This SOP defines how CPSWs utilize standard decision-making tools to help determine safety and risk.

Procedure
The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.

I. CPSWs assess the safety of alleged victims, siblings, and all other children in the home through:
   A. First-hand observations of the child’s physical, emotional, and developmental presentation;
   B. Age and developmentally appropriate interviews with children;
   C. Interviews with parents/guardians and other caregivers; and
   D. Collateral sources who can provide meaningful information relevant to the safety and well-being of the child(ren) and their caregiver’s ability to keep them safe.

II. The standardized Safety Assessment tool is used for all Assessments assigned a response priority to:
   A. Determine if there are presenting dangers; and
   B. Determine what, if any, specific safety interventions can be used to mitigate danger so that children can remain conditionally safe in the home while the Assessment continues.

III. CPSWs complete the Safety Assessment in the DCYF electronic information system:
   A. Within 24 hours of their first face-to-face contact with the alleged victim(s);
   B. Any time new information is learned that leads to a change in the safety decision;
   C. Ongoing and at least weekly whenever a child is determined to be conditionally safe with a plan;
1. This should continue until the child(ren) is/are either deemed to be safe, or unsafe and are removed from the home; and

D. When determining if it is safe to reunify a child after they have entered placement.

IV. To complete the Safety Assessment, the CPSW will need to identify:

A. The child’s vulnerability factors:

1. Age;
2. Physical health;
3. Behavioral, emotional, and mental health;
4. Development and cognitive capacity;
5. Physical capacity; and
6. Access to safe adults (or isolation/no or limited access to safety network);

B. Any presenting danger:

1. Caregiver has caused harm or is very likely to cause harm (injury or threats of injury);
2. Child sexual abuse/exploitation is known or suspected;
3. Caregiver will not or cannot meet child’s immediate physical, health, or mental health needs;
4. Caregiver has not provided or is unable to provide appropriate supervision;
5. The child’s shelter or physical living conditions are hazardous and immediately threatening;
6. The child is experiencing severe emotional distress, AND the caregiver persistently acts in ways that may cause it;
7. The child has been or might be severely harmed by others (i.e. physical, emotional, or sexual abuse; trafficking; or neglect) and caregiver does not sufficiently protect the child;
8. Caregiver’s explanation for the child’s injury or physical condition is inconsistent with the nature of it; or
9. Other factors place the child in immediate danger of serious harm;

C. Any complicating factors in safety planning (if necessary), such as:
1. Substance use;
2. Mental health;
3. Physical health;
4. Developmental or cognitive impairment; or
5. Domestic violence; and

D. Protective factors, such as:
   1. The presence of at least one protecting parent/guardian or caregiver who is willing and able to follow a safety plan;
   2. The ability to create a safety network (using third-party individuals) with the family and the safety network will act to protect the child;
   3. Strong family/community support;
   4. The child’s ability to seek safety independently (as age and developmentally appropriate); or
   5. The caregiver’s ability and willingness to follow a safety plan.

V. CPSWs complete the standardized Risk Assessment tool in the DCYF electronic information system 30 days after initiating the Assessment (or sooner when appropriate).
   A. Supervisors review the Risk Assessment, but do not approve it unless planning to approve the Assessment closing.

VI. The Risk Assessment is used to:
   A. Help determine the likelihood of future maltreatment;
   B. Identify the need for further intervention; and
   C. Guide the type of intervention necessary to address ongoing risk, such as:
      1. Referrals to community supports;
      2. Community-Based Voluntary Services (CBVS);
      3. DCYF CPS managed Voluntary Services case;
      4. DCYF CPS managed non-court case; or
      5. DCYF CPS court case.
VII. To complete the Risk Assessment, the CPSW will need to:

A. Review prior abuse/neglect Assessments for any adult household member;

B. Identify previous abuse/neglect;

C. Determine what, if any, interventions were provided previously (refer to section VI-C above);

D. Consider each caregiver’s:
   1. History of abuse/neglect (victim or perpetrator);
   2. Overall attitude about the child; and
   3. Response to the allegations and willingness to accept help (as applicable);

E. Consider family dynamics and household relationships; and

F. Consider characteristics and vulnerability factors of the child.

VIII. Upon completion of the Risk Assessment, the CPSW discusses the resulting risk level with their Supervisor to determine what further action may be required in accordance with policy 1198 Low and Moderate Risk Considerations and policy 1213 Final Determinations and Closing the Assessment.

Frequently Asked Questions

Q1. If the child resides in two different households, which household do I complete the Safety and Risk Assessments on?
   A  Always assess the primary household.
   A  If there are allegations on more than one household, safety and risk assessments should be completed separately for each household.

Q2. What if I believe there are mitigating circumstances that would impact the risk level?
   A  CPSWs can request a discretionary override to increase the risk level when there is sufficient information to support a higher risk level.

Glossary and Document Specific Definitions

A - B   C - D   E - F   G - I   J - L   M - N   O - Q   R - S   T - V   W - Z

Document Change Log

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