

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® SAFETY ASSESSMENT**

r: 8/20

Case Name: _____ **Case ID:** _____ **Locality:** _____

FSS Name: _____ **Supervisor:** _____

Assessment Date: _____ **Creation Date:** _____

☐ Alternative Caretaker Household

Household Assessed: _____

Factors Influencing Child Vulnerability (conditions that may limit a child's ability to protect self; select any factors that apply to any child)

☐ Age 0–5 years

☐ Any child has diminished physical capacity or exceptional medical condition

☐ Any child has diminished developmental/cognitive capacity or exceptional mental health condition

☐ Any child is not readily accessible to community oversight

SECTION 1: SAFETY FACTOR IDENTIFICATION

The following list of factors are behaviors or conditions that may be associated with a child being in **immediate** danger of serious harm. Identify the presence or absence of each factor by selecting "Yes" or "No." Select "Yes" if the factor applies to any child in the household. The assessment shall cover all children in the home and all others present. The focus of the assessment is on conditions that exist at the time of the assessment.

☐ Yes ☐ No **1. Caretaker caused serious physical harm to the child and/or made a plausible threat to cause physical harm in the current Investigation/Family Assessment.**

Comments:

☐ Yes ☐ No **2. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.**

Comments:

- ☐ Yes ☐ No 3. There is evidence that the mother used alcohol or other drugs during pregnancy, AND current circumstances suggest the infant's safety is of immediate concern.

Comments:

- ☐ Yes ☐ No 4. The family is refusing access to the child or there is reason to believe that the family is about to flee, AND available information suggests that child safety is of immediate concern.

Comments:

- ☐ Yes ☐ No 5. Caretaker does not provide supervision necessary to protect child from potentially serious harm.

Comments:

- ☐ Yes ☐ No 6. Caretaker fails to protect child from serious physical harm or threatened harm by others.

Comments:

- ☐ Yes ☐ No 7. Domestic violence exists in the home, AND circumstances suggest that child safety (physical and/or emotional) is of immediate concern.

Comments:

- ☐ Yes ☐ No 8. Caretaker is unwilling or unable to meet the child's most basic needs (food, clothing, shelter, and/or medical/dental/mental health care), AND this causes the child to be in imminent danger.

Comments:

- ☐ Yes ☐ No 9. Child's physical living conditions are hazardous and immediately threatening, based on the child's age and developmental status.

Comments:

- ☐ Yes ☐ No 10. Caretaker actions cause significant and excessive emotional distress for the child, AND available information suggests that child safety is of immediate concern.

Comments:

- ☐ Yes ☐ No 11. Child sexual abuse is suspected, AND circumstances suggest that child safety is an immediate concern.

Comments:

- ☐ Yes ☐ No 12. Current circumstances, combined with information that the caretaker has or likely has seriously maltreated a child in the past, suggests that child safety may be an immediate concern.

Comments:

- ☐ Yes ☐ No 13. Other safety factors.

Comments:

IF NO SAFETY FACTORS ARE PRESENT, GO TO SECTION 3 AND SELECT "SAFE."

SECTION 2: SAFETY RESPONSE—PLANNING CAPACITIES AND PROTECTING INTERVENTIONS

For each safety factor identified in Section 1, consider the resources available to the family and the community that might help to keep the child safe. Select each protecting intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

Planning Capacities

Document caretaker capacities if present for any caretaker based on information gathered (select all that apply).

- ☐ 1. Caretaker is capable of participating in a safety plan
- ☐ 2. Caretaker is willing to participate in a safety plan
- ☐ 3. Caretaker has at least one supporting safe adult who was not involved in the allegation and is willing and able to participate in a safety plan

Other

- ☐ 4. _____

Protecting Interventions

Considering each identified safety threat and available planning capacities, determine which of the following protecting interventions will be implemented to control the safety threat. Protecting interventions will allow the child to remain in the home for the present time. A safety plan is required to systematically describe interventions and facilitate follow-through. If there are no available safety interventions that would allow the child to remain in the home, indicate by selecting item 9, and follow procedures for initiating court action to file for custody.

- ☐ 1. Monitoring or direct services by Family Services Specialist
- ☐ 2. Use of family resources, neighbors, or other individuals in the community in the development and implementation of a safety plan
- ☐ 3. Use of community agencies for safety services (specify agency or resource):

- ☐ 4. Alleged abuser/neglector left the home:
 - ☐ Voluntarily
 - ☐ In response to police intervention
 - ☐ Legal action
 - ☐ Other: _____
- ☐ 5. Non-maltreating caretaker moved to a safe environment with child
- ☐ 6. Caretaker placed child outside the home with an alternate safe caretaker (specify): _____
- ☐ 7. Legal action initiated; child remains in the home (explain in summary)
 - ☐ Restraining order
 - ☐ Protective order
 - ☐ Emergency committal order
 - ☐ Change in custody/visitation/guardianship
 - ☐ Other, specify: _____
- ☐ 8. Other intervention to allow child to remain in the home: _____
- ☐ 9. Emergency removal was conducted to remove child from home due to immediate safety issues

SECTION 3: SAFETY DECISION

Identify your safety decision by selecting the appropriate line. Select only one. This decision should be based on the assessment of all safety factors, protecting interventions, and any other information known about the case. "Safe" should be selected only if no safety factors were identified in Section 1, Safety Factor Identification.

- ☐ 1. **Safe:** No children are likely to be in immediate danger of serious harm.
- ☐ 2. **Conditionally safe:** Protective safety interventions have been taken and have resolved the unsafe situation for the present time. These interventions are included in the attached safety plan.
- ☐ 3. **Unsafe:** Approved removal and placement was the only possible intervention for the child. Without placement, the child will likely to be in danger of immediate or serious harm. See attached safety plan or court order.

Comments:

If decision is "unsafe" and any children are left in the home, explain why:

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® SAFETY ASSESSMENT
DEFINITIONS

FACTORS INFLUENCING CHILD VULNERABILITY

Age 0 to 5 years

Any child in the household is under the age of 5. 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.

Any child has diminished developmental/cognitive capacity or exceptional mental health condition

Any child in the household has diminished developmental/cognitive capacity, which has an impact on ability to communicate verbally or to care for and protect self from harm.

OR

Any child in the household has a mental health condition that significantly impairs ability to protect self from harm (diagnosis may not yet be confirmed but preliminary indications are present). Examples may include but are not limited to severe depression, child/adolescent substance use, or behavioral health challenges.

Any child has diminished physical capacity or exceptional medical condition

Any child in the household has a physical condition/disability that has an impact on ability to protect self from harm (e.g., cannot run away or defend self, or cannot get out of the house in an emergency situation if left unattended).

OR

Any child in the household has a medical condition that significantly impairs ability to protect self from harm (diagnosis may not yet be confirmed but preliminary indications are present). Examples may include but are not limited to severe asthma or medical fragility (e.g., requires assistive devices to sustain life).

Any child is not readily accessible to community oversight

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 the child is not routinely involved in other activities within the community).

SECTION 1: SAFETY FACTOR IDENTIFICATION

1. **Caretaker caused serious physical harm to the child and/or made a plausible threat to cause physical harm in the current Investigation/Family Assessment**

Examples include but are not limited to the following.

- Child fatality or near-fatality, and other children are present in the home.
- Caretaker caused serious injury, other than accidental, such as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, or severe cuts. Also include any other physical injury that seriously impairs the health or well-being of the child (e.g., suffocating, shooting, bruises/welts, bite marks, choke marks) and requires medical treatment.
- Caretaker committed act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function.
- Threat to cause harm or retaliate against child. Threat of action that would result in serious harm; or household member plans to retaliate against child for CPS Investigation/Family Assessment.
- Caretaker has used excessive physical discipline or force or bizarre physical discipline; or caretaker punished child beyond the duration of the child's endurance.

2. **Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern**

Examples include but are not limited to the following.

- Medical evaluation indicates injury is non-accidental; caretaker denies or attributes injury to accidental causes or there are significant discrepancies or contradictions between caretaker's explanation and medical evaluation.
- Caretaker minimizes the extent of harm to the child or blames the child for the injury.

3. **There is evidence that the mother used alcohol or other drugs during pregnancy, AND current circumstances suggest the infant's safety is of immediate concern**

Examples include but are not limited to the following.

Infant is born with medical complications as a result of in utero substance exposure, and caretaker response suggests inability or unwillingness to meet the infant's exceptional needs.

Caretaker or infant's level of toxicity and/or type of drug present suggests caretaker will be unable to meet the infant's basic needs upon discharge.

Caretaker does not/has not attended to the infant in the hospital.

Behavior of caretaker with inadequate support system suggests caretaker will be unable to meet the infant's basic needs upon discharge.

4. The family is refusing access to the child or there is reason to believe that the family is about to flee, AND available information suggests that child safety is of immediate concern

Examples include but are not limited to the following.

- Family removed the child from a hospital against medical advice to avoid Investigation/Family Assessment.
- Family has previously fled in response to a CA/N Investigation/Family Assessment.
- Family has history of keeping the child away from peers, school, or other outsiders for extended periods to avoid Investigation/Family Assessment.

5. Caretaker does not provide supervision necessary to protect child from potentially serious harm

Examples include but are not limited to the following.

- Caretaker is present but does not attend to child to the extent that need for care goes unnoticed or unmet (e.g., child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards); and/or caretaker leaves or exposes child to circumstances that create opportunities for serious harm, such as leaving child unattended in vehicle (time period varies with age and developmental stage).
- Caretaker is unavailable (incarceration, hospitalization, abandonment, whereabouts unknown).
- Caretaker makes inadequate and/or inappropriate babysitting or childcare arrangements, or demonstrates very poor planning for the child's care.
- Caretaker's substance or alcohol use is having a serious impact on ability to provide adequate supervision to the child.

- Caretaker's physical, intellectual, or mental health condition is having a serious impact on ability to supervise the child.

6. Caretaker fails to protect child from serious physical harm or threatened harm by others

Caretaker fails to protect child from serious harm or threatened harm by others, and, as a result, the child is in immediate danger of physical abuse, neglect, sexual abuse, or exploitation by someone with access to the child. This may include but is not limited to the following.

- Caretaker allows an individual(s) with recent, chronic, or severe violent behavior access to child.
- Caretaker knowingly takes child to dangerous locations where drugs are manufactured or sold (e.g., meth labs or drug houses) or to locations used for prostitution or production of pornography.

7. Domestic violence exists in the home, AND circumstances suggest that child safety (physical and/or emotional) is of immediate concern

Examples include but are not limited to the following.

- Child was aware of, witnessed, or heard a domestic violence incident.
- Child was injured (physical or emotional) during a domestic violence incident.
- Caretaker used a weapon during a domestic violence incident OR has used one in the past when the children were present.
- Child attempted to intervene OR has intervened in the past during a domestic violence incident.
- Child is fearful for own safety OR for the safety of a caretaker as a result of domestic violence in the home.
- Caretaker is unable to self-protect or protect child during incidents of domestic violence.
- Domestic violence in the home is increasing in frequency or intensity.
- Other indicators exist of highly dangerous domestic violence situations such as stalking, hostage taking or abduction, abuse of animals, or other controlling behaviors.

8. Caretaker is unwilling or unable to meet the child's most basic needs (food, clothing, shelter, and/or medical/dental/mental health care), AND this causes the child to be in imminent danger

Examples include but are not limited to the following.

- No housing/emergency shelter, and child must sleep on the streets.
- No food provided or available to the child, or child is starved/deprived of food/drink for long periods.
- Child is without minimally warm clothing in cold months.
- Caretaker does not seek treatment for child's immediate medical/dental or mental health condition(s) OR does not follow prescribed treatments.
- Child appears malnourished or has been diagnosed as non-organic failure to thrive.
- Child has exceptional needs that caretaker cannot/will not meet. Needs include being medically fragile.
- Child is a threat to self or others, and caretaker will not take protective action

9. Child's physical living conditions are hazardous and immediately threatening, based on the child's age and developmental status

Examples include but are not limited to the following.

- Gas leaking from a stove or heating unit, windows broken/missing, and/or electrical wires exposed.
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink, or in the open.
- Lack of water, heat, plumbing, or electricity, and provisions are inappropriate.
- Excessive garbage or rotted/spoiled food and/or human/animal waste that threatens health.
- Guns and other weapons are easily accessible.
- Dangerous drugs are being manufactured on premises with child present.

10. Caretaker actions cause significant and excessive emotional distress for the child, AND available information suggests that child safety is of immediate concern

Examples include but are not limited to the following.

- Child fears unreasonable retribution/retaliation from caretaker and/or others in the home.
- Caretaker repeatedly describes or speaks to child in a demeaning or degrading manner.
- Caretaker repeatedly blames child for a particular incident OR views child as responsible for caretaker's or family's problems.
- Caretaker repeatedly expects child to perform or act in a way that is impossible or improbable for child's age or developmental stage (e.g., babies and young children expected not to cry, to be still for extended periods, to be toilet trained, to eat neatly, to care for younger siblings, or to stay alone).

11. Child sexual abuse is suspected, AND circumstances suggest that child safety is an immediate concern

Suspicious of sexual abuse may include but are not limited to the following.

- Child discloses sexual abuse, exploitation, and/or trafficking. Disclosures can be either verbal or behavioral.
- Medical findings are consistent with sexual abuse.

Circumstances suggesting child safety is an immediate concern include but are not limited to the following.

- The alleged abuser has continued access to the child.
- Caretaker blames child for the sexual abuse.

12. Current circumstances, combined with information that the caretaker has or likely has seriously maltreated a child in the past, suggests that child safety may be an immediate concern

This item requires two conditions to answer "Yes." First, *previous* maltreatment was severe OR the caretaker's response to the *previous* intervention was inappropriate (e.g., failure to take recommended safety steps or failure to benefit from professional help). Second, there must be *current* circumstances that, considered in light of the prior incidents, indicate there are safety issues now. In other words, the fact of prior maltreatment does not necessarily mean that "Yes" should be selected for this safety factor.

Examples of prior serious or severe maltreatment include but are not limited to the following.

- Prior child fatality or near-fatality as a result of maltreatment.
- Prior serious non-accidental harm or threat of serious harm to any child.
- Termination of parental rights or failed reunification.

13. Other safety factors

This item should ONLY be used if there are other immediate safety issues not identified above. Any factors in the "other" category require a brief narrative description of the caretaker's actions or inactions that result or could likely result in an immediate danger.

SECTION 2: SAFETY RESPONSE—PROTECTIVE FACTORS AND INTERVENTIONS

1. Caretaker is capable of participating in a safety plan

Caretaker has the cognitive, physical, emotional, and mental health capacity to participate in safety services/interventions. Caretaker is able to follow through with interventions to protect child from further danger.

2. Caretaker is willing to participate in a safety plan

Caretaker is willing to accept the involvement and recommendations of the caseworker or other individuals and agencies providing safety services/interventions. Caretaker is motivated to protect child from further danger.

3. Caretaker has at least one supporting safe adult who was not involved in the allegation and is willing and able to participate in a safety plan

Caretaker has a supportive relationship with at least one other safe family member, neighbor, or friend who may be able to assist in safety planning. This support network member cares about child or family, and caretaker is willing to involve this person in the safety plan.

PROTECTING INTERVENTIONS

1. Monitoring or direct services by Family Services Specialist

Actions taken or planned by the Family Services Specialist that specifically address one or more safety threats. Examples include providing assistance in obtaining safety services, including emergency aid such as food or transportation; planning return visits to the home to check on progress as outlined in the safety plan; providing information and/or assistance in obtaining services and resources; and so forth.

2. Use of family resources, neighbors, or other individuals in the community in the development and implementation of a safety plan

Applying the family's own strengths as resources to mitigate safety threats, or using extended family members, neighbors, or other individuals to mitigate safety threats. Examples include having a family member, neighbor, or friend move into the home, do daily checks, provide transportation, assist with childcare, and serve as a safety resource for a child.

3. Use of community agencies for safety services (specify agency or resource)

Community resources used as a safety services should be immediately available to the family and be able to reduce the threat of immediate serious harm. Examples include use of shelters, food pantries, domestic violence agencies, community policing, and other services provided by community agencies or providers. DOES NOT INCLUDE long-term therapy or treatment, being put on a waiting list for services, or delays in contact and initiation of services to the family.

4. Alleged abuser/neglector left the home

Alleged abuser/neglector will temporarily or permanently leave the home voluntarily or in response to police intervention or legal action.

Select any that may apply:

- Voluntarily
- In response to police intervention
- Legal action
- Other

5. Non-maltreating caretaker moved to a safe environment with child

A caretaker not suspected of harming the child has taken or plans to take the child to an alternative location where the alleged abuser/neglector will not have access to the child.

6. Caretaker placed child outside the home with an alternate safe caretaker

A caretaker has asked a family member, friend, or other person in the family's life to care for the child during the time of the safety plan.

7. Legal action initiated; child remains in the home (explain in summary)

A legal action, including one initiated by the family and Family Services Specialist, has already commenced or will commence that will effectively mitigate identified safety factors. *May only be used in conjunction with other safety interventions.*

Select all that apply:

- Restraining orders
- Protective order

- Emergency committal orders
- Change in custody/visitation/guardianship
- Other

8. Other intervention to allow child to remain in the home

Consider any existing condition that does not fit within one of the listed categories but may support protective interventions for the safety factors identified.

9. Emergency removal was conducted to remove child from home due to immediate safety issues

There may be protecting interventions present in the home, but they do not adequately address the safety factors identified.

SECTION 3: SAFETY DECISION

Safe: No children are likely to be in immediate danger of serious harm.

Conditionally safe: Protective safety interventions have been taken and have resolved the unsafe situation for the present time. These interventions are included in the attached safety plan.

Unsafe: Approved removal and placement was the only possible intervention for the child. Without placement, the child will likely to be in danger of immediate or serious harm. See attached safety plan or court order.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES SDM® SAFETY ASSESSMENT POLICY AND PROCEDURES

The purpose of the safety assessment and plan is (1) to help assess whether any children are currently in *immediate* danger of serious physical harm that may require a protecting intervention, and (2) to determine what interventions should be maintained or initiated to provide appropriate protection.

Risk versus safety assessment: It is important to keep in mind the difference between safety and risk when completing this form. 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.

WHICH CASES

All cases that are assigned for Investigation/Family Assessment.

- New referrals on currently active cases.
- Any open cases in which changing circumstances require an assessment of safety due to the following.
 - » Change in family circumstances.
 - » Change in information known about the family.
 - » Change in ability of safety interventions to mitigate safety factors.

WHO

The Family Services Specialist who makes the initial response to the case. For open cases, the Family Services Specialist with responsibility for the case.

WHEN

Safety assessment is both a *process* and a *document*. Safety assessment is an ongoing *process* throughout the life of a case. A worker completes a safety assessment *process* before concluding each face-to-face contact. *Documentation* of the safety assessment using the SDM tool is created to reflect safety status at certain points:

- Within 24 hours of concluding the first face-to-face contact.
- Within 24 hours of any subsequent contact in which there was a change in safety status:

- » One or more safety factors previously present are no longer present;
 - » One or more safety factors not present before are present now;
 - » Changes to safety plan and/or safety decision.
- Prior to placing a child with a non-custodial parent, relative, or interested individual. (*Note:* These safety assessments should be clearly recorded as pertaining to a household other than the household under Investigation.)
 - Prior to returning a child to a removal household. Use the safety assessment if considering return PRIOR to the preliminary removal hearing. AFTER the preliminary removal hearing, use the reunification review tool in Section VIII.
 - Prior to closing an ongoing case; children must be SAFE to close.

DECISIONS

The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to a child. This information guides the decision about whether the child may remain in the home (or be returned to the home) with no intervention, may remain in the home (or be returned) with protecting safety interventions in place, or must be protectively placed (or remain in placement).

A safety intervention is required for all children when any safety factor has been identified.

APPROPRIATE COMPLETION

Workers should familiarize themselves with the items that are included in the safety assessment and accompanying definitions. Once a worker is familiar with the items on the safety assessment, the worker should conduct initial contact as normal, using good social work practice to collect information from the child, caretaker, and/or collateral sources.

Indicate (select) whether any child vulnerabilities are present. Consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe.

All safety factor responses must have a written rationale and description if the response is "Yes." All rationales must be specific to the family situation (do not simply quote the definition).

All children who are household members are included in a safety assessment.

The safety assessment consists of three parts.

Section 1: Safety Factor Identification. This is a list of critical factors that must be assessed by every worker in every case. These factors cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm. Because not every conceivable safety factor can be anticipated or listed on a form, an “other” category permits a worker to indicate that some other circumstance creates a safety factor; that is, there is something other than the listed categories that causes the worker to believe that the child is in danger of being harmed now.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is not expected that all facts about a case can be known immediately. Some information may be inaccessible, and some may be deliberately hidden from the worker. Based on reasonable efforts to obtain information necessary to respond to each item, review each of the safety factors and accompanying definitions. For each item, consider the most vulnerable child. If the safety factor is present, based on available information, select “Yes.” If the safety factor is not present, select “No.” If there are circumstances the worker determines constitute a safety factor, and these circumstances are not described by one of the existing items, the worker should select “Yes” for “Other safety factors” and briefly describe the factor.

If it is suspected that there are safety issues in relation to a particular factor, but there is little/no evidence to support the suspicion, select “No,” but clearly specify the concerns in the narrative section.

Section 2: Safety Response—Planning Capacities and Protecting Interventions. This section is completed only if one or more safety factors were identified. *If one or more safety factors are present, it does not automatically follow that a child must be placed.* In many cases, it will be possible to initiate a temporary plan that will mitigate the safety factors sufficiently so that the child may remain in the home while the Investigation/Family Assessment continues. Consider the relative severity of the safety factor(s), the caretaker’s ability and willingness to work toward solutions, the availability of resources, and the vulnerability of the child.

The protecting safety interventions list is made up of general categories of interventions rather than specific programs. The worker should consider each potential category of intervention and determine whether that intervention is available and sufficient to mitigate the safety factor(s) and whether there is reason to believe the caretaker will follow through with a planned intervention. The simple existence of an intervention in the community does not mean it should be used in a particular case. The worker may determine that even with an intervention the child would be unsafe; or the worker may determine that an intervention would be satisfactory but has reason to believe the caretaker would not follow through. Also keep in mind that *the safety intervention is not the service plan*—it is not intended to “solve” the household’s problems or provide long-term answers. A safety intervention permits a child to remain home during the course of the Investigation/Family Assessment.

If one or more safety factors were identified and the worker determines that interventions are unavailable, insufficient, or may not be used, the final option is to indicate that child will be placed.

If one or more interventions will be implemented, select each category that will be used. If there is an intervention that will be implemented that does not fit the other categories, select intervention 8 (Other intervention to allow child to remain in the home) and briefly describe the intervention. Intervention 9 (Emergency removal was conducted to remove child from home due to immediate safety issues) is used only when a child is unsafe and only a placement can ensure safety.

Section 3: Safety Decision. In this section, the worker records the result of the safety assessment. There are three choices:

- a. Safe. Select this line if *no* safety factors were identified. The SDM system guides the worker to leave the child in the home.
- b. Conditionally safe. If one or more safety factors has been identified and the worker is able to identify sufficient protective interventions that lead the worker to believe the child may remain in the home for the present time, select this line. Attach safety plan.
- c. Unsafe. If the worker determines that one or more children cannot be safely kept in the home even after considering a complete range of interventions, select this line. It is possible that the worker will determine that interventions make it possible for one child to remain in the home while another must be removed. Select this line if ANY child is placed. Ensure that the court report or order is in the hard copy record.

Accurate completion of the safety assessment adheres to the following internal logic:

- If no safety factors are selected, no interventions should be selected, and the only possible safety decision is "1. Safe," and no intervention is required.
- If one or more safety factors are selected, there must be at least one intervention selected, and the only possible safety decisions are "2. Conditionally safe," intervention is required, or "3. Unsafe," placement is required.
- If one or more interventions are selected, AND placement is not selected as an intervention, the safety decision that should be selected is "2. Conditionally safe," intervention is required. Placement should not be selected as an intervention if other interventions are selected.
- If placement is selected as an intervention, the safety decision must be "3. Unsafe," and placement is required