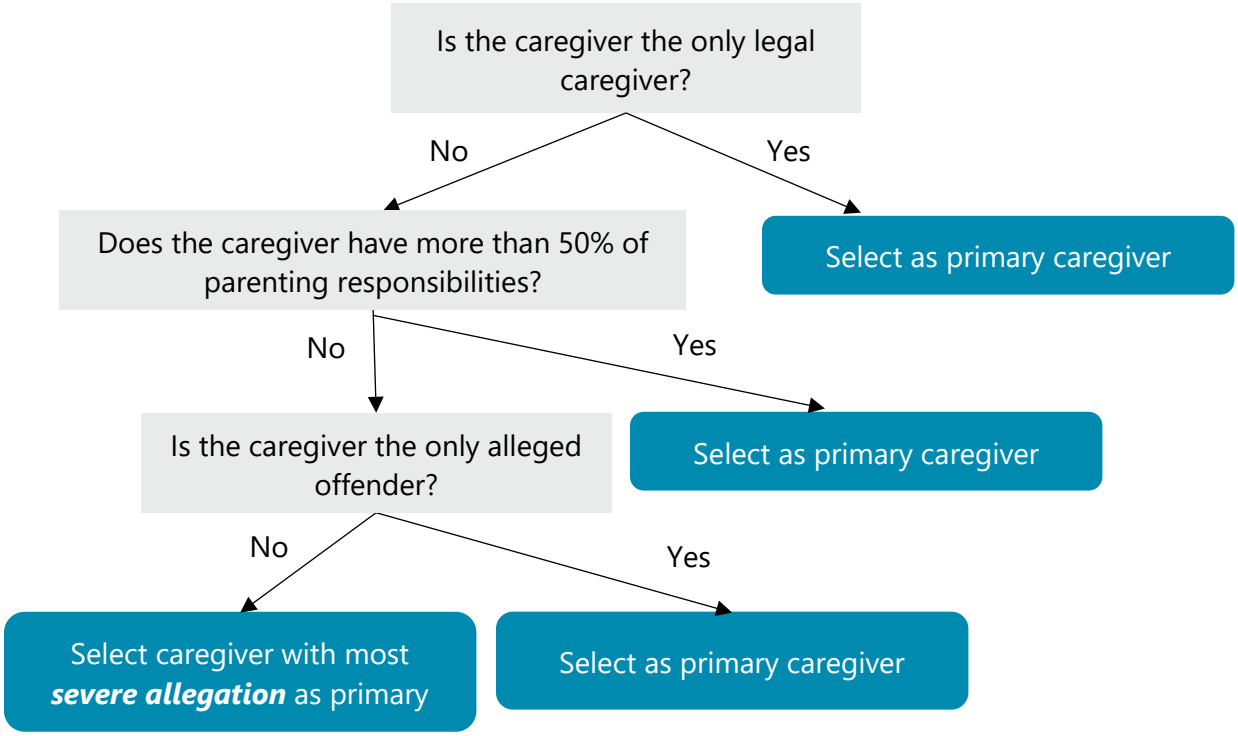
ADDITIONAL CONSIDERATIONS

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

A minor may never be considered the primary or secondary caregiver of their sibling.

CAREGIVER IDENTIFICATION FLOWCHART

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



Note: If both caregivers have the same allegation, just pick one; the risk level is likely to be the same for both caregivers.

SDM SAFETY ASSESSMENT

Arkansas State Police and Division of Children and Family Services

Family Name: _____ **Referral/Case ID:** _____

Date of Assessment: _____ **County:** _____

Worker Name: _____

Assessment Type: ○ Initial ○ Reassessment ○ Case closure

Household Assessed: _____

Caregiver(s) Assessed: _____

Names of Children Assessed:

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

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

SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY

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

- ☐ Child is age 0–5.
- ☐ Child has a diagnosed or suspected medical or mental condition (includes medically fragile).
- ☐ Child has limited or no readily accessible support network.
- ☐ Child has diminished mental capacity.
- ☐ Child has diminished physical capacity.
- ☐ None apply.

SECTION 2: CURRENT SAFETY THREATS

The following is a list of safety threats, defined as behaviors or conditions that describe a child being in imminent danger of serious harm. Assess the above household for each safety threat. Select "Yes" for all that are present for the family at the time of the assessment and "No" for all that are absent, based on the information available at this time. Select "Yes" for each that applies to an individual behavior, but *do not* select "Yes" for more than one safety threat for the same behavior.

Yes **No**

○ ○ 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/differential response (DR) case, as indicated by (select all that apply):

☐ Serious injury or abuse to the child other than accidental.

☐ Caregiver fears harming the child.

☐ Caregiver has threatened to cause harm or retaliate against the child.

☐ Caregiver has made substantial or unreasonable use of physical force.

☐ Substance-exposed infant is in danger.

○ ○ 2. Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern.

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

○ ○ 4. Caregiver's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

○ ○ 5. Caregiver does not meet the child's immediate needs for supervision, food, and/or clothing. Select all that apply.

☐ Supervision

☐ Food

☐ Clothing

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

○ ○ 7. Physical living conditions are hazardous and immediately threatening to the child's health and/or safety.

Yes	No		
○	○	8.	Caregiver's substance abuse seriously impairs their ability to supervise, protect, or care for the child.
○	○	9.	Domestic violence exists, and offender behavior poses an imminent danger of serious physical and/or emotional harm to the child.
○	○	10.	Caregiver frequently 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 or anxious.
○	○	11.	Caregiver's mental instability, developmental status, or cognitive deficiency seriously impairs their 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/DR case.
○	○	13.	The child may be in immediate danger because of current circumstances AND because the caregiver severely maltreated a child in their care in the past (where the incident was resolved or unresolved) or because the caregiver has been unable to resolve a prior pattern of severe maltreatment.
○	○	14.	Other (specify): _____

SAFETY DECISION

If no safety threats are present, select this safety decision.

○ **Safe.** No safety threats were identified at this time. Based on currently available information, no children are likely to be in imminent danger of serious harm. Continue to the risk assessment and complete the investigation as required.

IF A SAFETY THREAT IS IDENTIFIED BY CACD AT ANY POINT IN THE INVESTIGATION, CACD CONTACTS DCFS AND STOPS COMPLETING THE SAFETY ASSESSMENT TOOL HERE. DCFS TAKES OVER TO COMPLETE SECTION 3.

SECTION 3: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

Complete this section only if one or more safety threats are selected.

SAFETY-PLANNING CAPACITIES

Document caregiver capacities if present for any caregiver based on information gathered. (All three capacities must apply to move forward with an immediate safety plan.)

☐ a. Caregiver is capable of participating in an in-home immediate safety plan.

☐ b. Caregiver is willing to participate in an in-home immediate safety plan.

☐ c. Caregiver has the support of at least one adult who was not involved in the allegation, and the supporting adult is willing and able to participate in an in-home immediate safety plan.

☐ d. Other: _____

For each safety-planning capacity selected, provide details that demonstrate its presence.

SAFETY INTERVENTIONS

Consider each identified safety threat and the safety-planning capacity of the family and network to determine if it is possible to create an immediate safety plan to control for the safety threat. Remember that an immediate safety plan should describe in detail immediate action steps that the family and their network will take to help keep the child safe from the safety threat. If this is possible, select "Safe with immediate safety plan" and the specific interventions being used from the list below (select all that apply), document the immediate safety plan, and continue to the risk assessment. If it is not possible to create an immediate safety plan, proceed to Section 4 and select "Unsafe."

☐ a. Safety interventions provided by the worker

☐ b. Safety interventions involving caregiver, other household members, or network

- ☐ Alleged offender understands the worries about the safety of their child and offers to leave the home voluntarily if the child will remain with a legal custodian or guardian.
- ☐ Non-offending legal custodian or guardian has taken or will take legal action that requires the alleged offender to leave the home or restricts access to the child.
- ☐ Non-offending legal custodian or guardian will move to a safe environment with the child.
- ☐ Extended family members or network will participate as part of an immediate safety plan action step.
- ☐ Other safety intervention involving caregiver, other household members, or network.

  Describe: _____

☐ c. Safety interventions provided by agencies or service providers

- ☐ Community agencies or services are part of an immediate safety plan action step.
- ☐ Formal tribal and/or Indian Child Welfare Act (ICWA) intervention is part of an immediate safety plan action step.
- ☐ Other safety intervention provided by agencies or service providers.

Describe: _____

☐ d. Legal action planned or initiated; the child remains in the home.

Note: Legal action cannot be the only item on an immediate safety plan.

☐ e. No interventions are possible at this time.

SAFETY DECISION

○ **Safe with immediate safety plan.** One or more safety threats are present; however, the child can safely remain in the home with an immediate safety plan. In-home protective interventions have been initiated through an immediate safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats. Select all in-home interventions used in the immediate safety plan. *Consult Team Decision Making (TDM) protocol to determine whether a TDM meeting is required.*

SECTION 4: PLACEMENT INTERVENTION

SAFETY DECISION

○ **Unsafe.** One or more safety threats are present. An immediate safety plan was considered but could not be created. As a result, placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in imminent danger of serious harm. *Consult TDM protocol to determine whether a TDM meeting is required.*

Safety Assessment Discussion

Does this safety decision apply to all children in the household?

○ Yes

○ No. Provide the safety decision for each child: _____

SDM SAFETY ASSESSMENT
IMMEDIATE SAFETY PLAN

Arkansas State Police and Division of Children and Family Services

Family Name: _____ **Case ID:** _____ **Date:** _____

Worker Name: _____

Harm and/or Worry Statement(s): What harm, if anything has already occurred? What is the agency and/or the family worried will happen to the children if nothing else changes?

DESCRIBE THE SAFETY THREAT (caregiver + behavior + impact on child)	WHAT WILL BE DONE TO ADDRESS THE SAFETY THREAT UNTIL THE REVIEW DATE?	WHO WILL DO IT, BY WHEN?	HOW WILL WE KNOW IT IS WORKING?

Who has agreed to be part of this plan? (Must include at least one legal custodian or guardian.)

FAMILY MEMBER OR NETWORK MEMBER	CONTACT DETAILS	
	PHONE	EMAIL

WHEN WILL THE IMMEDIATE SAFETY PLAN BE REVIEWED? *(Must be within 14 days)*	
Date/time:	**Who will be involved (caregivers, network, and agency)?**

WHAT WILL PEOPLE DO IF THEY ARE WORRIED OR IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING?	
Caregivers/legal guardians	
Network members	
Child	
DCFS	

WHOM TO CALL IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING		
NAME	PHONE NUMBER	EMAIL ADDRESS
Assigned worker name:		
Supervisor name:		
On-call contact: (After business hours, weekends, and holidays)		

AGREEMENT TO IMPLEMENT IMMEDIATE SAFETY PLAN

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to take legal action. If I am unable to follow this plan, I will contact my DCFS worker to develop a new plan.

Legal custodians or guardians

Worker/supervisor

Children

Network members

SDM SAFETY ASSESSMENT DEFINITIONS

Arkansas State Police and Division of Children and Family Services

SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY

Child is age 0–5. Children under age 6 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 (includes medically fragile). Any child in the household has a diagnosed medical or mental disorder that impairs their ability to protect themself 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 network members who understand the safety threats; or the child does not have adult family or network members 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 affects the child's ability to communicate verbally or to care for themself.

Child has diminished physical capacity. Any child in the household has a physical condition/disability that affects their ability to protect themself from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency if left unattended, cannot care for self).

None apply. This item indicates that all vulnerabilities were screened for and none were found. Contact notes should reflect that the screening process did take place.

SECTION 2: CURRENT SAFETY THREATS

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/differential response (DR) case, as indicated by (select all that apply):

- *Serious injury or abuse to the child other than accidental*. The caregiver caused serious injury **AND** the child required medical treatment, regardless of whether the caregiver sought medical treatment. Examples of serious injury include, but are not limited to, brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, bruises/welts, symptoms related to suffocation or shooting, bite marks, strangle marks, or any other physical injury that seriously impaired the child's health or well-being.
- *Caregiver fears harming the child*. The caregiver expresses overwhelming fear of posing a plausible threat of harm to the child. This does not include normal anxieties, such as fear of accidentally dropping a newborn baby, or intrusive thoughts.
- *Caregiver has threatened to cause harm or retaliate against the child*. The caregiver has plausibly threatened action that would result in serious harm, or a household member plans to retaliate against the child.
- *Caregiver has made 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, are not age- or developmentally appropriate, place the child in serious danger 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.
- *Substance-exposed infant is in danger*. There is evidence that the birth parent abused alcohol or prescription drugs or used illegal substances during pregnancy, AND there is credible concern about the safe care of the infant after discharge from the hospital. This has created imminent danger to the infant. Indicators include:
  - » Infant exhibits withdrawal symptoms.

    OR
  - » Infant displays physical characteristics (e.g., low birth weight, slow reflexes) of substance abuse by the birth parent.

    AND
  - » There is credible concern about the infant's safe care after discharge from the hospital. Examples include:
    - – Parent does not safely hold or feed newborn at the hospital; or
    - – Parent does not demonstrate skill in providing necessary care that the infant will require after discharge.

2. Child sexual abuse is suspected, 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 following.

- The child discloses sexual abuse.
- The child demonstrates sexualized behavior inappropriate for their 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.

  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 because any the following apply.

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

3. Caregiver is aware of the potential harm AND is unwilling OR unable to protect the child from actual or threatened serious harm by others. This may include physical abuse, emotional abuse, sexual abuse, sexual exploitation, trafficking, or neglect. *Domestic violence behaviors should be captured under safety threat 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 current or historical violent criminal behavior resides in the home AND is posing a threat to the child, and the caregiver allows this person 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.

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

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, during further discussion, admit to the injury's true cause.

Select this safety threat 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, that the injury is the result of abuse; the caregiver denies this or attributes the injury to accidental causes.
- Medical professionals have diagnosed or are assessing for factitious disorder (previously known as Munchausen syndrome by proxy).
- The caregiver's description of the injury or its cause minimizes the extent and impact of harm to the child.

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

Supervision

- The caregiver does not provide age- or developmentally appropriate supervision to ensure the child's safety and well-being 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 and unable or unwilling to arrange for another appropriate caregiver (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., child able to call 911, neighbors able to provide assistance), and any child needs or vulnerabilities.

Food

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

Clothing

The child is without clothing appropriate for the weather, resulting in danger to the child's health (e.g., frostbite, hypothermia, heat stroke). Consider the child's age and whether clothing is the child's or the caregiver's choice.

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 or does not take reasonable actions to keep the child safe.
- The child has exceptional needs, such as those related to 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.

Unless the child is suicidal or homicidal, exclude situations in which the caregiver chooses not to provide psychotropic or behavioral medications to a child.

7. Physical living conditions are hazardous and immediately threatening to the child's health and/or safety.

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.

- Gas is leaking from stove or heating unit.
- Substances or objects are accessible to the child that may endanger their health and/or safety.
- Water or utilities (e.g., heat, plumbing, electricity) are lacking, and no alternative or safe provisions are made.
- Windows are open/broken/missing in areas accessible to the child, and/or there are unsafe structural issues in the home (e.g., walls falling down, floor missing).
- Electrical wires are exposed and within child's reach.
- There is excessive garbage or spoiled food that threatens child's 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 the home's condition, rat bites).
- Evidence exists of human or animal waste throughout living quarters.
- Guns or other dangerous weapons are accessible to a child who is uneducated in their safe use or who is likely to use the weapons unsafely, and the child is in danger.
- Methamphetamine production happens 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 substance abuse seriously impairs their 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, and offender behavior poses an imminent danger of serious physical and/or emotional harm to the child.

There is evidence of domestic violence, AND the alleged offender's behavior creates a safety concern for the child.

Domestic violence offenders, in the context of the child welfare system, are parents and/or caregivers who engage in threatening or controlling behaviors against one or more intimate partners. This behavior may continue after a relationship ends or when the couple no longer lives together. The alleged offender's actions often directly involve, target, and affect 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. (This would be classified as physical abuse and would have safety threat 1 and/or 3 selected as appropriate.)

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

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

10. Caregiver frequently 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 or anxious.

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

- The caregiver describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- The caregiver curses at or repeatedly puts the child down.
- The caregiver scapegoats a particular child in the family (i.e., target child).
- The caregiver blames the child for a particular incident or family problems.

11. Caregiver's mental instability, developmental status, or cognitive deficiency seriously impairs their 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 occur.

- The caregiver's refusal to follow prescribed medications impedes their ability to care for the child.
- The caregiver's mental health status impedes their 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., expecting babies and young children not to cry; expecting children to be still for extended periods, be toilet trained, eat neatly, care for younger siblings, or stay alone).
- Due to cognitive delay, the caregiver is unable to acquire basic parenting skills, such as for:
  - » Providing infants with regular feedings;

- » Accessing and obtaining basic/emergency medical care;
- » Providing adequate food; or
- » Providing adequate supervision.

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

- The family will not provide the child's current location, has removed the child from known location, and/or has threatened to remove the child from known location in response to the agency intervention.
- The family is keeping the child at home and away from friends, school, and other outsiders for extended periods for the purpose of avoiding agency intervention.
- Evidence exists that the caregiver coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the agency intervention.

13. The child may be in immediate danger because of current circumstances AND because the caregiver severely maltreated a child in their care in the past (where the incident was resolved or unresolved) or because the caregiver has been unable to resolve a prior pattern of severe maltreatment.

- Current immediate threats to child safety exist that do not meet any other safety threat criteria.

  AND
- Related previous severe child maltreatment occurred, whether resolved or not, and/or that represents an unresolved pattern of severe maltreatment.
  - » Prior severe 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, bruises/welts, symptoms related to suffocation or shooting, bite marks, strangle marks, 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.
  - » Inability to resolve pattern of severe maltreatment means caregiver having been unable to change their behaviors and having repeatedly harmed their child despite interventions.

14. Other (specify).

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

SAFETY DECISION

Safe. No safety threats were identified at this time. Based on currently available information, no children are likely to be in imminent danger of serious harm. Continue to the risk assessment and complete the investigation as required.

SECTION 3: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

SAFETY-PLANNING CAPACITIES

All three capacities must apply to move forward with an immediate safety plan.

a. **Caregiver is capable of participating in an in-home immediate safety plan.** The caregiver has the ability to participate in an in-home immediate safety plan. Consider caregiver cognitive, physical, and emotional capacity to follow through with all interventions necessary to protect the child from further safety threats.
b. **Caregiver is willing to participate in an in-home immediate safety plan.** The caregiver has agreed to accept the worker's involvement and recommendations and to follow the action steps detailed on an in-home immediate safety plan that is sufficient to control for the safety threats.
c. **Caregiver has the support of at least one adult who was not involved in the allegation, and the supporting adult is willing and able to participate in an in-home immediate safety plan.** The caregiver has a supportive relationship with at least one other family member, neighbor, or friend who is able to play an active role in an in-home immediate safety plan that is sufficient to control for the safety threats.
d. **Other.** Note any other present safety-planning capacity that makes the worker confident that the caregiver and the network will be able to control for the safety threats.

SAFETY INTERVENTIONS

SAFETY DECISION

Safe with immediate safety plan. One or more safety threats are present; however, the child can safely remain in the home with an immediate safety plan. In-home protective interventions have been initiated through an immediate safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats. Select all in-home interventions used in the immediate safety plan.

a. *Safety interventions provided by the worker*. Actions taken or planned by the worker that specifically address one or more safety threats. Examples include providing emergency aid such as food, transportation, or mentoring; planning return visits to the home to check on progress; or providing information and/or assistance in obtaining services or legal advice.

b. *Safety interventions involving caregiver, other household members, or network*. Applying the family's own strengths as resources to mitigate safety threats; or using extended family members, neighbors, tribal members, friends, or other individuals to mitigate the safety threats. Examples include engaging a grandparent to assist with childcare, agreement by a neighbor to serve as a safety resource for a child, or commitment by 12-step sponsor or recovery support person to meet with caregiver daily.

   One or more of the following interventions may apply. If "b" is selected, at least one of these options must also be.

   - Alleged offender understands the worries about the safety of their child and offers to leave the home voluntarily if the child will remain with a legal caregiver (i.e., legal custodian or guardian). The alleged offender will temporarily or permanently leave the home.
   - Non-offending legal custodian or guardian will move to a safe environment with the child. A legal caregiver not suspected of harming the child has taken or plans to take the child to an alternative location where the alleged offender will not have access to the child. If legal rights of the offending legal custodian or guardian will be restricted, an emergency order of less than custody must be filed.
   - Extended family members or network will participate as part of an immediate safety plan action step. A family member, friend, or other person in the family's life has agreed to be responsible for a specific activity on the immediate safety plan.
   - Other safety intervention involving caregiver, other household members, or network. The family or their network will take other actions not described above. Describe in the space provided.

c. *Safety interventions provided by agencies or service providers*. Community resources used as a safety intervention should be immediately available to the family and be able to reduce the threat of imminent serious harm. Examples include use of shelters, food pantries, and other services provided by community agencies or providers. *Does not include* long-term therapy or treatment, being put on a waiting list for services, or delays in contact and initiation of services to the family.

   If "c" is selected, at least one of the following interventions must also be.

   - *Community agencies or services are part of an immediate safety plan action step*. This means involving a community-based or faith-related organization or other agency in activities to address safety threats (e.g., using a local food pantry).
   - *Formal tribal and/or Indian Child Welfare Act (ICWA) intervention is part of an immediate safety plan action step*. This includes but is not limited to use of tribal services from the child or caregiver's tribe or a tribal consortium, tribal resource center, or tribal health clinic.
   - *Other safety intervention provided by agencies or service providers*. Agency professionals will take other actions. Describe in the space provided.
   - *Note*: For these items, *do not include* services such as long-term therapy or treatment or being put on a waiting list for services.

d. *Legal action planned or initiated; the child remains in the home*. A legal action has already commenced or will commence that will contribute to mitigating identified safety threats. This includes family-initiated (e.g., orders of protection, mental health commitments, change in custody/visitation/guardianship) and worker-initiated (e.g., less than custody order, maintain at home) actions.

Note: May be used only in conjunction with other safety interventions. Legal action cannot be the only item on an immediate safety plan.

e. *No interventions are possible at this time.* None of the interventions above are possible.

SECTION 4: PLACEMENT INTERVENTION

SAFETY DECISION

Unsafe. One or more safety threats are present, an immediate safety plan was considered but could not be created, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in imminent danger of serious harm. *The child will be placed in protective custody because an immediate safety plan cannot adequately ensure the child's safety.*

PRACTICE GUIDANCE: TDM PROTOCOL

When a separation occurs prior to a TDM meeting, a TDM meeting should be scheduled to occur within the next working day. The only exception is if a court order is already in place.

A TDM meeting should be considered when the caregiver's behavior (action or inaction) is threatening child safety and DCFS or CACD is considering separating the child from the caregiver. The TDM meeting shall be scheduled prior to the child's separation or within the next working day when an emergency separation has occurred.

SDM SAFETY ASSESSMENT PROCEDURES

Arkansas State Police and Division of Children and Family Services

ASSESSMENT PURPOSE

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 *imminent* danger of serious harm, which requires a safety intervention; and (2) to determine what interventions should be initiated or maintained to provide appropriate protection. Safety assessment is a process that workers use during every contact with a family to help them organize and document their thinking about safety. It should also be noted that although the worker must assess safety during every contact, formal documentation of that assessment on the safety assessment tool occurs at specific points during the case.

The safety assessment is not intended to assess the households of out-of-home caregivers such as resource parents and facility and shelter staff. The resource provider safety assessment is used to assess safety when there is a new allegation on resource parents.

SAFETY ASSESSMENT VERSUS RISK ASSESSMENT

It is important to keep in mind the difference between safety and risk when completing this tool. Safety assessment differs from risk assessment in that it assesses the child's *imminent* danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of *future* system involvement to inform benefit of services beyond investigation.

WHICH CASES

All cases in which the child is in their own home, including subsequent referrals.

In ongoing intervention, this safety assessment should only be done for in-home cases (supportive service, DR, and protective service) or cases where the child is in out-of-home care (foster care services) and may return to their own home (i.e., with the caregiver from whom the child was removed) OR when there is any other child residing in the removal household.

WHICH HOUSEHOLD(S)

SDM assessments are completed only on households with an allegation of abuse or neglect.

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

Always apply appropriate SDM assessments to the household of the legal caregiver if alleged to have harmed the child. A child may be a member of more than one household, and household configurations can change over the life of a case.

If there are allegations on more than one household, SDM assessments should be completed separately for each household.

If a child is found to be unsafe with a custodial parent and plans are to transition the child to the non-custodial parent, complete the usual assessment of that parent's home by local policy and document it in the case narrative prior to the child being left with another parent. The SDM safety assessment is not completed on that household since there are no allegations on that household.

See Appendix for further household explanation and examples.

WHO

The CACD or DCFS worker (including on-call workers) responsible for the investigation, DR assessment, or ongoing case.

WHEN SAFETY IS ASSESSED

Safety is assessed *throughout* the life of a case. An SDM safety assessment or reassessment, along with documentation, is required in the following circumstances.

- At the time of the first face-to-face contact with all identified alleged victim children and household caregivers during an investigation.
- At the time of the first face-to-face meeting with the family during a DR assessment.
- Prior to a reunification.
- When information on a household from a new referral with different allegations or incidents has been merged with the current referral.
- Whenever a change in circumstances suggests that the child's safety may be jeopardized, including when a new safety threat is identified, a previous safety threat changes, or safety interventions or safety decision change. Examples may include:
  - » Change in family circumstances (e.g., birth of a baby, new household members, a person leaves the household, the household moves);
  - » Change in effectiveness of safety interventions to mitigate safety threats OR immediate safety plan breakdown; or
  - » New allegations of abuse or neglect.

  - » Note: In circumstances where there are concerns about a placement while a child is in substitute care, do not use the safety assessment to assess safety. Instead, use the substitute care provider safety assessment.
- When considering closure of a referral without transfer to ongoing services, complete a case closure safety assessment to ensure no safety threats are present.

  Note: If extraordinary circumstances do not allow completion of a safety reassessment, the worker should consult their supervisor and follow local policies in place of this manual's guidance—an example might be if family cannot be located and legal intervention is not possible according to local policy.
- When considering case closure following ongoing intervention.

WHEN THE SAFETY ASSESSMENT IS DOCUMENTED

The safety assessment must be documented in the division's information management system by the worker completing the assessment within two business days of face-to-face interviews with alleged victim children and/or caregivers OR after implementing an immediate safety plan.

In circumstances where none of the alleged victim children 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 victim children and/or caregivers occur or upon implementing an immediate safety plan.

For the assessment date of all safety assessments—including initial assessments and updated and case closure safety assessments—use the date of the face-to-face contact with the family upon which the safety assessment findings are based, rather than the date the safety assessment is completed in the division's information management system.

When aware of a change of circumstances (except a new investigation, which would warrant a new initial safety assessment) or potentially unsafe circumstances in the household, reassess safety and complete a new SDM safety reassessment in the division's information management system.

For immediate safety plans, the CFS-200 form must be used and a copy left with the family; or workers can take a photo of the paper form that gets left with the family and upload it into Edoctus or type it into automated SDM assessment platform fields to become part of the case record.

DECISION

The safety assessment provides structured information concerning imminent danger of serious harm 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 an immediate safety plan; or is unsafe, meaning out-of-home placement is necessary. A safety assessment finding of "Safe with immediate safety plan" or "Unsafe" should prompt a TDM meeting per TDM protocol.

IMMEDIATE SAFETY PLAN

The immediate safety plan is required when:

- The safety decision is "Safe with immediate safety plan."

  OR
- The safety decision is "Unsafe," AND at least one child will remain in the home. However, a supervisor can determine that there is *no need for immediate safety plan development* for children remaining in the home in the following circumstances.
  - » A child returns to DCFS care post-custody or post-adoption to receive additional services (usually involving residential treatment center placement), and there is no abuse/neglect.
  - » Caregivers refuse blood transfusions or other medical procedures due to religious reasons, and DCFS takes custody for that limited purpose; there are no other allegations of abuse or neglect.
  - » The information gathered indicates that no other child in the home is vulnerable to any identified safety threat in the home. Evidence of the presence of protection should be documented in the Safety Assessment Discussion box.

If a safety threat is identified by CACD at any point in the investigation, CACD contacts DCFS and stops completing the safety assessment tool here. DCFS takes over to complete Section 3.

Note: Any active immediate safety plans being passed on to a new worker should be discussed with that worker.

IMMEDIATE SAFETY PLAN REVIEW

An immediate safety plan review is completed on or before the date that the worker identified for determining whether (1) the current immediate safety plan should continue or be modified, (2) a new immediate safety plan should be developed, or (3) an immediate safety plan is no longer needed due to the safety threat being resolved.

- Any modification or new plan must be reviewed and discussed with the family.
- The worker should document any immediate safety plan changes in the division's information management system or the automated SDM assessment platform.
- The worker should complete a follow-up contact with the family to inform them when an immediate safety plan ends.

A case cannot be closed when there is an active immediate safety plan. Immediate safety plan tasks can and should be transferred to a family case plan if they are to be continued throughout the life of the case.

For any plan that must remain in place beyond 30 days (including renewals) to ensure child safety, file a 30-day petition.

SDM SAFETY ASSESSMENT COMPLETION INSTRUCTIONS

Arkansas State Police and Division of Children and Family Services

Workers should familiarize themselves with the items included on the safety assessment and the accompanying definitions. Workers will notice that tool items are items they are probably already assessing. What distinguishes the SDM model is that it ensures that 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 items that must be assessed to complete the tool, the worker should conduct the initial contact as they normally would—using good casework practice to collect information from the child, caregiver, and/or collateral sources. The SDM model ensures that the specific items that compose the safety assessment are assessed at some time during the initial contact.

The decision logic for the safety assessment is as follows.

- If no safety threats are selected, the only possible safety decision is "Safe." No in-home interventions or placement intervention need to be reviewed; the assessment is complete.
- If one or more safety threats are selected, the worker must determine whether an in-home immediate safety plan will mitigate the safety threats or whether the child must be placed.
- If an immediate safety plan can be developed with the caregivers, the worker must document the plan and action steps in the immediate safety plan and select the appropriate safety interventions in the assessment. In this case, the safety decision is "Safe with immediate safety plan." A review of the effectiveness of the initial plan must happen in 72 hours. All subsequent reviews of plan effectiveness will need to be completed within 14 days.
- If an immediate safety plan cannot be developed with the caregivers, then the safety decision must be "Unsafe."

The safety assessment consists of three sections after the header information.

HEADER

DATE OF ASSESSMENT

Record the date of the safety assessment. This should be the date the worker made face-to-face contact with the child to assess safety, which may be different from the date the form is completed in the division's information management system.

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. Initial assessments are completed only in investigations, DR assessments, 72-hour holds, and court-ordered foster care cases.
- **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 Procedures 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 in-home case or an out-of-home case with at least one child in the home. This is required if the most recent safety finding was "Safe with immediate safety plan" or "Unsafe." Refer to the Procedures section for additional details.

FOUR MAIN SECTIONS OF THE SAFETY ASSESSMENT

SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY.

Indicate whether any factors influencing the child's vulnerability are present. Consider these vulnerabilities when reviewing current safety threats. Vulnerability issues provide a context for assessing the impact of the safety threats. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe. It also does not mean a safety intervention is required.

SECTION 2: CURRENT SAFETY THREATS.

This is a list of critical indicators that every worker must assess in every case. If the safety threat is present, based on available information, select "Yes" for that item. If the safety threat is not present, select "No" for that item. These indicators cover the kinds of conditions that would render a child in imminent danger of serious harm. Because not every conceivable safety threat can be anticipated or listed on a form, the "other" category permits workers to indicate that some other circumstance creates danger.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their contact. However, it is not expected that all facts about a case can be known immediately. Some information might be inaccessible, and some might be deliberately hidden from the worker.

Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 13 safety threats and accompanying definitions. *For each item, consider the vulnerability of all children in the home*. If the worker determines circumstances to be a safety threat and these

circumstances are not described by an existing item, the worker should select "Other" and briefly describe the danger.

When a safety threat 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 select "No" and document carefully in the Safety Assessment Discussion box why the conditions do not present an imminent danger of serious harm.

SECTION 3: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS.

This section is completed only if one or more safety threats were identified. Select any listed protective capacities present for any caregiver. Consider information from the referral; information from 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 may support safety-planning interventions.

SECTION 4: PLACEMENT INTERVENTION.

This section is completed only when the worker determines that placement is the only intervention for protection of the child, after considering complicating behaviors that may affect immediate safety planning, safety-planning capacities, child vulnerability, and available in-home safety interventions.

If one or more safety threats are identified and it is determined that an immediate safety plan is not possible, it is required to select "Unsafe" and indicate that the child will be protectively placed.

In situations of domestic violence where designating the household "Safe with immediate safety plan," strongly consider creating separate immediate safety plans for the offending and non-offending caregivers.

IMMEDIATE SAFETY PLAN

If a safety threat is identified by CACD at any point in the investigation, CACD contacts DCFS and stops completing the safety assessment tool here. DCFS takes over to complete Section 3.

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

1. **Harm and/or worry statements:** What harm, if any, has already occurred? What is the agency and/or the family worried will happen to the children if nothing else changes? Use the harm statement formula: Caregiver action/inaction and harmful impact on the child. Use the worry statement formula: Child (may be) impacted how? [if/when] context?

2. **Describe the safety threat.** Describe the conditions or caregiver behaviors that place any child at imminent danger of serious harm that met the definition for that safety threat. Use behavioral detail. Use language the family understands so it is clear to them why safety threats have been identified. Complete for each safety threat selected on the assessment. It is okay to add the safety threat number to the form, but do not copy and paste the safety threat language alone.
3. **What will be done to address the safety threats until the review date?** Explain how each safety threat listed will be controlled or mitigated until the review date. What will the family and network do to keep the child safe? Assess what assistance, if any, the child's safety network can provide; document it in the plan.
4. **Who will do what, by when?** Who will take action and assume responsibility for the actions needed to keep the child safe? The individual assigned this responsibility must be present (physically or via phone call or video call) and acknowledge their understanding of needing to keep the child safe. Actions to keep the child safe should not be assigned to individuals who were not involved in the safety-planning discussion. When do the responsible parties' tasks need to be accomplished? For how long must the intervention actions continue, and with what frequency? Discuss with the family and their network when and how the worker will follow up to ensure that actions to keep the child safe are being followed.
5. **How will we know it is working?** Describe what evidence you will need to observe for each part of the plan to remain effective at controlling the safety threat or context in the worry statement. The worker and family should discuss a contingency plan in case the original plan to keep the child safe changes due to unforeseen circumstances.
6. **Who has agreed to be part of this plan?** Every immediate safety plan must include at least one person who could not have caused the harm. List each network member on the form with their contact details.
7. **When will the immediate safety plan be reviewed?** Invite the family to consider any barriers or competing obligations that could get in the way of upholding the plan. Then determine the best review date that may need to be prior to the 14-day limit. Some action steps on the plan may need to be monitored or verified prior to an official review meeting. For TDM counties, the plan will be reviewed at the initial TDM meeting.
8. **Caregiver's signature.** Does the family understand the agreement they are committing to? Does the family have any questions? Did you provide an interpreter or address low literacy if needed? Review each section individually with the caregivers participating in the plan to ensure before they sign that they understand the importance of committing to this agreement and the potential consequences of not following the plan.
9. **Signatures of family members, the worker, and their supervisor's approval (by phone).** The immediate safety plan must be signed by the caregivers and all family and network members who are taking action to keep the child safe from the safety threats. Signing the immediate safety plan is acknowledgment by all parties that they understand the purpose of the immediate safety plan and the roles and responsibilities of each individual in carrying out the tasks in the immediate safety plan. The worker should ensure that they have thoroughly explained the immediate safety plan tasks to the family and that the family understands their role. The worker's supervisor will review the immediate safety plan at the time of development to ensure all safety threats have been addressed appropriately by the family and their safety network.

The immediate safety planning process requirements include the following.

- The immediate safety plan must include at least one person in addition to the alleged offender.
- Over time, the immediate safety plan should be reviewed at least every 14 days, or more often 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 immediate 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 immediate safety plan should also employ the skills of the caregiver and family.

Note: The immediate safety plan details will be documented in the narrative in the division's information management system and typed into the SDM data collection system or uploaded into Edoctus to become part of the case record.

The immediate safety plan *must* be completed with the family. Leave the CFS-200 form with the family and take a photo of or scan the document to be uploaded to Edoctus or typed into the data collection system. The plan must be signed by everyone involved in the immediate 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 immediate safety plan responsibilities.

If safety threats have not been resolved by the end of the investigation/DR case, the immediate safety plan will be provided to the ongoing worker, and all remaining interventions will be incorporated into the family case plan. For a new immediate safety plan created during ongoing services, the family case plan will be updated to reflect the new interventions.

For a new immediate safety plan for an open ongoing case, make sure that the existing safety threats are resolved (i.e., behavioral change and protective actions are demonstrated) before closing the case.

IMMEDIATE SAFETY PLAN REVIEW

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

For any plan that must remain in place beyond 30 days (including renewals) to ensure child safety, file a 30-day petition.

For investigations initiated by CACD, the division must be notified when those immediate safety plans are discontinued or renewed, or when a 30-day petition is filed.

SECTION 4: PLACEMENT INTERVENTION

SAFETY DECISION

Unsafe. One or more safety threats are present. An immediate safety plan was considered but could not be created. As a result, placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in imminent danger of serious harm.

Safety Assessment Discussion. In the required 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.

- 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.

  There is no evidence to support a safety threat being selected, 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 consequences for when the children do not follow the rules (e.g., doing chores). Yolanda's mother, Yessenia, also lives in the home and thought discipline was reasonable, but she will now support the use of consequences. 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.
- For cases where the child is safe with immediate safety 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 immediate 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 an immediate safety plan to mitigate the safety threats until we have the TDM meeting. The family and their network members agreed to contact the worker if they are worried the plan will not hold.
- For cases where the child is unsafe, the worker should explain why interventions explored were not possible and out-of-home placement 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 an immediate 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 Cassie needed to be placed in foster care at this time. A TDM meeting was scheduled.

Does this safety decision apply to all children in the household?

Select "No" if any child has a safety decision different from any other child (e.g., household is unsafe for one child but is safe or safe with an immediate safety plan for another child). If "No" is selected, provide the safety decision for each child as prompted by the division's information management system.

SDM SAFETY ASSESSMENT PRACTICE GUIDANCE

Arkansas State Police and Division of Children and Family Services

The child's immediate safety is always the first priority. In the first contact with a family and at all times after that, the worker must identify whether there is imminent danger of serious harm. If there is, acting to create safety takes precedence over all other responsibilities.

The safety assessment helps create a systematic review of potential safety threats and creates consistent thresholds for the presence of imminent danger of serious harm.

A safety threat is present when current circumstances meet the definition. Once selected, a safety threat remains until it is resolved or ruled out.

- **Resolved:** Actions of protection have been consistently demonstrated over time and show the worker and the network that the family has established new behaviors that keep the child safe.
- **Ruled out:** New information establishes that the safety threat was not present in the first place. For example, new medical information indicates that a previously assessed serious injury was accidental.
- **Controlled:** A safety threat that was previously identified has not been resolved but is being controlled through an immediate safety plan or child placement.
- **Discovered:** A new safety threat has been identified after a previous safety assessment.

Identification of safety threats is made through worker observations and information from child, caregiver, network, or any other person with relevant information or document review.

Safety threats are often readily observable. However, safety threats are sometimes noticeable only when there is a sufficient relationship between the worker, family, and network members to reveal information about threats to safety. An established working relationship between the worker and family is often necessary to learn about safety threats that may be difficult to observe otherwise. Information related to safety assessment may emerge when using other tools such as the collaborative assessment and planning (CAP) framework, the Three Houses, the Safety House, or Circles of Safety and Support.

PRIOR TO FIRST CONTACT WITH THE FAMILY

1. Review hotline information to determine whether the reported concern would meet any safety threats if it is confirmed. If so, review the definitions for items suggested by the hotline to be clear about the threshold.
2. Review prior history to determine whether safety threats were selected for prior safety assessments.

DURING FIRST CONTACT WITH THE FAMILY

1. Complete observations and conversations as required.
2. Notice any information suggesting the presence of a safety threat. If so, seek further detail as needed, per definition, to determine whether a safety threat is present.
3. If no safety threat is identified, continue learning the family's story, directing attention toward information that could be useful for the risk assessment.
4. If a safety threat is identified, it must be addressed immediately.
    a. Identify whether the family has already taken any protective action.
    b. If the family is willing, explore the possibility of an immediate safety plan. At least one safety network member (a safe adult who could not have caused the harm) needs to participate in an immediate safety plan. Consider relevant threats and complicating factors and ensure that the immediate safety plan addresses them.
        i. Develop a worry statement. Everyone working toward an immediate safety plan must be clear about the safety threat the plan must address.
        ii. Help the family and network members generate ideas for behaviorally specific actions (not services) that would change the environment for the child enough to protect against the safety threat(s).
        iii. Review possible actions by asking questions about the willingness and capability of the responsible person to carry it out and the degree of certainty that the action would protect the child. More than one action is usually required.
        iv. If a tentative plan can be made, ask "what-if" questions to develop contingency plans.
        v. Everyone in the network who has any responsibility for the plan should sign the plan.
    c. If an immediate safety plan is established, indicate which intervention types were used.
        i. Immediate safety plans may be sustainable or unsustainable as originally developed with the family.
        ii. Sustainable immediate safety plans include rigorous protection, a sufficient safety network, and everyone being confident that the child will be protected.
        iii. Unsustainable immediate safety plans are sufficient in the short term (e.g., overnight or a few days until a TDM meeting) but will require increased rigor, additional safety network members, or other modifications in order to become sustainable.
        iv. Unsustainable immediate safety plans require concurrent consideration of separation. Therefore, unsustainable immediate safety plans trigger the requirement for a TDM meeting.
        v. The TDM meeting is not intended to be a meeting to review the safety assessment. The TDM meeting may affect the safety assessment. If it does, the worker should complete a safety reassessment following the TDM meeting to reflect relevant changes.

- If the TDM meeting results in additional ideas for the immediate safety plan, update the plan.
- If the TDM meeting result is that an immediate safety plan is not sustainable, complete a safety reassessment, changing the decision to "Unsafe."
- If the TDM meeting result is that there is actually no safety threat as originally assessed or that there are *additional* threats to safety, complete a safety reassessment accordingly.

d. If the family is not willing or if an immediate safety plan could not be established, steps to take protective custody will need to be initiated.

   The worker should arrange for an immediate TDM meeting to occur within one working day of the separation.

   If the TDM meeting results in developing an immediate safety plan, complete a safety reassessment, changing the decision to "Safe with immediate safety plan." Document the immediate safety plan and provide copies to every network member, caregiver, and child (as developmentally appropriate).

5. Supervisor consultation is required prior to concluding the contact if any of the following apply.
   a. The decision is "Unsafe," and placement is being considered.

      OR

   b. The decision is "Safe with immediate safety plan," and a plan has been proposed.

      OR

   c. No safety threats are selected; however, not all necessary contacts or observations have been made.

DURING REMAINDER OF INVESTIGATION OR DR ASSESSMENT

- If the child was safe, continue investigation/assessment and remain alert for new safety threats. If a new safety threat is discovered, complete a new safety assessment. If no new safety threat is discovered and the investigation is completed, it is not necessary to complete a new safety assessment.
- If the child was safe with immediate safety plan, monitoring the plan is *top priority*. Ensure the plan is being followed and is providing sufficient safety for the child. The plan may need to be strengthened with additional activities, monitoring, or safety network members. The plan may be less intensive (e.g., lower level of monitoring) if the safety threat is resolving. It is not necessary to complete a new safety assessment unless the presence or absence of safety threats changes or the safety decision changes. Remain alert for new safety threats as well.
  - » Monitor for whether the previously identified safety threats are resolved or ruled out. A review safety assessment is required if safety threats are resolved or ruled out.
  - » If a new safety threat is discovered, a new safety assessment must be completed. Consider the following steps.
    - Review the current immediate safety plan to decide whether it can continue to keep the child safe with the new safety threat.
    - Revise the current immediate safety plan to address the new safety threat.
    - If the immediate safety plan cannot keep the child safe, the decision must be changed to "Unsafe."
- If child was unsafe, continue to work with family and network.

» If the original safety threat is resolved or ruled out and the child is now safe, the child should be returned home.

» If the original safety threat remains, continue to explore with the caregiver and safety network what immediate safety plan could be put in place and allow the child to return home rather than remain in care.

SDM RESOURCE PROVIDER SAFETY ASSESSMENT

Arkansas State Police and Division of Children and Family Services

Primary Resource Provider:

☐ *Select if there is a secondary resource provider in the household*

Secondary Resource Provider: _____

Household Type: ☐ Kin/relative ☐ Traditional foster ☐ Therapeutic foster care
☐ Private Licensed Placement Agency (PLPA)
☐ Specialized private licensed placement agency (SPLPA)
☐ Developmental Disability Services (DDS) provider ☐ Pre-adoptive

Other Adult Household Members: _____

Assessment Type: ○ Initial ○ Change of Circumstances ○ Case Closure

Date of Assessment: _____ **County of Origin:** _____

Worker Name: _____ **Referral/Case ID:** _____

Prior Abuse/Neglect Reports

TRUE/SUBSTANTIATED	UNSUBSTANTIATED

Prior Corrective Actions: _____

Placement County: _____

Names of Children Assessed: If more than six children are assessed, include additional names and numbers (e.g., 7. Joe Smith)

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

SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY

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

- ☐ Child is age 0–5.
- ☐ Child has a diagnosed or suspected medical or mental condition (includes medically fragile).
- ☐ Child has limited or no readily accessible support network.
- ☐ Child has diminished mental capacity.
- ☐ Child has diminished physical capacity.
- ☐ None apply.

SECTION 2: CURRENT SAFETY THREATS

The following is a list of safety threats, defined as behaviors or conditions that describe a child being in imminent danger of harm. Assess the above resource provider's household for each safety threat. Select "Yes" for all that are present for the resource family at the time of the assessment and "No" for all that are absent, based on the information available at this time. Select "Yes" for each that applies to an individual behavior, but *do not* select "Yes" for more than one safety threat for the same behavior.

Yes	No		
○	○	1.	Resource provider caused physical harm to the child or made a plausible threat to cause physical harm in the current investigation, as indicated by (select all that apply): ☐ Injury or abuse to the child other than accidental. ☐ Resource provider fears harming the child. ☐ Resource provider has threatened to cause harm or retaliate against the child. ☐ Resource provider has made use of physical force as a form of corporal punishment.
○	○	2.	Child sexual abuse by the resource provider is suspected, AND circumstances suggest that the child's safety may be of immediate concern.
○	○	3.	Resource provider is aware of the potential harm AND is unwilling OR unable to protect the child from actual or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, sexual exploitation, trafficking, or neglect. *Domestic violence behaviors should be captured under safety threat 9.*
○	○	4.	Resource provider'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.

Yes **No**

○ ○ 5. Resource provider does not meet the child's immediate needs for supervision, food, and/or clothing. Select all that apply.
☐ Supervision
☐ Food
☐ Clothing

○ ○ 6. Resource provider 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 child's health and/or safety, AND the resource provider is unwilling or unable to take corrective actions.

○ ○ 8. Resource provider's substance use impairs their ability to supervise, protect, or care for the child.

○ ○ 9. Domestic violence exists, and offender behavior poses an imminent danger of physical and/or emotional harm to the child.

○ ○ 10. Resource provider frequently describes the child in predominantly negative terms or acts toward the child in negative ways.

○ ○ 11. Resource provider's mental instability impairs their current ability to supervise, protect, or care for the child.

○ ○ 12. Resource family currently refuses access to or hides the child and/or seeks to hinder an investigation/DR case.

○ ○ 13. Current circumstances, combined with prior reports of abuse/neglect and/or prior corrective action/policy violations related to any child in the resource provider's care at any time, suggest that the child may be in imminent danger.

○ ○ 14. Other (specify): _____

SAFETY DECISION

If no safety threats are present, select this safety decision.

○ **Safe.** No safety threats were identified at this time. Based on currently available information, no children are likely to be in imminent danger of harm.

SECTION 3: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

Complete this section only if one or more safety threats are selected.

SAFETY-PLANNING CAPACITIES

Document resource provider capacities if present for any resource provider based on information gathered. (All three capacities must apply to move forward with an immediate safety plan.)

☐ a. Resource provider is capable of participating in an in-home immediate safety plan.

☐ b. Resource provider is willing to participate in an in-home immediate safety plan.

☐ c. Resource provider has the support of at least one adult who was not involved in the allegation, and the supporting adult is willing and able to participate in an in-home immediate safety plan.

☐ d. Other: _____

☐ e. No safety-planning capacities apply at this time.

For each safety-planning capacity selected, provide details that demonstrate its presence.

INTERVENTIONS

Consider each identified safety threat and the planning capacity of the resource provider and network to determine if it is possible to create an immediate safety plan to control for the safety threat. Remember that an immediate safety plan should describe in detail immediate action steps that the resource family and their network will take to help keep the child safe from the safety threat. If this is possible, select "Safe with immediate safety plan" and the specific interventions being used from the list below (select all that apply) and document the immediate safety plan. If it is not possible to create an immediate safety plan, proceed to Section 4 and select "Unsafe."

☐ a. Safety interventions provided by the worker

☐ b. Safety interventions involving resource provider, resource family support system, or other appropriate person

- ☐ Alleged offender understands the worries about the safety of their child and offers to leave the home voluntarily if the child will remain with the other resource provider.
- ☐ Non-offending resource provider will move to a safe environment with the child.
- ☐ Extended resource family members, resource family support system, or other appropriate person will participate as part of an immediate safety plan action step.
- ☐ Other safety intervention involving resource provider, resource family support system, or other appropriate person.

  Describe: _____

☐ c. Safety interventions provided by agencies or service providers

- ☐ Community agencies or services are part of an immediate safety plan action step.
- ☐ Formal tribal and/or Indian Child Welfare Act (ICWA) intervention is part of an immediate safety plan action step.
- ☐ Other safety intervention provided by agencies or service providers.

  Describe: _____

☐ d. Legal action planned or initiated; the child remains in the home.

Note: Legal action cannot be the only item on an immediate safety plan.

☐ e. No interventions are possible at this time.

SAFETY DECISION

○ **Safe with immediate safety plan.** One or more safety threats are present; however, the child can safely remain in the resource home with an immediate safety plan. Protective interventions in the resource home have been initiated through an immediate safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats. Select all in-home interventions used in the immediate safety plan.

SECTION 4: PLACEMENT INTERVENTION

SAFETY DECISION

○ **Unsafe.** One or more safety threats are present, an immediate safety plan was considered but could not be created, and change of placement is the only protective intervention possible for one or more children. Without change of placement, one or more children will likely be in imminent danger of harm. *The child's placement will be changed because an immediate safety plan cannot adequately ensure the child's safety in the resource home.*

Safety Assessment Discussion

Does this safety decision apply to all children in the household?

○ Yes

○ No. Provide the safety decision for each child: _____

SDM RESOURCE PROVIDER IMMEDIATE SAFETY PLAN

Arkansas State Police and Division of Children and Family Services

Resource Family Name: _____ **Referral ID:** _____ **Date:** _____

Worker Name: _____

Harm and/or Worry Statement(s): What harm, if anything has already occurred? What is the agency and/or the resource family worried will happen to the children if nothing else changes?

DESCRIBE THE SAFETY THREAT (resource provider + behavior + impact on child)	WHAT WILL BE DONE TO ADDRESS THE SAFETY THREAT UNTIL THE REVIEW DATE?	WHO WILL DO IT, BY WHEN?	HOW WILL WE KNOW IT IS WORKING?

Who has agreed to be part of this plan? (Must include at least one resource provider.)

RESOURCE FAMILY MEMBER OR NETWORK MEMBER	CONTACT DETAILS	
	PHONE	EMAIL

WHEN WILL THE IMMEDIATE SAFETY PLAN BE REVIEWED? *(Must be within established time limit)*	
Date/time:	**Who will be involved (resource providers, network, and agency)?**

WHAT WILL PEOPLE DO IF THEY ARE WORRIED OR IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING?	
Resource providers	
Network members	
Child	
DCFS	

WHOM TO CALL IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING		
NAME	PHONE NUMBER	EMAIL ADDRESS
Assigned investigator: **Assigned resource worker:**		
Supervisor(s):		
On-call contact: (After business hours, weekends, and holidays)		

AGREEMENT TO IMPLEMENT IMMEDIATE SAFETY PLAN

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to place the child elsewhere. If I am unable to follow this plan, I will contact my DCFS worker to develop a new plan.

Resource providers

_____

_____

Worker(s)/supervisor(s)

_____

_____

Children

_____

_____

_____

_____

Network members

_____

_____

_____

_____

SDM RESOURCE PROVIDER SAFETY ASSESSMENT DEFINITIONS

Arkansas State Police and Division of Children and Family Services

SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY

Child is age 0–5. Children under age 6 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 (includes medically fragile). Any child in the household has a diagnosed medical or mental disorder that impairs their ability to protect themself 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 resource family or network members who understand the safety threats; or the child does not have adult family or network members 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 affects the child's ability to communicate verbally or to care for themself.

Child has diminished physical capacity. Any child in the household has a physical condition/disability that affects their ability to protect themself from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency if left unattended, cannot care for self).

None apply. This item indicates that all vulnerabilities were screened for and none were found. Contact notes should reflect that the screening process did take place.

SECTION 2: SAFETY THREATS

1. Resource provider caused physical harm to the child or made a plausible threat to cause physical harm in the current investigation, as indicated by (select all that apply):

- *Injury or abuse to the child other than accidental*. The resource provider caused injury, including but not limited to burns, scalds, cuts, bruises, welts, or bite marks.

- *Resource provider fears harming the child*. The resource provider expresses overwhelming fear of posing a plausible threat of harm to the child.
- *Resource provider has threatened to cause harm or retaliate against the child*. The resource provider has plausibly threatened action that would result in harm, or a household member plans to retaliate against the child.
- *Resource provider has made use of physical force as a form of corporal punishment*. Corporal punishment by resource providers is prohibited. Use this subcategory for resource provider actions that are likely to result in physical harm but have not yet done so. Examples include but are not limited to forcing child to do wall sits, kneel on rice, take cold baths, or perform excessive inappropriate amounts of physical labor/exercise.

2. Child sexual abuse by the resource provider is suspected, 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 following.

- The child discloses sexual abuse.
- The child demonstrates sexualized behavior inappropriate for their age and developmental level.
- Medical findings are consistent with sexual abuse.
- The resource provider or others in the household have been convicted of, investigated for, or accused of sexual misconduct.

  AND/OR
- The resource provider 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 because any the following apply.

- There is no protective resource provider.
- A resource provider is influencing or coercing the alleged victim child regarding disclosure.
- Access exists to a child by a resource provider or other household member reasonably suspected of sexually abusing the child OR a registered sexual abuse offender, especially one with known restrictions regarding anyone under age 18.

3. Resource provider is aware of the potential harm AND is unwilling OR unable to protect the child from actual or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, sexual exploitation, trafficking, or neglect. *Domestic violence behaviors should be captured under safety threat 9.*

- The resource provider fails to protect the child from harm or threatened harm, such as physical abuse, emotional abuse, sexual abuse (including child-on-child sexual contact), or neglect by others—including other resource family members, other household members, or others having

regular access to the child. Based on the child's age or developmental stage, the resource provider does not provide the supervision necessary to protect the child from potential harm by others.

- An individual with known current or historical violent criminal behavior resides in the home AND is posing a threat to the child, and the resource provider allows this person access to the child.

4. Resource provider'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.

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

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

Select this safety threat if the resource provider's statements have not changed (i.e., they have 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, that the injury is the result of abuse; the resource provider denies this or attributes the injury to accidental causes.
- Medical professionals have diagnosed or are assessing for factitious disorder (previously known as Munchausen syndrome by proxy).
- The resource provider's description of the injury or its cause minimizes the extent and impact of harm to the child.

5. Resource provider does not meet the child's immediate needs for supervision, food, and/or clothing. Select all that apply.

Supervision

- The resource provider does not provide age- or developmentally appropriate supervision to ensure the child's safety and well-being to the extent that the need for care goes unnoticed or unmet (e.g., resource provider is present; but the child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other hazards).
- The resource provider is unavailable and unable or unwilling to arrange for another appropriate caregiver (e.g., incarceration, hospitalization, abandonment, whereabouts unknown).
- The resource provider makes inadequate and/or inappropriate babysitting or childcare arrangements or demonstrates very poor planning for the child's care, OR they leave 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., child able to call 911, neighbors able to provide assistance), and any child needs or vulnerabilities.

Food

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

Clothing

The child is without clothing appropriate for the weather, resulting in danger to the child's health (e.g. frostbite, hypothermia, heat stroke). Consider the child's age and whether clothing is the child's or the resource provider's choice.

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

- The resource provider 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 or does not take reasonable actions to keep the child safe.
- The child has exceptional needs, such as those related to being medically fragile, which the resource provider does not or cannot meet.
- The child shows significant symptoms of prolonged lack of emotional support and/or socialization with the resource provider, including lack of behavioral control, severe withdrawal, and missed developmental milestones that can be attributed to resource provider behavior.

7. Physical living conditions are hazardous and immediately threatening to the child's health and/or safety, AND the resource provider is unwilling or unable to take corrective actions.

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.

- Gas is leaking from stove or heating unit.
- Substances or objects are accessible to the child that may endanger their health and/or safety.
- Water or utilities (e.g., heat, plumbing, electricity) are lacking, and no alternative or safe provisions are made.
- Windows are open/broken/missing in areas accessible to the child, and/or there are unsafe structural issues in the home (e.g., walls falling down, floor missing).
- Electrical wires are exposed.
- There is excessive garbage or spoiled food that threatens child's health.
- Illness or injury has occurred or is likely to occur due to living conditions, and these conditions still exist (e.g., scabies due to the home's condition, rat bites).
- Evidence exists of human or animal waste throughout living quarters.

- Guns or other dangerous weapons are accessible to a child.
- Methamphetamine production happens in the home.
- The resource family has no shelter for the night or is likely to be without shelter in the near future (e.g., the resource family is facing imminent eviction from their home and has no alternative arrangements, or the resource 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 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. Resource provider's substance use impairs their ability to supervise, protect, or care for the child.

The resource provider has used legal or illegal substances or alcoholic beverages to the extent that the resource provider 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, and offender behavior poses an imminent danger of physical and/or emotional harm to the child.

There is evidence of domestic violence, AND the alleged offender's behavior creates a safety concern for the child.

Domestic violence offenders, in the context of the child welfare system, are parents, caregivers, and/or resource providers who engage in threatening or controlling behaviors against one or more intimate partners. This behavior may continue after a relationship ends or when the couple no longer lives together. The alleged offender's actions often directly involve, target, and affect any children in the resource family.

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

Do not include violence between any adult household member and a minor. (This would be classified as physical abuse and would have safety threat 1 and/or 3 selected as appropriate.)

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

- The child was previously injured in a domestic violence incident.
- The child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.

- The child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence.
- The child is in danger of physical injury based upon their vulnerability and/or proximity to the incident (e.g., resource provider holding child while alleged offender attacks resource provider, incident occurs in a vehicle while an infant is in the back seat).
- The child's behavior increases danger of injury (e.g., attempting to intervene during a violent dispute, participating in a violent dispute).
- Guns, knives, or other instruments are used in a violent, threatening, and/or intimidating manner.
- Evidence exists of property damage resulting from domestic violence that could have a harmful impact on the child (e.g., broken glass and child could cut themself, broken cell phone and child cannot call for help).

10. Resource provider frequently describes the child in predominantly negative terms or acts toward the child in negative ways.

This threat is related to a frequent pattern of resource provider behaviors. Examples of resource provider actions may include the following.

- The resource provider describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- The resource provider curses at or repeatedly puts the child down.
- The resource provider scapegoats a particular child in the family (i.e., target child).
- The resource provider blames the child for a particular incident or family problems.

11. Resource provider's mental instability impairs their current ability to supervise, protect, or care for the child.

Resource provider appears to be mentally ill AND as a result, one or more of the following occur.

- The resource provider's refusal to follow prescribed medications impedes their ability to care for the child.
- The resource provider's mental health status impedes their ability to care for the child.
- The resource provider expects the child to perform or act in ways that are impossible or improbable for the child's age or developmental stage (e.g., expecting babies and young children not to cry; expecting children to be still for extended periods, be toilet trained, eat neatly, care for younger siblings, or stay alone).

12. Resource family currently refuses access to or hides the child and/or seeks to hinder an investigation/DR case.

- The resource family will not provide the child's current location, has removed the child from known location, and/or has threatened to remove the child from known location in response to the agency intervention.
- The resource family is keeping the child at home and away from friends, school, and other outsiders for extended periods for the purpose of avoiding agency intervention.
- Evidence exists that the resource provider coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the agency intervention.

13. Current circumstances, combined with prior reports of abuse/neglect and/or prior corrective action/policy violations related to any child in the resource provider's care at any time, suggest that the child may be in imminent danger.

There must be both current concerns AND related previous referrals/incidents that represent an emerging or unresolved pattern. Previous incidents may include any of the following.

- Prior incident reports, including any licensing complaints.
- Prior referrals for abuse/neglect to a child.
- Evidence of prior unreported injuries or incidents.

14. Other (specify).

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

SAFETY DECISION

Safe. No safety threats were identified at this time. Based on currently available information, no children are likely to be in imminent danger of harm. Continue to the risk assessment and complete the investigation as required.

SECTION 3: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

This section is completed by the Division of Children and Family Services (DCFS) investigator/differential response (DR) worker. All three capacities must apply to move forward with an immediate safety plan.

SAFETY-PLANNING CAPACITIES

a. **Resource provider is capable of participating in an in-home immediate safety plan.** The resource provider has the ability to participate in an in-home immediate safety plan. Consider resource provider cognitive, physical, and emotional capacity to follow through with all interventions necessary to protect the child from further safety threats.
b. **Resource provider is willing to participate in an in-home immediate safety plan.** The resource provider has agreed to accept the worker's involvement and recommendations and to follow the action steps detailed on an in-home immediate safety plan that is sufficient to control for the safety threats.
c. **Resource provider has the support of at least one adult who was not involved in the allegation, and the supporting adult is willing and able to participate in an in-home immediate safety plan.** The resource provider has a supportive relationship with at least one other resource family member, resource family network member, or other appropriate person who is able to play an active role in an in-home immediate safety plan that is sufficient to control for the safety threats.
d. **Other.** Note any other present safety-planning capacity that makes the worker confident that the resource provider and the network will be able to control for the safety threats.
e. **No safety-planning capacities apply at this time.**

SAFETY INTERVENTIONS

SAFETY DECISION

Safe with immediate safety plan. One or more safety threats are present; however, the child can safely remain in the resource home with an immediate safety plan. Protective interventions in the resource home have been initiated through an immediate safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats. Select all in-home interventions used in the immediate safety plan.

a. *Safety interventions provided by the worker*. Actions taken or planned by the worker that specifically address one or more safety threats. Examples include providing emergency aid such as food, transportation, or mentoring; planning return visits to the home to check on progress; or providing information and/or assistance in obtaining services or legal advice.
b. *Safety interventions involving resource provider, resource family support system, or other appropriate person*. Applying the resource family's own strengths as resources to mitigate safety threats; or using extended resource family members, neighbors, tribal members, friends, or other individuals to mitigate the safety threats. Examples include engaging a grandparent to assist with childcare, agreement by a neighbor to serve as a safety resource for a child, or commitment by 12-step sponsor or recovery support person to meet with resource provider daily.

   One or more of the following interventions may apply. If "b" is selected, at least one of these options must also be.

- Alleged offender understands the worries about the safety of their child and offers to leave the home voluntarily if the child will remain with the other resource provider. The alleged offender will temporarily or permanently leave the home.
- Non-offending resource provider will move to a safe environment with the child. A resource provider not suspected of harming the child has taken or plans to take the child to an alternative location where the alleged offender will not have access to the child. If legal rights of the offending resource provider will be restricted, a change in placement must happen.
- Extended resource family members, resource family support system, or other appropriate person will participate as part of an immediate safety plan action step. The identified individual(s) have agreed to be responsible for a specific activity on the immediate safety plan.
- Other safety intervention involving resource provider, resource family support system, or other appropriate person. The individual(s) identified will take other actions not described above. Describe in the space provided.

c. *Safety interventions provided by agencies or service providers*. Community resources used as a safety intervention should be immediately available to the resource family and be able to reduce the threat of imminent harm. Examples include use of shelters, food pantries, and other services provided by community agencies or providers. *Does not include* long-term therapy or treatment, being put on a waiting list for services, or delays in contact and initiation of services to the resource family.

   If "c" is selected, at least one of the following interventions must also be.

   - *Community agencies or services are part of an immediate safety plan action step*. This means involving a community-based or faith-related organization or other agency in activities to address safety threats (e.g., using a local food pantry).
   - *Formal tribal and/or Indian Child Welfare Act (ICWA) intervention is part of an immediate safety plan action step*. This includes but is not limited to use of tribal services from the child's or resource provider's tribe or a tribal consortium, tribal resource center, or tribal health clinic.
   - *Other safety intervention provided by agencies or service providers*. Agency professionals will take other actions. Describe in the space provided.

   Note: For these items, *do not include* services such as long-term therapy or treatment or being put on a waiting list for services.

d. *Legal action planned or initiated; the child remains in the home*. A legal action has already commenced or will commence that will contribute to mitigating identified safety threats. This includes resource family–initiated (e.g., orders of protection, mental health commitments) actions.

   Note: May be used only in conjunction with other safety interventions. Legal action cannot be the only item on an immediate safety plan.

e. *No interventions are possible at this time.* None of the interventions above are possible.

SECTION 4: PLACEMENT INTERVENTION

SAFETY DECISION

Unsafe. One or more safety threats are present, an immediate safety plan was considered but could not be created, and change of placement is the only protective intervention possible for one or more children. Without change of placement, one or more children will likely be in imminent danger of harm. *The child's placement will be changed because an immediate safety plan cannot adequately ensure the child's safety in the resource home.*

SDM RESOURCE PROVIDER SAFETY ASSESSMENT PROCEDURES

Arkansas State Police and Division of Children and Family Services

ASSESSMENT PURPOSE

The purpose of the Structured Decision Making® (SDM) resource provider safety assessment is to provide structured information concerning the danger of imminent harm to a child. This information guides the decision about whether the child may remain in the placement with no intervention (Safe), may remain in the placement with safety interventions in place (Safe with immediate safety plan), or if a change in placement must occur (Unsafe).

SAFETY ASSESSMENT VERSUS RISK ASSESSMENT

It is important to keep in mind the difference between safety and risk when completing this tool. Safety assessment differs from risk assessment in that it assesses the child's *imminent* danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of *future* system involvement to inform benefit of services beyond investigation.

WHICH CASES

All referrals that are assigned for a child protection investigation/DR case on a resource provider household. This applies to all family-like placement types.

Excludes facility or shelter staff.

WHO

The CACD or DCFS worker (including on-call workers) responsible for the investigation or DR assessment.

- DCFS will always be the agency to complete Section 3 and beyond in this tool, regardless of which agency is holding the investigation. If Arkansas State Police Crimes Against Children Division (CACD) is holding the investigation, the CACD worker will contact DCFS to complete Section 3 and beyond.

WHEN SAFETY IS ASSESSED

Safety is assessed *throughout* the life of a case. An SDM resource provider safety assessment or reassessment, along with documentation, is required in the following circumstances.

- At the time of the first face-to-face contact with all identified alleged victim children and resource providers during an investigation.
- At the time of the first face-to-face meeting with the resource family during a DR assessment.
- When a child is about to return to a resource provider after having been temporarily placed elsewhere.
- When information on a resource provider from a new referral with different allegations or incidents has been merged with the current referral.
- Whenever a change in circumstances suggests that the child's safety may be jeopardized, including when a new safety threat is identified, a previous safety threat changes, or safety interventions or safety decision change. Examples may include:
  - » Change in effectiveness of safety interventions to mitigate safety threats OR immediate safety plan breakdown; or
  - » New allegations of abuse or neglect.
- CACD will confirm safety at the conclusion of the investigation/DR.

WHEN THE SAFETY ASSESSMENT IS DOCUMENTED

The resource provider safety assessment must be documented in the division's information management system by the worker completing the assessment within two business days of face-to-face interviews with alleged victim children and/or resource providers OR after implementing an immediate safety plan.

In circumstances where none of the alleged victim children could be interviewed during the response priority time, a resource family safety assessment would not be documented. A resource family safety assessment should be documented as soon as face-to-face interviews with alleged victim children and/or resource providers occur or upon implementing an immediate safety plan.

For the assessment date of all resource provider safety assessments—including initial assessments and updated and case closure resource provider safety assessments—use the date of the face-to-face contact with the resource family upon which the findings are based, rather than the date the resource provider safety assessment is completed in the division's information management system.

When aware of a change of circumstances (except a new investigation, which would warrant a new initial resource provider safety assessment) or potentially unsafe circumstances in the household, reassess safety and complete a new SDM resource provider safety reassessment in the division's information management system.

For immediate safety plans, the CFS-200 form must be used and a physical or texted copy left with the resource family; or workers can take a photo of the paper form that gets left with the resource family and upload it into Edoctus or type it into automated SDM assessment platform fields to become part of the case record.

DECISION

The resource provider safety assessment provides structured information concerning imminent danger of harm to a child. This information guides the decision about whether the child may remain in the placement with no intervention; may remain in the placement with an immediate safety plan; or is unsafe, meaning a change in placement is necessary.

For every resource safety assessment, a three-tier approval is required.

IMMEDIATE SAFETY PLAN

The immediate safety plan is required when:

- The safety decision is "Safe with immediate safety plan."

  OR
- The safety decision is "Unsafe," AND at least one child will remain in the resource home.
- Note: Any active immediate safety plans being passed on to a new worker should be discussed with that worker.

IMMEDIATE SAFETY PLAN REVIEW

An immediate safety plan review is completed on or before the date that the worker identified for determining whether (1) the current immediate safety plan should continue or be modified, (2) a new immediate safety plan should be developed, or (3) an immediate safety plan is no longer needed.

- Any modification or new plan must be reviewed and discussed with the resource family.
- The worker should document any immediate safety plan changes in the division's information management system or the automated SDM assessment platform.
- The worker should complete a follow-up contact with the resource family to inform them when an immediate safety plan ends.

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

If a safety threat is identified by CACD at any point in the investigation, CACD contacts DCFS and stops completing the safety assessment tool here. DCFS takes over to complete Section 3.

SDM SAFETY ASSESSMENT COMPLETION INSTRUCTIONS

Arkansas State Police and Division of Children and Family Services

Workers should familiarize themselves with the items included on the safety assessment and the accompanying definitions. Workers will notice that tool items are items they are probably already assessing. What distinguishes the SDM model is that it ensures that 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 items that must be assessed to complete the tool, the worker should conduct the initial contact as they normally would—using good casework practice to collect information from the child, resource provider, and/or collateral sources. The SDM model ensures that the specific items that compose the resource provider safety assessment are assessed at some time during the initial contact.

The decision logic for the safety assessment is as follows.

- If no safety threats are selected, the only possible safety decision is "Safe." No in-home interventions or placement intervention need to be reviewed; the assessment is complete.
- If one or more safety threats are selected, the worker must determine whether an in-home immediate safety plan will mitigate the safety threats or whether the child's placement must be changed.
- If an immediate safety plan can be developed with the resource provider, the worker must document the plan and action steps in the immediate safety plan and select the appropriate safety interventions in the assessment. In this case, the safety decision is "Safe with immediate safety plan." A review of the initial plan's effectiveness and all subsequent reviews of plan effectiveness must happen within the timeframe established by the assistant director or designee.
- If an immediate safety plan cannot be developed with the resource providers, then the safety decision must be "Unsafe."

The safety assessment consists of three sections after the header information.

HEADER

DATE OF ASSESSMENT

Record the date of the resource provider safety assessment. This should be the date the worker made face-to-face contact with the child to assess safety, which may be different from the date the form is completed in the division's information management system.

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 resource provider household where there are allegations. Initial assessments are completed only in investigations/DR assessments.
- **Change of Circumstances.** After the initial assessment, this assessment should be completed whenever a change in circumstances suggests that the child's safety may be jeopardized, including when a new safety threat is identified, a previous safety threat changes, or any safety interventions or safety decision change. Refer to the Procedures section for examples of when a change of circumstances is indicated.
- **Case closure.** This specialized reassessment is completed when considering closing a case without providing any additional support. This is required if the most recent safety finding was "Safe with immediate safety plan" or "Unsafe." Refer to the DCFS Policy VII-K and related procedures for additional details.

FOUR MAIN SECTIONS OF THE SAFETY ASSESSMENT

SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY.

Indicate whether any factors influencing the child's vulnerability are present. Consider these vulnerabilities when reviewing current safety threats. Vulnerability issues provide a context for assessing the impact of the safety threats. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe. It also does not mean a safety intervention is required.

SECTION 2: CURRENT SAFETY THREATS.

This is a list of critical indicators that every worker must assess in every case. If the safety threat is present, based on available information, select "Yes" for that item. If the safety threat is not present, select "No" for that item. These indicators cover the kinds of conditions that would render a child in imminent danger of harm. Because not every conceivable safety threat can be anticipated or listed on a form, the "other" category permits workers to indicate that some other circumstance creates danger.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their contact. However, it is not expected that all facts about an investigation can be known immediately. Some information might be inaccessible, and some might be deliberately hidden from the worker.

Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 13 safety threats and accompanying definitions. *For each item, consider the vulnerability of all children in the home*. If the worker determines circumstances to be a safety threat and these

circumstances are not described by an existing item, the worker should select "Other" and briefly describe the safety threat.

When a safety threat 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 select "No" and document carefully in the Safety Assessment Discussion box why the conditions do not present an imminent danger of harm.

SECTION 3: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS.

This section is completed only if one or more safety threats were identified. Select any listed protective capacities present for any resource provider. Consider information from the referral; information from worker observations; interviews with children, resource providers, and collaterals; review of records; and staffing with a supervisor, area director, and assistant director. For "Other," consider any existing condition that does not fit within one of the listed categories but may support safety-planning interventions.

SECTION 4: PLACEMENT INTERVENTION.

This section is completed only when it is determined that a change in placement is the only intervention for protection of the child, after considering complicating behaviors that may affect immediate safety planning, safety-planning capacities, child vulnerability, and available in-home safety interventions.

If one or more safety threats are identified it is determined that an immediate safety plan is not possible, it is required to select "Unsafe" and indicate that the child will be moved to an alternative placement.

In situations of domestic violence where designating the household "Safe with immediate safety plan," strongly consider creating separate immediate safety plans for the offending and non-offending resource providers.

IMMEDIATE SAFETY PLAN

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

If a safety threat is identified by CACD at any point in the investigation, CACD contacts DCFS and stops completing the safety assessment tool here. DCFS takes over to complete Section 3.

1. **Harm and/or worry statements:** What harm, if any, has already occurred? What is the agency and/or the resource family worried will happen to the children if nothing else changes? Use the harm statement formula: Resource provider action/inaction and harmful impact on the child. Use the worry statement formula: Child (may be) impacted how? [if/when] context?

2. **Describe the safety threat.** Describe the conditions or resource provider behaviors that place any child at imminent danger of harm that met the definition for that safety threat. Use behavioral detail. Use language the resource family understands so it is clear to them why safety threats have been identified. Complete for each safety threat selected on the assessment. It is okay to add the safety threat number to the form, but do not copy and paste the safety threat language alone.
3. **What will be done to address the safety threats until the review date?** Explain how each safety threat listed will be controlled or mitigated until the review date. What will the resource family and network do to keep the child safe? Assess what assistance, if any, the child's safety network can provide; document it in the plan.
4. **Who will do what, by when?** Who will take action and assume responsibility for the actions needed to keep the child safe? The individual assigned this responsibility must be present (physically or via phone call or video call) and acknowledge their understanding of needing to keep the child safe. Actions to keep the child safe should not be assigned to individuals who were not involved in the safety-planning discussion. When do the responsible parties' tasks need to be accomplished? For how long must the intervention actions continue, and with what frequency? Discuss with the resource family and their network when and how the worker will follow up to ensure that actions to keep the child safe are being followed.
5. **How will we know it is working?** Describe what evidence you will need to observe for each part of the plan to remain effective at controlling the safety threat or context in the worry statement. The workers and resource family should discuss a contingency plan in case the original plan to keep the child safe changes due to unforeseen circumstances.
6. **Who has agreed to be part of this plan?** Every immediate safety plan must include at least one person who could not have caused the harm. List each network member on the form with their contact details.
7. **When will the immediate safety plan be reviewed?** Invite the resource family to consider any barriers or competing obligations that could get in the way of upholding the plan. Then determine the best review date that may need to be prior to the established time limit. Some action steps on the plan may need to be monitored or verified prior to an official review meeting.
8. **Resource provider's signature.** Does the resource provider understand the agreement they are committing to? Does the resource family have any questions? Did you provide an interpreter or address low literacy if needed? Review each section individually with the resource providers participating in the plan to ensure before they sign that they understand the importance of committing to this agreement and the potential consequences of not following the plan.
9. **Signatures of resource family members, the worker, and leadership approval (by phone).** The immediate safety plan must be signed by the resource providers and all resource family and network members who are taking action to keep the child safe from the safety threats. Signing the immediate safety plan is acknowledgment by all parties that they understand the purpose of the immediate safety plan and the roles and responsibilities of each individual in carrying out the tasks in the immediate safety plan. The worker should ensure that they have thoroughly explained the immediate safety plan tasks to the resource family and that the resource family understands their role. DCFS leadership will review the immediate safety plan at the time of development to ensure all safety threats have been addressed appropriately by the resource family and their safety network.

The immediate safety planning process requirements include the following.

- Worker will not leave the home until an immediate safety plan has DCFS assistant director/designee approval.
- The immediate safety plan must include at least one person in addition to the alleged offender.
- Over time, the immediate safety plan should be reviewed per the established time limit, or more often as needed.
- The responsibility of providing for the child's safety should be transferred back to the resource provider, substituting the resource family's informal supports for formal and agency-provided supports as the resource provider's ability is developed or better understood.
- Each immediate 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 immediate safety plan should also employ the skills of the resource provider and network.

Note: The immediate safety plan details will be documented in the narrative in the division's information management system or uploaded into Edoctus to become part of the case record.

The immediate safety plan *must* be completed with the resource family. Use the CFS-200 form and leave a copy with the resource family and anyone who is participating in the plan. Take a photo of or scan the document to be uploaded to Edoctus or typed into the division's information management system. The plan must be signed by everyone involved in the immediate 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 immediate safety plan responsibilities.

If safety threats have not been resolved by the end of the investigation/DR case, refer to DCFS policy VII-K and related procedures.

IMMEDIATE SAFETY PLAN REVIEW

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

For investigations initiated by CACD, the division must be notified when those immediate safety plans are discontinued or renewed, or when a 30-day petition is filed.

SECTION 4: PLACEMENT INTERVENTION

SAFETY DECISION

Unsafe. One or more safety threats are present. An immediate safety plan was considered but could not be created. As a result, change of placement is the only protective intervention possible for one or more children. Without change of placement, one or more children will likely be in imminent danger of harm.

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

- For cases where the child is determined to be safe in the resource home, briefly describe the presence of safety—not just the absence of danger—by summarizing resource provider behaviors and what protective impact they have that makes the child safe. Following is an example of what to include in the discussion box.

  There is no evidence to support a safety threat being selected, as the disciplinary action did not meet the threshold for causing harm. The children's basic and medical needs are being met. This worker did observe a bond between the children and resource providers. They also agreed to try alternative discipline techniques, such as consequences for when the children do not follow the rules (e.g., doing chores). The school reported that Lucy (age 10) told her teacher that over the weekend her resource provider got angry and "threatened to hit her with a kitchen spatula." Upon further inquiry, Lucy shared that her brother, Michael (age 12) also sometimes gets threatened when he misbehaves. The school nurse found no marks on either child, and both children report that they have never actually been hit. The resource providers, Yolanda and Marcus, met with the worker and discussed their remorse for making these threats; and each child was interviewed individually.
- For cases where the child is safe in the resource home with immediate safety 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 immediate safety plan itself. Following is an example of what to include in the discussion box.

  Kim (age 5) was found by police wandering the sidewalk outside her resource home alone. Police found her half a block away from the home. Ms. Larue, Kim's resource provider, said her daughter Jessica was supposed to be helping out by watching Kim at home like she does daily after school until Ms. Larue gets home from work. Ms. Larue is worried her home cannot remain open if Jessica can't help out with afterschool care, and she is worried that Kim will be scared and develop attachment problems if she is moved to another home. The interventions that Ms. Larue agreed to are sufficient for an immediate safety plan to mitigate the safety threats. The family and their network members agreed to contact the worker if they are worried the plan will not hold.
- For cases where the child is unsafe in the resource home, the worker should explain why interventions explored were not possible and a change of placement was necessary. Following is an example of what to include in the discussion box.

Jake (age 8) reported that his resource provider, Mr. Jones, spanked him with a belt. He has bruises in the shape of a belt buckle on the backs of his legs and across one shoulder from "running during the whipping." Jake is worried that Mr. Jones will be in trouble and Jake will have to leave the home. Mr. Jones is worried that spanking Jake will cause Jake to fear him. There are no other adult caregivers in the home, and Mr. Jones was not able to agree to an immediate safety plan; therefore, Jake will be moved to another resource home immediately.

Does this safety decision apply to all foster children in the provider household?

Select "No" if any child has a safety decision different from any other child (e.g., household is unsafe for one child but is safe or safe with an immediate safety plan for another child). If "No" is selected, provide the safety decision for each child as prompted by the division's information management system.

SDM SAFETY ASSESSMENT PRACTICE GUIDANCE

Arkansas State Police and Division of Children and Family Services

The child's immediate safety is always the first priority. In the first contact with a resource family and at all times after that, the worker must identify whether there is imminent danger of *any* harm. If there is, acting to create safety takes precedence over all other responsibilities.

The safety assessment helps create a systematic review of potential safety threats and creates consistent thresholds for the presence of imminent danger of harm.

A safety threat is present when current circumstances meet the definition. Once selected, a safety threat remains until it is resolved or ruled out.

- **Resolved:** Actions of protection have been consistently demonstrated over time and show the worker and the network that the resource family has established new behaviors that keep the child safe.
- **Ruled out:** New information establishes that the safety threat was not present in the first place. For example, new medical information indicates that a previously assessed injury was accidental.
- **Controlled:** A safety threat that was previously identified has not been resolved but is being controlled through an immediate safety plan.
- **Discovered:** A new safety threat has been identified after a previous safety assessment.

Identification of safety threats is made through worker observations and information from child, resource provider, network, or any other person with relevant information or document review.

Safety threats are often readily observable. However, safety threats are sometimes noticeable only when there is a sufficient relationship between the worker, resource family, and network members to reveal information about threats to safety. An established working relationship between the worker and resource family is often necessary to learn about safety threats that may be difficult to observe otherwise. Information related to safety assessment may emerge when using other tools such as the collaborative assessment and planning (CAP) framework, the Three Houses, the Safety House, or Circles of Safety and Support.

PRIOR TO FIRST CONTACT WITH THE RESOURCE FAMILY

1. Review hotline information to determine whether the reported concern would meet any safety threats if it is confirmed. If so, review the definitions for items suggested by the hotline to be clear about the threshold.
2. Review prior history to determine whether safety threats were selected for prior safety assessments.

DURING FIRST CONTACT WITH THE RESOURCE FAMILY

1. Complete observations and conversations as required.
2. Notice any information suggesting the presence of a safety threat. If so, seek further detail as needed, per definition, to determine whether a safety threat is present.
3. If no safety threat is identified, continue learning the resource family's story, directing attention toward information that could be useful for any additional assessments.
4. If a safety threat is identified, it must be addressed immediately.
    a. Identify whether the resource family has already taken any protective action.
    b. If the resource family is willing, explore the possibility of an immediate safety plan. At least one safety network member (a safe adult who could not have caused the harm) needs to participate in an immediate safety plan. Consider relevant threats and complicating factors and ensure that the immediate safety plan addresses them.
        i. Develop a worry statement. Everyone working toward an immediate safety plan must be clear about the safety threat the plan must address.
        ii. Help the resource family and network members generate ideas for behaviorally specific actions (not services) that would change the environment for the child enough to protect against the safety threat(s).
        iii. Review possible actions by asking questions about the willingness and capability of the responsible person to carry it out and the degree of certainty that the action would protect the child. More than one action is usually required.
        iv. If a tentative plan can be made, ask "what-if" questions to develop contingency plans.
        v. Everyone in the network who has any responsibility for the plan should sign the plan.
    c. If an immediate safety plan is established, indicate which intervention types were used.
        i. Immediate safety plans may be sustainable or unsustainable as originally developed with the resource family.
        ii. Sustainable immediate safety plans include rigorous protection, a sufficient safety network, and everyone being confident that the child will be protected.
        iii. Unsustainable immediate safety plans are sufficient in the short term but will require increased rigor, additional safety network members, or other modifications in order to become sustainable.
        iv. Unsustainable immediate safety plans require concurrent consideration of separation.

d. If the resource family is not willing or if an immediate safety plan could not be established, steps to take protective custody will need to be initiated.

5. Leadership consultation is required prior to concluding the contact if any of the following apply.
   a. The decision is "Unsafe," and change in placement is being considered.

      OR

   b. The decision is "Safe with immediate safety plan," and a plan has been proposed.

      OR

   c. No safety threats are selected; however, not all necessary contacts or observations have been made.

DURING REMAINDER OF INVESTIGATION OR DR CASE

- If the child was safe, continue investigation/assessment and remain alert for new safety threats. If a new safety threat is discovered, complete a new safety assessment. If no new safety threat is discovered and the investigation is completed, it is not necessary to complete a new safety assessment.
- If the child was safe with immediate safety plan, monitoring the plan is *top priority*. Ensure the plan is being followed and is providing sufficient safety for the child. The plan may need to be strengthened with additional activities, monitoring, or safety network members. The plan may be less intensive (e.g., lower level of monitoring) if the safety threat is resolving. It is not necessary to complete a new safety assessment unless the presence or absence of safety threats changes or the safety decision changes. Remain alert for new safety threats as well.
  - » Monitor for whether the previously identified safety threats are resolved or ruled out. A review safety assessment is required if safety threats are resolved or ruled out.
  - » If a new safety threat is discovered, a new safety assessment must be completed. Consider the following steps.
    - Review the current immediate safety plan to decide whether it can continue to keep the child safe with the new safety threat.
    - Revise the current immediate safety plan to address the new safety threat.
    - If the immediate safety plan cannot keep the child safe, the decision must be changed to "Unsafe."
- If child was unsafe, continue to work with resource family and network.
  - » If the original safety threat is resolved or ruled out and the child is now safe, the child should be returned to the resource home.
  - » If the original safety threat remains and remaining in an alternative placement is not in the child's best interest, continue to explore with the resource provider and safety network what immediate safety plan could be put in place and allow the child to return to the resource home. Refer to DCFS policy VII-K and related procedures for additional details.

SDM RISK ASSESSMENT

Arkansas State Police and Division of Children and Family Services

Family Name: _____ **CHRIS Referral #:** _____

Worker Name: _____ **Assessment Date:** _____

Household Assessed: _____ **Primary Caregiver:** _____

Secondary Caregiver (if present)**:** _____

SECTION 1: RISK ITEMS

	Neglect Index	Abuse Index
CURRENT INVESTIGATION		
1. Current report		
○ a. Neglect	1	0
○ b. Abuse	0	1
○ c. Both	1	1
2. Number of children involved in the incident		
○ a. One, two, or three	0	0
○ b. Four or more	1	0
3. Age of youngest child in the home		
○ a. Two years or older	0	0
○ b. Under 2 years	1	0
PRIOR INVESTIGATIONS		
4. Prior investigations/DR cases		
○ a. No	0	0
○ b. Yes	1	0
If "No," skip to question 5.		

	Neglect Index	Abuse Index
4a. Prior neglect		
○ a. None	0	0
○ b. One	1	0
○ c. Two	1	0
○ d. Three or more	2	0
4b. Prior abuse		
○ a. None	0	0
○ b. One	0	1
○ c. Two or more	0	2
5. Prior injury to a child resulting from child abuse/neglect		
○ a. No	0	0
○ b. Yes	0	1
6. Household previously received ongoing child protective services.		
○ a. No	0	0
○ b. Yes	1	1
FAMILY CHARACTERISTICS		
7. Current or historical characteristics of children in household (select all that apply)		
☐ a. Medically fragile, malnourished, or failure to thrive	1	0
☐ b. Positive toxicology screen at birth	1	0
☐ c. Developmental, learning, or physical disability (select all that apply)	1	–
☐ Developmental or learning disability	–	1
☐ Physical disability	–	0
☐ d. Delinquency history	0	1
☐ e. Mental health or behavioral problem	0	1
☐ f. None of the above	0	0
8. Primary caregiver has a history of abuse or neglect as a child.		
○ a. No	0	0
○ b. Yes	0	1
9. Primary caregiver's assessment of current incident (select all that apply)		
☐ a. Blames child for maltreatment	0	1
☐ b. Justifies maltreatment	0	2
☐ c. Neither of the above	0	0

	Neglect Index	Abuse Index
10. Primary caregiver's provision of physical care		
○ a. Meets child needs	0	0
○ b. Does not meet child needs	1	0
11. Primary caregiver characteristics (select all that apply)		
☐ a. Provides emotional/psychological support that is insufficient or damaging	0	1
☐ b. Employs excessive/inappropriate discipline	0	1
☐ c. Domineering	0	1
☐ d. None of the above	0	0
12. Primary caregiver has a historical or current mental health issue that interferes with personal or family functioning.		
○ a. No	0	0
○ b. Yes (select all that apply)	1	0
☐ Current (within the last 12 months)	–	–
☐ Historic (prior to the last 12 months)	–	–
13. Primary caregiver has a historical or current alcohol or drug issue that interferes with personal or family functioning.		
○ a. No	0	0
○ b. Yes (select all that apply)	–	–
☐ Alcohol (select all that apply)	1	0
☐ Current (within the last 12 months)	–	–
☐ Historical (prior to the last 12 months)	–	–
☐ Drugs (select all that apply)	1	0
☐ Current (within the last 12 months)	–	–
☐ Historical (prior to the last 12 months)	–	–
14. Secondary caregiver has an alcohol or drug issue that interferes or has interfered with personal or family functioning.		
○ a. No secondary caregiver	0	0
○ b. No	0	0
○ c. Yes (select all that apply)	0	1
☐ Alcohol: Current (within the last 12 months)	–	–
☐ Alcohol: Historical (prior to the last 12 months)	–	–
☐ Drugs: Current (within the last 12 months)	–	–
☐ Drugs: Historical (prior to the last 12 months)	–	–
15. Domestic violence in the current household in the past year		
○ a. No	0	0
○ b. Yes	0	2

	Neglect Index	Abuse Index
16.Housing		
○ a. Current housing is physically unsafe	1	0
○ b. Homeless	2	0
○ c. Neither of the above	0	0
TOTAL RISK SCORE		

SECTION 2: SCORING

SCORED RISK LEVEL

Assign the family's scored risk level based on the highest level reached by either the neglect or abuse index.

Neglect Score Level	Abuse Score Level	Scored Risk Level
○ 0–1 Low	○ 0–1 Low	○ Low
○ 2–4 Moderate	○ 2–4 Moderate	○ Moderate
○ 5–8 High	○ 5–7 High	○ High
○ 9+ Very high	○ 8+ Very high	○ Very high

OVERRIDES

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

○ **No overrides apply**

○ **Policy Overrides**

- ☐ Injury to a child younger than 3
- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child
- ☐ Serious non-accidental injury to a child that requires medical treatment
- ☐ Abuse or neglect by the caregiver resulted in death of a child (previous or current).

○ **Discretionary Override**

Select override level: ○ Moderate ○ High ○ Very high

Override(s) reason: _____

Supervisor signature: _____ Date: _____

FINAL RISK LEVEL

○ Low ○ Moderate ○ High ○ Very high

RECOMMENDED DECISION

Select based on risk level and safety decision.

<table>
<tr><th rowspan="2">FINAL RISK LEVEL</th><th colspan="3">FINAL SAFETY ASSESSMENT DECISION</th></tr>
<tr><th>SAFE</th><th>SAFE WITH IMMEDIATE SAFETY PLAN</th><th>UNSAFE</th></tr>
<tr><td>Low</td><td rowspan="2">Do not open a case</td><td rowspan="3">Refer to protective service</td><td rowspan="3">Refer to foster care services</td></tr>
<tr><td>Moderate</td></tr>
<tr><td>High</td><td rowspan="2">Refer to supportive service</td></tr>
<tr><td>Very high</td></tr>
</table>

ACTION

Enter the action taken. If the recommended action differs from the action taken, provide an explanation.

○ **Refer to services.** Note whether:

- ○ New case
- ○ Continuing services on open case

○ **Do not open a case.**

If recommended action and action taken do not match, explain why.

SDM RISK ASSESSMENT DEFINITIONS

Arkansas State Police and Division of Children and Family Services

The risk assessment is composed of items that demonstrate a strong statistical relationship with subsequent child protection system involvement.

When using definitions, consider conditions present *at the start* of the investigation or DR assessment period. Also, select any risk items that emerged *during* the investigation period unless otherwise stated in the definition.

SECTION 1: RISK ITEMS

CURRENT INVESTIGATION

1. Current report

Determine whether the current report is for neglect, abuse, or both. Abuse includes physical abuse, emotional maltreatment, or sexual abuse. Include all allegations identified in the report as well as allegations added during the investigation.

2. Number of children involved in the incident

Determine the number of children alleged to have been abused or neglected in the current child protection investigation. This includes any children not identified at the time of the report for whom allegations of abuse or neglect were observed during the investigation period.

3. Age of youngest child in the home

Determine the age of the *youngest child* currently residing in the household where the child abuse/neglect allegedly occurred. Consider all children currently residing in the household, regardless of victim role or their current temporary placement outside the home.

PRIOR INVESTIGATION

4. Prior investigations/DR cases

Identify the number of prior child protection investigations/DR cases (regardless of determination) involving any adult household members who were alleged offenders.

Do not count:

- Reports that were screened out;
- Investigations where all allegations were on an out-of-home perpetrator (e.g., daycare, substitute care provider) when there is no failure-to-protect allegation against the in-home primary caregiver; or
- Investigations/DR cases in which all alleged offenders are no longer part of the household.

Select "Yes" if there were any prior child protection investigations/DR cases, and identify the number for abuse and for neglect.

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

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

4a. Prior neglect

Includes neglect allegations.

a. *None*. No prior child protection investigations for neglect.
b. *One*. One child protection investigation for any type of neglect prior to the current child protection investigation.
c. *Two*. Two child protection investigations for any type of neglect prior to the current child protection investigation.
d. *Three or more*. Three or more child protection investigations for any type of neglect prior to the current child protection investigation.

4b. Prior abuse

Includes abuse allegations.

a. *None*. No prior child protection investigations for abuse.

b. *One*. One child protection investigation for any type of abuse prior to the current child protection investigation.
c. *Two or more*. Two or more child protection investigations for any type of abuse prior to the current child protection investigation.

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

Select "Yes" if one or more children sustained an injury resulting from abuse and/or neglect by any adults in the *current* household prior to the current complaint. Injury sustained as a result of abuse or neglect may range from bruises, cuts, and welts to injuries that require medical treatment or hospitalization, such as bone fractures or burns. Include a prior injury whether or not reported, investigated, or found true at the time if it is now known that the prior injury was due to abuse or neglect.

6. Household previously received ongoing child protective services

Select "Yes" if any adult household members with caregiving responsibilities received or are currently receiving ongoing child protective services (CPS) as a result of a prior child maltreatment investigation or as a result of their cases being transferred from DR. Ongoing CPS services are in-home and out-of-home services provided by DCFS.

FAMILY CHARACTERISTICS

7. Current or historical characteristics of children in household

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

a. *Medically fragile, malnourished, or failure to thrive*. Any child in the household is medically fragile, defined as having a long-term (expected to last six months or more) physical condition requiring medical intervention; or has a diagnosis of malnourishment or failure to thrive.
b. *Positive toxicology screen at birth*. Any child had a positive toxicology screen at birth for alcohol or another substance not used in accordance with a doctor's prescription.
c. *Developmental, learning, or physical disability*.
    - Developmental disability refers to a severe, chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include but are not limited to cognitive disabilities, autism spectrum disorders, and cerebral palsy.
    - Learning disabilities may include a child with an individualized education program (IEP) to address a learning challenge such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability—diagnosed by a physician or mental health professional—who is eligible for an IEP but does not yet have

one or is in preschool. Examples include but are not limited to dyslexia, dysgraphia, dyspraxia, or auditory or visual processing disorders.

- Physical disability is a severe acute or chronic condition diagnosed by a physician that impairs mobility or sensory or motor functions. Examples include but are not limited to paralysis, amputation, and blindness.

d. *Delinquency history*. Any child in the household has been involved with the juvenile/criminal justice system. Also select for offending or antisocial behavior not brought to court attention but that creates stress within the household, such as a child who runs away or is habitually truant.

e. *Mental health or behavioral problem*. Any child in the household has mental health or behavioral problems (includes attention deficit/hyperactivity disorders) not related to a physical or developmental disability. This could be indicated by:

- A mental health diagnosis by a qualified professional;
- Receiving mental health treatment; or
- An IEP or attendance in special education classrooms due to behavioral problems.

f. *None of the above*. No child in the household exhibits characteristics listed above.

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

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

9. Primary caregiver's assessment of current incident

Assess for each characteristic and select all that apply.

a. *Blames child for maltreatment*. An incident of abuse or neglect occurred, and the caregiver blames the child for the abuse or neglect. For example, saying that the child deserved the beating because the child misbehaved.

b. *Justifies maltreatment*. An incident of abuse or neglect occurred, and the primary caregiver justifies the abuse or neglect. Justifying refers to the caregiver's statement of a belief that their action or inaction was appropriate and constitutes good parenting. For example, claiming that because a form of discipline was what the caregiver was raised with, it is okay even though the form of discipline meets criteria for physical abuse.

c. *Neither of the above*. The caregiver neither blames the child nor justifies alleged maltreatment.

10. Primary caregiver's provision of physical care

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

Select "Does not meet child needs" when the child was harmed or their well-being was threatened because of unmet physical needs. Needs may be considered unmet even when the situation is outside of the caregiver's control. Examples include, but are not limited to, failure to obtain medical care for severe or chronic illness; or caregiver has failed to meet the child's basic needs for clothing that is appropriate for the weather, resulting in health and safety concerns.

11. Primary caregiver characteristics

Assess the primary caregiver for each characteristic below and select all that apply.

a. *Provides emotional/psychological support that is insufficient or damaging*. The primary caregiver provides insufficient emotional support to the child, such as by frequently berating/belittling/demeaning the child or depriving the child of affection or emotional support.
b. *Employs excessive/inappropriate discipline*. The primary caregiver's disciplinary practices caused or threatened harm to a child because they were excessively harsh physically or emotionally and/or dangerous given the child's age or development. Examples may include:
    - Hitting, kicking, biting, or punching;
    - Locking the child in a room, closet, or attic;
    - Hitting the child with dangerous objects; OR
    - Isolating a child from physical and/or social activity for extended periods.
c. *Domineering*. The primary caregiver is domineering, indicated by being controlling, abusive, or overly restrictive.
d. *None of the above*. The primary caregiver does not exhibit characteristics listed above.

12. Primary caregiver has a historical or current mental health issue that interferes with personal or family functioning.

Select "Yes" if the primary caregiver:

- Has been diagnosed by a mental health clinician with a mental health condition, other than substance-related disorders;
- Has had multiple referrals for mental health/psychological evaluations; OR
- Was recommended for treatment or hospitalizations or was treated or hospitalized for mental health issues at any time.

  AND

- The mental health issue affects personal or family functioning.

13. Primary caregiver has a historical or current alcohol or drug issue that interferes with personal or family functioning.

Assess whether the primary caregiver has a historical or current alcohol/drug abuse problem that interferes with the caregiver's or family's functioning. Select "No" for legal, non-abusive prescription drug or alcohol use.

Select "Yes" if the primary caregiver:

- Self-reported a problem;
- Was assessed or treated for an alcohol- or drug-related problem by an addiction counselor or mental health clinician;
- Uses substances in ways that have negatively affected their employment; marital or family relationships; or ability to provide protection, supervision, and care for the child;
- Was arrested for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances; OR
- Gave birth to a child who was diagnosed with fetal alcohol spectrum disorder (FASD) and/or had a positive toxicology screen at birth.

AND

- The alcohol or drug issue affects personal or family functioning.

14. Secondary caregiver has an alcohol or drug issue that interferes or has interfered with personal or family functioning.

Assess whether the secondary caregiver has an alcohol or drug issue that interferes or has interfered with caregiver's or family's functioning. Select "No" for legal, non-abusive prescription drug and/or alcohol use.

Select if the secondary caregiver:

- Self-reported a problem;
- Was assessed or treated for an alcohol- or drug-related problem by an addiction counselor or mental health clinician;
- Uses substances in ways that have negatively affected their employment; marital or family relationships; or ability to provide protection, supervision, and care for the child;
- Was arrested for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances; OR
- Gave birth to a child who was diagnosed with FASD and/or had a positive toxicology screen at birth.

AND

- The alcohol or drug issue affects or has affected personal or family functioning.

15. Violence in the current household in the past year

In the previous year, there have been two or more physical assaults, regardless of whether the perpetrator was arrested or convicted; or multiple periods of intimidation/threats/harassment between caregivers or between a caregiver and another adult within the household.

16. Housing

Assess and determine the presence of any characteristics below at any time during the investigation.

a. *Current housing is physically unsafe*. The family has housing, but the physical structure or presence of hazards are potentially dangerous to the extent that the home may not meet the child's health or safety needs. For example: exposed wiring, inoperable heat or plumbing, human or animal waste on floors, rotting food.
b. *Homeless*. The family was homeless or was about to be evicted at the time of the alleged incident or became homeless in the course of the investigation, regardless of whether the homelessness was out of the caregiver's control.
c. *Neither of the above*. Neither of the above is true, and the family has physically safe housing.

OVERRIDES

If the scored risk level is "Very high," overrides will not apply.

POLICY OVERRIDES

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

1. **Injury to a child younger than 3.** Any child in the household younger than age 3 has a physical injury resulting from abuse or neglect.
2. **Sexual abuse case AND the perpetrator is likely to have access to the child.** One or more children in the household are victims of sexual abuse; and actions by the caregiver indicate that the perpetrator is likely to have access to the children, resulting in danger to the children.
3. **Serious non-accidental injury to a child that requires medical treatment.** Any child in the household has a serious physical injury resulting from the abuse or neglect by the caregiver. Serious injuries include brain damage, skull or bone fractures, subdural hemorrhages or hematomas, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, bruises/welts, symptoms related to suffocation or shooting, bite marks, strangle marks, and any other physical injury that

seriously impairs the child's health or well-being and required medical treatment, regardless of whether the caregiver sought medical treatment.

4. **Abuse or neglect by the caregiver resulted in death of a child (previous or current).** Any child in the household died as a result of the caregiver's actions or inaction.

DISCRETIONARY OVERRIDE

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

SDM RISK ASSESSMENT PROCEDURES

Arkansas State Police and Division of Children and Family Services

ASSESSMENT PURPOSE

The purpose of the SDM risk assessment is to classify the likelihood of future child protection system involvement within the caregiver's household. It can also inform staff on how worried they should be about this household during the investigation. It is not intended to assess the households of out-of-home caregivers such as foster parents and facility and shelter staff.

The risk assessment identifies families that have very high, high, moderate, or low likelihood of future system involvement. By completing the risk assessment, the worker obtains an objective assessment of the likelihood that a family will be reported back to the system for child maltreatment in the next 12 to 18 months. Differences between the risk levels are substantial. High-risk families have significantly higher rates of subsequent reports and true findings than low-risk families.

When risk is clearly defined, the choice of which families to serve when resources are limited is simplified: Agency resources are provided to higher-risk families because of the greater potential to reduce subsequent system involvement.

WHICH CASES

All new investigations and DR referrals, including new investigations of families with an open case.

Exclude reports on abuse and neglect by third-party perpetrators, including licensed daycare facilities, unless there are concurrent allegations of failure to protect by the caregiver. Exclude investigations where the perpetrator is a foster parent, school personnel, or residential facility care provider. Also exclude "unable to locate" cases when the family has never been assessed, and exclude cases where the only child in the home died.

Also complete the risk assessment when information on a household from a new report has been associated with an open service case.

WHICH HOUSEHOLD(S)

SDM assessments are completed only on households with an allegation of abuse or neglect.

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

Always apply appropriate SDM assessments to the household of the legal caregiver if alleged to have harmed the child. A child may be a member of more than one household, and household configurations can change over the life of a case.

If there are allegations on more than one household, SDM assessments should be completed separately for each household.

Complete the risk assessment on the same household(s) for which you completed the safety assessment.

WHO

The family service worker or Crimes Against Children Division (CACD) investigator.

WHEN

Complete the risk assessment as soon as you have enough information to do so but no later than the conclusion of the investigation period and prior to any decision to open or not open a case.

DECISION

The risk level is used to determine whether a case should be opened or the family should be referred to some other prevention services.

RISK CLASSIFICATION	RECOMMENDATION
Very high	Refer to services
High	Refer to services
Moderate	Do not open a case unless safety decision is “safe with immediate safety plan” or “unsafe”*
Low	Do not open a case unless safety decision is “safe with immediate safety plan” or “unsafe”*

*When unresolved safety threats are still present at the end of the investigation, the report should be referred to services regardless of risk level.

Referring low- and moderate-risk families with a "Safe with immediate safety plan" or "Unsafe" safety decision to services is required for the purpose of resolving safety threats to achieve sustainable child safety.

If family members are no longer accessible to CPS, documentation must justify the decision for closure, and the worker must obtain supervisor approval.

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

CONTACT GUIDELINES

Arkansas policy requires weekly contact with a family for the first month of supportive or protective service. Accurate risk assessment will affect whether monthly contact (in the case of low- or moderate-risk households) can be considered after the first month of services.

APPROPRIATE COMPLETION

1. Respond to all items on the assessment and determine the risk level based on the higher of the neglect and abuse scores.
2. Review policy overrides to see if any apply. Select "Yes" or "No" for each override reason. Policy overrides automatically result in a risk level of "Very high." *Note that policy overrides will not apply if the scored risk level is "Very high*."
3. Consider discretionary overrides. Select "Yes" or "No." Risk level may be increased by one from the scored risk level with a discretionary override. *Note that discretionary overrides will not apply if the scored risk level is "Very high*."
4. Indicate the final risk level. If an override has been used, the final risk level should differ from the scored risk level. Otherwise, the final risk level will be the same as the scored risk level.

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

If information cannot be obtained to answer a specific item, the worker must select "No," "None of the above," or equivalent for that item.

OVERRIDES

POLICY OVERRIDES

After completing the risk items, the worker determines whether any policy override reasons exist and selects "Yes" or "No" for each override reason Policy overrides reflect incident seriousness and child vulnerability concerns, warranting the highest level of service regardless of the overall risk level. If any policy override reasons exist, select the appropriate policy override reason. The risk level is then increased to "Very high."

DISCRETIONARY OVERRIDE

The worker applies a discretionary override to *increase* the risk level in any case where the worker believes the scored risk level is too low. Discretionary overrides may increase the risk level only by one (e.g., from low to moderate or moderate to high, but *not* from low to very high). The override reason must be indicated.

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

ACTION

Indicate the action taken (i.e., refer to services or do not open a case). If the recommended action differs from the action taken, explain the reason in the space provided at the end of the tool.

Low- and moderate-risk families are typically not recommended to have a case opened; but when safety threats are present, a case should be offered until the safety threats are resolved in accordance with the immediate safety plan, allowing for reunification. Workers should consider the family's risk level when planning the length of service in the immediate safety plan; low- and moderate-risk families may require shorter interventions than high- or very high-risk families. In other words, when the safety assessment finding is "Unsafe" or "Safe with immediate safety plan" but the assessed risk level is low or moderate, services will assist the family in building a network and resolving the safety threats; but the family's case will likely be open for a shorter period than a high-risk family's case would be.

SDM RISK ASSESSMENT PRACTICE GUIDANCE

Arkansas State Police and Division of Children and Family Services

The risk level is a vital piece of information for helping to get the best-fitting intervention for a family, for providing information to the family, and for making the best use of agency resources. It is completed during an investigation to help guide decisions about whether further intervention is indicated; and if so, which type of intervention is the best fit. When intervention will be provided, it informs the frequency of contact between the worker and the family so that the highest-risk families have more frequent contact.

TALKING TO THE FAMILY ABOUT RISK

Families should know that part of the investigation includes forming an estimate of the likelihood of future system involvement for the household. Helping families understand the importance of the concept of risk and how it will inform the worker's recommendations can help in several ways.

- The family learns that the agency's role is not to "punish" them for anything that has happened in the past but to partner with them to reduce the likelihood of something happening in the future.
- The family understands that the worker is acting not based on personal beliefs or individual judgment but rather is using research-based tools to help reach a decision.
- The family, knowing their risk level, can make an informed choice about their own future.

GATHERING INFORMATION

Some risk items can be filled out at the beginning of the investigation based on prior records and details of the current report.

Information for other items is likely to emerge as the worker learns the family's story, the details of what happened, and the context in which it happened—as would occur while completing the investigation. Keep the risk items in mind while listening and note when emerging information connects to any risk items. With the definitions in mind, consider asking for detail about an area under discussion based on knowledge needed to fill out the item.

It is good practice to begin to fill out the risk assessment several days into the investigation. This allows the worker to note which items can be filled out confidently based on what they already know, which items remain uncertain because some important piece of information needed is missing, and which

items have not yet been discussed with the family. The worker can then create a mental list of what they still need to learn, and they can plan for how to gather the remaining information. It will also help the worker and supervisor know how worried to be about a household.

The worker can use all tools at their disposal for gathering information, including the Three Houses, Safety House, circles of safety and support, and solution-focused questions. Building a trusting working relationship with the family increases the quality and completeness of the information gathered.

ANSWERING ITEMS

Many items have very concrete, indisputable answers (e.g., age of youngest child, number of prior reports).

Other items require some judgment. For example, whether a caregiver blames a child may not be a clear "yes" or "no." Use the definition and consider the facts against the definition.

Other items could be answered differently depending on which person's information the worker is considering. For example, perhaps one caregiver denies having a substance abuse problem but the other tells the worker that caregiver *does* has one. Weigh all information. If there are different views, consider information from collateral contacts and consider obtaining an objective appraisal.

In the end, if there are enough facts to support answering an item such that it adds points to the risk score, it should be answered that way. If not, it should be answered in the way that does not add to the score. In other words, unless there is sufficient information to support the "Yes" answer, select "No."

OVERRIDES

Policy overrides are straightforward; they are included for situations that are so serious that, even if the likelihood of future system involvement is lower, the agency will work with the family as if the risk were high because even a low likelihood of a very serious event warrants intensive intervention, at least until there is time for the family to demonstrate actions of protection.

Discretionary overrides should be considered if, after reviewing the scored risk level, the worker's judgment is that the likelihood of future system involvement is higher. This can happen when a present condition is strongly connected with patterns of abuse or neglect but that condition was not one of the items used to construct the actuarial risk assessment. Also avoid "doubling down" on a single risk factor; that is, if the worker has already selected an item, they should resist using a discretionary override because they think the item is more important than the weight already assigned in the tool. If this is a temptation, it is possible that a safety threat is present and not selected in the safety assessment. When applying a discretionary override, also provide a brief description of the condition.

A discretionary override requires a supervisor approval. This is to confirm that at least one other person considers the worker's rationale to be a sound basis for overriding.

Discretionary overrides cannot be used to decrease the risk level. This is because the assessment is done very soon after meeting a family. The worker responds to items in ways that add to risk score only when there is sufficient information to do so; thus, it is more likely that the risk score is underestimated than overestimated. Underestimating risk would lead to a lower level of intervention or even no intervention. Course-correcting if risk is underestimated is often not an option. For this reason, overriding to a lower risk level is not permitted.

TALKING WITH THE FAMILY ABOUT THEIR RISK LEVEL

Once the final risk level is determined, the family should be informed. Most families want to prevent future harm; and if risk is high, they would want to take some action. If risk is low, this may be reassuring to families.

Discuss recommended action with the family based on the intervention matrix that includes the risk and the current safety status. (If the family's safety status has changed, be sure that the current safety assessment reflects their current status. Create a review safety assessment if needed.) Explain why this recommendation is being made, given their safety status and risk level.

Children in unsafe families should be legally placed in foster families, kinship families, or institutions. During intervention, workers will support and monitor the extent to which the caregivers change their behavior and make a report to the court to suggest whether the family changed enough for the child to go home. Helping everyone involved with the family stay focused on behavior changes that mitigate safety threats and decrease the risk score will improve the chances that the child can be reunified.

Unsafe high- and very high-risk families will require time to make necessary changes and demonstrate actions of protection over time. The immediate safety plan for these families will need to be rigorously tested. Moderate- or low-risk families that begin as unsafe may be considered for working toward prompt resolution of the danger so that the child can be safe and return home. An immediate safety plan could also be developed within the next days or weeks so that work with the family could continue with the child at home until the danger is resolved. Low- and moderate-risk families will likely require shorter interventions.

Families that are safe with immediate safety plan require intervention until the danger is resolved. Higher-risk families will require more time because they need to demonstrate actions of protection longer to show that they can keep the child safe. To close a case, families need to resolve the danger *and* lower their risk. Moderate- or low-risk families may require less time, and cases can be closed once the danger is resolved. Families that are safe with immediate safety plan, regardless of risk, must understand that they must resolve the danger before their protective services case can close.

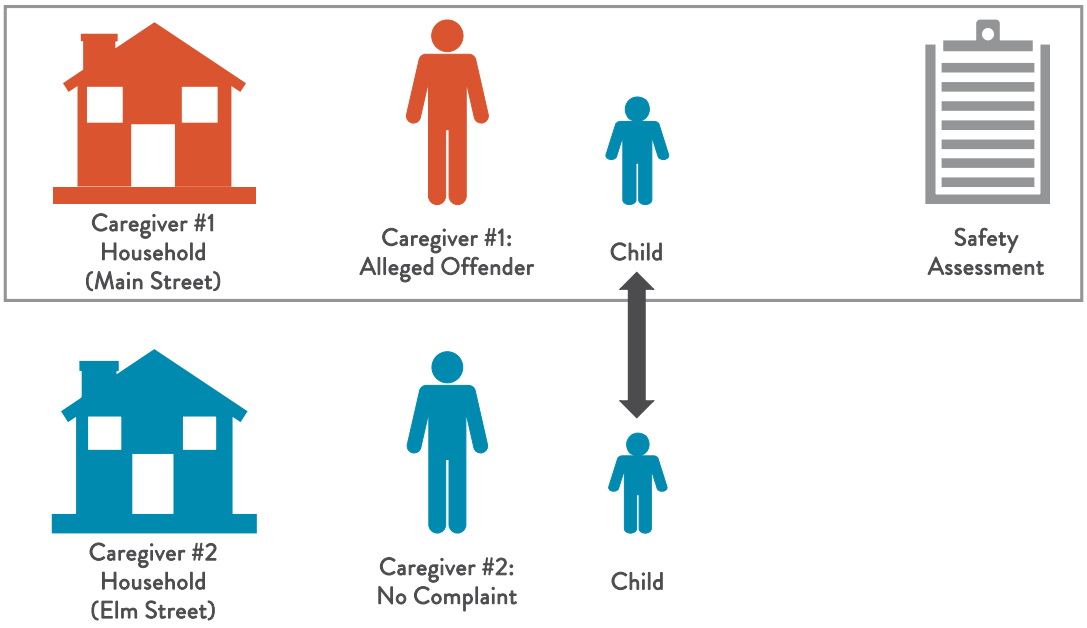
Safe high- and very high-risk families should be offered supportive service to help lower their risk. This intervention may be provided by DCFS or other providers. Low- and moderate-risk safe families should *not* have cases referred to services for ongoing intervention. Future system involvement is unlikely, and agency resources are needed to work with high-risk families and families with active danger.

APPENDIX: HOUSEHOLDS

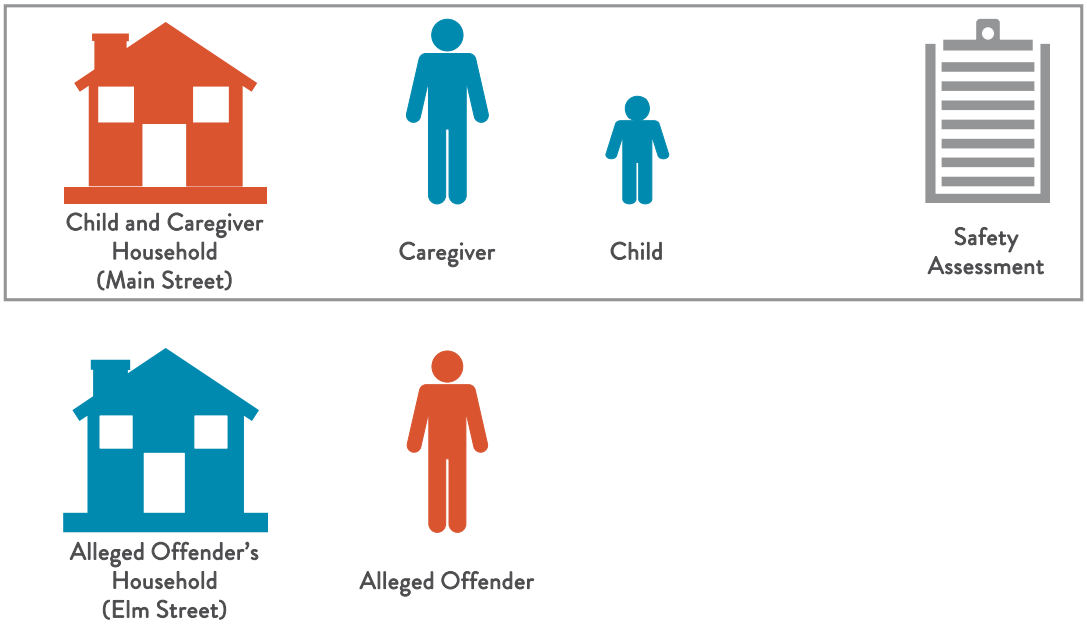
This appendix provides additional examples for how to determine which household to apply SDM assessments to during an investigation or DR assessment.

WHICH HOUSEHOLD(S): COMMON SCENARIOS

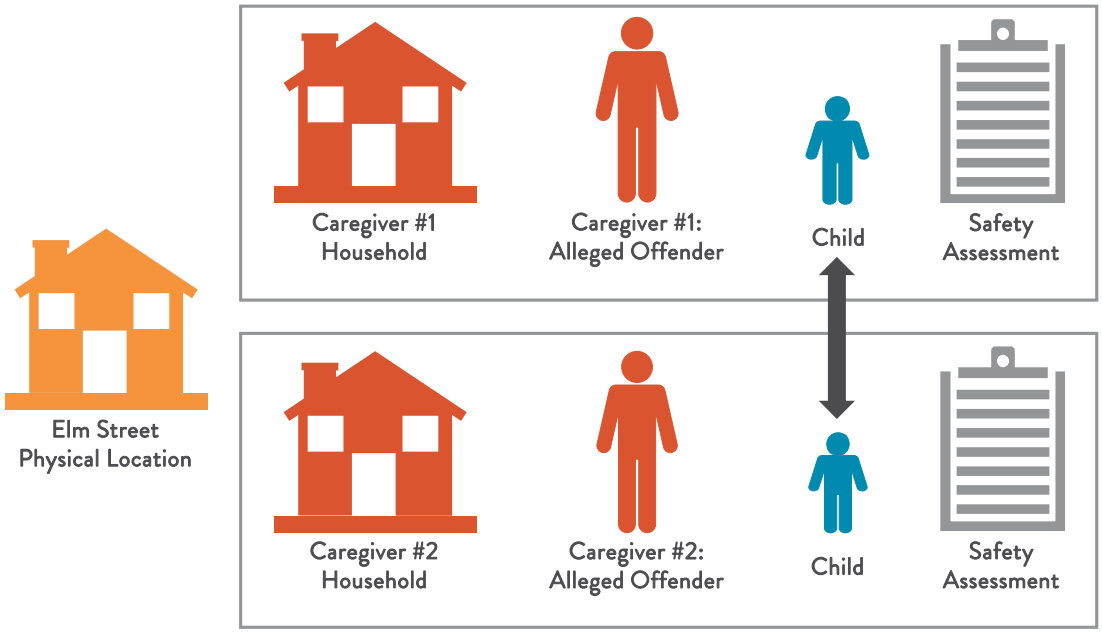
If the alleged offender is part of the child's household, assess that household.



If the alleged offender is not a member of the child's household, do *not* complete a safety assessment for the alleged offender's household. In this situation, instead complete a safety assessment for the child's caregiver's household, but only if there is also an allegation of failure to protect.



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



FOR ALL HOUSEHOLD CONFIGURATIONS

Do not complete an SDM safety assessment unless a new allegation of maltreatment is made on a non-custodial parent's household.

If a reportable condition is determined during the home study, file a report as policy indicates and complete new SDM assessments for this household.

- In cases where the household is unsafe AND the other caregiver requests reunification services, you should also complete safety, risk, and reunification assessments, following the timelines provided for when to complete each one on each household. Child will be placed in foster or kinship care until it is safe to return to the caregiver who successfully completes services and the behavior changes.
- All relevant SDM assessments should continue with the original custodial parent regardless of the original non-custodial parent's current custodial status.

Third-party reports: When the reported harm concerns harm to a child by a non-household member, only complete an SDM safety assessment for the household of the caregiver where the child resides if there is also an allegation on that caregiver.

- Only complete an SDM safety assessment for the household of the caregiver where the child resides if there is also an allegation on that caregiver. If a safety threat is found, a new investigation should be opened on that household and an SDM risk assessment is required. If there is no safety threat, no further SDM assessments are required on that household.
- If other children who may be victims are living in the household with the third-party perpetrator, an investigation with the allegation concerning those children should be added, and an SDM safety and risk assessment should be done on that household.