INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment
Effective Date: March 1, 2019

Section 18: Initial Safety Assessment
Version: 7

STATEMENTS OF PURPOSE

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 separate 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 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 separate policies, 4.19 Safety Planning and 4.41 Daily Safety Staffing for additional information.

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 separate 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 separate 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 separate policy, 4.37 Change in Household Composition).
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 separate 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 separate policy, 4.28 Involuntary Removals) if the child cannot remain safely in the home;
6. Document the results of the Safety Assessment, decisions and actions taken in the Management Gateway for Indiana’s Kids (MaGIK) within one (1) business day; and
7. Discuss the Initial Safety Assessment and the Safety Plan (SF 53243) at safety staffing (see separate 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

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 separate policy, 4.38 Assessment Initiation for additional information regarding 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 separate policy, 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of an additional 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, 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 (MaGIK)
2. Safety Plan (SF 53243)
3. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114)
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 protecting 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. The focus of clinical supervision is on the 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