EVIDENT CHANGE

Inform Systems. Transform Lives.

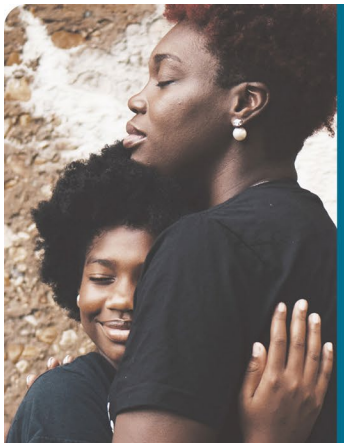
SDM® SAFETY ASSESSMENT

Policy & Procedures Manual

NC DHHS
Division of
Social Services

January 2025

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



ABOUT EVIDENT CHANGE

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

CONTENTS

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.[1]

  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;[2]
  - » An adult entrusted with the juvenile's care;[3]
  - » 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.

---

[1] Consider the following circumstances in determining if any person other than a parent, guardian, or custodian has responsibility for the health and welfare of a juvenile:

- The duration and frequency of care provided;
- The location in which that care is provided; and
- The decision-making authority granted to the adult.

[2] See above.

[3] See above.

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.

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.

SDM SAFETY ASSESSMENT

North Carolina Department of Health and Human Services

r: 01–25

Case/Family Name: _____ **Family/Case #:** _____ **Date:** _____

County Name: _____ **Date Report Received:** _____

Caseworker Name: _____

Children: _____

Primary Caretaker: _____ **Secondary Caretaker:** _____

PART A. FACTORS INFLUENCING CHILD VULNERABILITY

Select all that apply to **any** child.

☐ Child under age 6.
☐ Child has diagnosed or suspected behavioral or mental health condition.
☐ Child has diagnosed or suspected medical health condition, including medically fragile.
☐ Child has limited or no readily accessible support network.
☐ Child has diminished developmental/cognitive capacity.
☐ Child has diminished physical capacity.
☐ None apply

PART B. DANGER INDICATORS

The following is a list of danger indicators, which are behaviors or conditions that describe a child being in imminent danger of serious harm. Assess the household for each danger indicator. For any danger indicator selected, describe the caretaker behavior and its impact on the child in the text box.

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 unknown person, and the parent or other caretaker cannot be ruled out and the circumstances suggest that the child's safety may be of immediate concern.

○ Yes (Include comment for any danger indicator selected)

- ☐ Serious injury or abuse to the child other than accidental.
- ☐ Sentinel injury.
- ☐ Threat to cause harm or retaliate against the child.
- ☐ Substantial or unreasonable use of physical discipline.
- ☐ 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.

○ No

2. Child sexual abuse is suspected to have been committed by:

○ Yes (Include comment for any danger indicator selected)

- ☐ Parent;
- ☐ Other caretaker; OR
- ☐ 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.

○ No

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 may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should be captured under danger indicator 8.)

○ Yes

○ No

4. Caretaker fails to provide supervision to protect the child from potentially serious harm.

○ Yes

○ No

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.

○ Yes

○ No

6. Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

○ Yes

○ No

7. Caretaker's current substance use seriously impacts their ability to supervise, protect, or care for the child.

○ Yes (Include comment for any danger indicator selected)

☐ 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.

☐ Substance-affected infant.

○ No

8. Domestic violence or family violence exists in the household and poses an imminent danger of serious physical harm and/or emotional harm to the child.

○ Yes
○ No

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.

○ Yes
○ No

10. Caretaker's physical ability, mental health, or cognitive status seriously impairs their current ability to maintain/obtain appropriate supervision, protect, or care for the child.

○ Yes, caretaker fears they will maltreat the child

○ No

11. Caretaker refuses access to or hides the child and/or seeks to hinder an assessment.

○ Yes
○ No

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.

○ Yes (Include comment for any danger indicator selected)

☐ Caretaker's child welfare history includes substantiated child death or near child fatality as a result of abuse or neglect.

☐ Caretaker was not successful in past reunification efforts.

○ No

13. Child is fearful of caretaker, other family members, or people living in or having access to the home, AND the caretaker fails to protect the child from the individual.

○ Yes

○ No

14. Other (specify): _____

THE ALLEGATIONS ALONE DO NOT CONSTITUTE THE NEED FOR A SAFETY INTERVENTION/ SAFETY PLAN.

Note: If "No" is selected for all danger indicators 1 through 14, select "Safe" in Part D: Safety Decision and complete the signature page (the remaining pages do not need to be completed.)

PART C: FAMILY SAFETY INTERVENTIONS

Directions: If selecting a danger indicator, consider the list of interventions below.

FAMILY SAFETY INTERVENTIONS (SAFE WITH A PLAN)

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

☐ 2. Use family, neighbors, or other individuals in the community in the development and implementation of a safety plan.

☐ 3. Use community agencies or immediate services.

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

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

☐ 6. Use of a temporary safety provider.

- ☐ The child(ren) will reside in the home of a temporary safety provider.
- ☐ The temporary safety provider will move into the home with the family.

Explain why family safety interventions 1–5 were insufficient.

CHILD WELFARE SAFETY INTERVENTION (UNSAFE)

☐ 1. Removal of any child in the household; interventions 1–6 do not adequately ensure the child(ren)'s safety. Explain why a family safety intervention (1–6) could not be used to protect the child.

PART D: SAFETY DECISION

Directions: Select the safety decision below. Check one only. This decision should be based on the assessment of all danger indicators, child vulnerability, and any other information known about this case.

SAFE

☐ No children are likely to be in imminent danger of serious harm. (All danger indicators marked "No")

SAFE WITH A PLAN

One or more danger indicators are present. A safety plan is required.

☐ Family safety interventions 1, 2, and/or 3 will address danger indicators.
☐ The alleged perpetrator left the home.
☐ A protective caretaker moved to a safe environment with the child(ren).
☐ A temporary safety provider will be used.

If a danger indicator was selected for a specific child in the home and there are other vulnerable children in the home, a safety plan must be developed for the vulnerable child(ren). The safety plan must include similar safety measures for all vulnerable children.

UNSAFE

☐ One or more children were removed in response to legal action.

If a danger indicator was selected for a specific child in the home and there are other vulnerable children in the home, document the safety decision in the chart below.

Record the name and status of each child assessed.

LAST NAME	FIRST NAME	BIRTH DATE	SAFE	SAFE WITH A PLAN	UNSAFE
			○	○	○
			○	○	○
			○	○	○
			○	○	○
			○	○	○
			○	○	○
			○	○	○
			○	○	○
			○	○	○
			○	○	○

If the safety decision was different for any child, please describe why.

Caseworker Signature: _____ **Date:** _____

Supervisor Review/Approval Signature: _____ **Date:** _____

PA/PM/Director Review/Approval Signature: _____ **Date:** _____

PART E: SAFETY PLAN

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

WHAT HARM HAS OCCURRED?

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

FAMILY MEMBER OR NETWORK MEMBER	CONTACT DETAILS	
	PHONE	EMAIL

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? *Must be within 14 days. Safety plan participants can request a review prior to the 14 days.*	
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 do 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 take legal action. If I am unable to follow this safety plan, I will contact my Division of Social Services (DSS) 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 above. 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 if the actions in the safety plan are not followed, the county child welfare agency may have the authority 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 CPS may refer for additional services, may restrict access to my child(ren), or may ask the court to order that I complete services or place the child in foster care. 6. This safety plan will cease to be in effect when I am notified by my caseworker or CPS is no longer providing services to my family.

SIGNATURES			
Parent/Legal Guardian/Caretaker:	Date Signed:	Parent/Legal Guardian/Caretaker:	Date Signed:
CPS Caseworker:	Date Signed:	CPS Supervisor:	Date Signed:
Network Member:	Date Signed:	Network Member:	Date Signed:
Child:	Date Signed:	Child:	Date Signed:

REVOCATION

For caretakers: You have entered into this safety plan voluntarily. If you choose to revoke your agreement, please notify your caseworker.

Safety Plan Review Signatures

SIGNATURES			
Parent/Legal Guardian/Caretaker:	Date Signed:	Parent/Legal Guardian/Caretaker:	Date Signed:
CPS Caseworker:	Date Signed:	CPS Supervisor:	Date Signed:
Child:	Date Signed:	Child:	Date Signed:

Safety Plan Review Signatures

SIGNATURES			
Parent/Legal Guardian/Caretaker:	Date Signed:	Parent/Legal Guardian/Caretaker:	Date Signed:
CPS Caseworker:	Date Signed:	CPS Supervisor:	Date Signed:
Child:	Date Signed:	Child:	Date Signed:

SDM SAFETY ASSESSMENT DEFINITIONS

North Carolina Department of Health and Human Services

PART A: FACTORS INFLUENCING CHILD VULNERABILITY

The conditions listed below result in a child's inability to protect themself. Child vulnerability must be considered when assessing safety and during decision making regarding the appropriate safety intervention. The safety intervention selected must provide protection for 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 in taking 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 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 has a diagnosed or suspected diminished developmental/cognitive capacity that impacts the child's ability to communicate verbally or to care for themself.

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 situation if left unattended or cannot care for self).

NONE APPLY.

PART B: DANGER INDICATORS

The list of indicators under Part B 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 be indicative of the **possibility of imminent danger of serious harm**. How recently the behavior or condition occurred should also be considered; that is, the situation currently present is likely to occur in the immediate future, or occurred in the 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. Note that educational neglect alone does not meet the threshold to select a danger indicator. Consider instead if other caretaker behaviors would meet a danger indicator definition.

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 UNKNOWN PERSON, AND 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 #1, 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).

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 and 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 that are 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; OR

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 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; and/or
- 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; and/or
- 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 MAY INCLUDE PHYSICAL ABUSE, EMOTIONAL ABUSE, SEXUAL ABUSE, OR NEGLECT. (DOMESTIC VIOLENCE BEHAVIORS SHOULD BE CAPTURED UNDER DANGER INDICATOR 8.)

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(s) with known violent criminal behavior/history resides in the home AND is posing a threat to the child, and the caretaker **allows 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 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). In general, consider emotional and developmental maturity, length of time, provisions for emergencies (e.g., able to call 911, neighbors able to provide assistance), and any child needs or vulnerabilities.
- 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 are not met, such as malnourishment. Consider the child's unique needs that may impact their specific nutritional needs (e.g., diabetic concerns, allergies).
- The child is without clothing appropriate for the weather. Consider the age of the child and whether clothing is the choice of the child or the provision of the caretaker.

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) that causes an immediate safety concern, 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, rotted/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 in a separate location 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).

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 above, 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 6.

This 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 AND this has created imminent danger to the infant. Imminent danger includes:

- Infant exhibits withdrawal symptoms and caretaker fails to respond to infant needs/medical care; or
- 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; AND
  - » 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); OR
  - » There is a demonstrated behavioral impact on the caretaker's ability to care for the infant; OR
  - » 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 birth defects, or alcohol-related neurodevelopmental disorder.

8. DOMESTIC VIOLENCE 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 AND this creates a safety concern for the child.

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 have a harmful impact on 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 would be classified as physical abuse and marked as danger indicator 1 and/or 3 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.

- 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 responds negatively to the child's sexual orientation and/or gender expression. This could also be demonstrated through not providing their basic needs, speaking negatively, and/or not meeting their emotional needs.

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 CURRENT ABILITY TO MAINTAIN/OBTAIN SAFE SUPERVISION, PROTECT, 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 expected to be still for extended periods, be toilet trained, get/prepare their own food, care for younger siblings, or stay home alone).
- The caretaker does not know how or is unable to properly feed infants or does not understand their feeding schedule.
- The caretake is unable to 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 does not include normal anxieties, such as fear of accidentally dropping a newborn baby. Caretaker fears they will cause physical harm to their child in response to escalating physical altercations between the caretaker and 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 whereabouts known to child protection to avoid assessment.
- The caretaker is threatening to flee or has fled in response to a CPS assessment.

- The caretaker is keeping the child at home and away from other family members, friends, school, and other outsiders for extended periods of time for the purpose of avoiding assessment.
- There is evidence that the caretaker coaches or coerces the child, or allows others to coach or coerce the child, in an effort 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 not successful in past reunification efforts.

13. CHILD IS FEARFUL OF CARETAKER, OTHER FAMILY MEMBERS, OR PEOPLE LIVING IN OR HAVING ACCESS TO THE HOME, AND THE CARETAKER FAILS TO PROTECT THE CHILD FROM THE INDIVIDUAL.

Examples include the following.

- Child cries, cowers, cringes, trembles, or exhibits or verbalizes fear in relation to certain individuals.
- 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 1–13.

Note that educational neglect alone does not meet the threshold for this danger indicator. Consider instead if other caretaker behaviors would meet a different danger indicator definition.

Caretakers should have the opportunity to initial the bottom of each page in Section B to indicate the caseworker reviewed the danger indicators on that page.

If no danger indicators are marked "Yes," continue to Part D: Safety Decision. Part E: Safety Plan is not necessary and does not need to be completed.

The caseworker must sign the safety assessment at the time it is completed, and the supervisor must sign it by the end of the next business day.

Note: When a safety assessment is completed at case closure to indicate no danger indicators for findings of "Unsubstantiated," or "Child Protective Services Not Needed," a caretaker's signature is not required.

If any danger indicators is marked "Yes," a safety plan is necessary to address the danger. Complete the remainder of the safety assessment, including Part E: Safety Plan.

PART C: FAMILY SAFETY INTERVENTIONS

For each danger indicator selected in Section B, consider the resources available in the family and the community that might help to keep the child safe. Check each response necessary to protect the child, taking into consideration the most vulnerable child.

Identification of 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 in Part D is selected. This discussion will provide a transition to the development of the safety plan (Part E). When developing a safety plan, it is ideal to include people the family is familiar with (network) in the use of the interventions.

FAMILY SAFETY INTERVENTIONS

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

(DO NOT include the assessment itself as an intervention.)

Actions taken or planned by the assessment caseworker or other staff that specifically address one or more of the danger indicators. Examples include supporting a caretaker in obtaining a restraining order; organizing an emergency 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. Use of family, neighbors, or other individuals in the community in the development and implementation of a safety plan.

The caretaker chooses to engage the family's natural safety network to mitigate safety concerns. Examples include engagement of a grandparent to assist with childcare; agreement by a neighbor to serve as support for a child; engagement of a member of the caretaker's faith community; or commitment by a person 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 safety indicators immediately (e.g., local food pantry, medical appointments, domestic violence shelters, homeless shelters, emergency utilities, home visiting nurse). This DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for services.

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

Temporary or permanent removal of the alleged perpetrator. The alleged perpetrator must leave the home after the safety plan is completed and prior to the caseworker leaving the home. Examples include incarceration of alleged perpetrator and 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 the safety plan is completed and prior to the caseworker leaving the home. Examples include the following: domestic violence shelter, home of a friend or relative, or hotel.

6. Use of a temporary safety provider.

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

The temporary safety provider MUST be 18 years or older.

If the children will reside in the home of the temporary safety provider, 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;
- 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 temporary safety provider 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.

CHILD WELFARE SAFETY INTERVENTION

1. Removal of any child in the household; interventions 1–6 do not adequately ensure the child(ren)'s safety. Explain why a family safety intervention (1–6) could not be used to protect the child.

PART D: SAFETY DECISION

SAFE

No danger indicators were identified. This was indicated on the bottom of page 5.

Identify the safety decision by marking the appropriate box. This decision should be based on the assessment of all danger indicators, safety interventions, and any other information known about the case. Check only one response.

SAFE WITH A PLAN

One or more danger indicators are present. Safety interventions have been initiated to mitigate the danger. A SAFETY PLAN IS REQUIRED.

Safety interventions involving county child welfare agency monitoring, use of county child welfare agency services, community service providers, or use of community members or family members have been identified to support the caretaker and provide safety. A safety plan is required to describe actions required.

- The alleged perpetrator left the home. A safety plan is required to describe actions required to provide safety.
- Protective parent and child(ren) leave the home. A safety plan is required to describe actions required to provide safety.
- A temporary safety provider will be used to provide safety. A safety plan is required to define a plan for children with a temporary safety provider and those not with a temporary safety provider. The Initial Provider Assessment_TSP must be completed and approved.

A temporary safety provider must be identified, assessed, and approved for any safety plan that requires restriction of access, supervision, or separation of a child from parental care.

UNSAFE

One or more danger indicators are present, and removal of a child(ren) through legal action is the only intervention possible for one or more children. Without this level of intervention, one or more children will likely be in imminent danger of serious harm.

Any of the following interventions to maintain safety indicates a decision of "Unsafe."

- All children were removed with legal action. A safety plan is not needed or appropriate.
- One or more children were removed with legal action, and other children remain in the home. A safety plan is required for any child(ren) remaining in the home.

Note: If children in the household have different safety decisions, a third-level review (a level above the child welfare supervisor role) is required.

PART E: SAFETY PLAN

Identify the activities/actions to implement safety interventions. These activities should provide specifics on how safety will be implemented and monitored. **Activities identified in the safety plan should address all danger indicators identified in Part B.**

Instructions: The caseworker and the family complete this document. Describe what will be done to ensure safety by whom, and how we know if the safety plan is working. Indicate when the plan will be reviewed and what participants will do if it is not being followed. The caseworker then reviews the safety plan with each participant who will sign it. The caseworker provides a copy to each person who signs the form.

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

For each danger indicator marked "Yes," identify the specific caretaker action(s) or inaction(s) and the impact on the child that resulted in danger. The caseworker should include danger indicators that related to evidence supporting the initial report allegations and any other danger indicators discovered. Items identified should relate to the immediate needs in order to keep the children safe, not needs that may be met through opening a case for ongoing services.

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

Identify the steps or actions needed to keep the child(ren) safe. This is not a full-blown Family Case Plan that may address a multitude of needs and services. The actions identified must directly address the danger indicator. Action(s) by the caretaker(s), temporary safety provider, and the county child welfare agency are to be included.

When a temporary safety provider is identified, the Initial Provider Assessment_TSP must be completed and approved before the safety plan can be put in place. Any action items identified as needed to ensure child safety during completion of the Initial Provider Assessment_TSP must be incorporated into this safety plan.

WHO WILL DO IT?

Identify who is responsible for each action listed in item 2.

HOW WILL WE KNOW IT IS WORKING?

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

WHO HAS AGREED TO BE PART OF THIS SAFETY PLAN?

Include family members and network members who are part of the 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.

WHEN WILL THE SAFETY PLAN BE REVIEWED?

Include a date and time, no later than 14 days from the initial safety plan being signed, to review the safety plan with the family. The safety plan can be reviewed prior to 14 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 PATH NC. If changes need to be made to the safety plan, a new safety assessment must be conducted as well.

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 who to contact (e.g., caretakers/legal guardians, network members, child, DSS), what action to take, and/or timelines for action.

WHO SHOULD BE CALLED IF THE SAFETY PLAN IS NOT WORKING?

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

AGREEMENT TO IMPLEMENT THE SAFETY PLAN

Initials by the parent indicate participation in developing actions to address each danger indicator.

Note: The safety assessment, and especially the safety plan, is designed to be reviewed and modified as new information is gathered throughout the comprehensive assessment. The agency and/or the family are encouraged to make changes as needed.

Child welfare policy states that the case decision shall be made within 45 days or there shall be documentation to reflect the rationale to extend the assessment beyond the required timeframes. If/when an assessment exceeds 45 days, a review of the safety plan must be completed with the parent(s).

The agreement to implement a safety plan is important to ensure that all parties participated in its development and that they understand all the danger indicators identified, the plans to address those danger indicators, and their ability to revoke or request a review of the safety plan.

A caretaker is expected to sign the safety plan. The agency child welfare caseworker must sign the safety assessment and the safety plan at the time it is developed, and the supervisor must sign it by the end of the next business day. If applicable, a guardian, custodian, caretaker, and/or approved temporary safety provider should sign the safety plan. It is important to remember that in the practice of family-centered social work, asking a parent if he or she desires to sign the safety assessment and any resulting safety plan is an appropriate method of documenting the parent's engagement in the process.

If a parent refuses to sign the safety plan, the caseworker should try to address the parent's concerns and stress the need for working together to prevent the removal of the child from the home. The parent may verbally agree even if they refuse to sign the safety plan. The caseworker must note on the safety plan that the parent has verbally agreed to each safety activity if they refuse to sign the safety plan. If the parent refuses to sign the safety plan and verbally refuses to agree to its provisions, the agency must ensure that the child is safe whether the child is in their own home or in another type of arrangement.

If the parent is unable to 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 has agreed to each safety activity. If a parent is unable to understand the safety plan **and** verbally refuses to agree to its provisions, the agency must ensure that the child is safe whether the child is in their own home or in another type of arrangement.

The county child welfare agency must file a petition under G.S. 7B-302(c) when protective services are refused, regardless of whether the agency requests custody of the child. If the court adjudicates the child abused, neglected, and/or dependent, the court may order any of the dispositions included in G.S. 7B-903, including requiring the agency to supervise the child in the child's own home or place the child in the custody of a parent, relative, private agency, or other suitable person. If the county child welfare agency files a petition without asking for custody, and the situation deteriorates prior to the adjudication, the agency may file a motion for nonsecure custody without filing an additional petition.

SDM® SAFETY ASSESSMENT POLICY AND PROCEDURES

North Carolina Department of Health and Human Services

The purpose of the SDM safety assessment is to help assess whether a child (or children) is likely to be in imminent danger of serious harm that may require a protective intervention and, if so, determine what safety interventions should be maintained or initiated to provide appropriate protection.

When completing this form, it is important to keep in mind the difference between safety and risk. Assessment of safety differs from assessment of risk in that the former addresses the child's *imminent* danger and determines the interventions needed to protect the child immediately; the latter looks at the likelihood of *future* involvement with child protection.

WHICH CASES

All maltreatment reports assigned for an assessment that involve a parent or caretaker. *This does not apply* to reports involving residential facilities, such as group homes or DSS facilities. This tool shall be used when a report has been made on a non-licensed living arrangement, the non-custodial caretaker's home, or licensed family foster homes.

WHO

The caseworker assigned to complete the assessment. In conflict-of-interest cases, the county child welfare agency that responds first shall conduct the safety assessment and provide the document to other county child welfare agencies if needed. If a child is found in one county and resides in another, the county where the child is found shall conduct the safety assessment and forward it to the county of residence.

WHEN

Multiple safety assessments may need to be completed on a single household during the life of a case. A safety assessment, along with documentation, is required in the following circumstances.

- At the time of the first face-to-face contact with the family and prior to allowing the child to remain in the household.
- Whenever there is reason to believe a danger indicator is present and has not yet been addressed in a safety assessment.

- Prior to the return home in cases where the caretaker temporarily places the child outside the home as a part of a safety plan.
- Whenever a new report is received.
- Whenever a change in circumstances suggests that the child's safety may be jeopardized, including when a new danger indicator is identified, a previous danger indicator changes, or there is a change in safety interventions or safety decision. Examples include:
  - » Change in family circumstances (e.g., birth of a baby, new household members, a person leaves the household, the household moves);
  - » Change in effectiveness of safety interventions to mitigate danger indicators OR safety plan breakdown;
  - » Any update or change is made to a safety plan (e.g., network members are added or removed, action steps have changed); or
  - » New allegations of abuse or neglect.
- Whenever there is a CPS assessment case decision recommending closure (findings of "unsubstantiated," "services provided, child protective services no longer needed," or "child protective services not needed"), there must be a safety assessment documenting a safety decision of "Safe."

WHEN THE SAFETY ASSESSMENT IS DOCUMENTED

The safety assessment must be documented by the caseworker completing the assessment immediately after face-to-face interviews with alleged victim children and/or caretakers OR after implementing a safety plan.

A safety assessment is completed when all caretakers and children have been interviewed regarding the allegations in the report.

If there is any change of circumstances on a current report or potentially unsafe circumstances in the household, reassess safety and complete a new SDM safety assessment. A new safety assessment is required when there are new allegations that warrant a new report.

Parts A–D must be completed in PATH NC. Part E (the safety plan) can be uploaded.

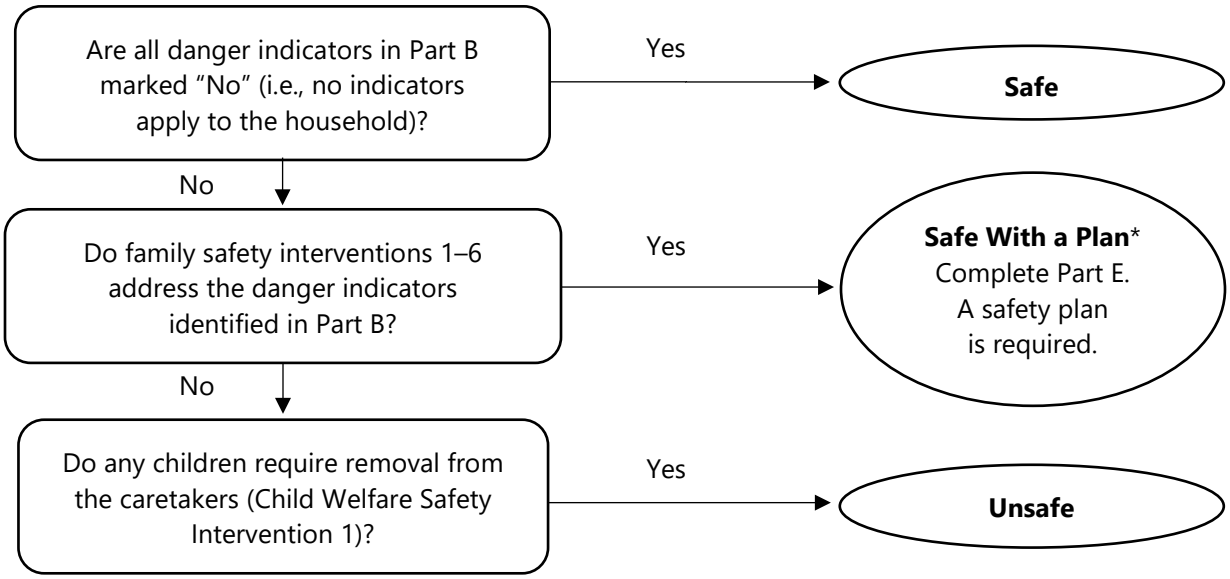
Safety plans must be reviewed with the family every 14 days, and information from that review must be documented in PATH NC.

DECISION

The safety assessment is used to guide decision making about whether the child may remain in the home with or without safety interventions, may remain in the home with safety interventions in place or with a protective caretaker in an alternative living environment, or must be protectively placed.

The assessment also guides decision making on factors that, if not addressed, threaten immediate harm to children. A family safety intervention (Part C) is required for all children in which a danger indicator is present (Part B). For any child with an identified family safety intervention, a safety plan (Part E) must be developed.

The safety assessment contains five parts: Factors influencing child vulnerability, danger indicators, safety interventions, safety decision, and the safety plan.



*If a temporary safety provider will address the safety indicators in Part B, complete a safety plan and an Initial Provider Assessment_TSP.