



TEXAS
**Department of Family
and Protective Services**

**Safety Assessment
Resource Guide**

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PURPOSE

The purpose of the safety assessment is:

- To help assess whether a child is in immediate danger of serious harm or maltreatment.
- To determine what safety interventions should be initiated or maintained to provide appropriate protection.

Assessing safety is a process that workers use during every contact with a family to help them organize and document their thinking regarding child safety. It should also be noted that although the worker must assess safety during every contact, formal documentation of that assessment occurs at specific points during the case.

GLOSSARY

The following definitions apply when completing the safety assessment.

- 1. Caregiver:** A person who is responsible for a child's care, custody, or welfare, such as:
 - a. A parent, guardian, or managing or possessory conservator;
 - b. Another adult member of the child's family or home where abuse or neglect is alleged; or
 - c. A person with whom the child's parent cohabitates.
- 2. Family:** Two or more people, related by blood, law, or significant relationship with the child or child's caregivers.
- 3. Home where abuse or neglect was alleged:** Safety Assessments are completed on the home of a parent/legal guardian where the abuse or neglect is alleged.

The home of abuse or neglect is not about a physical place or home, it's about which adults and children we are concerned about.

If the alleged perpetrator is not a member of the child's home, do not complete a safety assessment on the home of the alleged perpetrator. The safety assessment should be completed on the home of the parent/legal guardian of the child.

All persons who frequently visits the home should be included in the safety assessment determination. [See policy 2274](#)

For example, a parent's intimate partner or other family member who frequently visits the home should be assessed.

4. **CPI/CPS:** Child protective investigations/child protection services. Throughout this manual, CPI/CPS is used to refer to any child protection agency, generically. This may refer to the Department of Family and Protective Services or any child protection agency in any other jurisdiction. When a definition references "CPI/CPS," the reader should be aware that this includes other states.
5. **DFPS:** Department of Family and Protective Services. Throughout this manual, DFPS is used to refer to the Texas Department of Family and Protective Services specifically, rather than to any CPI/CPS agency.
6. **Immediate Danger:** A person's act(s) or omission(s) placed the child in a situation that has resulted in or would have resulted in harm to the child.
7. **Imminent Danger:** There is an immediate threat to the physical health or safety of the child, or sexual abuse is about to occur to the child.

SAFETY ASSESSMENT VERSUS RISK 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 immediate danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment.

Which Cases Require a Safety Assessment?

When contact has been made with a child and a safety decision was made.

Which Parent/Legal Guardian's Home is Assessed?

Safety Assessments are completed on the home of a parent/legal guardian where the abuse or neglect is alleged. This home may or may not be the child's primary residence.

What if the Alleged Perpetrator is not a member of the Parent/Legal Guardian's Home?

If the alleged perpetrator is not a member of the child's home, do not complete a safety assessment on the home of the alleged perpetrator.

The safety assessment should be completed on the home of the parent/legal guardian who allowed the alleged perpetrator access to the child.

Example:

- The mother allows a child to go and stay at an aunt's home for the weekend and that is where the abuse or neglect is alleged to have occurred. Although the incident happened at the aunt's house the safety assessment tool would be completed on the mother since she is the parent/legal guardian that allowed the child to go to that home and the aunt does not have any legal guardianship of the child.

The mother and all home members in the aunt's home would need to be assessed regarding the alleged abuse or neglect. Information needs to be gathered as to whether or not any other members of the mother's home have knowledge of the incident to determine if they need to be interviewed.

Which Individuals Do I Consider when Completing the Safety Assessment?

All persons who have significant in-home contact with the child should be included in the safety assessment determination.

Examples:

- A parent's intimate partner or other family member who frequently visits the home should be assessed.
- An aunt or uncle or other relative is an alleged perpetrator but does not reside in the same home as the child and does not have care, custody or control of the child.

A home composition can change during the life of a case. Take into consideration changes in home composition when completing the safety assessment.

What if the abuse or neglect is alleged in multiple parent/legal guardian's homes?

If the abuse or neglect involves both parents who reside in separate homes, a safety assessment must be completed on each parent's home where abuse or neglect is alleged.

Example:

- If the mother and father of the child reside in separate homes and abuse or neglect is alleged in both homes, one safety assessment would be completed on the mother's home and another assessment would be completed on the father's home.

When Must I Assess for Child Safety?

Safety is assessed **throughout** the life of a case. The safety assessment or a reassessment is required in the following circumstances.

- At the time of the first face-to-face contact with all identified child victims and caregivers in the home during an investigation or AR assessment.
- If 45 days have passed since the last *Safety Assessment* tool was completed
- Prior to returning a child home from a Family Initiated PCSP.
- When new allegations are received on an open investigation.
- Whenever dynamics in the home change. Examples may include:
 - » Change in family circumstances that effect child safety (e.g., birth of a baby, new home members, a person leaves the home, the home members move);

- » Change in ability of safety interventions to address danger indicators OR Family Initiated PCSP breakdown;

When to Complete the Safety Assessment in IMPACT

The *Safety Assessment* tool in IMPACT must be completed within 24 hours if:

- a safety intervention was implemented

If a safety intervention is not implemented the Safety Assessment tool in IMPACT must be completed within 7 days of priority timeframes expiring, unless family is unable to be located.

What are the different Safety Assessment Types?

- Initial. Each home where abuse or neglect is alleged should have only one, initial safety assessment. This should be completed during the first face-to-face contact with a home where abuse or neglect is alleged.

However, If the abuse or neglect involves both parents who reside in separate homes, an initial safety assessment must be completed on each parent's home where abuse or neglect is alleged.

- Reassessment. After the initial assessment, any additional safety assessment is most likely a reassessment, unless it is completed at the point of closing an investigation or AR case (see case closure below).
- Case closure. This safety assessment is completed when considering closing a case after investigation without providing ongoing services and 45 days has passed since the child was last seen.

For more information see policy [2271.1 Time Frames for Completing a Safety Assessment Tool](#).

What Date Should I Use on the Safety Assessment?

The Safety Assessment Date must be the date face-to-face contact was made and child safety was determined.

What Should I Document in the Safety Decision Box?

- Describe how the child is safe, safe with a plan or unsafe.
- Describe circumstances surrounding the abuse/neglect or family situation.
- Describe the actions taken to protect the child (consider actions taken by the family or others; and resources available to the family).
- Describe reasonable efforts to prevent legal intervention.

For more information see policy [2271.3 Safety Assessment Discussion Box](#).

If a Safety Plan **is** Required see policy [3200 DFPS Actions When Danger to a Child is Present](#) and Safety Plan Resource Guide.

SAFETY ASSESSMENT

Workers should familiarize themselves with the items included on the safety assessment and the accompanying definitions. What distinguishes the safety assessment is that it ensures every worker is assessing the same items in each case and that the responses to these items lead to specific decisions. Once a worker is familiar with the assessment items, the worker should conduct their contact as they normally would, using family engagement practice to collect thorough information from the child, caregiver, and/or collateral sources.

The safety assessment consists of five sections.

1. **Factors Influencing Child Vulnerability**
 - **Child is age 0–5.** Children ages 0–5 are presumed to be vulnerable in protecting themselves. Evaluate whether any child is able to avoid an abusive or neglectful situation; flee; or seek outside protective resources, such as telling a relative, teacher, etc.
 - **Child has diagnosed or suspected medical or mental condition, including medically fragile.** Any child in the household has a diagnosed medical or mental disorder that impairs his/her ability to protect him/herself from harm OR an unconfirmed diagnosis where preliminary indicators are present. Examples may include but are not limited to severe asthma, severe depression, untreated diabetes, medically fragile (e.g., requires assistive devices to sustain life), etc.
 - **Child has limited or no readily accessible support network.** Any child in the household is isolated or less visible within the community; or the child does not have adult family or friends who understand the danger indicators; or the child does not have adult family or friends who are willing to take an active role in keeping the child safe.
 - **Child has diminished mental capacity.** Any child in the household has diminished developmental/cognitive capacity, which impacts the child's ability to communicate verbally or to care for him/herself.
 - **Child has diminished physical capacity.** Any child in the household has a physical condition/disability that impacts his/her ability to protect him/herself from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency situation if left unattended, cannot care for self, etc.).
 - **None apply.**

2. **Current Danger Indicators**

This is a list of critical indicators that must be assessed by every worker in every case. If the danger indicator is present, based on available information, mark that item “yes.” Caseworker’s should be assessing the totality of the situation and how it would effect the child’s immediate safety. These indicators/definitions should not be used as a checklist but rather as a guide to make a decision once information is gathered during the investigation process.

If the danger indicator is not present, mark that item “no.” These indicators cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm. Not every conceivable danger indicator can be anticipated or listed on a form, the “other” category permits workers to indicate that some other circumstance creates danger.

For each item consider child’s ability to protect themselves (child vulnerability), caregivers’ strength(s), protective action(s) as well as the totality of the current situation.

For example, if there are concerns of drug use by a parent or a parent test positive for a substance during the case, further information should be gathered before marking a danger indicator. The caseworker needs to gather information regarding the type of substance being used by the parent, the frequency of the parent’s use, the age of the child, whether the parent is using in the home, where the child is when the parent is using, the level of supervision the child requires, any special care the child may require, where the substances are stored, if there is a plan in place by the family for when the parent does use, is there law enforcement involvement with the parents involving substances. The information gathered should be reviewed and considered before making a decision on whether to mark a danger indicator.

If there is not an immediate danger to the child, the worker should mark “no” and document in IMPACT and in the Safety Assessment Discussion box why the conditions do not present an immediate danger.

3. **Household Strengths and Protective Actions**

Household strengths are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the danger indicator.

Protective actions are specific actions and/or activities that have been taken by the caregiver that directly address the danger indicator and are demonstrated over time. They also can include actions taken by the child in some circumstances. These are observed behaviors that have been demonstrated in the past and can be directly incorporated into the safety plan. It is important to note that any protective action taken by the child should not be the sole basis for a safety plan but may be incorporated as part of a plan, as it is never a child’s sole responsibility to keep himself/herself safe. Indicating a household strength does not necessarily mean the caregiver or child is taking a protective action.

These factors should be assessed, considered, and included when building a safety plan to mitigate the danger indicators. Evaluate whether household strengths and/or protective actions

apply to at least one caregiver and at least one child in the household. Mark all that apply to the household.

4. **Safety Interventions**

This section is completed only if one or more danger indicators are identified. If an immediate danger is present a safety intervention must be implemented. Consider child vulnerability, the relative severity of the danger indicator(s), caregivers' strength(s), and protective action(s).

Types of Safety Interventions:

- Safety Plan-Parent-child contact will be supervised (**safety intervention 2 should be selected on the assessment**)
- Safety Plan-Parent and child will reside together but away from the danger (**safety intervention 6 should be selected on the assessment**)
- Family Initiated Parental Child Safety Placement (PCSP) will be implemented (**safety intervention 9 should be selected on the assessment**)
- Removal (see policy 3220-Taking Legal Custody of Child) (**safety intervention 10 should be selected on the assessment**)

For the above types of Safety Interventions, see Safety Plan Resource Guide.

A safety plan permits a child to remain in the home with a parent or legal guardian under temporary supervision. All efforts must be made to maintain the parent/child relationship in the parents/legal guardian's home.

If a safety plan for supervision between a parent/legal guardian and child cannot occur, the parent/legal guardian may decide to temporarily place the child outside of the home until immediate safety threats are mitigated or resolved. This is called a Family Initiated Parent Child Safety Placement and should only be implemented if a parent/legal guardian cannot be supervised in their home or another person's home.

If one or more danger indicators are identified and the worker determines that interventions are unavailable, are insufficient or may not be used for some reason, or an INV case does not meet the policy requirements for FBSS the final option is to indicate that the child requires removal.

If one or more interventions will be implemented, mark each category that will be used.

5. **Safety Decision**

In this section, the worker records the result of the safety assessment. Refer to the accompanying flow chart to help determine the safety decision. There are three choices.

- **Safe:** no danger indicators are identified. The child may remain in the home where abuse or neglect is alleged with no intervention in place.

- **Safe with plan:** one or more danger indicators are identified in the home where abuse or neglect is alleged and the caseworker has implemented a safety plan.
- **Unsafe:** one or more danger indicators are identified in the home where abuse or neglect is alleged and the caseworker cannot implement a safety plan. **Mark this line if ANY child requires removal.**

Safety Assessment Discussion Box

- Describe how the child is safe, safe with a plan or unsafe.
- Describe circumstances surrounding the abuse/neglect or family situation.
- Describe the actions taken to protect the child (consider actions taken by the family or others; and resources available to the family).
- Describe reasonable efforts to prevent legal intervention.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

SAFETY ASSESSMENT TOOL

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

County: _____ **Worker:** _____

Date of Assessment: ____/____/____ **Assessment Type:** Initial Reassessment Case closure

Names of Children Assessed:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

If more than six children are assessed, include additional names and numbers (e.g., 7. Joe Smith):

Household Name: _____

Caregiver(s) Assessed: _____

SECTION 1: Factors Influencing Child Vulnerability

These are conditions resulting in child's inability to protect self; mark all that apply to any child.

- | | |
|---|--|
| <input type="checkbox"/> Child is age 0–5. | <input type="checkbox"/> Child has diminished mental capacity. |
| <input type="checkbox"/> Child has diagnosed or suspected medical or mental | <input type="checkbox"/> Child has diminished physical capacity. |

condition, including medically fragile.

None apply

Child has limited or no readily accessible support network.

SECTION 2: CURRENT DANGER INDICATORS

This is a list of critical indicators that must be assessed by every worker in every case. If the danger indicator is present, based on available information, mark that item "yes." If the danger indicator is not present, mark that item "no." These indicators cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm. Because not every conceivable danger indicator can be anticipated or listed on a form, the "other" category permits workers to indicate that some other circumstance creates danger.

For each item consider child's ability to protect themselves (child vulnerability), caregivers' strength(s), and protective action(s).

If there is not an immediate danger to the child, the worker should mark "no" and document in IMPACT and in the Safety Assessment Discussion box why the conditions do not present an immediate danger. Mark all that apply.

Yes No

- 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/AR case, as indicated by:
 - Serious injury or abuse to the child other than accidental.
 - Caregiver fears he/she will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Substantial or unreasonable use of physical force.
 - Drug-exposed infant.
- 2. Child sexual abuse is suspected to have been committed by:
 - Caregiver
 - Other household member
 - Unknown person AND the caregiver or other household member cannot be ruled out,
- 3. Caregiver is aware of the potential harm AND unwilling, OR unable, to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect. (Domestic violence behaviors should be captured under danger indicator 9.)

- 4. Caregiver's explanation or lack of 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.
- 5. Caregiver does not meet the child's immediate needs for supervision, food, and/or clothing.
- 6. Caregiver does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).
- 7. Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- 8. Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
- 9. Domestic violence is used by a member of the household and poses an imminent danger of serious physical and/or emotional harm to the child.
- 10. Caregiver persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn.
- 11. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
- 12. Family currently refuses access to or hides the child and/or seeks to hinder an investigation/AR case.
- 13. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
- 14. Other (specify).

If no item in Section 2 was selected, go to Section 5.

If any current danger indicators are marked, go to Section 3.

SECTION 3: HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS

Household strengths are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the danger indicator.

Protective actions are specific actions and/or activities that have been taken by the caregiver that directly address the danger indicator and are demonstrated over time.

These factors should be assessed, considered, and included when building a safety plan to mitigate the danger indicators. Evaluate whether household strengths and protective actions apply to at least one caregiver and at least one child in the household. Mark all that apply to the household.

	Household Strengths	Protective Actions
Caregiver problem solving	<input type="checkbox"/> At least one caregiver identifies and acknowledges the problem/danger indicator(s) and suggests possible solutions.	<input type="checkbox"/> At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified danger indicators, and the caregiver has used or could use these strategies in the current situation.
Caregiver support network	<input type="checkbox"/> At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network. <input type="checkbox"/> At least one protective caregiver exists and is willing and able to protect the child from future harm. <input type="checkbox"/> At least one caregiver is willing to work with DFPS to alleviate danger indicators, including allowing worker(s) access to the child.	<input type="checkbox"/> At least one caregiver has a stable support network that is aware of the danger indicator(s), has been responding or is responding to these indicator(s), and is willing to provide protection for the child.
Child problem solving	<input type="checkbox"/> At least one child is emotionally/intellectually capable of acting to protect him/herself from a danger indicator.	<input type="checkbox"/> At least one child, in the past or currently, acts in ways that protect him/herself from a danger indicator.

Child support network	<input type="checkbox"/> At least one child is aware of his/her support network members and knows how to contact these individuals when needed.	<input type="checkbox"/> At least one child has successfully pursued support, in the past or currently, from a member of his/her support network and that person(s) was able to help address the danger and keep the child safe.
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

SECTION 4: SAFETY INTERVENTIONS

For each identified danger indicator, review available caregivers’ strengths and protective actions. Considering the caregivers strengths and protective actions, can the following interventions alleviate any danger indicators? Consider whether each danger indicator appears to be related to caregiver’s knowledge, skill, or motivational issue.

Consider whether safety interventions will allow the child to remain in the home for the present time. A completed safety plan is required to systematically describe interventions and facilitate follow-through.

Mark the item number for **ALL** safety interventions that will be implemented.

Safety Interventions

- 1. Worker-initiated intervention or direct services by worker. (DO NOT include the investigation/AR case itself as an intervention.)
- 2. Use of family, neighbors, or other individuals in the community as safety network members.
- 3. Use of community agencies or services.
- 4. A protective caregiver will take actions to keep the child victim from the alleged perpetrator’s dangerous behavior.
- 5. The alleged perpetrator will leave or has left the home.
- 6. A protective caregiver will move or has moved to a safe environment with the child.
- 7. Family-initiated legal action is planned or initiated—child remains in the home.
- 8. Other (specify): _____

- 9. Parental Child Safety Placement (PCSP): The child will temporarily reside with a PCSP caregiver identified by the family, with worker monitoring.

CPI/CPS Safety Intervention

- 10. Removal of any child in the household; interventions 1–9 do not adequately ensure the child’s safety.

SECTION 5: SAFETY DECISION

Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all danger indicators, safety interventions, and any other information known about the case. Check one response only.

- 1. **Safe.** No danger indicators identified; no safety plan is needed at this time.
 - 2. **Safe with plan.** One or more danger indicators are present; safety plan required.
 - 3. **Unsafe.** One or more danger indicators are present; emergency or nonemergency removal is necessary.
- All children were removed.
- One or more children were removed and other children remain in home or in a PCSP. SAFETY PLAN REQUIRED for remaining children unless an approved exception applies. (See manual for exceptions.)

Safety Assessment Discussion (*see definition; bullet points are acceptable*)

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
SAFETY ASSESSMENT**

DANGER INDICATOR DEFINITIONS

CURRENT DANGER INDICATORS DEFINITIONS

These definitions are provided to help guide a caseworker to make a decision about a child's immediate safety. These definitions are not a checklist and not absolute. Caseworker's should ensure that they are gathering pertinent information in order to make this decision.

Caseworker's must use critical thinking along with the information gathered from interviews to make a determination as to whether or not a danger indicator should be selected.

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/AR case, as indicated by:

- Serious injury or abuse to the child other than accidental. The caregiver caused severe injury, including brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, or severe cuts, **and** the child requires medical treatment, regardless of whether the caregiver sought medical treatment.
- Caregiver fears he/she will maltreat the child. The caregiver expresses overwhelming fear that he/she poses a plausible threat of harm to the child or has asked someone to take his/her child so the child will be safe. For example, a mother with postpartum depression fears that she will lose control and harm her child. This does not include normal anxieties, such as fear of accidentally dropping a newborn baby.
- Threat to cause harm or retaliate against the child. The caregiver has made a threat of action that would result in serious harm, or a household member plans to retaliate against the child.
- Substantial or unreasonable use of physical force. The caregiver has used physical force in a way that bears no resemblance to reasonable discipline. Unreasonable discipline includes discipline practices that

cause injuries, last for lengthy periods of time, are not age- or developmentally appropriate, place the child at serious risk of injury/death, are humiliating or degrading, etc. Use this subcategory for caregiver actions that are likely to result in serious harm but have not yet done so.

- Drug-exposed infant. There is evidence that the mother abused alcohol or prescription drugs or used illegal substances during pregnancy, AND this has created imminent danger to the infant.

Imminent danger may include but is not limited to:

- » Infant tests positive for alcohol or drugs in his/her system
- » Infant exhibits withdrawal symptoms; or
- » Infant displays physical characteristics (e.g., low birth weight, slow reflexes, etc.) of substance abuse by the mother

An infant testing positive for alcohol or drugs in his/her system does not on its own support marking yes to this danger indicator. The caseworker must gather information to understand the circumstances surrounding how the child has substances in their system and how the mother's behaviors create an imminent danger to the infant.

See policy [1962 Safety and Risk When Substances Are Present](#)

2. See [Substance Use Resource Guide](#) **Child sexual abuse is suspected to have been committed by:**

- Caregiver
- Other household member
- Unknown person AND the caregiver or other household member cannot be ruled out,

AND circumstances suggest that the child's safety may be of immediate concern.

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

- The child discloses sexual abuse;

- The child demonstrates sexualized behavior inappropriate for his/her age and developmental level;
- Medical findings are consistent with sexual abuse;
- The caregiver or others in the household have been convicted of, investigated for, or accused of sexual misconduct or have had sexual contact with a child; and/or
- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities, or forced the child to view pornography.

AND

The child's safety may be of immediate concern if:

- There is no protective caregiver;
- A caregiver is influencing or coercing the child victim regarding disclosure;

and/or

- Access to a child by a caregiver or other household member reasonably suspected of sexually abusing the child OR a registered sexual abuse perpetrator, especially with known restrictions regarding any child under age 18, exists.

3. Caregiver is aware of the potential harm AND unwilling, OR unable, to protect the child from serious harm or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should be captured under danger indicator 9.)

- The caregiver fails to protect the child from serious harm or threatened harm, such as physical abuse, sexual abuse (including child-on-child sexual contact), or neglect by others, including other family members, other household members, or others having regular access to the child. Based on the child's age or developmental stage, the caregiver does not provide the supervision necessary to protect the child from potentially serious harm by others.

- An individual with known violent criminal behavior/history resides in the home **AND** is posing a threat to the child, and the caregiver allows access to the child.

4. Caregiver’s explanation or lack of 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.

Assess this item based on the caregiver’s statements by the end of the contact. It may be typical for a caregiver to initially minimize, deny, or give an inconsistent explanation but, through discussion, admit to the true cause of the child’s injury.

Mark this danger indicator if the caregiver’s statements have not changed (i.e., the caregiver has not admitted or accepted the more likely explanation) by the end of the contact. Examples include but are not limited to the following:

- Medical evaluation indicates, or medical professionals suspect, the injury is the result of abuse; the caregiver denies this or attributes the injury to accidental causes.
- The caregiver’s description of the injury or cause of the injury minimizes the extent and impact of harm to the child.

Factors to consider include the child’s age, location of injury, child’s special needs (cognitive, emotional, or physical), or history of injuries.

5. Caregiver does not meet the child’s immediate needs for supervision, food, and/or clothing.

- The child’s minimal nutritional needs are not met, resulting in danger to the child’s health, such as malnourishment.
- The child is without clothing appropriate for the weather. Consider the age of the child and whether clothing is the choice of the child or the provision of the parent.

- The caregiver does not provide age- or developmentally appropriate supervision to ensure the safety and well-being of the child to the extent that the need for care goes unnoticed or unmet (e.g., caregiver is present but the child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards).
- The caregiver is unavailable (e.g., incarceration, hospitalization, abandonment, whereabouts unknown).
- The caregiver makes inadequate and/or inappropriate babysitting or childcare arrangements or demonstrates very poor planning for the child's care, OR the caregiver leaves the child alone (time period varies with age and developmental stage). In general, consider emotional and developmental maturity, length of time, provisions for emergencies (e.g., able to call 911, neighbors able to provide assistance), and any child needs or vulnerabilities.

6. Caregiver does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).

- The caregiver does not seek treatment for the child's immediate, chronic, and/or dangerous physical medical condition(s) or does not follow prescribed treatment for such conditions.
- The child has exceptional needs, such as being medically fragile, which the caregiver does not or cannot meet.
- The child shows significant symptoms of prolonged lack of emotional support and/or socialization with the caregiver, including lack of behavioral control, severe withdrawal, and missed developmental milestones that can be attributed to caregiver behavior.

Exclude the following situations in which the caregiver chooses not to provide psychotropic or behavioral medications to a child unless the child is suicidal or homicidal. This includes circumstances related to religion. (See CPI/CPS Handbook, Section 2362).

7. Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening, including but not limited to the following.

- Leaking gas from stove or heating unit.
- Substances or objects accessible to the child that may endanger his/her health and/or safety
- Lack of water or utilities (e.g., heat, plumbing, electricity) and no alternate or safe provisions are made.
- Open/broken/missing windows or exposed electrical wires in areas accessible to the child and/or unsafe structural issues in the home (e.g., walls falling down, floor missing).
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness or significant injury has occurred or is likely to occur due to living conditions and these conditions still exist (e.g., scabies due to conditions of the home, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns/ammunition and other weapons are not safely secured and are accessible to the child.
- Methamphetamine production in the home.
- The family has no shelter for the night or is likely to be without shelter in the near future (e.g., the family is facing imminent eviction from their home and has no alternative arrangements, or the family is without a

permanent home and does not know where they will take shelter in the next few days or weeks)

AND

This lack of shelter is likely to present a threat of serious harm to the child (e.g., the child is likely to be exposed to extreme cold without shelter, the child is likely to sleep in a dangerous setting).

8. Caregiver’s current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.

The caregiver has abused legal or illegal substances or alcoholic beverages to the extent that the caregiver is unable to care for the child, has harmed the child, or is likely to harm the child.

See policy [1962 Safety and Risk When Substances Are Present](#)

See [Substance Use Resource Guide](#)

9. Domestic violence is used by a member of the household and poses an imminent danger of serious physical and/or emotional harm to the child.

There is evidence of domestic violence in the household, AND the alleged perpetrator’s behavior creates a safety concern for the child.

Domestic violence perpetrators, in the context of the child welfare system, are parents and/or caregivers who engage in a pattern of coercive control against one or more intimate partners. This pattern of behavior may continue after the end of a relationship or when the couple no longer lives together. The alleged perpetrator’s actions often directly involve, target, and impact any children in the family.

Incidents may be identified by self-report, credible report by a family or other household member, other credible sources, and/or police reports.

Do not include violence between any adult household member and a minor child (this would be classified as physical abuse and marked as danger indicator 1 and/or 3 as appropriate).

Do not include arguments that do not escalate beyond verbal encounters and are not otherwise characterized by threatening or controlling behaviors. Examples of when a child’s safety may be of concern 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, or otherwise exhibits fear as a result of domestic violence in the household.
- The child is at potential risk of physical injury based upon his/her vulnerability and/or proximity to the incident (e.g., caregiver holding child while alleged perpetrator attacks caregiver, incident occurs in a vehicle while an infant child is in the back seat).
- The child's behavior increases risk of injury (e.g., attempting to intervene during a violent dispute, participating in a 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 that could have a harmful impact on the child (e.g., broken glass and child could cut him/herself, broken cell phone and child cannot call for help)

10. **Caregiver persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn.**

This threat is related to a persistent pattern of caregiver behaviors. 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 at 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 (e.g., parent persistently makes negative comments about other parent or asks the child to report back what goes on at the other parent's home).

11. **Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.**

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 care for the child.
- The caregiver's inability to control his/her emotions impedes his/her ability to care for the child.
- The caregiver's mental health status impedes his/her ability to care for the child.
- The caregiver expects the child to perform or act in ways that are impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, or expected to be still for extended periods, be toilet trained, eat neatly, care for younger siblings, or stay alone).
- Due to cognitive delay, the caregiver lacks knowledge related to basic parenting skills, such as:
 - » Not knowing that infants need regular feedings;
 - » How to access and obtain basic/emergency medical care;
 - » Proper diet; or
 - » Adequate supervision

12. **Family currently refuses access to or hides the child and/or seeks to hinder an investigation/AR case.**

When this danger exists along with another danger indicator, and the parents are unable or unwilling to ensure child safety, a legal intervention must be sought.

- The child's location is unknown to DFPS, and the family will not provide the child's current location.
- The family has removed or threatened to remove the child from whereabouts known to DFPS to avoid investigation/AR case.

- The family is threatening to flee or has fled in response to a CPI/CPS investigation/AR case.
- The family is keeping the child at home and away from friends, school, and other outsiders for extended periods of time for the purpose of avoiding investigation/AR case.
- There is evidence that the caregiver coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the investigation/AR case.

13. **Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.**

- There must be current harm or immediate danger to child safety that do not meet any other danger indicator criteria;

AND

- There is related previous child maltreatment that was severe and/or represents an unresolved pattern of maltreatment. Previous maltreatment includes any of the following:
 - » Prior child death, possibly as a result of abuse or neglect.
 - » Prior serious injury or abuse or near death of 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, regardless of whether the caregiver sought medical treatment.
 - » Failed reunification—The caregiver had reunification efforts terminated in connection with a prior CPI/CPS case.
 - » Prior child removal—Removal/placement of a child by CPI/CPS or other responsible agency or concerned party was necessary for the safety of the child.

- » Prior CPI/CPS interventions that represent serious, chronic, and/or patterns of abuse/neglect allegations.
- » 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; or prior domestic violence that resulted in serious harm or threatened harm to a child.
- » Prior service failure—Failure to successfully complete court-ordered or voluntary services.

14. **Other (specify).**

Circumstances or conditions pose an immediate threat of serious harm or danger to a child and are not already described in danger indicators 1–13.