# SDM Resource Provider Safety Assessment

**Arkansas State Police and Division of Children and Family Services**

**Primary Resource Provider:** Click or tap here to enter text.

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

**Secondary Resource Provider:** Click or tap here to enter text.

**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:** Click or tap here to enter text.

**Assessment Type:** Choose an item.

**Date of Assessment:** Click or tap to enter a date. **County of Origin:** Click or tap here to enter text.

**Worker Name:** Click or tap here to enter text.

**Referral/Case ID:** Click or tap here to enter text.

**Prior Abuse/Neglect Reports**

|  |  |
| --- | --- |
| **TRUE/SUBSTANTIATED** | **UNSUBSTANTIATED** |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Prior Corrective Actions:** Click or tap here to enter text.

**Placement County:** Click or tap here to enter text.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Click or tap here to enter text. |  | 4. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. |  | 5. | Click or tap here to enter text. |
| 3. | Click or tap here to enter text. |  | 6. | Click or tap here to enter text. |

*Additional Children*

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| Click or tap here to enter text. |

## section 1: Factors Influencing Child Vulnerability

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

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| [ ]  Child is age 0–5. |  | [ ]  Child has diminished mental capacity. |
| [ ]  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 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**

Choose an item. 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.

Choose an item. 2. Child sexual abuse by the resource provider is suspected, AND circumstances suggest that the child’s safety may be of immediate concern.

Choose an item. 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.*

Choose an item. 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.

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

[ ]  Supervision

[ ]  Food

[ ]  Clothing

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

Choose an item. 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.

Choose an item. 8. Resource provider’s substance use impairs their ability to supervise, protect, or care for the child.

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

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

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

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

Choose an item. 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.

Choose an item. 14. Other (specify): Click or tap here to enter text.

### 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: Click or tap here to enter text.

[ ]  e. No safety-planning capacities apply at this time.

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

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| Click or tap here to enter text. |

### 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: Click or tap here to enter text.

[ ]  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: Click or tap here to enter text.

[ ]  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**

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| Click or tap here to enter text. |

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

Choose an item.

If no, provide the safety decision for each child:

|  |
| --- |
| Click or tap here to enter text. |

# SDM Resource Provider Immediate Safety Plan

**Arkansas State Police and Division of Children and Family Services**

**Resource Family Name:** Click or tap here to enter text.

**Referral ID:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Worker Name:** Click or tap here to enter text.

**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?

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| --- |
| Click or tap here to enter text. |

| **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?** |
| --- | --- | --- | --- |
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**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** |
| Click or tap here to enter text.  | Click or tap here to enter text. | Click or tap here to enter text. |
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| **WHEN WILL THE IMMEDIATE SAFETY PLAN BE REVIEWED?** *(Must be within established time limit)* |
| **Date/time:**Click or tap here to enter text. | **Who will be involved (resource providers, network, and agency)?**Click or tap here to enter text. |

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| **WHAT WILL PEOPLE DO IF THEY ARE WORRIED OR IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING?** |
| Resource providers | Click or tap here to enter text. |
| Network members | Click or tap here to enter text. |
| Child | Click or tap here to enter text. |
| DCFS | Click or tap here to enter text. |

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

## 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.

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| **Resource providers**Click or tap here to enter text.Click or tap here to enter text.  | **Worker(s)/supervisor(s)**Click or tap here to enter text.Click or tap here to enter text. |
| **Children**Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. | **Network members**Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. |