SAFETY ASSESSMENT REQUIREMENTS

The purpose of the foster care Safety Assessment, DHS-149 (RFF 149), is to help assess whether a child(ren) is:

- In immediate danger of physical harm;
- To help assess the source of that danger; and
- To help determine if a protecting intervention is available to be maintained or initiated to provide appropriate protection.

A protecting intervention, taken by staff or others, is one that remedies the immediate danger and enables longer range services to be provided to the child(ren) while keeping the family intact.

The safety assessment (DHS-149) will also help staff address reasonable efforts (See FOM 722-06, Reasonable Efforts) issues with the courts and families through consideration of specific safety factors and protecting interventions. DHS workers must complete the DHS-149, Safety Assessment in SWSS. Child placing agencies will continue to use the DHS-149, Safety Assessment (RFF 149) template.

Risk versus safety assessment: It is important to keep in mind the difference between safety and risk when completing this assessment. Safety assessment differs from risk assessment in that the child’s present or imminent danger is assessed along with the interventions currently necessary to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment.

Which Case

All foster care cases currently open for services with a permanency planning goal (FOM 722-07) of:

- Return home or maintain own home placement, or
- Where parental rights have not been terminated, and
- When required by the reunification assessment results.

The safety assessment is completed for any household with a legal right to placement where a reunification assessment (FOM 722-09A) has been completed as part of the USP (RFF 66) or the stand-alone (RFF 147) and the results require a safety assessment.
(where both parenting time and barrier reduction are rated as substantial or partial).

Decisions

The safety assessment is used to determine if children are:

- **Safe** if no safety factor is present in the family.
- **Safe with Services** if any safety factor is present and is controlled in home by a protecting intervention while other services are provided.
- **Unsafe** if any safety factor is present and the only protecting intervention is the removal of the children from the home or continued out-of-home placement.

Foster care workers respond to identified safety factors through implementing one of the seven in-home protecting interventions. A protecting intervention is an action taken by staff or others that improves the unsafe condition identified in the assessment while short-term services are provided to the family. Protecting interventions are the services that control the safety of the child.

- If in-home protecting interventions can not control the presence of the safety factor(s) or have failed, the safety response and protecting intervention are to continue out-of-home placement or remove the child(ren) while services are provided to reduce the risk of future maltreatment.
- If in-home protecting interventions have resolved safety issues, children in placement may be returned while other services are provided.
- Children in out-of-home placement may be returned home if there are in-home protecting interventions in place which allow the child(ren) to be “Safe with Services” or if the safety factors previously identified have been resolved or are no longer present.

When

Complete the safety assessment following any reunification assessment in the USP, DHS-66, (or stand-alone form) where parenting time compliance and barrier reduction are at least partial.
Prior to any placement in a household with a legal right to reunification at any time, regardless of when the last safety assessment was completed. If there is more than one household involved in the case that has a legal right to the child that are being considered for return of the child to the home, complete one DHS-149, Safety Assessment form (RFF 149) for each such household, as required by the reunification assessment.

If the child(ren) is placed in the parental home, complete the safety assessment with each USP until case closure, regardless of progress in barrier reduction or participation in services during the report period.

Complete at any time circumstances have changed in the case where a threat of imminent danger exists.

Do not complete the safety assessment if parental rights have been terminated.

Appropriate Completion

Complete all identifying information at the beginning of the assessment form. Check whether the safety assessment is being completed for the ISP or USP.

Very young children and older children with diminished mental capacity or repeated victimization are especially vulnerable. Each safety factor must be considered in light of the vulnerability of each child throughout the assessment. Answer “Yes” if any safety factor affects any child in the family or household.

DHS-149, SAFETY ASSESSMENT INSTRUCTIONS

Safety Factor Identification

In Section 1, Safety Factor Identification, assess each factor:

- The safety factors are behaviors or conditions that may be associated with a child in danger of immediate or serious harm. Answer “Yes” where there is clear evidence that the factor exists or there is cause for concern that the factor is present in the family. Answer “No” if a factor is not present. Use the defi-
nitions as guidelines in assessing the presence or absence of a factor.

- In the narrative space provided, indicate the reason for checking that the safety factor is present.
- If no safety factors are present, go to the safety decision and check safe.

Safety Assessment Factor Definitions

1. Caretaker(s) caused serious physical harm to a child and/or made a plausible threat to cause serious physical harm, indicated by:
   - Serious injury or abuse to child other than accidental.
   - Threat to cause harm or retaliate against child.
   - Excessive discipline or physical force.
   - Potential harm to child as a result of domestic violence.
   - One or more caretaker(s) fear they will maltreat child.
   - Drug exposed infant.

Caretaker(s) caused serious physical harm to the child and/or made a plausible threat to cause serious physical harm and current circumstances suggest that child safety may be an immediate concern. If yes, explain. If no and there was serious or threatened harm, explain why it is not currently a factor.

2. Caretaker(s) has previously maltreated a child in their care. Check all that apply:
   - Prior death of a child.
   - Prior serious harm to any child.
   - Prior termination of parental rights.
   - Prior removal of any child.
   - Prior CPS preponderance of evidence/substantiation.
   - Prior threat of serious harm to child.

Caretaker(s) has previously maltreated a child in their care and the severity of the maltreatment or the caretaker(s)' response to the previous incident and current circumstances suggest that child safety may be an immediate concern, if placement continues with the caretaker(s) or if placement is made with the caretaker(s). If yes, explain. If no and there is prior maltreatment, explain why it is not currently a safety factor.
3. Caretaker(s) failed to protect children from serious physical harm or threatened harm and perpetrator continues to have access, will likely have access or there are individual(s) living in, or visiting the home on a regular basis, who pose a threat to safety of the child. If yes, explain.

4. Explanation of the injury is unconvincing. If yes, explain:
   - Medical evaluation indicates injury is result of abuse, caretaker(s) denies or attributes injury to accidental causes.
   - Caretaker(s) explanation for the observed injury is inconsistent with the type of injury.
   - Caretaker(s) description of the causes of the injury minimizes the extent of harm to the child.

5. The caretaker(s) refuses access to a child, or there is a reason to believe the caretaker(s) is about to flee, or a child's whereabouts cannot be ascertained. If yes, explain:
   - Family currently refuses access to the child and cannot or will not provide child's location.
   - Family has removed child from a hospital against medical advice.
   - Family has previously fled in response to a CPS investigation.
   - Family has history of keeping child at home, away from peers, school, other outsiders for extended periods.

6. Child is fearful of caretaker(s), other family members, or other people living in or having access to the home. If yes, explain:
   - Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
   - Child exhibits severe anxiety (i.e., nightmares, insomnia) related to situation(s) associated with a person(s) in the home.
   - Child has reasonable fears of retribution or retaliation from caretaker(s), other household members or others having access to the child.
7. Caretaker(s) is unwilling or unable to provide supervision necessary to protect child from potentially serious harm. If yes, explain:

- Caretaker(s) does not attend to child to the extent that need for care goes unnoticed or unmet (e.g., caretaker is present but child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards).

- Caretaker(s) leaves child alone (time period varies with age and developmental stage).

- Caretaker(s) makes inadequate and/or inappropriate baby-sitting or child care arrangements or demonstrates very poor planning for child's care.

- Caretaker(s) whereabouts are unknown.

8. Caretaker(s) is unwilling or unable to meet the child’s immediate need for food, clothing, shelter and/or medical or mental health care. If yes, explain:

- No housing or emergency shelter; child must or is forced to sleep in the street, car, etc.; housing is unsafe, without heat, etc.

- No food provided or available to child, or child starved or deprived of food or drink for prolonged periods.

- Child without minimally warm clothing in cold months.

- Caretaker(s) does not seek treatment for child's immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).

- Child appears malnourished.

- Child has exceptional needs which caretaker(s) cannot/will not meet.

- Child is suicidal and caretaker(s) will not take protective action.

- Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavior control or serious physical symptoms.
9. Caretaker(s) physical living conditions are hazardous and immediately threatening to a child based on the child's age and developmental status. If yes, explain:

- Leaking gas from stove or heating unit.
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.
- Lack of water or utilities (heat, plumbing, and electricity) and no alternate provisions made, or alternate provisions are inappropriate (e.g., stove, unsafe space heaters for heat).
- Open windows/broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food which threatens health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked.

10. Caretaker(s) substance use seriously affects his/her ability to currently supervise, protect or care for the child. If yes, explain:

Caretaker(s) has misused drug(s) or alcoholic beverages to the extent that control of his or her actions is lost or significantly impaired. As a result, the caretaker is unable, or will likely be unable, to care for the child, or has harmed the child, or is likely to harm the child.

11. Caretaker(s) behavior is violent or out-of-control. If yes, explain:

- Extreme physical, verbal, angry, or hostile outbursts at child.
- Use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feedings, etc.).
Domestic violence is likely to have negative impact on the child.

Use of guns, knives, or other instruments in a violent way.

Violently shakes or chokes baby or young child to stop a particular behavior.

Behavior that seems out of touch with reality, fanatical, or bizarre.

Behavior that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).

12. Caretaker(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations. If yes, explain:

- Caretaker(s) describes child in a demeaning or degrading manner (e.g., as evil, possessed, stupid, ugly, etc.).
- Caretaker(s) curses and/or repeatedly puts child down.
- Caretaker(s) scapegoats a particular child in the family.
- Caretaker(s) expects a child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone).
- Caretaker(s) view child as responsible for the caretaker(s)' problems.
- Actions by the caretaker may be periodic but form an overall negative view of the child.

13. Child sexual abuse is suspected or confirmed and circumstances suggest that child safety may be an immediate concern. If yes, explain:

- Confirmed means that there is a preponderance of evidence that sexual abuse occurred.
- Caretaker(s) or others have committed rape, sodomy, or has had other sexual contact with child.
• Caretaker(s) or others have forced or encouraged child to engage in sexual performances or activities (including forcing a child to observe sexual performances or activities).

• Access by possible or confirmed sexual abuse perpetrator to child continues to exist.

14. Caretaker(s) emotional stability seriously affects current ability to supervise, protect or care for child. If yes, explain:

• Caretaker(s) refusal to follow prescribed medicines may skew ability to parent the child.

• Caretaker(s) inability to control emotions such as anger results in violent or out of control behavior that threatens a child.

• Caretaker(s) exhibit distorted perception of reality that impacts ability to parent child appropriately (e.g., keeping child from school or play due to extreme fear of germs or violence).

• Depressed behavior that manifests feeling of hopelessness, helplessness, or leading caretaker to being immobilized (e.g., failure to attend to child, feed or properly clothe child, and provide suitable environment).

15. Other. If yes, explain:

Safety Response - Protecting Intervention

In Section 2, Safety Response - Protecting Intervention:

If any safety factor has been identified, determine which protecting interventions will protect the child(ren). Consider the resources available in the family and the community that help to keep the child(ren) safe while other services are provided.

• Determine if interventions 1-7 (in-home) will control the factor and allow return home.

• Check protecting intervention #8, Legal Intervention, if the child(ren) must remain out of the home.
If there are no protecting interventions which protect the child(ren) in the home, describe all protecting interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

**Safety Decision**

In Section 3, Safety Decision:

Determine if the child(ren) is Safe, Safe with Services or Unsafe based on the following definitions:

- **Safe** if there are no children likely to be in immediate danger of serious harm if placement is made, or maintained, with the caretaker(s).

- **Safe with Services** if in-home protecting interventions are in place that will allow the child(ren) to be placed or maintained with the caretaker(s).

- **Unsafe** - without continued legal intervention and placement, one or more children are likely to be in immediate danger of serious harm. Caretaker(s) have not resolved safety issues leading to placement.