

## 2. Assessment Tools

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**2.0 PURPOSE:** The guidelines and assessment tools support best practice and support consistency in safety-related decisions made by staff; support engaging families and developing timely and accurate assessments of safety and risk; identifies the needs of families and children; and provides an assessment of the children's and families' situation before and after service intervention.

### 2.1 AUTHORITY

### 2.2 FORMS

[Child Safety Assessment](#)

[Child Safety Factors Guidelines](#)

[In-Home Safety Plan Form](#)

[Comprehensive Assessment Interview and Documentation Guide](#)

[Comprehensive Strengths and Risk Assessment Rating Reference](#)

[Risk Assessment Rating Tool, Instructions, and Overview](#)

[Safety of Placement Assessment](#)

[Safety of Placement Assessment Guidelines](#)

[Safety Assessment in Child-Caring Institutions Tool and Examples List](#)

### 2.3 CHILD SAFETY AND RISK ASSESSMENTS

#### A. [Child Safety Assessment tool](#)

The Child Safety Assessment helps workers identify and document the presence of a Safety Factor based on the information gathered from the family and collateral contacts. It is designed to guide assessment and decision-making. This tool helps workers consistently assess safety for all families involved with Child Welfare Services (CWS). The assessment process also helps engage the family by clarifying reasons for CWS involvement, what the agency looks at regarding safety, and why a child may be removed.

Families' initial reaction may be guarded, angry, resistant and/or confused. It is important for the worker to recognize and manage the initial resistance to focus on keeping the child safely in the home.

Children can remain in the family home when Safety Factors and the home can be made safe with an In-Home Safety Plan.

Workers assess safety on an ongoing basis when working with the family. The Child Safety Assessment is used to complete and document the formal assessment required at specific points in the case.

If the child cannot remain safely in the family home, the next order of placement is with relatives.

### Part 1: Case Information

**Purpose:** The purpose of this section is to document completion of Child Safety Assessment at minimally required points in the case.

- √ Enter Case Name, Case Number, Intake Number (if new Intake), Worker Name, Date (assessment completed), Time (assessment completed).
- √ Enter Reason(s) for Safety Assessment:
  - Initial Contact: Upon receipt of Intake, complete during first face-to-face contact(s) with family. The Child Safety Assessment should be completed at the time of the initial face-to-face contact. There may be some situations where the worker may not have the opportunity to complete the form during the meeting with the family. If this should occur then the worker must complete the form within 7 working days of first face-to-face contact.
  - Conclusion of the Investigation: Complete at the end of the investigation (within 60 calendar days). The Child Safety Assessment helps to determine case direction (e.g.) open for case management services with CWS, case closure and/or case transfer to Voluntary Case Management (VCM), or Family Strengthening Services FSS). A Child Safety Assessment does **not** need to be completed if the worker has determined that the case will be closed shortly after the Child Safety Assessment has been completed for the Initial Contact and the case will be officially closed in the database within 29 calendar days from the face-to-face meeting when the worker assessed that there are no Safety Factors present and/or Safety Factor(s) were present and have been resolved and the plan is to close the case.
  - Prior to Removal: Complete prior to the removal of a child from the family home. The Child Safety Assessment is used to identify and document the presence of a Safety Factor. A child shall not be

removed by CWS prior to the completion of the Child Safety Assessment. Prior to any removal of a child, a Safety Factor must be identified and the completed Analysis for an In-Home Safety Plan (Part 3) indicates that an In-Home Safety Plan would not be appropriate. The worker can then proceed with out of home placement. There may be some situations where the worker may not have the opportunity to complete the form prior to the removal (family not present, situation may be dangerous, etc.). If this should occur then the worker must complete the form within 7 working days of the removal.

- Reunification Assessment: Complete when the child is in out-of-home placement and worker is considering making a recommendation to return the child to the family home. If Safety Factors are still present, workers should complete Analysis for In-Home Services (Part 3) to determine if the home can be made safe with an In-Home Safety Plan prior to returning the child home.
- Change in Visitation Plan: Complete when the worker is considering making a recommendation to change from Supervised Visits to Unsupervised/Monitored visits (any visit where the child is left alone with the parent/caregiver for any length of time).
- New Safety Concerns: Worker assess safety on an ongoing basis when working with the family. Complete when circumstances indicate a new Safety Factor may be present. This may occur at any time the case is open including during the monthly home visits, when there are changes to the household members, and/or family dynamics.
- Prior to Case Closure: Complete prior to case closure. A Child Safety Assessment does **not** need to be completed again if the worker has determined that the case will be closed shortly after the Child Safety Assessment has been completed for the Initial Contact or Prior to Case Closure and the case will be officially closed in the database within 29 calendar days from the face-to-face meeting when the worker assessed that there are no Safety Factors present and the plan is to close the case.

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### Part 2: Child Safety Assessment

**Purpose:** The purpose of this section is to assess child safety by identifying Safety Factors that may be present in the home/family. The 15 questions in this section assist the worker to identify behaviors or

conditions that could result in present or impending danger to a child that warrant CWS involvement.

Parent/caregiver is defined for the purpose of the Child Safety Assessment as: the child/ren's parent or adult that is the subject of the report and/or others who have a primary caregiving role for the child/ren and/or ongoing access to the child. This may be the mother, father, significant other of the mother or father, grandparent or others that care for the child/ren.

Each of the 15 Safety Factors has a corresponding list of examples. This is an assessment of the family functioning and environment as it relates to the safety of every child in the home.

- The following criteria must be present to constitute a Safety Factor:
  - **Specific and observable:** Consider whether the behaviors are specific and observable - Danger is real, can be seen, can be reported, and is evidenced of the danger (police report, physical injury, property damage, others witness behavior).
  - **Out-of-control:** Consider whether the parent/caregiver's behaviors are out-of-control - Family conditions which can affect the child and are unrestrained, unmanaged, without limits or monitoring, not subject to influence, manipulation or internal power, and out of the family's control. Describe triggers/events that precipitate out of control behavior and if this situational or chronic).
  - **Immediate or liable to happen soon:** Consider the specific time frame that the behaviors will affect child safety - A belief that the threats to child safety are likely to become active. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.
  - **Severe consequences:** Consider if the severity is consistent with harm that can result in significant pain; serious injury; disablement; grave or debilitating physical health or physical conditions; acute or grievous suffering; terror; impairment; or death.
- For each of the above 4 criteria, include an assessment of the **vulnerability** of the child – the child's capacity for self protection including children's susceptibility to experience more severe consequences based on health, size, mobility, social/emotional state

and access to individuals who can provide protection -young children; children with disabilities, children seldom visible to others, children not alert to danger, children who may stimulate threats and reactions, etc.

- √ Check "Yes" or "No" to indicate if the Safety Factor is present.
- √ For each Safety Factor marked "Yes", list the applicable letter from the Safety Factor Guidelines – this may include more than one.
- √ For each Safety Factor marked "Yes", describe in the space provided how the Safety Factor is present in the family. List and specifically describe each Safety Factor and how it is active in the family including when, how often (pattern), under what circumstance, other influences involved, and inability of the family to control the situation to child safety. Include in the description how the behavior is **specific and observable, out of control, immediate or liable to happen soon, can result in severe consequences**, and **how the child is vulnerable to these behaviors and how the child is vulnerable to the situations**.
- √ If one or more of the Safety Factors are checked "Yes", complete the Part 3 Analysis for In-Home Services.
- √ If all Safety Factors are checked "No", Part 3 Analysis for In-Home Services does not have to be completed. Case may be assessed for transfer to VCM or FSS based on risk level, when appropriate.

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### **Part 3: Analysis for In-Home Services – Reasonable Efforts (What would it take to keep the child safely in the home?)**

**Purpose:** The family and their support system are assessed to see if child can safely remain in the home with an In-Home Safety Plan when a Safety Factor is present.

- A. Assess the supports needed to keep the child safely in the home.
  - 1. Describe what can be put in place and specific actions (attempts to procure services, additional contacts, etc.) needed to keep the child in the home (protective caregiver(s) –family/friends/community members), family member/person to be home with the children, services, and/or purchased items (using CAN Emergency/WRAP funds, community resources, etc.).

If the child is later removed, consider the identified supports needed as conditions for return.

2. Describe the actions that the safety plan participants have to do to ensure child safety. Be very specific with what action you want the safety plan participants to complete to address the Safety Factor.
3. Talk with parents/caregivers and list all people who are available to participate in the In-Home Safety Plan. List all possible family/friends that will participate in the In-Home Safety Plan and assess each person by answering A, B, C, D and E. The CWS worker should obtain and document the names and numbers of these individuals and note the date and time of contact.

**Protective Capacities** are cognitive, behavioral, and emotional qualities supporting vigilant protectiveness of children. Protective capacities are fundamental strengths preparing and empowering the person to protect. Provide examples of their protective capacities and how they have protected or will protect the child/ren.

- Consider the following when answering A, B, and C (chart):
  - A. Does the safety plan participant understand his/her role and responsibilities to protect the child?
    - **Cognitive protective capacity:** This refers to knowledge, understanding, and perceptions contributing to protective vigilance. Some examples of cognitive protective capacities can be demonstrated when the parent/caregiver:
      - The individual has been fully informed about the Safety Factors and understands his/her protective role
      - Accepts and believes that the Safety Factor(s) exist
      - Articulates a plan to protect the child
      - Is aligned with the child
      - Has adequate knowledge to fulfill care-giving responsibilities and tasks

- Is reality oriented; perceives reality accurately
- Is self-aware as a caregiver
- Is aligned and responsive to CWS
- B. Can the safety plan participant physically respond appropriately to protect the child?
  - **Behavioral protective capacity:** This refers to actions, activities, and performance that result in protective vigilance. Some examples of behavioral protective capacities can be demonstrated when the parent is:
    - Physically able
    - Has a history of protecting others
    - Demonstrates impulse control
    - Demonstrates adequate skill to fulfill care-giving responsibilities
    - Possesses adequate energy
    - Sets aside her/his needs in favor of child
    - Is adaptive and assertive
    - Uses resources necessary to meet the child's basic needs
    - Is available in terms of time and accessibility
    - Is trustworthy, dependable, and has no current evident substance abuse, mental health issues, or other major life issues that may prevent them from being protective
- C. Does the safety plan participant understand the emotional needs of the child?
  - **Emotional protective capacity:** This refers to feelings, attitudes and identification with the child and motivation resulting in protective vigilance. Some examples of emotional protective capacities can be demonstrated when the parent is:
    - Able to meet own emotional needs
    - Is emotionally able to intervene to protect the child
    - Realizes the child cannot produce gratification and self-esteem for the parent
    - Is tolerant as a parent

- Displays concern for the child and the child's experience and is intent on emotionally protecting the child
  - Has a strong bond with the child; knows a parent's first priority is well-being of the child
  - Expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.
- D. and E. Criminal Justice Information System (CJIS) clearance and Child Abuse and Neglect (CA/N) clearance column
    - Ask each potential safety plan participant for consent to complete CJIS and CA/N clearances. If the person has a history, assess if it will prevent them from being a participant in the In-Home Safety Plan. Workers should consult with their supervisor if the person has a history and the worker thinks it may suggest they are not able to be safety plan participants. Enter "Yes" in the column if the clearance has been completed and the person has been assessed to able to be a safety plan participant (the person does not have any history that would prevent him/her from being a participant in the In-Home Safety Plan). Enter "No" in the column if the clearance has been completed, but the person has a history that was assessed by the worker and supervisor that prevent him/her from being participants in the In-Home Safety Plan.

If the answer for A, B, and/or C in the chart are "No", please describe efforts made to help people understand/carry out the actions needed.

A, B, C, D, and E must be answered "Yes" to include the person as a participant in the In-Home Safety Plan. If there are no safety plan participants identified before the worker leaves the home, explore again with the family other possible options of family/friends/community members that could be a safety plan participant. If any are identified, add to the chart in question #3 for further follow-up.

4. Talk with parents/caregivers and list people the child could possibly stay with if out-of-home placement needs to happen. Include name,

phone number or other contact information, and relationship. With consent from the person names, complete CA/N clearance and CJIS for each person early in the case so that if out of home placement is later needed, CWS can avoid placing the child in an emergency shelter or non relative placement.

- B. Answer "Yes" or "No" to the questions 1-5 in Part 3 B and describe the reason for answering "Yes" or "No" based on your professional judgment in the comments sections for each question.
1. Are parents/caregivers willing to allow and/or participate with an In-Home Safety Plan? Parents/caregivers must be willing to allow people/services in the home if needed to carry out the In-Home Safety Plan. If there are two parents/caregivers living in the home, both have to be willing to have and to follow an In-Home Safety Plan.
  2. Can the family living environment be made safe enough for people to come into the home? Workers should assess that the home environment is calm enough to allow people and/or services to come into the home to carry out the In-Home Safety Plan.
  3. Can an In-Home Safety Plan be put into place without the need for immediate formal evaluations? Workers must consider if there is a need to get psychological evaluations, drug tests, etc, to determine if the caregiver has the capacity to allow for the In-Home Safety Plan to be in place. Essentially, even without formal evaluations, the worker can determine that the child can remain in the home as long the In-Home Safety Plan addresses the identified Safety Factors.

The current situation must be assessed regarding the parent/caregiver's plan and abilities and well as the support system for the family. For example, a mother may have tested positive for substances at a prenatal visit or the baby has tested positive for substances at birth. There should be an assessment of mother's plan to care for the baby upon discharge including any supports available to her and the child such as a friend/family member coming in the home to make sure the child is cared for. These behaviors do not automatically require/result out-of-home placement. The Child Safety Assessment and Analysis for In-Home Services are completed to determine if the child can remain at home safely with an In-Home Safety Plan.

4. Are services/resources/people available to carry out the In-Home Safety Plan? The worker should assess whether the resources needed are immediately available and accessible to carry out the In-Home Safety Plan.
  5. Is/are there safety plan participants listed in the chart of Part 3 A-3 that have sufficient protective capacity to carry out the In Home Safety Plan? In order to answer question number 5 "YES" the answers to questions A, B, C, D, and E must all be checked "YES" for the safety plan participants that will be a part of the In-Home Safety Plan.
- √ Check the box is if all of Questions 1 through 5 are checked "Yes": Complete Part 4 In-Home Safety Plan.
  - √ Check the box if 1 or more of Questions 1 through 5 are checked "No": Proceed to out of home placement
  - √ Check the box if the information has been shared with the parent/caregiver.
    - List the name of the parent/caregiver that the information was shared with. Enter the date that the information was discussed.
    - Notes: Please describe circumstance if worker was not able to share information with the parent/caregiver. For example, the parent/caregiver could not be located.
  - √ List the name of the Supervisor that provided consent by phone and date.
  - √ Worker signs and dates the form.
  - √ Supervisor reviews and signs and dates form within 2 working days.
    - Notes: Please describe circumstance if consent given by phone and/or assessment is signed is by a Supervisor or Section Administrator other than the CWS Worker's immediate Supervisor.

#### Part 4 In-Home Safety Plan

**Purpose:** The In-Home Safety Plan is designed to manage immediate Safety Factors, as identified in the Child Safety Assessment. When a Safety Factor is identified and the Analysis for In-Home Services indicates that the home can be made safe with services/supports, an In-Home Safety Plan is developed. This is independent of a service plan. The specific actions, services, and supports in the In-

Home Safety Plans are to address child safety in the home. The In-Home Safety Plan must be in place and monitored until the Safety Factors are eliminated.

In-Home Safety Plans should:

- Have an immediate impact on controlling Safety Factors
- Include safety actions only
- Match services and actions to the Safety Factors (for example, if the parent lacks cognitive capacity to prepare the formula, the safety plan would include someone responsible for the preparation and ensures feeding has occurred)
- Have a mechanism for oversight by the CWS worker (for example, contacting the people responsible for specific actions and visiting and assessing the home and the child)
- Have a back-up plan if a provider or protective caregiver is unable to fulfill their commitment
- Have a communication plan for monitoring, feedback and problem solving
- Be reviewed and revised as the family's situation and supports change.

√ Complete the In-Home Safety Plan when a Safety Factor is present and the Analysis for In-Home Services indicates that an In-Home Safety Plan would be appropriate (Questions 1 through 5 are all answered "Yes"). The In-Home Safety Plan shall be developed with the family and others that will be responsible for specific actions. Create the plan using carbon paper and leave a copy with the family and those who will help carry out the plan.

- Safety Factor # and brief description of the safety concern: Write in each Safety Factor number on a separate line identified in Part 2 and briefly describe the concern for the family (e.g. mother leaves 5 year old (include child's name) unsupervised after school for 5 hours each day).
- Action Plan and family/community supports: Describe specific actions taken to protect the child (who, what, when/how often).
- CWS Safety Management Responsibilities: Describe how the CWS worker will monitor the In-Home Safety Plan (phone calls to family members, face-to-face visits, etc - be specific i.e.: worker will call people responsible for carrying out specific actions in the plan twice a week).

- The CWS worker maintains oversight of the plan and may not delegate to family members, other supports, or treatment providers.
  - Safety assessment and planning continues while the case is open with CWS and a Safety Factor is present without clear caregiver protective capacities.
  - Plan shall be reviewed and signed by family members when reviewed with the family.
  - Date Reviewed and Comments: After the plan is developed and the worker goes out or calls the family and people responsible to carry out the plan to monitor implementation, the worker will write in the date the plan was reviewed, a brief statement of current status of the action, and have those present initial that they were part of the review. If it is a phone call, the worker can note that and write in the name of those they spoke with.
- √ CWS Worker lists his/her name, signs, and dates the form.
  - √ All participants must sign and date the In-Home Safety Plan in the signature lines. Workers can remind the parent/caregiver and safety plan participants that the actions in the In-Home Safety plan are to prevent placement in Foster Care and if the plan is not followed, there may be a reassessment to see if the child can still remain safely in the home.
  - √ List the name of the Supervisor that gave verbal approval by phone and date approval was given of the In-Home Safety Plan.
  - √ Supervisor reviews and signs within 2 working days.
    - Notes: Please describe circumstance if consent given by phone and/or plan is signed is by a Supervisor or Section Administrator other than the CWS Worker's immediate Supervisor.
- B. Comprehensive Strengths and Risk Assessment Rating Tool
1. Complete within 60 days of Intake date or prior to case closing at Investigations – whichever comes first; when case circumstances suggest an increase or decrease in risk; prior to supervisory approval when considering to close an ongoing case or transfer a case to VCM or FSS.
  2. Use the Comprehensive Strengths and Risk Assessment Rating Tool with the Comprehensive Strengths and Risk Assessment Rating Reference to determine overall level of risk to the children in the family when making

decisions regarding the level and type of intervention and service provision needed by the family.

3. Refer to the instructions on the 2<sup>nd</sup> and 3<sup>rd</sup> page of the Comprehensive Strengths and Risk Assessment Rating Tool for detailed information to complete the assessment tool.

C. Safety of Placement Assessment tool

1. Complete during face-to-face contact 30 days from the date of placement and quarterly thereafter until placement ends.
2. Use the Safety of Placement Assessment tool with the Safety of Placement Assessment Guidelines to assess the safety of children who are placed in foster care.
3. For all children currently in a Resource Home, complete the Safety of Placement Assessment tool upon your next monthly visit with the child/ren in the Resource Home and quarterly thereafter.

D. Safety Assessment in Child-Caring Institutions

1. Complete during face-to-face contact 30 days after the initial placement and quarterly thereafter, until the placement ends.
2. Use the Safety Assessment in Child-Caring Institutions tool with the Safety Assessment in Child-Caring Institutions Examples List to assess safety for the child in the facility.
3. For all children currently in a Child-Caring Institution, complete the Safety Assessment in Child-Caring Institutions tool upon your next monthly visit and quarterly thereafter.