EVIDENT CHANGE
Inform Systems. Transform Lives.

SDM® REUNIFICATION ASSESSMENT POLICY AND PROCEDURES MANUAL

North Carolina Division of Social Services

April 2026

Structured Decision Making and SDM are registered trademarks of Evident Change.

ABOUT EVIDENT CHANGE

Evident Change is a nonprofit that uses data and research to improve our social systems. For more information, call (800) 306-6223 or visit EvidentChange.org. You can also find us on social media by visiting Linktr.ee/EvidentChange.

© 2026 Evident Change

CONTENTS

Key Terms 1

SDM Reunification Assessment 4
Definitions 16
Procedures 33
Completion Instructions 36
Safety Plan (Permanency Planning) Completion Instructions 41

Appendix A: Indicators Influencing Child Vulnerability A1
Appendix B: Danger Indicator Definitions B1
Appendix C: Family Safety Intervention Definitions C1
Safety Plan (Permanency Planning) D1

© 2026 Evident Change

KEY TERMS

CARETAKERS AND HOUSEHOLDS

CARETAKER

In this tool, “caretaker” includes:

- Parents, guardians, and custodians; and
- Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting.

  A person responsible for a juvenile’s health and welfare means:

  » A stepparent;

  » Foster parent;

  » Potential adoptive parent when a juvenile is visiting or as a trial placement;

  » An adult member of the juvenile’s household;

  » An adult entrusted with the juvenile’s care when the following circumstances are considered:
    – The duration and frequency of care provided;
    – The location in which that care is provided; and
    – The decision-making authority granted to the adult.

  » Any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile’s health and welfare in a residential childcare facility or residential educational facility; or

  » Any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services (DHHS).

DETERMINING PRIMARY AND SECONDARY CARETAKERS

The person you select as the primary caretaker must be one with legal responsibility for the child. If two caretakers in the home have legal responsibility, the one providing the most care is the primary caretaker. If both legal caretakers provide precisely 50% of care, select the alleged perpetrator as the primary caretaker. If both are alleged perpetrators, select the caretaker contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, choose either.

It is possible that there will not be a secondary caretaker.

If the child’s legal parents live in separate households, *each* household will have a primary (and possibly secondary) caretaker who is residing in that household.

© 2026 Evident Change

HOUSEHOLD

The definition of household helps to determine who should be included on a Structured Decision Making® (SDM) assessment.

Household is not a dwelling; it's a group of people or set of relationships. In the SDM® system, all adult residents who have a significant degree of parental-type responsibility for the child and are entrusted with the child's care are part of the household and should be included in the SDM assessment. This may include nonfamilial persons who have an intimate relationship (partner/significant other) with a caretaker. Caseworkers should consider the duration and frequency of care and the decision-making authority granted to determine whether another adult besides the primary caretaker should be considered a household member. Households do not include those who are paid to look after a child (babysitters, etc.).

WHICH HOUSEHOLDS TO ASSESS

SDM assessments are completed only on households with an allegation of abuse or neglect. Assess the household of the caretaker who is the subject of the investigative or family assessment. Caseworkers should interview the child and, to the best extent possible, engage with every adult who plays an important role in the child's life, but adults included on the SDM assessments must meet the household definition described above.

A child may be a member of more than one household, and household configurations can change over the life of a case.

When caretakers reside in separate households, caseworkers should not complete a safety and risk assessment for households without a maltreatment allegation. However, caseworkers must complete an in-person visit to the non-allegation home, discuss the current allegations regarding child safety with any caretaker(s) there, and assess the caretaker's ability to provide a safe home for the child when they visit.

CHILD

Anyone under the age of 18, with the exception of those who have had a legal emancipation.

FAMILY FUNCTIONING

Caretaker behavior that supports strong family communication, creates strong relationships across family members, and increases child well-being.

© 2026 Evident Change

CHILD WELL-BEING

A child's growth, development, and participation in different parts of their life. Includes their health, safety, emotions, education, and relationships with important people in their life.

© 2026 Evident Change

SDM REUNIFICATION ASSESSMENT

North Carolina Department of Health and Human Services

R: 04-26

Complete for each household to which a child may be returned (e.g., father's home, mother's home). The reunification assessment is used and required for all families with at least one child in out-of-home care with a goal of reunification. Do not use for placement in a non-maltreating household.

Family/Case Name: ______________________________ **Family/Case Number:** __________

Assessment/Reassessment Date: ______________ **Household Assessed:** ____________________

Assessment/Reassessment Number: ○ 1 ○ 2 ○ 3 ○ 4 ○ ____________________

Primary Caretaker: ____________________ **Secondary Caretaker:** ____________________

Children Assessed: 1. ______________ 2. ______________ 3. ______________ etc.

Is this child in a trial home visit?

○ No, child is not currently in a trial home visit. Continue to Part 1: Trial home visit
○ Yes, child is currently in a trial home visit. Continue to Part 2: Progress to Case Closure Guide

PART 1: TRIAL HOME VISIT

SECTION 1. REUNIFICATION SAFETY ASSESSMENT

A. Safety Criteria

If the child were to be returned tomorrow, based on the fact pattern and caretaker engagement and behavior since the removal, would any danger indicators be active on return?

When answering the following questions, use the definitions in the appendices for the indicators influencing child vulnerability, danger indicators, and family safety interventions.

© 2026 Evident Change

1. Would any danger indicators identified on an earlier safety assessment still be present if the child began a trial home visit?

- ○ No. List any previously identified danger indicators and how they were addressed. Proceed to question 2.
- ○ Yes. List and describe danger indicators as they currently exist. Proceed to question 1a.

1a. If yes, are there safety interventions that can and will be incorporated into a safety plan to address these dangers?

- ○ No. No protective actions or safety interventions are available and appropriate to address danger indicators if the case is closed at this time. Proceed to Part B. Safety decision is "Unsafe." Provide details:
- ○ Yes. Protective actions or safety interventions have been identified to address danger indicators, and caretakers are demonstrating protective actions, including using their support network. Proceed to question 2. Provide details:

2. Have any new danger indicators been identified since the last assessment, or are there any other conditions in the household that would present an imminent danger of serious harm if the child were to begin a trial home visit?

- ○ No. Proceed to Part B. Safety decision is "Safe."
- ○ Yes. Proceed to question 2a.

Provide details:

2a. If yes, are there safety interventions that can and will be incorporated into a safety plan to address these danger indicators?

- ○ No. There are no safety interventions available and appropriate to address danger indicators if the child were to begin a trial home visit at this time. Proceed to Part B. Safety decision is "Unsafe."
- ○ Yes. One or more safety interventions and at least one support network member have been identified to address danger indicators and allow trial home visit to proceed with a safety plan in place. Proceed to Part B. Safety decision is "Safe with a plan."
  Provide details:

© 2026 Evident Change

B. Safety Decision

Identify the safety decision by selecting the appropriate item from among the following. This decision should be based on the assessment of all danger indicators, safety interventions, and any other information known about the case.

○ a. **Safe.** Danger indicators that resulted in the child's removal (as documented on the initial safety assessment) are no longer present, and no additional danger indicators were identified. Any danger indicators previously identified have been addressed through demonstrated behavioral change and protective actions by the caretakers. Specific services and support network actions are described in the permanency planning family case plan to support successful reunification.

○ b. **Safe with a plan.** One or more danger indicators are present, as identified by a "yes" answer to question 2. Specific safety interventions and support network actions that will be implemented to address danger indicators are described in the safety plan and permanency planning family case plan.

○ c. **Unsafe.** One or more danger indicators are present, as described in the previous section, and interventions are not available or possible to ensure safety if the child is returned to the home; one or more children will remain in care.

SECTION 2. PERMANENCY PLANNING FAMILY CASE PLAN PROGRESS

This covers the caretaker's progress with permanency planning family case plan goals (behavior change, not service compliance) since the last assessment or reassessment.

Rate each caretaker's progress with behavior change.

PRIMARY	SECONDARY	ANSWERS
○	○	a. Frequently demonstrates behavior change consistent with permanency planning family case plan.
○	○	b. Sometimes demonstrates behavior change consistent with permanency planning family case plan.
○	○	c. Rarely to never demonstrates behavior change consistent with permanency planning family case plan.

© 2026 Evident Change

SECTION 3. FAMILY TIME ASSESSMENT

Assess the caretaker’s success with the planned frequency of family time with **each child** in care, as well as the quality of family time. Base your assessment on direct observation whenever possible, supplemented by observation of the child, reports by foster parents or alternative caretakers, etc. Focus on interactions during the period under review (since removal or last assessment).

Have Rylan’s Law visits taken place?

○ Yes

○ No

1. Caretaker's efforts to maintain consistent family time with the child.

- ○ **a. Consistently follows family time plan.** The caretaker regularly attends scheduled family time, has little or no missed family time, calls to reschedule if needed, maintains or improves relationship with the child through other allowed communication (e.g., phone, text, social media), participates in other ways to be involved in the child’s life as approved, and uses third-party access and unsupervised family time with the child when approved.
- ○ **b. Inconsistently follows family time plan.** The caretaker frequently misses family time to the extent that it impacts their relationship with the child. Examples of impact may include but are not limited to the child expressing belief that the caretaker will not show up or will cancel family time or expressing anger, resentment, indifference, and/or sadness due to missed family time.
- ○ **c. Does not follow or is prohibited from following family time plan.** The caretaker has not engaged in establishing the plan for family time or in attending planned family time, is prohibited from contact due to court order, or has had family time suspended or curtailed due to the caretaker’s behaviors. Select the most accurate subitem.
  - ○ Caretaker does not follow family time plan.
  - ○ Caretaker is prohibited from family time.
  - ○ Child does not want to participate in family time.

© 2026 Evident Change

2. **Caretaker's behavior during family time with the child.**

   When assessing caretaker behavior during supervised family time and evaluating appropriate limit-setting and discipline, consider the family's values; the setting; the time of day; the child's energy, development, and emotions; and the limited time the caretaker and child have together.

   - ○ **a. Positive interactions.** Previously identified danger indicators are not present during family time. The caretaker is consistently protective of the child and can anticipate and respond to the child's individual needs.
   - ○ **b. Showing improvement.** The caretaker has improved at demonstrating behavior within the range of healthy caretaking responses. Caretaker may demonstrate some understanding of child development, but improvement is needed in anticipating and/or responding to the child's basic needs.
   - ○ **c. Unhealthy or harmful interactions.** The caretaker's behavior mostly falls outside the range of acceptable caretaking responses. Caretaker demonstrates little to no understanding of child development and limited interest in or ability to change caretaking behavior or activities.
   - ○ **Not applicable (N/A).** There has not been any family time during this review period.

3. **Summarize the family's consistency and behavior during family time.**

   Blue-shaded cells with bold text indicate that family time is successful. The gray-shaded cell indicates that family time could be noted as "improving."

FAMILY TIME CONSISTENCY	BEHAVIOR DURING FAMILY TIME: POSITIVE INTERACTIONS	BEHAVIOR DURING FAMILY TIME: SHOWING IMPROVEMENT	BEHAVIOR DURING FAMILY TIME: UNHEALTHY OR HARMFUL INTERACTIONS
Always/Often	**1a, 2a**	**1a, 2b**	1a, 2c
Sometimes	**1b, 2a**	1b, 2b	1b, 2c
Rarely/Never	1c, 2a	1c, 2b	1c, 2c

Family Time Override

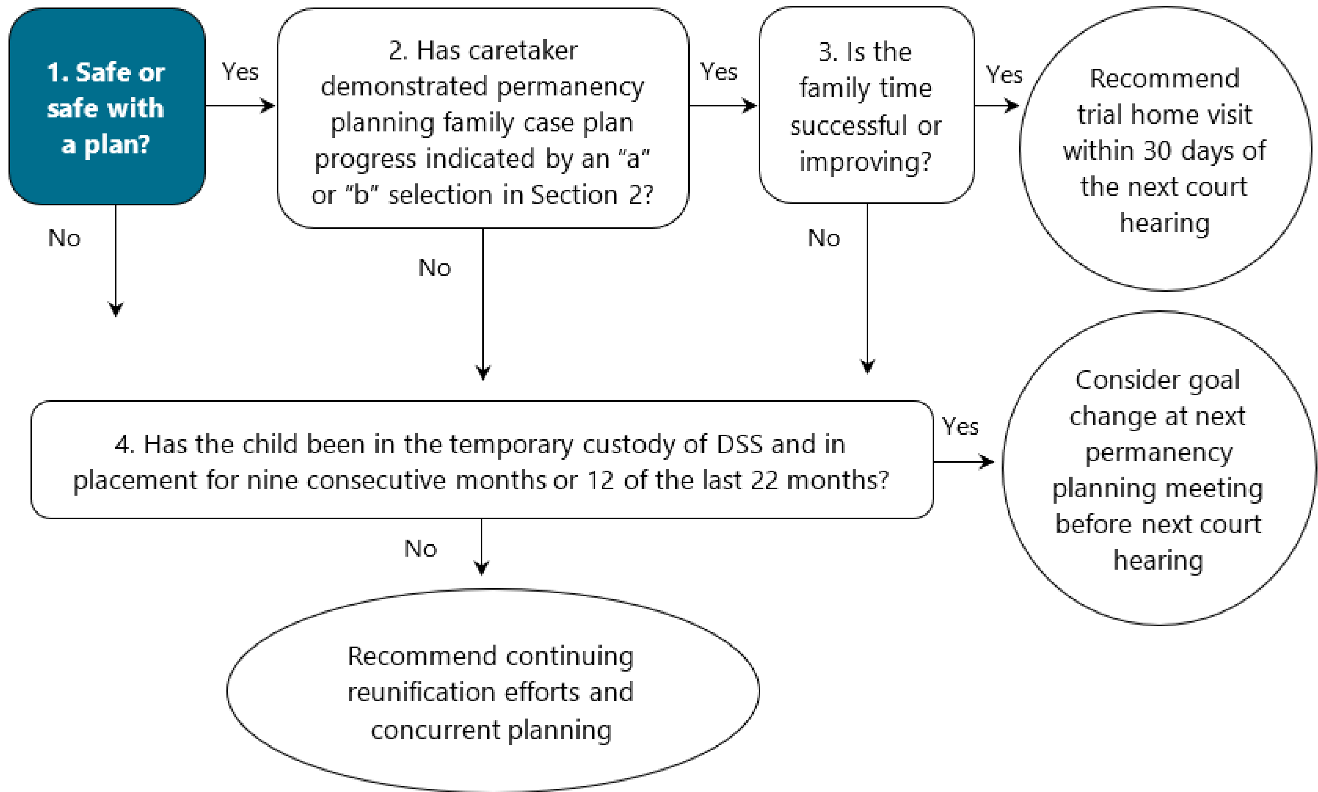
- ○ *No override*
- ○ *Policy override*
- ○ *Discretionary override*: Family time is seen as working well despite assessment in this section. List reason in text box. Supervisor approval is required.
- ○ *Discretionary override*: Family time is seen as **not** working well despite assessment in this section. List reason in text box. Supervisor approval is required.

© 2026 Evident Change

SECTION 4. TRIAL HOME VISIT RECOMMENDATION

Complete Section 4 for **each child** based on the completed sections previous to this one. The output of this process flow is noted in the recommendation section, Part B.

A. Guidelines



1. Safe or safe with a plan?

- If Yes, go to 2.
- If No, go to 4.

2. Has caretaker demonstrated permanency planning family case plan progress indicated by an “a” or “b” selection in Section 2?

- If Yes, go to 3.
- If No, go to 4.

3. Is the family time successful or improving?

- If Yes, recommend trial home visit within 30 days of the next court hearing.
- If No, go to 4.

4. Has the child been in the temporary custody of DSS and in placement for nine consecutive months or 12 of the last 22 months?

- If Yes, consider goal change at next permanency planning meeting before next court hearing.
- If No, recommend continuing reunification efforts and concurrent planning.

© 2026 Evident Change

Recommendation

- O Recommend trial home visit within 30 days of the next court hearing: If the safety decision is b. Safe with a plan, use a safety plan. A blank safety plan can be found in the appendices.
- O Consider goal change at next permanency planning meeting before next court hearing
- O Recommend continuing reunification efforts and concurrent planning

Final Reunification Recommendation Discretionary Override

- O No
- O Yes
  - O DSS is finding compelling reasons to keep the child in out-of-home care; reason noted in text box.
  - O DSS is finding compelling reasons for the child to begin trial home visit; reason noted in text box.

B. Recommendation Summary

CHILD NAME AND ID NUMBER Record recommendation for each child.	**Recommendation – Recommend Trial Home Visit**	**Recommendation – Continue Reunification Efforts and Concurrent Planning**	**Recommendation – Consider Goal Change at Next Permanency Planning Meeting**	**OVERRIDE APPLIED Y/N**	**FINAL PERMANENCY PLAN RECOMMENDATION**
1.					
2.					
3.					
4.					
5.					
6.					

C. Sibling Group

If more than one child was brought into care, do these children have the same or different permanency goals?

- O *Different goals*. These children will be considered individually because reunification of siblings is not in the best interest of at least one child.
- O *Same goals*. The permanency goals for all children will be the same.

If siblings are placed separately, provide justification for continued separation of siblings.

© 2026 Evident Change

IF THE RECOMMENDATION IS TO BEGIN A TRIAL HOME VISIT WITHIN 30 DAYS FOR ANY CHILD, CONTINUE TO SECTION 5: MINIMUM CONTACT FREQUENCY GUIDELINES.

SECTION 5: MINIMUM CONTACT FREQUENCY GUIDELINES

Refer to the minimum contact frequency guidelines outlined in the policy and procedures for this tool. Record the frequency below when the recommendation is to begin trial home visit.

Frequency of face-to-face contacts for this next reporting period: ______________________________

Rationale: ____

SUPERVISOR APPROVAL

Supervisor Name: ____ Date: ________________

STOP HERE. TEN DAYS AFTER THE CHILD HAS BEGUN A TRIAL HOME VISIT, COMPLETE PART 2.

PART 2: PROGRESS TO CASE CLOSURE GUIDE

Complete for each household when you are considering closing a case (e.g., father's home, mother's home) once a child has begun a trial home visit.

Assessment/Reassessment Date: _____________ **Household Assessed:** _____________________

Assessment/Reassessment Number: ○ 1 ○ 2 ○ 3 ○ 4 ○ _________

Primary Caretaker: _________________________ **Secondary Caretaker:** ____________________

Children Assessed: 1. _________________ 2. __________________ 3. ________________ etc.

© 2026 Evident Change

SECTION 1. PROGRESS TO CASE CLOSURE SAFETY ASSESSMENT

When answering the following questions, use the definitions in the appendices for the indicators influencing child vulnerability, danger indicators, and family safety interventions.

A. SAFETY CRITERIA

1. Are any danger indicators identified on the most recent safety assessment still active?

- ○ Yes. Proceed to question 2.
- ○ No. Proceed to question 1a.

1a. Have any new danger indicators been identified since the last assessment?

- ○ Yes. Proceed to question 3.
- ○ No. Proceed to *B. Safety Decision*. Safety decision is "Safe."

2. Are the safety interventions in the current safety plan working to address the danger indicators?

- ○ Yes. Safety interventions on the current safety plan continue to be needed and are working well in addressing the danger indicators; and caretakers are demonstrating protective actions, including using their support network. Proceed to question 2a.
- ○ No. Safety interventions on the current safety plan are not working or are not able to address the danger indicators. Proceed to Part B. Safety decision is "Unsafe." Staff the case for potential petition and removal.

2a. Have any new danger indicators been identified since the last assessment?

- ○ Yes. Proceed to question 3.
- ○ No. Proceed to Part B. Safety decision is "Safe with a plan."

3. Are there safety interventions that can be incorporated into the safety plan to address the new danger indicators?

- ○ Yes. Proceed to Part B. Safety decision is "Safe with a plan."
- ○ No. There are no safety interventions available and appropriate to address danger indicators at this time. Proceed to Part B. Safety decision is "Unsafe." Staff the case for potential petition and removal.

Note: If a brand-new concern is discovered during the permanency case (e.g., a case had been opened for severe neglect, but now physical abuse is being alleged), the caseworker should make a report to intake. If the report is accepted, follow policy to address the concerns with a new assessment. If the report is not accepted, the caseworker is still responsible for addressing the safety concerns.

© 2026 Evident Change

B. SAFETY DECISION

○ a. **Safe.** Any original danger indicators selected on the most recent safety assessment are no longer active, and no additional danger indicators have been identified.

Continue to Section 2 of this assessment.

○ b. **Safe with a plan.** One or more danger indicators from the most recent safety assessment are still active, and/or new danger indicators have been identified. **Specific safety interventions and support network actions are available to address these danger indicators. These will be added to a safety plan.**

Continue to Section 2 of this assessment to document permanency planning family case plan progress. No case closure activities should continue.

○ c. **Unsafe.** One or more danger indicators are present and interventions are not available or possible to ensure child safety in the home. **One or more children will remain in care. Immediately staff with supervisor. Stop this guide here. No case closure activities should continue.**

SECTION 2. PERMANENCY PLANNING FAMILY CASE PLAN PROGRESS

This covers the caretaker's progress with permanency planning family case plan goals (behavior change, not service compliance) since the last assessment or reassessment.

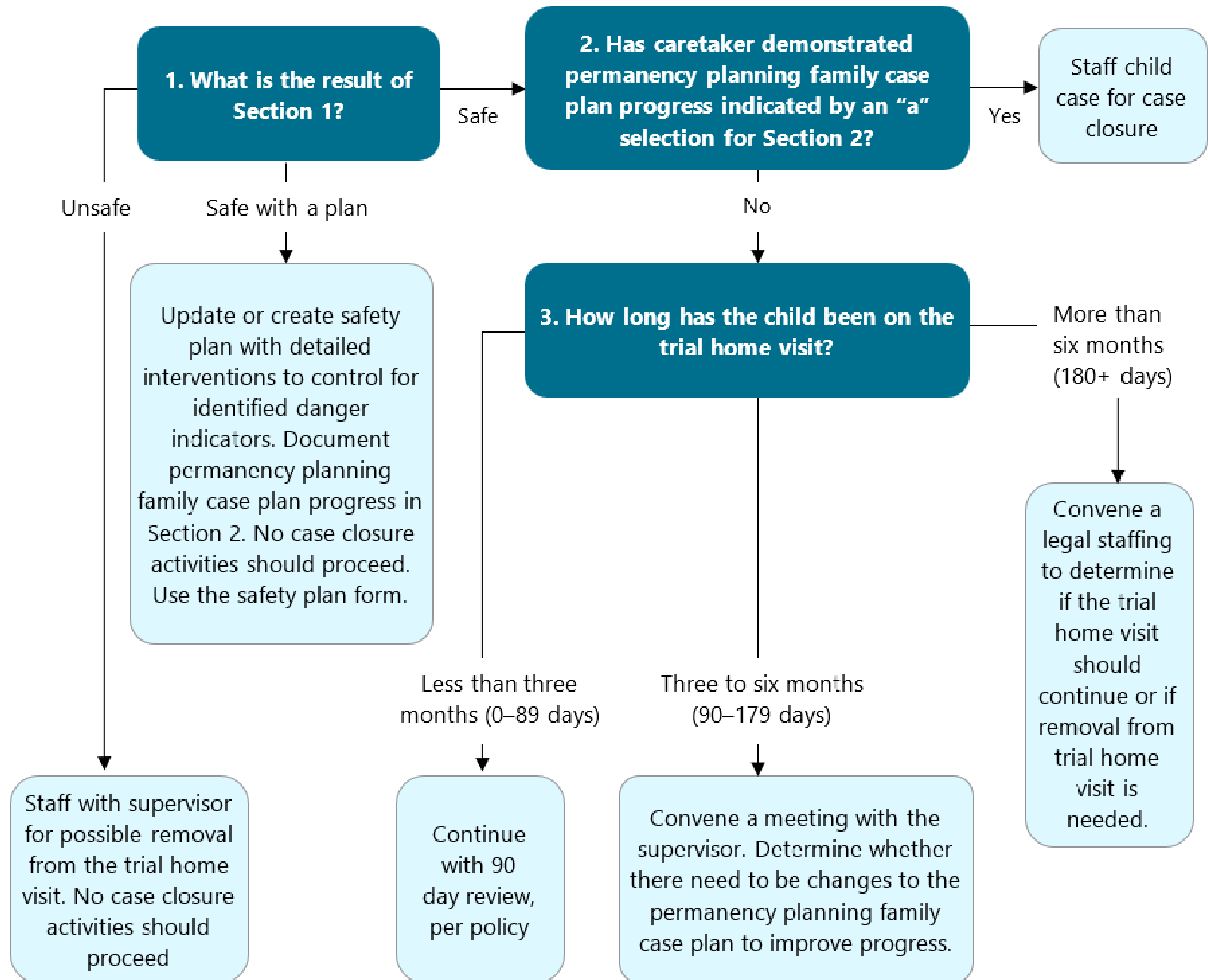
Rate each caretaker's progress with behavior change.

PRIMARY	SECONDARY	ANSWERS
○	○	a. Frequently demonstrates behavior change consistent with permanency planning family case plan.
○	○	b. Sometimes demonstrates behavior change consistent with permanency planning family case plan.
○	○	c. Rarely to never demonstrates behavior change consistent with permanency planning family case plan.

© 2026 Evident Change

SECTION 3. CASE CLOSURE RECOMMENDATION

This decision tree is designed to help create consistent case closure recommendations. Use information from Sections 1 and 2 to complete this.



1. What is the result of Section 1?

- If Unsafe, staff with supervisor for possible removal from the trial home visit. No case closure activities should proceed
- If Safe With Plan, update or create safety plan with detailed interventions to control for identified danger indicators. Document permanency planning family case plan progress in Section 2. No case closure activities should proceed. Use the safety plan form.
- If Safe, go to 2.

2. Has caretaker demonstrated permanency planning family case plan progress indicated by an "a" selection for Section 2?

- If Yes, staff child case for case closure.

© 2026 Evident Change

- If No, go to 3.

3. How long has the child been on the trial home visit?

- If less than three months (0–89 days), continue with 90 day review, per policy.
- If three to six months (90–179 days), convene a meeting with the supervisor. Determine whether there need to be changes to the permanency planning family case plan to improve progress.
- If more than six months (180+ days), convene a legal staffing to determine if the trial home visit should continue or if removal from trial home visit is needed.

DISCRETIONARY OVERRIDE

○ No.

○ Yes. Case closure. Provide reason in box.

○ Yes. Continue services. Provide reason in box.

OVERRIDE REASON

SUPERVISOR APPROVAL

Supervisor Name: ______________________________ Date: ______________

© 2026 Evident Change

SDM REUNIFICATION ASSESSMENT DEFINITIONS

PART 1: TRIAL HOME VISIT

SECTION 1. REUNIFICATION SAFETY ASSESSMENT

Every reunification assessment begins with a safety assessment on the household to which the child may be returned. Assess the reunification household for each danger indicator; select items as if the child were to be reunified immediately.

A recommendation for a trial home visit[1] can be made for a child if a danger indicator is selected; this requires an approved behavior-based safety plan to ensure the child's safety. This plan must include at least one person from the family's network (other than county child welfare staff) who could not have caused the harm. Supervisor approval is required.

Prior to assessing current safety, the caseworker should review the safety assessment that led to removal and any subsequent safety assessment.

When answering the following questions, use the danger indicator and family safety intervention definitions in the appendices.

A. Danger Indicators

If the child were to be returned tomorrow, based on the fact pattern and caretaker engagement and behavior since the removal, would any danger indicators be active on return?

[1] A trial home visit is intended to be a short-term arrangement to prepare for the child's permanent return home. For example, this applies when the child returns to the removal parent as a physical placement while DSS retains legal authority. This term should not be used for short-term visits (such as weekend visits) when the known intention is for the child to return to their previous placement. The term "trial home visit" aligns with federal language in 8.3C.5 Title IV-E from the ACF.

© 2026 Evident Change

1. Would any danger indicators identified on an earlier safety assessment still be present if the child began a trial home visit?

No

Identify whether the danger indicators identified previously have been addressed. Review the original safety assessment, list the initial danger indicators, and describe how they were addressed.

Yes

If not addressed, describe the current caretaker behaviors that pose an imminent danger of serious harm to the child.

1a. If yes, are there safety interventions that can and will be incorporated into a safety plan to address these dangers?

No

No safety interventions are available and appropriate to address any identified danger indicators.

Yes

List what DSS and the family can do to address the danger indicators. Identify the actions to be taken and integrate them into a permanency planning family case plan or a safety plan.

2. Have any new danger indicators been identified since the last assessment, or are there any other conditions in the household that would present an imminent danger of serious harm if the child were to begin a trial home visit?

No

No new danger indicators have emerged during this review period.

Yes

New danger indicators have been identified since the last assessment.

© 2026 Evident Change

2a. If yes, are there safety interventions that can and will be incorporated into a safety plan to address these danger indicators?

No

Based on the kinds of danger indicators selected and the family's willingness and ability to respond, there are no safety interventions the family and their network can take that will keep the child safe.

Yes

One or more safety interventions and network members are available that can address the newly identified danger indicators. These will be incorporated into the permanency planning family case plan or into a safety plan.

B. Safety Decision

a. Safe

No danger indicators are present, as indicated by a "no" answer to questions 1 and 2 in Section 1. Continue to Section 2.

b. Safe with a plan

One or more danger indicators are present, as indicated by a "yes" answer to either question 1a and/or 2a in Section 1. Specific safety interventions and support network actions are available to address these danger indicators. These will be added to a safety plan.

c. Unsafe

One or more danger indicators are present, as indicated by a "no" answer to either question 1a and/or 2a in Section 1. No interventions can be put in place to address danger indicators.

SECTION 2. PERMANENCY PLANNING FAMILY CASE PLAN PROGRESS

This covers the caretaker's progress with permanency planning family case plan goals (behavior change, not service compliance) since the last assessment or reassessment.

© 2026 Evident Change

Answer based on the caretaker demonstrating the least progress.

Permanency planning family case plan progress refers to the caretaker’s progress with the permanency planning family case plan related to behavior change. If there are two caretakers, rate the progress for each. If there is no secondary caretaker, rate only the primary caretaker.

Rate each caretaker’s progress with behavior change.

a. Frequently demonstrates behavior change consistent with permanency planning family case plan.

- Caretaker is regularly demonstrating behavioral changes identified in the permanency planning family case plan and is able to create long-term safety for children in the household.

AND

- Caretaker is actively engaged in activities to maintain the outcomes.

b. Sometimes demonstrates behavior change consistent with permanency planning family case plan.

- Caretaker is engaged and sometimes demonstrates behavioral changes consistent with the permanency planning family case plan.

AND

- Caretaker is trying but is not yet regularly demonstrating the behaviors necessary to create long-term safety for children in all areas.

c. Rarely to never demonstrates behavior change consistent with permanency planning family case plan.

- Caretaker shows minimal to no behavioral change consistent with permanency planning family case plan outcomes, has made little progress toward changing their behavior, and is not actively engaged in achieving the outcomes.

AND

- Caretaker’s behavior continues to make it difficult to create safety or may contribute to imminent danger of serious harm.

© 2026 Evident Change

SECTION 3. FAMILY TIME ASSESSMENT

Assess the caretaker's success with the planned frequency of family time with each child in care, as well as the quality of family time. Base your assessment on direct observation whenever possible, supplemented by observation of the child, reports by foster parents or alternative caretakers, etc. Focus on interactions during the period under review (since removal or last assessment).

Have Rylan's Law visits taken place?

Rylan's Law visits must take place before the child can be placed on trial home visit. These visits must occur in the removal home, where the child will reside during the prospective trial home visit.

1. Caretaker's efforts to maintain consistent family time with the child.

For the purposes of the reunification assessment, family time refers to scheduled face to face contact between caretaker and children.

a. Consistently follows family time plan

Family time is scheduled to occur at a time and place accessible to the caretaker. The caretaker consistently attends scheduled family time. Examples include but are not limited to the following.

- The caretaker demonstrates commitment to family time by consistently attending scheduled family time for the full time available.
- There are few or no missed or rescheduled family time sessions due to caretaker action. If the caretaker must miss a family time session, it is rescheduled or canceled in advance. The caretaker demonstrates an understanding of potential impact on the child. If family time has been missed, consider frequency, proximity to other missed or maintained family time sessions, and caretaker's actions to mitigate impact of missed family time on the child.
- Caretaker demonstrates commitment to maintaining and/or improving relationship with the child through other allowed communication (e.g., phone, virtual family time, text, social media, letters, cards).
- Caretaker shows a commitment to engage in responsibilities of parenthood and actively participates in more ways to be involved in the child's life, such as attending school events or medical appointments. Not considered family time.
- Caretaker uses additional family time opportunities when provided and when they are able.

© 2026 Evident Change

b. Inconsistently follows family time plan

The caretaker frequently misses family time to the extent that it impacts their relationship with the child. Caretaker misses more than half of the scheduled family time sessions. Examples of impact on the child and the caretaker's relationship with them include but are not limited to the following.

- Child may express belief that the caretaker will not show up for or will cancel family time.
- Child may express anger, resentment, indifference, and/or sadness due to a pattern of missed family time.
- Caretaker has been inconsistent in accepting family time, even when provided with times that accommodate their schedules and resource limitations (e.g., bus, taxi, gas card).

c. Does not follow or is prohibited from following family time plan

Caretaker does not follow family time plan.

The caretaker does not engage in establishing family time with the child or in attending scheduled family time. Examples include but are not limited to the following.

- The caretaker does not respond to multiple attempts to engage in setting up scheduled family time.
- The caretaker regularly schedules family time but does not attend.
- The caretaker has not attended any family time sessions or has only attended one or two.

Caretaker is prohibited from family time.

There is a court order prohibiting the caretaker from attending family time. Family time has been suspended or restricted due to caretaker behavior.

Child does not want to participate in family time.

The child has expressed they do not want to attend family time, and the court has ruled that the child has discretion to choose if they want to attend family time.

2. Caretaker's behavior during family time with the child.

When assessing caretaker behavior during supervised family time and evaluating the bond between child and caretaker and safe boundary-setting abilities, consider the family's values; the setting; the time

© 2026 Evident Change

of day; the child's individual needs, energy, development, and emotions; and the limited time the caretaker and child have together. Consider the range of response to all child behavior.

a. Positive interactions

Previously identified danger indicators are not present during family time. The caretaker is consistently protective of the child and can anticipate and respond to the child's individual needs. Examples of caretaker behavior may include but are not limited to the following.

- Anticipates and meets the child's basic needs during family time.
- Demonstrates boundary setting and discipline strategies that are developmentally appropriate for the child. If more than one child, demonstrates the ability to balance time for the needs of all children within the family.
- Demonstrates ability to build the child's social and emotional competency. Engages with the child in developmentally appropriate activities and discussions, which may include playing, reading, talking, snuggling, putting child down for a nap, and/or eating.
- Responds to the child's cues and needs in an engaging, supportive manner that builds trust with the child; shows the ability to co-regulate with the child. Consider the caretaker's verbal and nonverbal responses to the child.

b. Showing improvement

Shows improvement and demonstrates actions outlined in the Family Time Worksheet.

The caretaker demonstrates improved behavior within the range of healthy caretaking responses. Caretaker may demonstrate some understanding of child development but needs improvement in anticipating and/or responding to the child's basic needs. Examples may include but are not limited to the following.

- Shows improvement in anticipating and meeting the child's basic needs during family time.
- Recognizes a need to set limits but requires assistance in establishing developmentally appropriate boundaries and enforcing them in developmentally appropriate ways.
- Needs occasional guidance and support from the caseworker to focus on and actively engage with the child during contact.
- Needs and accepts occasional guidance in providing an appropriate response to child's behaviors, cues, and physical and emotional needs.
- Shows improvement in responding to the child's cues and needs in an engaging, supportive manner that builds trust with the child; shows the ability to co-regulate with the child most of the time. Consider caretaker's verbal and nonverbal responses to the child.

© 2026 Evident Change

c. Unhealthy or harmful interactions

The caretaker's behavior mostly falls outside the range of safe caretaking responses. Caretaker lacks significant understanding or has little to no understanding of child development and limited interest in or ability to change caretaking behavior or activities. Examples may include but are not limited to the following.

- Lacks significant understanding of or has a complete inability to respond appropriately to the child's cues and behaviors in a nurturing, supportive, and developmentally appropriate way.
- Does not recognize a need to set boundaries and engages in discipline that is developmentally inappropriate or harmful. Child expresses credible fear of the caretaker.
- May also display concerning or harmful behavior toward the child, self, or others during family time. Concerning or harmful behavior occurs during family time or may have been one or more extreme incidents.
- Lacks willingness to change caretaking behavior to address unsafe behaviors and does not accept guidance in providing an appropriate response to the child's behaviors, cues, or physical and emotional needs.
- Is attending family time affected by substances.
- Is disengaged during family time. Examples include being engaged in a phone call or discussion with another adult to the extent that child is not attended to or involved, sleeping when child is awake, or spending the majority of the family time away from the child.

Not applicable (N/A)

There has not been any family time during this review period. Select this only if the child and caretaker have not had any family time since the last reunification assessment.

3. Summarize the family's consistency and behavior during family time.

Use the table to determine if family time can be assessed as successful or improving.

Family Time Override

No override

No override is selected.

© 2026 Evident Change

Policy override

Family time is supervised because of concerns about the child's safety. Family time is not seen as working well at this time.

Discretionary override

Family time is seen as working well despite assessment in this section. List reason in text box. Supervisor approval is required.

Discretionary override

Family time is seen as **not** working well despite assessment in this section. List reason in text box. Supervisor approval is required.

SECTION 4. TRIAL HOME VISIT RECOMMENDATION

A. Guidelines

Recommendation

Recommend trial home visit within 30 days of the next court hearing

The child is eligible to be placed with the household being assessed, based on the reunification assessment results. Take appropriate action to place the child with the caretaker, upon court approval, **unless conditions change that affect this assessment.**

Consider goal change at next permanency planning meeting before next court hearing

Recommend changing primary legal goal to something other than reunification (e.g., adoption, guardianship, other planned living arrangement) as indicated by the outcome of the permanency planning meeting and consistent with policy and practice guidance.

© 2026 Evident Change

Recommend continuing reunification efforts and concurrent planning

The child must stay in out of home care, and reunification efforts with the household under assessment must continue. Establish or continue concurrent planning, consistent with practice guidance.

Final Reunification Recommendation Discretionary Override

Unique considerations warrant an alternative decision. Indicate "yes" when the caseworker is overriding the recommendation guided by the assessment for each child. Examples of discretionary override reasons may include but are not limited to the following.

- Special considerations related to the child's vulnerabilities require specialized knowledge or expertise to address, AND the child's unique needs cannot be met by the caretakers at this time despite agency efforts.
- There is a lack of access to crucial services and resources (e.g., housing).

Note: Supervisor approval is required.

B. Recommendation Summary

The SDM recommendation summary is designed to record caseworker decisions. In addition to using the SDM reunification assessment, the caseworker should consider all relevant statutes and agency policies and should consult with their supervisor.

For each child being assessed, record the final recommendation.

C. Sibling Group

This section applies only if more than one child was brought into care.

Select "Different goals" if siblings will be assessed individually because reunification of siblings is not in the best interest of at least one child.

Select "Same goals" if all siblings have the same goals and will be considered as a group.

Regardless of selection, if siblings are placed separately, document justification for continued separation of siblings.

© 2026 Evident Change

SECTION 5: MINIMUM CONTACT FREQUENCY GUIDELINES

When the recommendation is to begin trial home visit, determine minimum contact frequency through supervision.

The minimum standard for contact frequency at the start of a trial home visit should be:

- Two face to face contacts per month with the **caretaker**; and
- Two face to face contacts per month with the child, with at least one of those visits being in the caretaker's residence.

Additionally, a minimum of two collateral contacts per month are required during a trial home visit.

Consider additional contacts during the trial home visit based on factors such as the following.

- Child vulnerability
- Child visibility in the community
- Caretaker participation and use of support networks
- Caretaker participation and use of formal and informal services
- Caretaker progress on the permanency planning family case plan
- Quality and quantity of family time

In this section, document planned frequency of face-to-face contacts for this next reporting period and describe rationale for that decision.

PART 2: PROGRESS TO CASE CLOSURE GUIDE

SECTION 1. PROGRESS TO CASE CLOSURE SAFETY ASSESSMENT

A. SAFETY CRITERIA

When answering the following questions, use the danger indicator and family safety intervention definitions in appendices B and C.

1. Are any danger indicators identified on the most recent safety assessment still active?

Yes

At least one danger indicator identified on the most recent safety assessment is still present.

© 2026 Evident Change

No

None of the danger indicators identified on the most recent safety assessment are still present, OR no danger indicators were identified on the most recent safety assessment.

1a. Have any new danger indicators been identified since the last assessment?

Review the most recent safety assessment, identifying the danger indicators on that assessment. Have any new dangers been identified since that time?

Yes

New danger indicators have been identified since the last assessment.

No

No new danger indicators have been identified since the last assessment.

2. Are the safety interventions in the current safety plan working to address the danger indicators?

Yes

Safety interventions on the current safety plan continue to work well in addressing the danger indicators; and caretakers are demonstrating protective actions, including using their support network.

No

Safety interventions on the current safety plan are not working or are not able to address the danger indicators.

2a. Have any new danger indicators been identified since the last assessment?

Review the most recent safety assessment, identifying the danger indicators on that assessment. Have any new dangers been identified since that time?

© 2026 Evident Change

Yes

New danger indicators have been identified since the last assessment.

No

No new danger indicators have been identified since the last assessment.

3. Are there safety interventions that can be incorporated into the safety plan to address the new danger indicators?

Yes

At least one safety intervention is available, and at least one network member has capacity to participate in the safety plan, which will address the newly identified danger indicators. The safety interventions will be incorporated into a safety plan.

No

Based on the kinds of danger indicators selected and the family and support network's willingness and ability to respond, there are no safety interventions the family and their network can use that will keep the child safe.

Note: If a brand new concern is discovered during permanency (e.g., a case had been opened for severe neglect, but now physical abuse is being alleged), the caseworker should make a report to intake. If the report is accepted, follow policy to address the concerns with a new assessment. If the report is not accepted, this does not alleviate the caseworker's responsibility to address the safety concerns.

B. SAFETY DECISION

a. Safe

Any danger indicators selected on the most recent safety assessment are no longer active, and no additional danger indicators have been identified.

Continue to Section 2.

© 2026 Evident Change

b. Safe with a plan

One or more danger indicators from the most recent safety assessment are still active, and/or new danger indicators have been identified. Specific safety interventions and support network actions are available, however, to address these danger indicators. These will be added to a safety plan. A blank safety plan can be found in the appendices.

Staff with supervisor. If safety plan is already in place, review it and determine whether it needs to be updated. If a safety plan is not in place, create one with the family.

Continue to Section 2 of this assessment. **Case cannot be closed at this time.**

c. Unsafe

One or more danger indicators are present, and interventions are not available or are not possible to ensure child will be safe if they are returned to the home.

One or more children will remain in care. Stop here. Case cannot be closed at this time. Immediately staff with supervisor and consider staffing with legal counsel.

SECTION 2. PERMANENCY PLANNING FAMILY CASE PLAN PROGRESS

This covers the caretaker's progress with permanency planning family case plan goals (behavior change, not service compliance) since the last assessment or reassessment.

Answer based on the caretaker demonstrating the least progress.

"Permanency planning family case plan goals" refers to the caretaker's progress with the permanency planning family case plan related to behavior change. If there are two caretakers, rate the progress for each. If there is no secondary caretaker, rate only the primary caretaker.

Rate each caretaker's progress with behavior change.

a. Frequently demonstrates behavior change consistent with permanency planning family case plan.

- Caretaker is regularly demonstrating behavioral changes identified in the permanency planning family case plan and is able to create long-term safety for children in the household.

AND

- Caretaker is actively engaged in activities to maintain the outcomes.

© 2026 Evident Change

b. Sometimes demonstrates behavior change consistent with permanency planning family case plan.

- Caretaker is engaged and sometimes demonstrates behavioral changes consistent with the permanency planning family case plan.

AND

- Caretaker is trying but is not yet regularly demonstrating the behaviors necessary to create long-term safety for children in all areas.

c. Rarely to never demonstrates behavior change consistent with permanency planning family case plan.

- Caretaker shows minimal to no behavioral change consistent with permanency planning family case plan outcomes, has made little to no progress toward changing their behavior, and is not actively engaged in achieving the outcomes.

AND

- Caretaker's behavior continues to make it difficult to create safety or may contribute to imminent danger of serious harm.

SECTION 3. CASE CLOSURE RECOMMENDATION

RECOMMENDATION

Staff child case for case closure

The case is eligible to be closed according to the progress to case closure guide results. Take appropriate action to close the case unless conditions for an override exist.

Convene a legal staffing to determine if the trial home visit should continue or if removal from trial home visit is needed.

Meet with supervisor and local legal staff. Discuss whether the trial home visit continues to be the right decision and consider whether a removal may be needed.

© 2026 Evident Change

Convene a meeting with the supervisor. Determine whether there need to be changes to the permanency planning family case plan to improve progress.

Meet with supervisor. Discuss whether changes are needed to the permanency planning family case plan to improve progress.

Continue with 90 day review, per policy.

The child must continue to receive services, and the 90 day review should proceed per state policy. Case closure efforts with the household under assessment must continue, based on the progress to case closure guide results.

Update or create safety plan with detailed interventions to control for identified danger indicators. Document permanency planning family case plan progress in Section 2. No case closure activities should proceed.

The safety decision is "safe with a plan," and a safety plan must be updated or developed with detailed interventions to control for identified dangers. Complete this guide, but do not continue case closure activities.

Staff for possible removal with supervisor. No case closure activities should proceed.

The safety decision is "unsafe," and the case must be staffed for removal with a supervisor. Case closure activities should not continue.

DISCRETIONARY OVERRIDE

No

No override is selected.

Yes. Case closure.

DSS is finding compelling reasons to close the case; note reason in text box. Supervisor approval is required.

© 2026 Evident Change

Yes. Continue services.

DSS is finding compelling reasons to keep the case open; note reason in text box. Supervisor approval is required.

© 2026 Evident Change

SDM REUNIFICATION ASSESSMENT PROCEDURES

PURPOSE

Part 1 of the reunification assessment helps assess whether children in care who have a goal of reunification should:

- Begin a trial home visit to the removal household or another household with a legal right to care;
- Be maintained in care while reunification services continue; or
- Transition to a concurrent goal for permanency.

Once a child has begun a trial home visit, Part 2 of this assessment helps guide the decision to continue to provide services or to close the case.

The components of the reunification assessment evaluate safety, caretaker's permanency planning family case plan progress indicated by behavioral change, and engagement with the child. The results are used to reach a recommendation and to guide decisions about whether to reunify a child. This assessment or reassessment is to be used only with households being considered for reunification. This is *not* to be used to assess potential kinship placements or other potential permanent placements.

WHICH FAMILIES

All families in which at least one child is placed in out of home care with a goal of reunification. If removal caretakers live in separate households and/or have separate permanency planning family case plans for reunification, complete a separate reunification assessment for each caretaker.

If the caretaker you are considering for reunification was not involved and did not live in the home where the abuse, neglect, or dependency occurred and led to the removal, do not complete the reunification assessment on that caretaker. Use a three column map, your professional judgment, and supervisor consultation to help determine appropriateness of that placement.

The reunification assessment no longer applies once:

- Caretaker(s) voluntarily relinquish parental rights; or
- Termination of parental rights has been granted; or
- The court has relieved the agency of continued reunification efforts and/or the court has ordered reunification to be removed as a primary or secondary plan; or
- The child has reached the age of 18.

© 2026 Evident Change

Complete this assessment on each child in a sibling group.

WHO

The caseworker assigned to the case. That caseworker should complete this with consideration of collateral information.

Considering ongoing information from individuals who supervise family time, service providers, the children and caretakers, members of the family's network, other DSS caseworkers, other key partners in the case, and the DSS supervisor.

WHEN

Staff may complete an initial or updated reunification assessment more often than the following description if there are new circumstances or new information that would affect safety status (e.g., a new caretaker either joins or leaves a home).

Part 1 of the reunification assessment is required for all families with at least one child in out-of-home care with a goal of reunification. The first assessment should be completed within 60 days of removal of the child from the home, prior to the first permanency planning review.

- If the outcome from Part 1 of the reunification assessment is to proceed with a trial home visit (and the court approves the recommendation), proceed with the following timeframes based on the reunification safety decision (reunification assessment, Part 1, Section 1).
  - Safe: Complete Part 2 of the reunification assessment 10 days after the trial home visit has begun.
  - Safe with a plan:
    - Face-to-face contact with the child must occur within seven days after the trial home visit begins. (Caseworkers must review the safety plan at this visit.)
    - Complete Part 2 of the reunification assessment (the progress to case closure guide) after the seven-day visit but within 10 days of the trial home visit beginning. Information from the seven-day visit should inform the completion of Part 2 of the assessment.

After the initial completion of Part 1 (which should be completed within 60 days of removal from the home), caseworkers must complete Part 1 every 90 days, prior to the permanency planning review, until either the child begins a trial home visit or the court ceases reunification efforts.

Part 2 (the progress to case closure guide) must be completed for all families where at least one child is on a trial home visit. The first assessment should be completed 10 days after the trial home visit has begun. Information from the seven-day visit should inform completion of Part 2.

An update to Part 2 should occur every 30 days until the case is closed.

© 2026 Evident Change

DECISIONS

Results from Part 1 of the assessment provide a presumptive recommendation for each child: begin trial home visit, maintain current plan (reunification), or transition to a concurrent goal for permanency. Results from Part 2 guide a decision to continue to provide services or to close a case.

Note: When the decision is to begin a trial home visit, network interventions and family services should continue for a period of time after reunification.

© 2026 Evident Change

SDM REUNIFICATION ASSESSMENT COMPLETION INSTRUCTIONS

Consistent with the reunification procedures, the reunification assessment tool is completed for each appropriate removal maltreating household. This requires separate home visits or meetings with each household being assessed for reunification.

The permanency planning family case plan is developed with the family within 30 days of the child coming into care so that the family understands what behavioral changes are expected. **The reunification assessment should be introduced to the family at the same meeting after creating the permanency planning family case plan together.** Explain the tool and its sections in plain language so that family members understand exactly what will be used to assess reunification potential and the goals that the family, agency, and network agreed upon.

The reunification assessment tool should be completed by the caseworker. At the permanency planning review, the caseworker should discuss the completed tool with the family and network to ensure understanding of the logic that led to the recommendations. The case plan and reunification assessment should inform the permanency planning review.

Cover the following with the family.

- Explain that the work you will be doing together is to consider if and when a trial home visit can begin. Make sure to make the connection between that determination about the trial home visit and completing tasks for the permanency planning family case plan.
- Provide information on the reunification safety assessment. Explain that as soon as danger indicators can be addressed and caretakers can demonstrate actions of protection, the decision about a trial home visit will be able to progress. Caretakers must demonstrate that the danger indicators that led to removal have either been addressed or can be controlled by a safety plan involving their network and supports available to them.
- Remind them of the goals in the permanency planning family case plan and discuss with the family their and your perceptions of the progress of the permanency planning family case plan.
- Explain that both the consistency and quality of their family time with the child will be considered, and they must demonstrate engagement by attending planned face to face family time and demonstrating productive behavior during contact.

Once that trial home visit begins, similar areas will be assessed to determine if and when the case can close, including a safety assessment and an assessment of permanency planning family case plan progress.

© 2026 Evident Change

PART 1: TRIAL HOME VISIT

Complete Part 1 of the assessment for each child participating in reunification services where that child is eligible to begin a trial home visit, using the definitions and instructions.

SECTION 1. REUNIFICATION SAFETY ASSESSMENT

Complete a reunification safety assessment. Review the danger indicators at the time of the child's removal and how they are being and/or have been addressed. Indicate whether new danger indicators have arisen and how they are being addressed.

Note: If any child is expressing credible fear of returning home, consider whether a new danger indicator is present. Determine what the child would need to feel safe and then incorporate that into the safety plan action steps.

A. Danger Indicators

Answer questions in this section based on current information. *The caseworker must review the completed safety assessments, including the safety assessment that was completed at the time of the child's removal,* to ensure that all conditions that resulted in the removal are no longer present.

B. Safety Decision

a. *Safe*. No danger indicators are present, as indicated by a "no." The child can be recommended for reunification.
b. *Safe with a plan*. One or more danger indicators are present, as indicated by a "yes" in Section 1; *and* interventions are available, documented, and appropriate to address danger indicators. The child may be recommended for reunification with a safety plan in place.
c. *Unsafe*. One or more danger indicators are present, as indicated by a "yes" in Section 1; and no interventions can be put in place to address danger indicators. The child will remain in care. Family reunification must *not* be recommended when a home is deemed unsafe.

Supervisor approval is required when reunification with a safety plan is taking place.

If any danger indicators are present that can be addressed with a safety plan containing protective interventions, ensure that the safety plan meets the following requirements.

- Specific safety interventions and support network actions are available to address these danger indicators.
- The safety plan must include at least one safe adult. This adult cannot be the perpetrator.
- The safety plan should be reviewed at least every 14 days, sooner if needed.

© 2026 Evident Change

- The responsibility of providing for the child's safety should be transferred back to the caretaker, replacing formal and agency provided supports with the family's informal supports as the caretaker's ability is developed or better understood.
- Each safety plan should be feasible and effective, meaning that the caseworker is confident that it will be completed as planned and that it will successfully provide for the child's safety.
- Each safety plan should also employ the skills of the caretaker and family, including any children who are able to participate.
- The safety plan should be focused on immediate actions that will be taken by the family and their support network to create an environment of safety and should not be a list of services. Only services that can help provide immediate safety for the child should be included.

Note: The safety plan details will be documented on the safety plan (permanency planning). The safety plan must be completed *with* the family and their network. A copy should be left with the family and with any network members participating in the plan. The plan must be signed by everyone involved in the safety plan to indicate that they understand and agree to their roles and responsibilities in implementing the plan.

Safety Plan Review

Each safety plan should be reviewed with the family and their safety network on or near the review date to ensure the plan is still working. Any modification to the existing plan or any new plan must be reviewed and discussed with the family. The caseworker should leave a copy of any new plan with the family and any network participants and set a subsequent review date. Safety plan reviews should be conducted during a home visit.

SECTION 2. PERMANENCY PLANNING FAMILY CASE PLAN PROGRESS

Rate each caretaker's progress with permanency planning family case plan goals (progress with behavior change and use of support networks) since the last assessment or reassessment. Answer based on the caretaker demonstrating the least progress. If there are two caretakers, rate the progress for each; if there is no secondary caretaker, rate only the primary caretaker.

SECTION 3. FAMILY TIME ASSESSMENT

For each child, indicate the level at which the caretaker has participated in the family time plan and the quality of nurturing and caretaking demonstrated during family time. Consult with any others supervising family time, and review all completed family time documentation completed prior to completing this section. This assessment and any related tools used with the family do not replace the requirement to document family time in the information management system.

© 2026 Evident Change

When completing this portion of the assessment, remember to focus on how caretaker behavior impacts the child and how it is related to identified danger indicators. Always consider the child's perspective in making your assessment.

Reunification can be considered only when the family time assessment has a **successful or improving** rating. If there is more than one caretaker in a household, the assessment will be completed on the caretaker with the lowest rating.

SECTION 4. TRIAL HOME VISIT RECOMMENDATION

A. Guidelines

The process flow is used to establish a presumptive recommendation to have a trial home visit, to continue reunification efforts and concurrent planning, or to consider a goal change at the next permanency planning meeting. Follow the process flow to conclusion.

B. Recommendation Summary

Indicate "Y" in the Override Applied column if an override will be used to change the reunification recommendation for any child. In the next column, indicate the final permanency plan recommendation (begin trial home visit within 30 days, maintain reunification as primary legal goal, convene a permanency planning meeting and pursue concurrent goal).

A supervisor's approval is required for all reunification assessments and reassessments and when a discretionary override has been applied.

C. Sibling Group

If more than one child was brought into care, indicate whether they have the same or different permanency goals. If siblings are placed separately, provide justification for continued separation of siblings.

Supervisor approval is required at the end of this part of the assessment.

PART 2: PROGRESS TO CASE CLOSURE GUIDE

Complete Part 2 of the assessment for each child when that child has begun a trial home visit.

Part 2 of the reunification assessment must still be completed when a trial home visit disrupts. This ensures the assessment captures the final safety decision.

© 2026 Evident Change

SECTION 1. PROGRESS TO CASE CLOSURE SAFETY ASSESSMENT

Review the danger indicators from earlier assessments and how they are being or have been addressed. Indicate whether new danger indicators have arisen and how they are being addressed.

SECTION 2. PERMANENCY PLANNING FAMILY CASE PLAN PROGRESS

Rate each caretaker's progress with permanency planning family case plan goals (progress with behavior change and use of support networks) since the last assessment or reassessment. Answer based on the caretaker demonstrating the least progress. If there are two caretakers, rate the progress for each; if there is no secondary caretaker, rate only the primary caretaker.

SECTION 3. CASE CLOSURE RECOMMENDATION

The process flow is used to establish a presumptive recommendation for case closure. Follow the process flow to conclusion.

Discretionary Override

A discretionary override is used whenever information indicates that the progress to case closure guide does not accurately portray the family's progress. If a discretionary override applies, select "yes," indicate the reason, and select the final decision. Discretionary overrides require supervisory approval. A discretionary override cannot be used to close a case if the safety decision was "safe with a plan" or "unsafe."

Supervisor approval is required at the end of this part of the assessment.

© 2026 Evident Change

SAFETY PLAN (PERMANENCY PLANNING) COMPLETION INSTRUCTIONS

Purpose: A safety plan is an intervention that parents or caretakers can use to protect their child when an active danger indicator(s) is identified. The parent or caretaker uses the safety plan to keep their child safe.

The permanency planning safety plan will be utilized if the reunification assessment is completed and the recommended outcome is to begin a trial home visit AND the safety decision is safe with a plan.

In order for the safety decision to be safe with a plan, there must be an active danger indicator(s) AND the worker and family have identified family safety interventions that can be used within a plan to mitigate the active danger to the child(ren).

WHAT HARM HAS OCCURRED?

In this section, the caseworker will document the number associated with the active danger indicator(s) selected on the reunification assessment and the evidence that supports that selection. This documentation must make clear what information supported the selection of a "yes" answer within the reunification assessment Part 1 Section 1 OR Part 2 Section 1.

The answer to this question may include the original danger indicator that led to the child being removed from the home and ongoing child welfare involvement AND/OR a new danger indicator that was found while the child was placed outside of their home.

Note: Danger indicators are behaviors or conditions that may be associated with a child being in imminent danger of serious harm. When reviewing danger indicators during permanency planning, the caseworker should look through the following lens: If the child were to be returned home immediately, would the child be in imminent danger of serious harm? If it is identified that a new behavior or condition is occurring within the removal home and it *could* pose danger to a child if returned home immediately, the caseworker should describe the behavior or condition in clear and simple harm statements.

WHO HAS AGREED TO BE PART OF THIS SAFETY PLAN? (THIS MUST INCLUDE CHILD'S CARETAKER.)

The caseworker should list all family and network members involved in the permanency planning safety plan. Include their phone numbers and email addresses for contact as needed by all participants. The safety plan must include the child's caretaker.

© 2026 Evident Change

BASED ON THE HARM STATEMENT, WHAT IS THE AGENCY AND/OR THE FAMILY WORRIED WILL HAPPEN TO THE CHILD'S SAFETY IF NOTHING ELSE CHANGES?

In the first column of the table, the caseworker develops the worry statement (C + B + I). To complete the table, the caseworker should collaborate with the family to determine and describe what will be done to ensure safety of the child and by whom, and how we will know if the safety plan is working. Indicate what people will do if they believe the safety plan is not working.

DESCRIBE THE DANGER INDICATOR (CARETAKER + BEHAVIOR + IMPACT ON CHILD)

For each danger indicator, identify the:

- **Caretaker;**
- **Behavior:** Specific caretaker action(s) or inaction(s); and
- **Impact:** The impact on the child. If selecting an active danger indicator associated with the original danger indicator that led to the child being removed from the home and ongoing child welfare involvement, document the impact/worry. If a danger indicator was selected and is related to a safety issue that was found while the child was placed outside of their home, document the worries about what would happen to the child if nothing else changes.

WHAT WILL BE DONE TO ADDRESS THE DANGER INDICATOR UNTIL THE NEXT UPDATED SAFETY PLAN?

Identify the activities/actions to carry out safety interventions. These activities should provide specific details on how safety will be implemented and monitored. **Activities identified in the safety plan should address all danger indicators identified in the reunification assessment (Part 1 Section 1 OR Part 2 Section 1).**

Identify the steps or actions needed to keep the child(ren) safe. These steps are not a full-blown Family Case Plan that may address many needs and services. The actions identified must directly address the active danger indicator(s). Action(s) by the caretaker(s), community partners, and the county child welfare agency will be included.

WHO WILL DO IT?

Identify who is responsible for each action listed.

© 2026 Evident Change

HOW WILL WE KNOW IT IS WORKING?

Specify the observable behavioral changes and/or actions that will demonstrate the danger indicator(s) is being addressed.

WHAT WILL PEOPLE DO IF THEY BELIEVE THE SAFETY PLAN IS NOT WORKING?

Create a plan for what specific participants will do if they believe the plan is not working. Include information such as whom to contact (e.g., caretakers/legal guardians, network members, child, DSS), what action to take, and/or timelines for action.

WHEN WILL THE SAFETY PLAN BE REVIEWED?

The initial permanency planning safety plan must be reviewed at the seven-day visit and every 14 days thereafter. The safety plan review must occur during an in-person home visit with the family.

Include a date and time, no later than seven days from the first day of the trial home visit. The safety plan can be reviewed prior to seven days at the request of any participant. Include the individuals who will be involved in the review. Information from this review must be documented in the Partnership and Technology Hub for North Carolina (PATH NC).

IMPORTANT CONTACT INFORMATION?

Include the name, phone number, and email address of the caseworker assigned to the family, as well as on-call contact information in case of emergency.

AGREEMENT TO IMPLEMENT THE SAFETY PLAN

While we may not agree about the details of these worries, we agree to follow the safety plan until the review date. We know that if the safety plan does not keep all children safe, we either must work together again to create a new safety plan or the department may need to request a court review and/or consider a safe alternative placement. If I cannot follow this safety plan, I will contact my caseworker to develop a new safety plan.

The parent or caretaker agree to the following.

1. I (the parent or caretaker) agree that I participated in the development of and reviewed this safety plan. I agree to work with the providers and services as described previously.

© 2026 Evident Change

2. My participation in this safety plan is not an admission of child abuse or neglect on my part and cannot be used as an admission of child abuse or neglect.
3. I understand that I have the right to revoke and/or have the safety plan reviewed at any time. (See bottom of safety plan.) I also understand that if a safety plan cannot be agreed upon or the actions in the safety plan are not followed, the county child welfare agency has the legal authority to consider a safe alternative placement or to ask the court to determine how the child(ren)'s safety will be ensured.
4. I (the parent or caretaker) confirm that this safety plan does not conflict with any existing court order, or if I am affected by a court order, all parties affected by the court order agree to this safety plan on a temporary basis.
5. I (the parent or caretaker) understand that DSS may refer for additional services, restrict access to my child(ren), consider a safe alternative placement, or ask the court to order that I complete services.
6. This safety plan will cease to be in effect when my DSS caseworker notifies me or legal custody has been returned to me through a court order.

SIGNATURES

A parent or caretaker is expected to sign the safety plan. The agency's child welfare caseworker must sign the safety plan when it is developed, and the supervisor must sign it by the end of the next business day. It is important to remember that in family-centered social work, asking a parent or caretaker if they want to sign the safety plan is an appropriate method of documenting their engagement in the process.

If the parent or caretaker cannot understand the written document because of illiteracy, a language barrier, or any other reason, the caseworker must determine if the parent understands every provision in the safety plan. Only then must the caseworker note on the safety plan that the parent or caretaker has agreed to each safety activity.

© 2026 Evident Change

APPENDIX A: INDICATORS INFLUENCING CHILD VULNERABILITY

The following conditions listed result in a child's inability to protect themselves. Child vulnerability must be considered when assessing safety and during decision making regarding the appropriate safety intervention. The safety intervention must protect the most vulnerable child in the home. **The vulnerability of each child needs to be considered throughout the assessment.** Younger children and children with diminished mental or physical capacity should be considered more vulnerable.

CHILD UNDER AGE 6.

Infants and children under age 6 are particularly vulnerable and unable to protect themselves. They are dependent on others to provide care and protect them. Infants are particularly vulnerable, as they are nonverbal and completely dependent on others for care and protection.

CHILD HAS DIAGNOSED OR SUSPECTED BEHAVIORAL OR MENTAL HEALTH CONDITION.

Any child in the household has a diagnosed behavioral or mental health condition that impairs their ability to protect themselves from harm, OR an unconfirmed diagnosis where preliminary indicators are present. Examples may include, but are not limited to, severe depression or anxiety, which may be evidenced by verbal threats or actions to harm themselves or others; significant shifts in mood or behavior; or a recent change or refusal to take medications.

CHILD HAS DIAGNOSED OR SUSPECTED MEDICAL HEALTH CONDITION, INCLUDING MEDICALLY FRAGILE.

Any child in the household has a diagnosed medical health condition that impairs their ability to protect themselves from harm, OR an unconfirmed diagnosis where preliminary indicators are present. Examples may include, but are not limited to, severe asthma, untreated diabetes, and medically fragile (e.g., requires assistive devices to sustain life).

CHILD HAS LIMITED OR NO READILY ACCESSIBLE SUPPORT NETWORK.

Any child in the household is isolated or less visible within the community or family, or the child does not have adult family or friends who understand the danger indicators, or the child does not have adult family or friends who are willing to take an active role in keeping the child safe. Examples include, but

© 2026 Evident Change

are not limited to, children, youth, or teenagers who do not attend daycare or school outside the home and who do not have a social network or regular contact with family or friends outside the home.

CHILD HAS DIMINISHED DEVELOPMENTAL/COGNITIVE CAPACITY.

Any child in the household with a diagnosed or suspected diminished developmental/cognitive capacity that impacts their ability to communicate verbally or care for themselves.

CHILD HAS DIMINISHED PHYSICAL CAPACITY.

Any child in the household has a diagnosed or suspected physical condition/disability that impacts their ability to protect themself from harm (e.g., the child cannot remove themselves in an emergency if left unattended or cannot care for themselves).

© 2026 Evident Change

APPENDIX B: DANGER INDICATOR DEFINITIONS

Danger indicators are behaviors or conditions that may be associated with a child being in imminent danger of serious harm. Identify the presence or absence of each factor by selecting either "Yes" or "No."

The danger indicator examples should not be considered complete descriptions of all possible circumstances related to the indicators. Other behaviors or conditions may be associated with each listed danger indicator and may also indicate the **possibility of imminent danger of serious harm**. How recently the behavior or condition occurred should also be considered; that is, the current situation is likely to occur in the immediate future or recent past. The examples should not be construed as necessarily equating with an "unsafe" decision but rather as "red flag alerts" to the possibility that the child may be unsafe.

Mark "Yes" for any danger indicators present in the family's current situation, and mark "No" for any danger indicators absent from the family's current situation based on the information at the time. Educational neglect alone does not meet the threshold to select a danger indicator. Instead, consider whether other caretaker behaviors would meet a danger indicator definition.

DEFINITIONS

1. THE CHILD HAS A SERIOUS NON-ACCIDENTAL INJURY OR HARM, OR A SENTINEL INJURY SUSPECTED TO BE CAUSED BY THE PARENT, OTHER CARETAKER, OR AN UNKNOWN PERSON. THE PARENT OR OTHER CARETAKER CANNOT BE RULED OUT AND THE CIRCUMSTANCES SUGGEST THAT THE CHILD'S SAFETY MAY BE OF IMMEDIATE CONCERN.

For any sub-item under danger indicator one, if the child has an injury that is unexplained by either caretaker (the person/s responsible for the child's care) and it is not known who caused the injury, safety planning should ensure those individuals do not have unrestricted access to the child.

Serious injury or abuse to the child other than accidental

The child has a serious injury that is non-accidental or poorly explained, or the explanation from the caretaker does not match the medical explanation for the injury. Serious injuries may 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, and severe bruising over vital organs (e.g., kidneys).

© 2026 Evident Change

Sentinel injury

Visible, poorly explained small injuries in a pre-cruising child—such as a bruise on any part of the body or intraoral (mouth) injury—often from abuse, can precede more serious abuse.

Threat to cause harm or retaliate against the child

The caretaker or a household member has made a threat of action or plans to retaliate against the child that would result in serious physical harm.

Substantial or unreasonable use of physical discipline

The caretaker has used physical force in a way that bears no resemblance to reasonable discipline. Unreasonable discipline includes practices that cause serious physical injuries, last for lengthy periods of time, are not age or developmentally appropriate, place the child at serious risk of injury/death, are humiliating or degrading, etc. Use this subcategory for caretaker actions likely to result in serious harm but have not yet done so.

Caretaker committed an act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function

Death of a child

This incident resulted in the death of one or more children.

2. CHILD SEXUAL ABUSE IS SUSPECTED TO HAVE BEEN COMMITTED BY:

- Parent
- Other caretaker
- Unknown person AND the parent or other caretaker cannot be ruled out AND circumstances suggest that the child's safety may be of immediate concern.

Suspicion of sexual abuse may be based on indicators such as:

- The child discloses sexual abuse.
- The child demonstrates sexualized behavior that is unsafe for their age and developmental level.
- Medical findings are consistent with sexual abuse.
- The caretaker or others in the household have been convicted of, investigated for, or accused of sexual misconduct or have had sexual contact with a child.

© 2026 Evident Change

- The caretaker or others in the household have forced or encouraged the child to engage in sexual performances or activities or forced the child to view pornography.

AND

The child's safety may be of immediate concern if:

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

3. CARETAKER IS AWARE OF THE POTENTIAL HARM AND IS UNWILLING OR UNABLE TO PROTECT THE CHILD FROM SERIOUS HARM OR THREATENED HARM BY OTHERS. THIS HARM MAY INCLUDE PHYSICAL ABUSE, EMOTIONAL ABUSE, SEXUAL ABUSE, OR NEGLECT. (DOMESTIC VIOLENCE BEHAVIORS SHOULD BE CAPTURED UNDER DANGER INDICATOR EIGHT.)

The caretaker fails to protect 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.

An individual with known violent criminal behavior/history resides in the home AND is posing a threat to the child, and the caretaker allows them access to the child.

4. CARETAKER FAILS TO PROVIDE SUPERVISION TO PROTECT THE CHILD FROM POTENTIALLY SERIOUS HARM.

The caretaker does not provide age or developmentally appropriate supervision to ensure the safety and well-being of the child to the extent that the need for care goes unnoticed or unmet. Examples include, but are not limited to, the following.

- The caretaker is present, but the child can wander outdoors alone; the child has access to dangerous objects, such as weapons; or a vulnerable child has access to an unprotected window ledge or is exposed to other serious hazards, such as prescription medications.
- The caretaker is aware of an older youth's behavior and fails to adequately supervise them to keep them safe.
- The caretaker makes inadequate and/or unsafe babysitting or childcare arrangements or demonstrates poor planning for the child's care OR the caretaker leaves the child alone (time period varies with age and developmental stage). Consider emotional and developmental maturity, length of time, emergency provisions (e.g., able to call 911, neighbors able to assist), and any child needs or vulnerabilities.

© 2026 Evident Change

- The caretaker is unavailable (e.g., incarceration, hospitalization, abandonment, and whereabouts unknown).

5. CARETAKER DOES NOT MEET THE CHILD'S IMMEDIATE NEEDS FOR MEDICAL CARE, CRITICAL MENTAL HEALTH CARE, FOOD, OR CLOTHING, RESULTING IN IMMEDIATE SAFETY AND/OR HEALTH CONCERNS.

- The caretaker does not seek treatment for the child's immediate, chronic, and/or dangerous physical medical condition(s) or does not follow prescribed treatment for such conditions.
- The child has exceptional needs, such as being medically fragile, which the caretaker does not or cannot meet.
- The child shows significant symptoms of prolonged lack of emotional support and/or socialization with the caretaker, including lack of behavioral control, severe withdrawal, suicidal, homicidal, and missed developmental milestones that can be attributed to caretaker behavior.
- The child's minimal nutritional needs, such as preventing malnourishment, are unmet. Consider the child's unique needs that may impact their nutritional needs (e.g., diabetic concerns, allergies).
- The child is without clothing appropriate for the weather. Consider the child's age and whether clothing is the child's choice or caretaker's provision.

6. PHYSICAL LIVING CONDITIONS ARE HAZARDOUS AND IMMEDIATELY THREATENING TO THE HEALTH AND/OR SAFETY OF THE CHILD.

Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening. Examples include, but are not limited to, the following.

- Leaking gas from a stove or heating unit.
- Substances or objects accessible to the child that may endanger their health and/or safety.
- No access to water or utilities (i.e., heat, plumbing, or electricity) causes immediate safety concerns, and provisions are unsafe.
- Open/broken/missing windows in areas accessible to the child and/or unsafe structural issues in the home (e.g., walls falling down, floor missing)
- Exposed electrical wires.
- Excessive garbage, rotten/spoiled food, or animal or human waste that threatens health.
- Serious illness/significant injury has occurred or is likely to occur due to current living conditions (e.g., lead poisoning, rat bites)
- Guns, ammunition, and other weapons are not locked, and/or ammunition is not kept separately from a firearm.
- Exposure to methamphetamine production.
- The family has no shelter 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).

© 2026 Evident Change

7. CARETAKER'S CURRENT SUBSTANCE USE SERIOUSLY IMPAIRS THEIR ABILITY TO SUPERVISE, PROTECT, OR CARE FOR THE CHILD.

Caretaker has used medications, substances, or alcoholic beverages to the extent that the caretaker is unable or likely will be unable to care for the child.

Caretaker's substance use affects their ability to care for the child as described previously, including leading them to harm or being likely to harm the child. If a child has had direct physical exposure to dangerous substances (e.g., ingestion of substances, fentanyl patches, methamphetamine) in the home, review danger indicator six.

This exposure can also include the following.

- A mother's positive toxicology screen at delivery for alcohol or drugs other than as prescribed AND
  - » There is the demonstration of a behavioral impact on mother's ability to care for the infant.
  - » There is a pattern of substantiations, findings, or services for substance use.

Substance-affected infant.

There is evidence (e.g., self-disclosure, positive test, DWI, witness statements) that the mother misused alcohol or prescription drugs or used illicit substances during pregnancy, which has created an imminent danger to the infant. Imminent danger includes:

- Infant exhibits withdrawal symptoms and caretaker fails to respond to infant needs/medical care.
- Infant displays physical characteristics (e.g., low birth weight, slow reflexes, etc.) of substance use by the mother.
- Infant's positive toxicology screen for alcohol or drugs other than prescribed.
  - » There is a medical impact on the child (e.g., hospitalization as a direct result of withdrawal, or a medical condition that requires ongoing medical care and is directly attributed to the drugs or alcohol in the child's system).
  - » There is a demonstrated behavioral impact on the caretaker's ability to care for the infant.
  - » There are other maltreatment concerns, including the caretaker's ability to care for the infant OR there is a pattern of substantiations or findings.
- An infant has one of the following diagnoses: fetal alcohol syndrome (FAS), partial FAS, neurobehavioral disorder associated with prenatal alcohol exposure, alcohol-related congenital disabilities, or alcohol-related neurodevelopmental disorder.

8. DOMESTIC OR FAMILY VIOLENCE EXISTS IN THE HOUSEHOLD AND POSES AN IMMINENT DANGER OF SERIOUS PHYSICAL AND/OR EMOTIONAL HARM TO THE CHILD.

There is evidence of domestic violence in the household, which creates a safety concern for the child.

© 2026 Evident Change

Domestic violence perpetrators, in the context of the child welfare system, are parents and/or caretakers who engage in a pattern of coercive control over one or more household members. This pattern of behavior may continue after a relationship has ended or when the household members no longer live together.

Family violence should also be considered and can include violence between household members, such as adult siblings or adult child/parent relationships. The alleged perpetrator's actions often directly involve, target, and impact any children in the family.

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

Examples that support the existence of domestic violence may include the following.

- The child was previously injured in a domestic violence incident.
- The child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- The child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the household.
- The child is at potential risk of physical injury based upon his/her vulnerability and/or proximity to the incident (e.g., caretaker holding child while alleged perpetrator attacks caretaker, incident occurs in a vehicle while a child is in the back seat).
- The child's behavior increases risk of injury (e.g., attempting to intervene during a violent dispute, participating in a violent dispute).
- Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from domestic violence that could harm the child (e.g., broken glass and child could cut him/herself, broken cellphone and child cannot call for help).

Do not include violence between any adult household member and a minor child. (This violence would be classified as physical abuse and marked as danger indicator one and/or three as appropriate.)

Do not include situations that do not escalate beyond verbal encounters and are not otherwise characterized by threatening or controlling behaviors.

Reminder: In CPS assessments involving allegations of domestic violence, policy states that a separate safety assessment must be completed for the non-offending adult victim and the alleged perpetrator.

9. CARETAKER PERSISTENTLY DESCRIBES THE CHILD IN NEGATIVE TERMS OR ACTS TOWARD THE CHILD IN NEGATIVE WAYS, AND THESE ACTIONS IMPACT THE CHILD'S EMOTIONAL OR PHYSICAL WELL-BEING.

This indicator is related to a persistent pattern of caretaker behaviors. Examples of caretaker actions include the following.

© 2026 Evident Change

- The caretaker describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- The caretaker curses at and/or repeatedly puts the child down.
- The caretaker scapegoats a particular child in the family.
- The caretaker blames the child for a particular incident or family problems.
- The caretaker places the child in the middle of a custody battle (e.g., caretaker persistently makes negative comments about other caretaker or asks the child to report back what goes on at the other caretaker's home).
- The caretaker demonstrates rejection or hostility toward the child in ways that interfere with meeting the child's basic and emotional needs, such as through negative communication, withdrawal of care, and emotional unavailability.

This danger indicator could be evidenced by the child being a danger to self or others, suicidal, acting out aggressively, or severely withdrawn.

10. CARETAKER'S PHYSICAL ABILITY, MENTAL HEALTH, OR COGNITIVE STATUS SERIOUSLY IMPAIRS THEIR ABILITY TO MAINTAIN/OBTAIN APPROPRIATE SUPERVISION, PROTECTION, OR CARE FOR THE CHILD.

The caretaker appears to be physically disabled, mentally ill, developmentally delayed, or cognitively impaired. As a result, one or more of the following are observed.

- The caretaker's refusal to follow prescribed medications interferes with their ability to care for the child.
- The caretaker's inability to control their emotions interferes with their ability to care for the child.
- The caretaker's mental health status (e.g., suicidal behavior or ideations, out of touch with reality) interferes with their ability to care for the child. A formal diagnosis is not required if there are behaviors to indicate a concern for mental health status.
- The caretaker expects the child to perform or act in ways that are impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry or be still for extended periods, be toilet trained, get/prepare their food, care for younger siblings, or stay home alone).
- The caretaker does not know how to or cannot properly feed infants, or does not understand their feeding schedule.
- The caretaker cannot access or obtain basic/emergency medical care.
- Unsafe supervision.

Caretaker fears they will maltreat the child.

The caretaker expresses fear that they pose a plausible threat of harm to the child or has asked someone to take their child so the child will be safe. For example, a caretaker with depression fears that they will lose control and harm their child. This concern does not include normal anxieties, such as fear

of accidentally dropping a newborn. Caretaker fears they will cause physical harm to their child in response to escalating physical altercations between the caretaker and the child.

11. CARETAKER REFUSES ACCESS TO OR HIDES THE CHILD AND/OR SEEKS TO HINDER AN ASSESSMENT.

Examples include the following.

- The child's location is unknown to child protection, and the caretaker will not provide the child's current location.
- The caretaker has removed or threatened to remove the child from the whereabouts known to child protection to avoid assessment.
- The caretaker threatens to flee or has fled in response to a CPS assessment.
- The caretaker keeps the child at home and away from other family members, friends, school, and other outsiders for extended periods to avoid assessment.
- There is evidence that the caretaker coaches or coerces the child, or allows others to coach or coerce the child, to hinder the assessment.

12. CURRENT CIRCUMSTANCES, COMBINED WITH INFORMATION THAT THE CARETAKER PREVIOUSLY HARMED A CHILD IN THEIR CARE, SUGGEST THAT THE CHILD MAY BE IN IMMINENT DANGER BASED ON THE SEVERITY OF THE PREVIOUS ABUSE OR NEGLECT OR THE CARETAKER'S RESPONSE TO THE PREVIOUS INCIDENT.

There is a current, immediate concern near the threshold for another danger indicator in these definitions. To consider this item, the previous abuse or neglect must have been significant. Indicate any of the following that are present.

- A caretaker alleged to have caused harm in this household in this current incident has a child welfare history that includes substantiated abuse or neglect that resulted in a child death, or near child fatality.
- A caretaker alleged to have caused harm in this household in this current incident was unsuccessful in past reunification efforts.

13. CHILD FEARS THE CARETAKER, OTHER FAMILY MEMBERS, OR PEOPLE LIVING IN OR HAVING ACCESS TO THE HOME, AND THE CARETAKER FAILS TO PROTECT THE CHILD FROM THESE INDIVIDUALS.

Examples include the following.

- Child cries, cowers, cringes, trembles, or exhibits or verbalizes fear in relation to certain individuals.

© 2026 Evident Change

- Child exhibits anxiety, nightmares, or insomnia related to a situation associated with a person in the home.
- Child fears retribution/retaliation from caretaker, others in the home, or others having access to the child.

14. OTHER (SPECIFY).

Circumstances or conditions pose an immediate threat of serious harm to a child and are not already described in danger indicators 1 through 13.

Note that educational neglect alone does not meet the threshold of this danger indicator. Instead, consider whether other caretaker behaviors would meet a different danger indicator definition.

APPENDIX C: FAMILY SAFETY INTERVENTION DEFINITIONS

For each danger indicator identified within the progress to case closure safety assessment or the reunification assessment, consider the resources available in the family and the community that might help to keep the child safe. Identify each response necessary to protect the child, considering the most vulnerable child.

Identifying an appropriate safety intervention to address the safety in partnership with the caretaker is key to a caretaker's understanding of how an intervention may or may not be effective and how the safety decision is selected. This discussion will provide a transition to developing the safety plan. When developing a safety plan. When developing a safety plan, including people the family is familiar with (network) in the interventions is ideal.

DEFINITIONS

FAMILY SAFETY INTERVENTIONS

1. Use of direct services by the county child welfare agency.

(Do not include the assessment itself as an intervention.)

Actions taken or planned by the assessment caseworker or other staff specifically address one or more danger indicators. Examples include supporting a caretaker in obtaining a restraining order; organizing an emergency child and family team meeting; offering transportation to a shelter; providing emergency material aid, such as food; planning return visits to the home to check on progress when living conditions are of concern; and connecting the caretaker to necessary resources that address immediate safety.

2. Include family, neighbors, or other community members in developing and implementing a safety plan.

The caretaker engages the family's natural safety network to mitigate safety concerns. Examples include a grandparent assisting with childcare, a neighbor agreeing to support a child, a member of the caretaker's faith community engaging, or a person committing to support the caretaker in not using substances that put their children in an unsafe situation.

3. Use community agencies or immediate services.

Involving a community- or faith-based organization or other agency in activities to address danger indicators immediately (e.g., local food pantry, medical appointments, domestic violence shelters, homeless shelters, emergency utilities, home visiting nurse). This action DOES NOT INCLUDE long-term therapy, treatment, or being put on a waiting list for services.

4. The alleged perpetrator has left the home voluntarily or in response to legal action.

Temporary or permanent removal of the alleged perpetrator. The alleged perpetrator must leave the home after completing the safety plan and before the caseworker leaves. Examples include the incarceration of the alleged perpetrator and a domestic violence protective order.

5. A protective caretaker will move or has moved to a safe environment with the child(ren).

A caretaker not suspected of harming the child has taken or plans to take the child to an alternative location where the alleged perpetrator will not have access. The protective caretaker must move to a safe environment with the child(ren) after completing the safety plan and before the caseworker leaves the home. Examples include a domestic violence shelter, the home of a friend or relative, or a hotel.

6. Use of a temporary safety provider.

PRACTICE GUIDANCE
This family safety intervention can be used only when the children are in the legal custody of their caretakers. It *cannot* be used for permanency planning cases or as an intervention to proceed with a trial home visit.

One of two actions must happen.

- The child will temporarily reside with a TSP identified by the family, with the caseworker monitoring the safety plan.
- A TSP (identified by the family with the caseworker monitoring the safety plan) will reside in the family home to supervise or restrict the parent's access to the child(ren).

The TSP MUST be 18 years or older.

If the children will reside in the home of the TSP, the caseworker must document:

- The address of the temporary residence of the child;
- The person(s) in that household who will be responsible for the child;
- Background checks on all persons in the residence 16 years or older and 911 call logs on the provider's address;

© 2026 Evident Change

- Completion of the Initial Provider Assessment_TSP on the relative/non-relative home prior to placement;
- Inclusion of the person responsible for the child in an agreement to contain threats to the child's safety; and
- A specified timeframe to reassess the safety plan (every 14 days).

If the TSP will reside in the family home, the caseworker must document:

- The person(s) who will be responsible for the child;
- Background checks on all person(s) who will be responsible;
- Completion of the Initial Provider Assessment_TSP on the relative/nonrelative (all appropriate sections);
- Inclusion of the person responsible for the child in a safety plan to control threats to the child's safety; and
- A specified timeframe to reassess the safety plan.

SAFETY PLAN (PERMANENCY PLANNING)

Purpose: A safety plan is an intervention parents or caretakers can use to protect their child when an identified danger indicator is present. The parent or caretaker uses the safety plan to keep their child safe.

WHAT HARM OCCURRED?

Review the danger indicator definitions. For each active danger indicator noted on the reunification assessment, write its corresponding number. Then, document the evidence that supports the selection of the active danger indicator(s).

WHO HAS AGREED TO BE PART OF THIS SAFETY PLAN? (THIS MUST INCLUDE CHILD'S CARETAKER)

FAMILY MEMBER OR NETWORK MEMBER	CONTACT DETAILS PHONE	CONTACT DETAILS EMAIL

© 2026 Evident Change

BASED ON THE HARM STATEMENT, WHAT IS THE AGENCY AND/OR THE FAMILY WORRIED WILL HAPPEN TO THE CHILD'S SAFETY IF NOTHING ELSE CHANGES?

DESCRIBE THE DANGER INDICATOR (caretaker + behavior + impact on child)	WHAT WILL BE DONE TO ADDRESS THE DANGER INDICATOR UNTIL THE NEXT UPDATED SAFETY PLAN? (Proactive/reactive)	WHO WILL DO IT?	HOW WILL WE KNOW IT IS WORKING?	WHAT WILL PEOPLE DO IF THEY BELIEVE THE SAFETY PLAN IS NOT WORKING?

WHEN WILL THE PLAN BE REVIEWED?

The safety plan (permanency planning) must be reviewed at the 7-day visit and every 14 days thereafter.

Date/time:	**Who will be involved (caretakers, network, and agency)?**

IMPORTANT CONTACT INFORMATION

NAME	PHONE NUMBER	EMAIL ADDRESS
Assigned caseworker name:		
Supervisor name:		
On-call contact: (After business hours, weekends, and holidays)		

AGREEMENT TO IMPLEMENT SAFETY PLAN

While we may not agree about the details of these worries, we agree to follow the safety plan until the review date. We know that if the safety plan does not keep all children safe, we either must work together again to create a new safety plan, or the department may need to

request a court review and/or consider a safe alternative placement. If I cannot follow this safety plan, I will contact my caseworker to develop a new safety plan.

PARENT OR CARETAKER
1. I (the parent or caretaker) agree that I participated in the development of and reviewed this safety plan. I agree to work with the providers and services as described previously. 2. My participation in this safety plan is not an admission of child abuse or neglect on my part and cannot be used as an admission of child abuse or neglect. 3. I understand that I have the right to revoke and/or have the safety plan reviewed at any time. (See bottom of safety plan.) I also understand that if a safety plan cannot be agreed upon or the actions in the safety plan are not followed, the county child welfare agency has the legal authority to consider a safe alternative placement or to ask the court to determine how the child(ren)'s safety will be ensured. 4. I (the parent or caretaker) confirm that this safety plan does not conflict with any existing court order, or if I am affected by a court order, all parties affected by the court order agree to this safety plan on a temporary basis. 5. I (the parent or caretaker) understand that DSS may refer for additional services, restrict access to my child(ren), consider a safe alternative placement, or ask the court to order that I complete services. 6. This safety plan will cease to be in effect when my DSS caseworker notifies me or legal custody has been returned to me through a court order.

SIGNATURES

NAME	DATE	NAME	DATE
Parent/Caretaker:	Date Signed:	Parent/Caretaker:	Date Signed:
DSS Caseworker:	Date Signed:	DSS Supervisor:	Date Signed:
Network Member:	Date Signed:	Network Member:	Date Signed:
Child:	Date Signed:	Child:	Date Signed:

© 2026 Evident Change

REVOCATION

For caretakers: You have entered into this safety plan voluntarily and this safety plan may be entered into a court order. If you choose to revoke your agreement, please notify your caseworker.

SAFETY PLAN REVIEW SIGNATURES

NAME	DATE	NAME	DATE
Parent/Caretaker:	Date Signed:	Parent/Caretaker:	Date Signed:
DSS Caseworker:	Date Signed:	DSS Supervisor:	Date Signed:
Child:	Date Signed:	Child:	Date Signed:

SAFETY PLAN REVIEW SIGNATURES

NAME	DATE	NAME	DATE
Parent/Caretaker:	Date Signed:	Parent/Caretaker:	Date Signed:
DSS Caseworker:	Date Signed:	DSS Supervisor:	Date Signed:
Child:	Date Signed:	Child:	Date Signed:

© 2026 Evident Change