



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 18: Initial Safety Assessment

Effective Date: March 1, 2022

Version: 8

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POLICY OVERVIEW

An Initial Safety Assessment is completed during an Indiana Department of Child Services (DCS) assessment to:

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

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PROCEDURE

DCS will complete an Initial Safety Assessment (including a response and decision) within 24 hours of the initiation of every assessment. The safety of the child will continuously be monitored throughout the duration of the assessment.

Exception: For an assessment completed through the Safe Assessment Closure Team (SafeACT) within 24 hours of initiation, the Initial Safety Assessment may be completed during the call with the SafeACT Supervisor.

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) to help mitigate the safety threats;
3. Work with the family and Child and Family Team (CFT) to identify safety responses (see policy 5.07 Child and Family Team Meetings);
4. Document all safety responses (e.g., refer to community services and engaging informal supports) and individuals included in the responses by completing a Safety Plan and/or Plan of Safe Care (see policies 4.19 Safety Planning and 4.42 Plan of Safe Care);

Note: 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).

5. Consider the appropriateness of filing an In-Home CHINS petition when the child's safety can be ensured in the home;
6. Take necessary action to remove the child if the child cannot remain safely in the home (see policy 4.28 Removals from Parents, Guardians, or Custodians);
7. Document the results of the Initial Safety Assessment, decisions, and actions taken in the case management system within one (1) business day;
8. Discuss the Initial Safety Assessment during regular safety staffings;
9. Reassess child 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 to use protective factors to mitigate safety threats, and/or
 - d. Changes at the point of a case juncture.

Note: Any new allegations of Child Abuse and/or Neglect (CA/N) must be reported to the DCS Child Abuse Hotline (Hotline), per State reporting statutes, and may not be handled as part of the case. Seek supervisory approval to initiate emergency removal if the child is in immediate danger. See policy 4.38 Assessment Initiation for further guidance.

10. Identify the appropriate Safety decision in the Initial Safety Assessment. If no safety threats exist, consider recommending assessment closure with FCM Supervisor approval.

The FCM Supervisor will utilize regular safety staffing and clinical supervision to:

1. Review and discuss the assessment details;
2. Review the Initial Safety Assessment and decision;
3. Guide the FCM in ensuring child safety; and
4. Ensure information is documented timely in the case management system.

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RELEVANT INFORMATION

Definitions

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.

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/Prevention 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.

Protective Factors

Protective Factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and may be used as a resource to learn new skills and solve problems.

Forms and Tools

- Initial Safety Assessment – Available in the case management system
- Family Functional Assessment (FFA) – Available on the [Indiana Practice Model SharePoint](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [4.37 Change in Household Composition](#)
- [4.38 Assessment Initiation](#)
- [4.41 Safety Staffing](#)
- [4.42 Plan of Safe Care](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 4.18

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

Consideration of Protective Factors to Ensure Safety

Protective factors are directly connected to the strengths of the family and may be used as a resource to learn new skills and solve problems. When completing a Safety Plan, consider the protective factors listed in the Protective Factors Resources (linked above) as part of an evaluation of the family's ability to ensure the safety of the child.

SafeACT

SafeACT is a process for closing out specific assessments of CA/N when it is determined all children are clearly safe and the assessment finding is "unsubstantiated". FCMs who have completed their working test are eligible to independently call SafeACT upon completion of an assessment. Specially trained SafeACT Supervisors are available from 8:00 AM to 4:00 PM (local time), Monday through Friday (excluding holidays) to staff the assessment and assist with documentation to close the assessment immediately.

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, Queer/Questioning, Intersex, Asexual, + (LGBTQIA+) youth. Safety assessment questions that may be helpful in determining the safety of LGBTQIA+ youth can be found in the FFA tool.

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