

INDIANA DEPARTMENT OF CHILD SERVICES
SDM[®] REUNIFICATION ASSESSMENT
DEFINITIONS

A. REUNIFICATION RISK REASSESSMENT

R1. Risk level on most recent family risk assessment (not reunification risk level or risk reassessment)

The initial risk level for the assessment that led to **this case opening** is used to score this item. If there is no family risk assessment for this family, mark “e” and score as 4. Generally, the correct risk level will be the final risk level from the original family risk assessment that led to this case opening or, if a non-removal family, the original baseline risk level for that family. If there have been subsequent assessments on the reunification household since the initial one, use the risk level from the most recent assessment. In this case, enter the most recent risk assessment result. (Never use a prior risk reassessment or a reunification assessment risk level.)

R2. Has there been a new substantiation since the family risk assessment or last reunification risk reassessment?

Answer yes or no based on whether there has been a new substantiated incident of abuse/neglect in the reunification household since the last assessment or most recent reassessment where an adult in that household was identified as the person who abused or neglected a child.

R3. Progress toward case plan goals

Rate both caregivers. If no secondary caregiver is present, mark the box for “no secondary caregiver.” Score the item based on the caregiver demonstrating the least progress.

a. The caregiver successfully demonstrates new skills and behaviors consistent with case plan objectives and has been engaged in services.

- The caregiver is **consistently** demonstrating behavioral change consistent with the objectives in the case plan (e.g., does not abuse alcohol, controls anger/negative behavior, does not use physical punishment, refrains from family violence, provides emotional support for the child, etc.).
- This may include participation in activities identified on the case plan toward achievement of new skills, and caregivers who successfully achieve desired behavior change through activities not specifically identified on the plan.
- Engagement in services and activities means that the caregiver’s participation suggests acquisition and application of new skills, not just compliance with attendance.

- Compliance with services and activities without demonstration of acquisition of new skills consistent with case plan objectives is not sufficient for scoring.
- b. The caregiver frequently demonstrates new skills and behaviors consistent with case plan objectives and/or is actively engaged in services.
- The caregiver is **frequently** but not yet consistently demonstrating behavioral change consistent with the objectives in the case plan (e.g., does not abuse alcohol, controls anger/negative behavior, does not use physical punishment, refrains from family violence, provides emotional support for the child, etc.).
 - This may include routine participation in activities identified on the case plan toward achievement of new skills, and caregivers who achieve desired behavior change through activities not specifically identified on the plan.
 - Engagement in services and activities means that the caregiver's participation suggests acquisition and application of new skills, not just compliance with attendance.
 - Compliance with services and activities without demonstration of acquisition of new skills consistent with case plan objectives is not sufficient for scoring.
- c. The caregiver occasionally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in services.
- The caregiver may have made some progress on case plan objectives but is not yet demonstrating sufficient behavioral change to address needs related to safety and protection of the children.
 - There was minimal or sporadic participation in pursuing outcomes in the case plan.
 - Caregivers who are demonstrating some progress toward case plan objectives, but insufficient progress overall, should be scored here.
- d. The caregiver rarely or never demonstrates new skills and behaviors consistent with case plan objectives and/or refuses involvement in programs. This includes complete refusal to participate in services or activities, or participation that has failed to result in behavior change.

B. VISITATION PLAN EVALUATION

Visitation Frequency	Quality of Face-to-face Visits			
	Strong	Adequate	Limited	Destructive
Routinely				
Frequently				
Sporadically				
Rarely or Never				

Shaded cells indicate acceptable visitation plan compliance.

Definitions:

Visitation Frequency

(Visits that are appreciably shortened by late arrival/early departure are considered missed. Do not count visits that are missed because the child refuses to attend or visits that did not occur for reasons not attributable to the household [e.g., foster parent failed to make child available, transportation the agency was required to provide did not occur].)

- Routinely: Caregiver regularly attends scheduled visits or calls in advance to reschedule (90–100% compliance).
- Frequently: Caregiver may miss scheduled visits occasionally and requests to reschedule visits (70–89% compliance).
- Sporadically: Caregiver misses or reschedules many scheduled visits (26–69% compliance).
- Rarely/Never: Caregiver does not visit or visits 25% or fewer of scheduled visits (0–25% compliance).

Quality of Face-to-face Visits

Strong: *Always:*

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/nonverbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.
- Focuses on the child when preparing for visits and during interactions.

Adequate: *Often:*

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/nonverbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.
- Focuses on the child when preparing for visits and during interactions.

Limited:

Occasionally:

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/nonverbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.
- Focuses on the child when preparing for visits and during interactions.

Destructive:

Rarely or never:

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/nonverbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.
- Focuses on the child when preparing for visits and during interactions.

C. REUNIFICATION SAFETY ASSESSMENT DEFINITIONS

Factors influencing child vulnerability (conditions resulting in child's inability to protect self; mark all that apply to any child):

- Age 0–5 years. Any child in the household is under the age of 5 years. Younger children are considered more vulnerable, as they are less verbal and less able to protect themselves from harm. Younger children also have less capacity to retain memory of events. Infants are particularly vulnerable, as they are nonverbal and completely dependent on others for care and protection.
- Significant diagnosed medical or mental disorder. Any child in the household has a diagnosed medical or mental disorder that significantly impairs ability to protect self from harm; or diagnosis may not yet be confirmed, but preliminary indications are present and testing/evaluation is in process. Examples may include but are not limited to severe asthma, severe depression, and being medically fragile (e.g., requires assistive devices to sustain life), etc.
- School age but not attending school. The child is isolated or less visible within the community (e.g., the family lives in an isolated community, the child may not attend a public or private school and is not routinely involved in other activities within the community, etc.).
- Diminished developmental/cognitive capacity. Any child in the household has diminished developmental/cognitive capacity, which impacts ability to communicate verbally or to care for and protect self from harm.
- Diminished physical capacity. Any child in the household has a physical condition/disability that impacts ability to protect self from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency situation if left unattended).

SECTION 1A: SAFETY THREATS

1. **Since the initial safety assessment, caregiver has caused serious physical harm or made a plausible threat to cause physical harm to a child as indicated by the following:**

- Serious injury or abuse to the child other than accidental: The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts; and the child requires medical treatment.
- Caregiver fears he/she will maltreat the child and/or requests that placement continue.
- Threat to cause harm or retaliate against the child: Threat of action that would result in serious harm; or household member plans to retaliate against child for CPS assessment.
- Excessive discipline or physical force: The caregiver has tortured a child or used physical force in a way that bears no resemblance to reasonable discipline, or has punished the child beyond the duration of the child's endurance.
- Drug-exposed infant: There is evidence that the mother used alcohol or other drugs during pregnancy AND this has created imminent danger to the infant.
 - » The child is born with FAS or any controlled substance or legend drug in his/her body; AND the child needs care, treatment, or rehabilitation.
 - » The child has injuries, abnormal physical or psychological development, or is at substantial risk of a life-threatening condition due to mother's use of alcohol or drugs during pregnancy AND the child needs care, treatment, or rehabilitation.

2. **The severity of previous maltreatment or the caregiver's response to previous incidents AND current circumstances suggest that child safety is an immediate concern.**

There must be both current immediate threats to child safety AND related previous maltreatment that was severe **and/or** represents an unresolved pattern of maltreatment.

Previous maltreatment includes any of the following:

- Prior death of a child as a result of maltreatment;
- Any prior CPS involvement combined with current circumstances that suggest escalating pattern of maltreatment;
- Prior serious injury or abuse to the child other than accidental: The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural

hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impaired the health or well-being of the child *and required medical treatment*.

- Prior threat of serious harm to a child: Previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against a child for previous incidents; prior domestic violence that resulted in serious harm or threatened harm to a child.

3. Child sexual abuse was substantiated or is still suspected, and current circumstances suggest that child safety is an immediate concern.

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

- The caregiver or others in the household have committed rape, sodomy, or other sexual contact with the child.
- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing child to observe sexual performances or activities).
- Access to the child by a possible or confirmed sexual abuse perpetrator exists.

4. Since the initial safety assessment, caregiver has failed to protect the child from serious harm or threatened harm by others, OR current circumstances suggest that the caregiver would likely be unable to protect the removed child from serious harm by others if the child were returned home.

- The caregiver fails to protect the child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child. The caregiver would not provide supervision necessary to protect the child from potentially serious harm by others based on the child's age or developmental stage. Harm includes physical or sexual abuse or neglect.
- An individual with recent, chronic, or severe violent behavior towards children resides in the home, or the caregiver allows access to the child.

5. Caregiver's explanation for the injury to the child was, and remains, questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be an immediate concern.

- A medical exam showed that the injury was the result of abuse; the caregiver gave no explanation, denied, or attributed to accident. Medical evaluation indicates that the injury may be the result of abuse; the caregiver denies or attributes injury to accidental causes.
- The caregiver's explanation for the observed injury was or remains inconsistent with the type of injury and/or conflicts with other accounts.

- The caregiver's description of the cause of the injury minimized the extent of harm to the child.
- The caregiver's and/or collateral contacts' explanation for the injury have significant discrepancies or contradictions. There are significant discrepancies between what the caregiver has said and what other contacts have said about the cause of the injury.

6. The family is refusing access to another child, there is reason to believe that the family is about to flee, or the whereabouts of another child cannot be ascertained.

- The family removed the child from a hospital against medical advice to avoid assessment.
- The family has previously fled in response to a child abuse/neglect assessment.
- The family has a history of keeping the child away from peers, school, or other outsiders for extended periods to avoid assessment.
- The family is otherwise attempting to block or avoid assessment.

7. Since the initial safety assessment, the caregiver has failed to meet the child's immediate needs for food, clothing, shelter, and/or medical and/or mental health care, OR current circumstances suggest that the caregiver would likely be unable to meet those needs for the removed child if the child were returned home.

- The caregiver has no housing or is currently residing in an emergency shelter. If the child were returned to the caregiver, the child's needs for minimally safe conditions (water, structurally safe environment, protection from severe weather elements) would not be met. If the child were returned to the caregiver, the child would have no or inappropriate space for sleeping, clothing, or food storage.
- The caregiver's home does not have the capacity to keep (refrigeration or heating) food or drink for the child. The child would be starved or deprived of food or drink for long periods of time due to either the caregiver's refusal or inability to provide food or the proper means to keep food; or the conditions of the home prevent the child from having food or drink.
- The caregiver does not have the means to acquire resources to provide the child with clothing that would protect him/her from severe weather.
- The caregiver did not seek treatment for the child's immediate medical condition(s) while the child was with him/her for visitation.
- The caregiver did not follow prescribed treatments or administer prescribed medications for the child during visitation.

- The child has exceptional needs that the caregiver did not meet while in his/her care for visitation. Needs include being medically fragile or needing mental health evaluation or treatment.
- The child is suicidal, and the caregiver did not take protective action to protect the child from self-induced harm during visitation.
- The child showed effects of maltreatment (e.g., emotional symptoms, lack of behavior control, or physical symptoms) during the time the child was with the caregiver for visitation.

8. Physical living conditions in the household are hazardous and immediately threatening, based on the child's age and developmental status.

Examples include the following:

- Leaking gas from stove or heating unit;
- Substances or objects accessible to the child that would endanger his/her health and/or safety;
- Lack of water or utilities (heat, plumbing, electricity) and no alternate or safe provisions are made;
- Open/broken/missing windows;
- Exposed electrical wires;
- Excessive garbage or rotted or spoiled food that 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;
- Methamphetamine production in the home.

9. Caregiver's substance use is currently and seriously affecting ability to supervise, protect, or care for the child.

There is a current, ongoing pattern of substance abuse that significantly impairs the caregiver's functioning and would negatively affect the child's care and safety if he/she were returned home. Consider age and developmental status of child when assessing impact of substance use.

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

There is evidence of domestic violence in the home AND this creates a safety concern for the child. Examples 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, hides, or otherwise exhibits fear as a result of domestic violence in the home.
- The child would be at potential risk of physical injury.
- The child's behavior would increase risk of injury (e.g., attempting to intervene during violent dispute, participating in the 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.

11. Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.

Examples of caregiver actions include the following:

- The caregiver describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- The caregiver curses and/or repeatedly puts the child down.
- The caregiver scapegoats a particular child in the family.
- The caregiver blames the child for a particular incident or family problems.
- The caregiver places the child in the middle of a custody battle.

12. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child if the child were returned home.

Caregiver appears to be mentally ill, developmentally delayed, or cognitively impaired, AND as a result, one or more of the following are observed:

- The caregiver's refusal to follow prescribed medications impedes his/her ability to parent the child.

- The caregiver's inability to control emotions impedes his/her ability to parent the child.
- The caregiver acts out or exhibits a distorted perception that impedes his/her ability to parent the child.
- The caregiver's depression impedes his/her ability to parent the child.
- The caregiver expects the 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, eat neatly, expected to care for younger siblings, or expected to stay alone).
- Due to cognitive delay, the caregiver lacks the basic knowledge related to parenting skills such as the following:
 - » Knowing that infants need regular feedings;
 - » Accessing and obtaining basic/emergency medical care;
 - » Proper diet; or
 - » Adequate supervision.

SECTION 1B: PROTECTIVE FACTORS

Child

1. **Child has the cognitive, physical, and emotional capacity to participate in safety interventions.**
 - The child has an understanding of his/her family environment in relation to any real or perceived threats to safety and is able to communicate at least two options for obtaining immediate assistance if needed (e.g., calling 911, running to neighbor, telling teacher).
 - The child is emotionally capable of acting to protect his/her own safety despite allegiance to his/her caregiver or other barriers.
 - The child has sufficient physical capability to defend him/herself and/or escape if necessary.

Caregiver

2. **Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.**
The caregiver has the ability to understand that the current situation poses a threat to the safety of the child. He/she is able to follow through with any actions required to protect

the child. He/she is willing to put the emotional and physical needs of the child ahead of his/her own. He/she possesses the capacity to physically protect the child.

3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.

The caregiver is cognizant of the problems that have necessitated intervention to protect the child. The caregiver is willing and able to verbalize what is required to mitigate the threats that have contributed to the threat of harm to the child and accepts feedback and recommendations from the FCM. The caregiver expresses willingness to participate in problem resolution to ensure that the child is safe.

4. Caregiver has the ability to access resources to provide necessary safety interventions:

The caregiver has the ability to access resources to contribute toward safety planning, or community resources are available to meet any identified needs in safety planning (e.g., able to obtain food, provide safe shelter, provide medical care/supplies).

5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.

The caregiver has a supportive relationship with another family member, neighbor, or friend who may be able to assist in safety planning. Assistance includes but is not limited to the provision of child care or securing appropriate resources and services in the community.

6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.

The non-offending caregiver understands that continued exposure between the child and the offending caregiver poses a threat to the safety of the child, and the non-offending caregiver is willing and able to protect the child by ensuring that the child is in an environment in which the non-offending caregiver will not be present. If necessary, the non-offending caregiver is willing to ask the offending caregiver to leave the residence. As the situation requires, the non-offending caregiver will not allow the offending caregiver to have other forms of contact (telephone calls, electronic correspondence, mail, correspondence through third-party individuals, etc.) with the child.

7. Caregiver is willing to accept temporary interventions offered by FCM and/or other community agencies, including cooperation with continuing assessment.

The caregiver accepts the involvement, recommendations, and services of the FCM or other individuals working through referred community agencies. The caregiver cooperates with the continuing assessment, allows the FCM and intervening agency to have contact with the child, and supports the child through all aspects of the assessment or ongoing interventions.

8. There is evidence of a healthy relationship between caregiver and child.

The caregiver displays appropriate behavior toward the child, demonstrating that a healthy relationship with the child has been formed. There are clear indications through both verbal and nonverbal communication that the caregiver is concerned about the

emotional well-being and development of the child. The child interacts with the caregiver in a manner evidencing that an appropriate relationship exists and that the child feels nurtured and safe.

9. Caregiver is aware of and committed to meeting the needs of the child.

The caregiver is able to express the ways in which he/she has historically met the needs of the child for supervision, stability, basic necessities, mental/medical health care, and development/education. The caregiver is able to express his/her commitment to the continued well-being of the child.

10. Caregiver has history of effective problem solving.

The caregiver has historically sought to solve problems and resolve conflict using a variety of methods and resources, including assistance offered by friends, neighbors, and community members. The caregiver has shown an ability to identify a problem, outline possible solutions, and select the best means to resolution in a timely manner.

SECTION 2: SAFETY RESPONSES

Safety responses are actions taken to specifically mitigate any identified safety threats. They should address immediate safety considerations rather than long-term changes. Follow county policies whenever applying any of the safety responses.

1. Direct services by worker.

Actions taken or planned by the worker that specifically address one or more safety threats. Examples include providing information about nonviolent disciplinary methods, child development needs, or parenting practices; providing emergency material aid such as food; planning return visits to the home to check on progress; providing information on obtaining restraining orders; and providing definition of child abuse laws and informing involved parties of consequences of violating these laws. DOES NOT INCLUDE services provided to respond to family needs that do not directly affect safety.

2. Use of family, neighbors, or other individuals in the community as safety resources.

Applying the family's own strengths as resources to mitigate safety threats; using extended family members, neighbors, or other individuals to mitigate safety threats. Examples include family's agreement to use nonviolent means of discipline; engaging a grandparent to assist with child care; agreement by a neighbor to serve as a safety net for an older child; commitment by a 12-step sponsor to meet with the caregiver daily and call the FCM if the caregiver has used or missed a meeting; or the caregiver's decision to have the child spend a night or a few days with a friend or relative.

3. Use of community agencies or services as safety resources.

Involving community-based organization, faith-related organization, or other agency in activities to address safety concerns (e.g., using a local food pantry). DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for services.

4. **Have the caregiver appropriately protect the victim from the alleged perpetrator.**
A non-offending caregiver has acknowledged the safety threats and is able and willing to protect the child from the alleged perpetrator. Examples include agreement that the child will not be alone with the alleged perpetrator or agreement that the caregiver will restrain the alleged perpetrator from physical discipline of child.
5. **Legal action planned or initiated to effectively mitigate identified safety threats.**
Legal action planned or initiated to effectively mitigate safety threats. This includes family-initiated actions (e.g., restraining orders, mental health commitments, change in custody/visitation/guardianship) and CPS-initiated actions (e.g., CHINS petition).
6. **Other.**
The family or FCM identified a unique safety response for an identified safety concern that does not fit within items 1–5.
7. **Protective custody continues because responses 1–6 do not adequately ensure child’s safety.**
One or more children remain protectively placed.

SECTION 3: SAFETY DECISION

1. **Safe:** No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
2. **Conditionally safe:** One or more safety threats are present but the child can be protected by the voluntary interventions identified in the safety response, as long as the interventions do not change the composition of the household. A plan is required to describe immediate safety interventions and facilitate follow-through.
3. **Unsafe:** One or more safety threats are present, and continued placement is the only protecting response possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.