

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 4: Assessment</b>	<b>Effective Date:</b> March 1, 2019
	<b>Section 18: Initial Safety Assessment</b>	<b>Version:</b> 7

<b>STATEMENTS OF PURPOSE</b>
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The Indiana Department of Child Services (DCS) will complete an [Initial Safety Assessment](#) (including a response and decision) within 24 hours of the initiation of every assessment. A subsequent Safety Assessment (see policy [4.38 Assessment Initiation](#) for additional guidance) will be completed when there are:

1. Changes in family circumstances;
2. Changes in information known about the family;
3. Changes in changes in the family's ability to utilize protective factors to mitigate safety threats; and/or
4. Changes at the point of a [case juncture](#).

When child safety concerns are identified DCS will consider the viability of informal and community support services to ensure the child's safety, prior to considering involuntary removal of the child. A [Safety Plan \(SF 53243\)](#) will be completed with the family. The [Safety Plan \(SF 53243\)](#) will be reviewed for approval during safety staffing (see policies [4.19 Safety Planning](#) and [4.41 Daily Safety Staffing](#)).

**Note:** When a Child in Need of Services (CHINS) petition is filed, DCS will consider an in-home CHINS if the child's safety can be ensured.

DCS will utilize the Child and Family Team (CFT) Meeting process to engage children and families throughout the assessment phase. The CFT will assist in planning for child safety while identifying the child and family's strengths, informal supports, and needs (see policies [5.7 Child and Family Team \(CFT\) Meetings](#) and [4.19 Safety Planning](#)).

DCS will explore all possible safety options for the child with the non-offending parent in domestic violence situations.

DCS will complete referrals to appropriate community services as necessary (see policy [4.26 Determining Service Levels and Transitioning to Ongoing Services](#)).

DCS will continually reassess a child's safety based on the most current information available by completing subsequent [Safety Assessments](#). Adjustments to the [Safety Plan \(SF 53243\)](#) will be completed as needed and reviewed for approval during [clinical supervision](#).

**Change in Household Composition**

If DCS determines that a temporary change in household composition will allow the family an opportunity to address the safety and risk issues present during the time of the assessment, a change in household composition may occur if it is in the best interest of the child (see policy [4.37 Change in Household Composition](#)).

## Code References

N/A

## **PROCEDURE**

The Family Case Manager (FCM) will:

1. Complete an [Initial Safety Assessment](#) within 24 hours of assessment initiation, to determine if there are any safety threats present (see policy [4.38 Assessment Initiation](#) for required timeframes);
2. Identify protective factors (e.g., nurturing and attachment to the child, knowledge of parenting and of child and youth development, parental resilience, social connections, and concrete supports for parents) which may mitigate the safety threats;
3. Work with the family and CFT to identify safety responses;
4. Document safety responses and individuals included by completing a [Safety Plan \(SF 53243\)](#);
5. Take necessary actions to remove the child (see policy [4.28 Removals from Parents, Guardians, or Custodians](#)) if the child cannot remain safely in the home;
6. Document the results of the [Safety Assessment](#), decisions and actions taken in the case management system within one (1) business day; and
7. Discuss the [Initial Safety Assessment](#) and the [Safety Plan \(SF 53243\)](#) at safety staffing (see policy [4.41 Safety Staffing](#));
8. Reassess safety immediately by completing a subsequent [Safety Assessment](#) when there are:
  - a. Changes in family circumstances;
  - b. Changes in information known about the family;
  - c. Changes in the family's ability of use of protective factors to mitigate safety threats; and/or
  - d. Changes at the point of a [case juncture](#).
9. Update the [Safety Plan \(SF 53243\)](#) as needed and obtain supervisory approval;
10. Identify the appropriate Safety decision. If no safety threats exist, consider recommending assessment closure with supervisor approval.

The FCM Supervisor will utilize safety staffing and regular [clinical supervision](#) to (see [4.41 Safety Staffing](#)):

1. Review and discuss the assessment details;
2. Review the Initial Safety Assessment and decision
3. Review the [Safety Plan \(SF 53243\)](#) for approval; and
4. Guide the FCM in ensuring child safety.

## **PRACTICE GUIDANCE**

### **Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline**

When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with **all** alleged child victims (see policy [4.38 Assessment Initiation](#)).

**Note:** If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

**All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case.** See policy [4.36 Linking Child Abuse or Neglect \(CA/N\) Reports to Open Assessments](#) for more information regarding the receipt of an additional [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#) during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed [310](#) form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The [310](#) or equivalent information may be submitted via email to: [DCSHotlineReports@dcs.in.gov](mailto:DCSHotlineReports@dcs.in.gov), via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

## FORMS AND TOOLS

1. [Initial Safety Assessment](#) – Available in Case Management System
2. [Safety Plan \(SF 53243\)](#)
3. [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#)
4. [Family Functional Assessment \(FFA\) Tool](#) – Available on the Practice Model SharePoint

## RELATED INFORMATION

### **Purpose of Safety Assessments**

The purpose of the safety assessment is:

1. To help assess whether any child is likely to be in immediate danger of serious harm/maltreatment which requires a protective intervention, and
2. To determine what interventions (protective factors/safety responses) should be initiated or maintained to provide appropriate protection.

### **Safety vs. Risk Assessment**

Safety assessment differs from risk assessment in that it assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment. In addition to the Safety Assessment Tool, FCMs should reference the [Family Functional Assessment \(FFA\)](#) tool when working with self-identified Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth. Safety assessment questions that may be helpful in determining the safety of LGBTQ youth can be found in the FFA tool.

### **Clinical Supervision**

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

**Example:** The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

**Case Juncture**

A case juncture is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the Case Plan and/or Safety Plan. Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement
2. Formal or informal supports
3. Family involvement
4. Visitation
5. Behavior
6. Diagnosis (mental or physical)
7. Sobriety
8. Skills acquisition; or
9. Education

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