

SAFETY ASSESSMENT FIELD GUIDE

[OAC Rule 5101:2-37-01 PCSA requirements for completing the safety assessment](#)

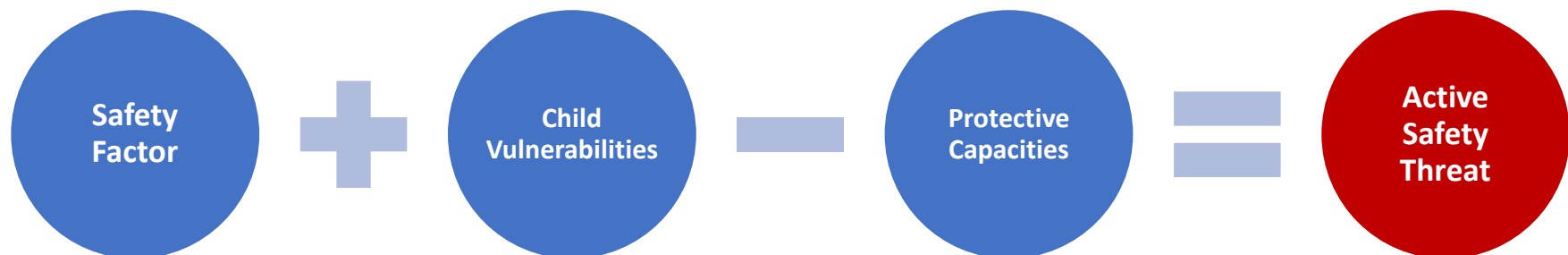
An assessment of safety is conducted in response to a child abuse and/or neglect report, dependency report, or any other instances in which safety needs assessed throughout the life of a case.

The Safety Assessment is completed on the family of the alleged child victim (ACV)/child subject of report (CSR). For completion of the Safety Assessment, family includes the following individuals, as applicable:

- ACV(s) / CSR(s)
- Siblings of ACV(s) / CSR(s)
- The parent(s) or caretaker(s) of the ACV(s) / CSR(s)
- Step/Half siblings of the ACV(s) / CSR(s) living within the ACV's / CSR(s) home
- Paramour of the parent/caretaker
- Children of the paramour residing in the home
- Other children residing in the home of whom the parent/ caretaker has custody/guardianship
- A related or unrelated adult residing in the home who has routine responsibility for the care of the ACV(s) / CSR(s) and his/her sibling(s) (e.g., provides supervision or assists in meeting the basic needs, such as feeding and/or bathing the child)

Note: At minimum, a face-to-face interview with each ACV/CSR and at least one parent, guardian, custodian, or a caretaker having routine responsibility for the care of the ACV/CSR must be conducted to complete the Safety Assessment.

There are 11 safety factors, with one safety factor conditional on the previous. All factors must be assessed to determine whether there are active safety threats at the time of assessment. Indicators of child vulnerabilities and the presence or absence of adult protective capacities are to be considered when determining if there is an active safety threat.



Safety Factors

Each safety factor has observations and evidence examples available to select if there is credible information to support the safety factor. An explanation shall include how the information was obtained and how the information supports the selected response.

The field guide includes suggested questions for caretakers, adults, and children designed to assist caseworkers in obtaining necessary information. When using the suggested questions, caseworkers must take into consideration the unique characteristics and development of each individual and family dynamics.

1. The family refuses access to the child or there is reason to believe the family will flee.

Observations and evidence examples:

- Caretaker refuses access to the home.
- Caretaker refuses to speak to CPS or court worker.
- Caretaker refuses to bring the child to court, attend court hearings, or refuses to pick-up a child upon release from a detention facility.
- Family has a history of moving frequently in response to CPS or court intervention.
- Family has no ties to the community such as a job, home, extended family, etc.
- Caretaker constantly deceives in respect to the child: the child's condition, home conditions, events and circumstances related to the report.
- Family has a history of avoidance with CPS workers, court workers and/or law enforcement.
- Caretaker refuses other community resources to have access into the home that could help the family/child: community action, early intervention, help me grow, home health nurse, medical personnel, etc.

Questions for caretaker(s) and adult(s):

- What is your understanding of why I am here?
- What concerns do you have for your child?
- What are you most afraid of happening?
- What do you need/want to permit me access to your child?
- How can I help you and your family?

Questions for child(ren):

- What is your understanding of why I'm here?
- Has anyone told you about my visit?
- Did anyone tell you what to say or not to say?

2. Child has inflicted physical injuries.

Observations and evidence examples:

- Cuts requiring stitches.
- Broken bones and/or dislocations.
- Positive toxicology with harm to a child identified (withdrawal symptoms).
- A medical professional has reported a presumed positive toxicology for an infant due to mother's admission, positive toxicology on mother, etc.
- Child experiences an overdose and/or other physical harm due to accidental ingestion of a substance.
- Burns (cigarette, scalding, submersion, etc.).
- Internal injuries (damage to internal organs or tissues, internal bleeding).
- Head injuries (concussion, retinal hemorrhage, skull fractures, etc.).
- Serious injury to sensitive body areas (genital, eyes, or ear drums).
- Brain damage.
- Injuries resulting in permanent sight, hearing, or mental impairment.
- Extensive or multiple bruising and/or other injury which may cover more than one area of the body.
- Extensive and multiple bruises or broken bones in various stages of healing which indicate a pattern of abuse.
- Non-accidental injuries to an infant (ages 0-12 months).
- Shaken baby syndrome.

Questions for caretaker(s) and adult(s):

- What happened?
- Is it known who inflicted the harm to the child?
- If yes, where is the individual and what is their access to the child?
- When was the child’s injury first noticed?
- When did the child first appear to be sick or injured?
- Where was the child?
- Who was with the child?
- How did the injury occur?
- Who disciplines the child?
- What types of discipline do you routinely use?
- What constitutes the child being disciplined?
- How often is the child disciplined?
- Does the child need medical care?
- Has the child been exposed to substances? What substances?
- When and how often did the exposure occur?
- Did your child ingest any substances? If so, what, and how much?

Questions for child(ren):

- What happened? Who did it?
- Can you show me how it happened?
- Can you show me your injury/booboo?
- Did you have to see a doctor?
- Did anyone see it happen?
- Where did it happen?
- When did it happen?
- Has anything like this happened to you before?
- What happens when you get into trouble?

2a. Caretaker has an unconvincing or insufficient explanation for the child’s serious, inflicted physical injury.*Safety factor 2a. is conditional on selecting safety factor 2.***Observations and evidence examples:**

- Caretaker(s) acknowledge(s) the presence of the serious injury or condition but cannot explain how it occurred.
- Caretaker’s explanation for the serious injury is inconsistent with the type of injury.
- Medical evaluation indicates the serious injury is a result of abuse, but the caretaker denies or attributes the injury to accidental causes.
- Facts related to the conditions, the injury or the incident as observed by the CPS worker and/or documented by other professionals contradict caretakers’ explanation.
- Caretaker’s description of the injury or cause of the injury minimizes the extent of harm to the child.
- Caretaker(s) has no explanation or deny any knowledge as to how the serious injury or condition occurred.

Questions for caretaker(s) and adult(s):

- When was the injury first noticed and how did it appear?
- How did the injury occur?
- When did the child first appear to be sick or injured?
- Where was the child?
- Who was with the child?
- What types of discipline do you routinely use?
- Who disciplines the child?
- If others discipline the child, what types of discipline do they use?

Questions for child(ren):

- What happened? Who did it?
- Show me how it happened?
- Did anyone see it happen?
- Where did it happen?
- Did anyone tell you not to say what happened?
- Has anything like this happened to you before?

3. Any member of the family or other person having access to the child has made a credible threat, describes, or acts toward the child in extremely negative terms or has extremely unrealistic expectations of the child which would result in serious harm to a child.

Observations and evidence examples:

- Caretaker directly, or indirectly, threatens to cause serious harm to the child in a believable manner (e.g., kill the child, not feed the child, lock the child out of the home).
- Caretaker plans to retaliate against the child for CPS involvement.
- Caretaker threatens the child with extreme or vague but sinister punishment.
- Caretaker uses extreme gestures to intimidate the child.
- Caretaker committed an act that placed the child at risk of significant/serious pain, or which could have resulted in impairment or loss of bodily function.
- Caretaker uses extreme gestures to intimidate child.
- Caretaker repeatedly describes child in a demeaning or degrading manner.
- Caretaker transfers their feelings toward someone they hate onto the child.
- Caretaker believes the child is demonic, possessed, the devil, etc.
- Scapegoating that results in dangerous behaviors of the child (e.g., suicidal gestures, runaway, alcoholism/drug use/abuse, unruly/delinquent behaviors).
- Caretaker chooses not to assume the parental role and shows no interest in the child for extended periods of time (abandonment).
- Child is given responsibilities beyond their capabilities that are dangerous. (e.g., young child cooking, ironing, doing carpentry, climbing ladders, caring for infant).
- Behavior indicates that child is assuming a parental role within the family.
- Child is consistently and actively excluded from family activities, blamed for everything negative that happens and physically punished for events beyond their control resulting in the need for psychiatric help.

Questions for caretaker(s) and adult(s):

- What frustrates/angers you?
- What do you do to calm yourself?
- What do your behaviors look like when you are stressed/overwhelmed?
- Are you aware of any direct or indirect threats to hurt your child? If so, who made the threat and what was said?
- Has anyone followed through with any threats made to your child? If so, what?
- Are you concerned about your child being harmed?
- Has anyone in the home threatened to kill or seriously injure the child?
- Who made the credible threat?
- What makes the threat credible (i.e., history with the family)?
- Is the individual making the threat emotionally stable?
- What access does the individual have to the child?
- How would you describe each child?
- Tell me something positive about your child.
- Are the rules different for each child?
- Do you believe your child feels safe? Why or why not?
- Does the child laugh and/or smile often?
- Is your child sad frequently?
- Does the child get along well with peers at school?

Questions for child(ren):

- Has anyone ever made any threats to harm you?
- Do you feel safe? Why?
- What are the family rules you must follow?
- Are the rules the same for all your brothers/sisters?
- What are your jobs/chores?
- What happens when you do something well?
- What happens when you get in trouble?
- Whom do you go to when you have a problem and need to talk?

- How do you reward your child?
- Do any of the child's behaviors concern you? If so, what?
- What are your child's chores?
- What are the rules with respect to this child?
- How are the child's peer relationships?
- What is their school behavior and performance like?

4. The behavior of any member of the family or other person having access to the child is violent and/or out of control including acts of family violence that pose an immediate and serious physical and/or emotional danger to the child.

Family violence is any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member (youth included) of the family or household on another.

Domestic violence (also called intimate partner violence (IPV), domestic abuse or relationship abuse) is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.

National Domestic Violence Hotline

[Domestic Violence Support | The National Domestic Violence Hotline \(thehotline.org\)](https://www.thehotline.org)

Observations and evidence examples:

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| <ul style="list-style-type: none"> ○ Caretaker(s) or other persons who are impulsive, exhibiting physical aggression, temper outbursts or unanticipated and harmful physical reactions, such as smashing or throwing furnishings, breaking furniture, kicking, etc. ○ Adult in the home has visible injuries resulting from being hit/beaten. ○ Use of guns, knives, or other weapons to threaten or harm another person. ○ Behavior that seems to indicate a serious lack of self-control. ○ Individual displays extreme actions or reactions such as physical attacks, violent shaking, or choking. ○ Caretaker uses brutal or bizarre punishment such as scalding, burning with cigarettes, forced feedings, killing or torturing pets. ○ Bizarre cruelty (locking up children, torture, etc.). | <ul style="list-style-type: none"> ○ Family violence involving physical assault on a caretaker in the presence of a child. ○ Family violence when assaults on a child occur or in which a child may be attempting to intervene. ○ Family violence when a child could be inadvertently harmed even though they may not be the target of the violence. ○ Due to family violence caretaker is unable to provide basic care and/or supervision for the child because of injury, incapacitation, forced isolation, or other controlling behavior. ○ Abusive behavior includes frequent use of weapons or threats of homicide/suicide towards the adult or children. ○ The family violence is escalating in behaviors. ○ Family violence is occurring in which child witnesses and is fearful. |
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Questions for caretaker(s) and adult(s):

- Does anyone with access to the child exhibit extreme reactions to simple statements?
- Are their behaviors impulsive and out of control?
- Do home conditions indicate evidence of out-of-control behavior? (e.g., holes in walls, broken furniture, broken windows, broken doors, etc.).
- Has anyone been involved in a fight where someone was physically injured?
- Does anyone have access to weapons? What type?
- Where are weapons kept in the home?

Questions for child(ren):

- Tell me about the (fight, disagreement, etc.) that happened (last night, yesterday, few days ago, etc.) between (primary caregiver and partner)? Ask for details on when, where, and how it occurred.
- How did you respond? How did your (primary caregiver) respond? Do you ever try to stop them from fighting? How?
- How does it make you feel? Have you ever felt afraid? Explore reactions to items like injuries to parent, separation from family, incarceration of someone.

- Has anyone else in the household acted in a violent manner?

- When (caretaker) and (partner) are fighting, does anybody ever get hurt or does anything get broken? Is there yelling, name calling, cursing/bad words?
- What do you do when there is fighting?

Questions for the survivor of family violence:

- Tell me about the reported incident. (Ask for details about where, when, and how it occurred). Try to get specifics about the violence.
- How did you respond to incident (attempts to protect self and children)?
- Where were the children during the incident?
- Does your partner control who you see and/or what you do? Are you permitted to contact family/friends?
- How did your children respond to the incident at the time or how did they respond to the results afterwards (bruising, hearing the violence, separation from family, incarceration of batterer, etc.)?
- Does your partner allow you to leave the home when you want?
- Who has access to the money/bank account for the family for things like food, medical expenses, childcare, etc.?
- Does your partner verbally threaten you or demean you in any way?
- Have you ever felt afraid? If yes, in what way?
- Has your partner destroyed property (in the home or out of the home) or destroyed anything of value to you?

- Have the police or the court ever been involved with your family because of your partner's violence?
- What has been the worst violence your partner has done?
- Overall, is your partner's violent and/or controlling behavior getting worse or better?
- Has your partner ever been threatening or violent to anyone other than you?
- Has your partner's behavior ever made you feel afraid for the safety of your children?
- Have the children ever been hurt, on purpose or accidentally, because of your partner's behaviors?
- Has your partner ever used or threatened to use the children in any way to control you?
- Does your partner support you in how you handle the children?
- Do you have any concerns about your partner's behavior with the children when you are not around?
- How does your partner discipline the children?
- To keep yourself and your children safe, what has worked and has not worked for you in the past?

Questions for the batterer:

- Have you ever been arrested?
- Has a protection order ever been granted against you?
- Has a partner ever said you harmed them?
- Do you have access to any weapons?
- How does (specific violent behavior) impact your child?

- Does your partner have access to the bank account for things like food, medical expenses, childcare?
- How do you support your partner in (substance abuse or mental health treatment, day to day care of the children, etc.)?

5. Drug and/or alcohol use by any member of the family or any person having access to the child places the child in immediate danger of serious harm.

Observations and evidence examples:

- Individual has had multiple periods of incapacitating intoxication (e.g., passing out, emotional collapse) when child is present.
- Individual is abusing legal or illegal substances or alcohol to the extent that control of their actions is significantly impaired.

- Due to drug and/or alcohol abuse, the caretaker is unable, or will likely be unable, to care for the child.
- Due to drug and/or alcohol abuse, the caretaker has harmed, or is likely to harm, the child.

- Individual becomes threatening or aggressive while in the presence of the child during periods of substance use.

- Individual is currently being arrested and/or incarcerated due to substance abuse, use, and/or trafficking.

Questions for caretaker(s) and adult(s):

- What do you and your friends do together?
- What medication do you take (prescription or over the counter)?
- How often/much do you drink? Smoke?
- Have you ever used any illegal drugs?
- Do you take any prescribed medication? What is the dosage?
- Where is your medication kept? Can I see your medication?
- How frequently do you use?
- Where is your child when you use?
- Have you attempted prior treatment? If so, what, and how was that for you?
- Would you be willing to take a random drug test?
- Does anyone caring for the child consume alcohol or drugs while caring for the child? How often?
- Has anyone in the home been charged with drug abuse, possession, and/or trafficking of drugs?
- Has anyone in the home overdosed recently?
- Does the child have access to drugs and/or alcohol?

Questions for child(ren):

- Is there anything your caretaker does that worries/angers/scares you?
- Does anyone in your home use alcohol or drugs?
- Does anyone take any medicine? How do they take the medicine?
- Where is the medicine kept?
- When do people in your house usually sleep? Get up?
- Is it difficult to wake anyone up in your house?
- Have you ever seen any drugs, powder, pills, or needles in your home? If so, where?

6. Behavior(s) of any member of the family or any person having access to the child is symptomatic of mental illness or disability that places the child in immediate danger of serious harm.

Observations and evidence examples:

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| <ul style="list-style-type: none"> ○ Caretaker or individual living with the child is delusional, experiencing hallucinations. ○ Mental health professional has identified need for the caretaker or others to receive treatment and identified concern for the child’s safety if not treated. ○ Caretaker(s) or others have a disorder that reduces their ability to control their behavior in ways that threaten safety. ○ Caretaker(s) act out or exhibit distorted perception that seriously impedes ability to parent the child. | <ul style="list-style-type: none"> ○ Psychological illness or disability is present and negatively impacts the caretaker’s ability to meet the basic needs of the child. ○ Psychological condition requires lengthy and/or frequent periods of hospitalization in which the caretaker is unable to care for child. ○ Intellectually impaired adult places child in physical danger and/or adult is unable to recognize and provide for child’s basic needs. ○ Motivation of the caretaker or individual was to harm the child and does not show remorse. ○ Inability to understand and/or provide child’s basic needs due to mental illness or disability. |
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Questions for caretaker(s) and adult(s):

- Are behaviors impulsive and out of control?
- Do home conditions indicate evidence of out-of-control behavior? (e.g., holes in walls, broken furniture, broken windows, broken doors).
- What frustrates or angers you?

Questions for child(ren):

- Do you feel safe?
- Who protects you? How?
- How often do you eat? Who fixes your meals?
- When do people in your house usually sleep? Get up?

- What do you do to calm yourself when you are frustrated or angry?
- Do you have any physical or medical diagnosis?
- Who is the doctor treating?
- Do you take any medications? Can I see your medication and where you store it?
- Are you attending counseling? Who is your counselor?
- Is it difficult to wake anyone up in your house?

7. Caretaker is unwilling or unable to meet the child’s immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.

Observations and evidence examples:

- Caretaker leaves an infant, toddler, or preschooler (a vulnerable child) at home alone.
- Caretaker leaves a vulnerable child alone for days, or overnight (e.g., child expresses fear of being alone, child unable to meet own basic needs, child has unruly/delinquent behaviors).
- Caretaker allows child to be left for extended periods in the care of a person who is unable to care for the child.
- Caretaker provides no supervision or inadequate supervision.
- Caretaker does not intervene when a child freely plays with dangerous objects or in dangerous places.
- Caretaker does not respond to or ignores child’s basic needs.
- Child has strong odor and suffers from a skin condition or loss of hair or teeth due to poor hygiene.
- Caretaker is unable or unwilling to provide a safe sleep environment for an infant including co-sleeping, inappropriate bedding in infant’s sleep surface (stuffed animals, toys, pillows, quilts, blankets, wedge positioners, bumpers, or other loose bedding).
- Caretaker denies food or water for an extended period. Child is not fed food consistently.
- Child lacks adequate clothing for any environmental situation.
- Infant has bleeding and/or painful rash that is not being treated because of being left for extended periods of time in soiled diapers.
- Family lacks shelter and they do not access any resources to provide shelter.
- There is no heat in the home during winter.
- Caretaker is physically unable to provide any of the child’s basic needs.

Questions for caretaker(s) and adult(s):

- How do you meet your children’s basic needs?
- Can you show me your food supply?
- Who helps you when you are unable to provide for basic needs?
- Does your child ever stay home alone? How often? How long?
- How far away from home is your child allowed to go?
- What time must your child be home at night?
- Do the children beg/ask for food? How often?
- Do the children play unsupervised outside? How long? How often?

Questions for child(ren):

- Where do you sleep?
- What time do you usually go to bed?
- When do you get up in the morning?
- Who is up when you get up?
- What do you do after you get up?
- How many meals do you eat a day?
- What do you eat?
- Who makes the meals?
- Who watches you when caretaker is not here?

8. Household environmental hazards place the child in immediate danger of serious harm.

Observations and evidence examples:

- Excessive garbage or rotted or spoiled food which threatens health.
- Room covered with human feces, urine, or animal feces freely accessible to children.
- Medications, hazardous chemicals, alcohol/drugs, or loaded weapons accessible to children.
- Gas leak.

- The physical structure of the house is decaying or falling.
- Exposed electrical wiring within reach of children.

- Children have access to potentially dangerous pets in the home.
- Excessive cockroaches, mice, rats, etc. present in the home.

Questions for caretaker(s) and adult(s):

- Is there anything dangerous in your house that you think might hurt the child?
- Is there anything you would like to see changed about your housing situation?
- Where do you put your dirty clothes?
- Where do you put your trash?
- Do you have roaches, insects, mice, or rats in your home?
- Where do you use the toilet in your home?
- Can you show me around your home?
- Where does everyone sleep?
- Do you have a smoke detector/carbon monoxide detector? Can you show me?

Questions for child(ren):

- Does anything in your home scare you?
- Do you have access to chemicals, alcohol/drugs, weapons, needles, etc. in your home?
- Where do you put your dirty clothes?
- Where do you put your trash?
- Do you have roaches, insects, mice, or rats in your home?
- Where do you use the toilet in your home?
- If you could change something about the living conditions, what would it be?

9. Caretaker is unwilling or unable to meet the child's serious physical or mental health needs.

Observations and evidence examples:

- Care is not provided for a medical condition that could cause permanent disability if not treated.
- Emergency medical treatment not provided for a potentially life-threatening condition (injury, illness.)
- Unreasonable delay in obtaining medical services, which endanger child's life or place child at risk of permanent disability.
- Failure to give prescribed medication when such failure places child's health or functioning in danger of serious harm.
- Child medically diagnosed as failure to thrive for non-organic reasons.
- Child has a serious mental illness (e.g., suicidal, or homicidal) which is untreated.
- Child has untreated substance abuse needs.
- Caretaker does not recognize or comprehend the physical or mental health need or views the illness as less serious than it is.

Questions for caretaker(s) and adult(s):

- Does your child have any behavioral problems?
- Does your child have any medical ailments or conditions?
- How is your child's general health?
- When was the last time your child was seen by the doctor/mental health therapist?
- Does your child see a dentist?
- Have you followed through with the provided physical/mental health advice?
- Is your child on any medications for physical and/or mental health reasons?
- Is the medication taken according to the directions?

Questions for child(ren):

- What makes you feel sad? How often do you feel sad?
- Have you ever thought about hurting or harming yourself?
- Have you ever attempted to hurt or harm yourself?
- If so, did you or your caretaker seek mental health counseling?
- When was the last time you went to the doctor?
- Who takes you to the doctor?
- Do you receive medication as prescribed?
- How do you feel physically?
- Do you feel sick often?
- What happens when you feel sick?

- What is your understanding of your child’s serious physical or mental health needs?
- Does anyone else assist you in meeting these needs?
- Did you follow through with recommendations?

10. Child sexual abuse/sexual exploitation is suspected, and circumstances suggest that the child may be in immediate danger of serious harm.

Note: If child begins to disclose, ask the questions for the child(ren) to gather basic details and refer the child to a Child Advocacy Center or a Forensic Interviewer for children. **DO NOT** force a child to answer. You may ask the same questions to a reliable adult/caretaker to minimize trauma and make a referral to a Child Advocacy Center or Forensic Interviewer for children.

Information on human trafficking:

[Human Trafficking Resource Guide for Ohio’s Public Children Services Agencies](#)

Observations and evidence examples:

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| <ul style="list-style-type: none"> ○ The adult or older youth engages in sexual behavior for purpose of sexual gratification/exploitation: <ul style="list-style-type: none"> ○ Engages a child in touching adult’s genitals. ○ Touching child’s genitals for reasons other than hygiene. ○ Adult masturbates in presence of child. ○ Adult engaging child in act of masturbation. ○ Adult rubbing genitals against child’s body. ○ Making no effort to prevent child from observing sexual behavior. ○ Disseminating or showing a child photographs, videos, and/or any pornographic materials. ○ Allowing/forcing child to view pornographic material. ○ Photographing, videotaping and/or viewing the child without clothing or partially clothed for sexual gratification. ○ Allowing child to be photographed, videotaped and/or viewed without clothing or partially clothed for sexual gratification. ○ Enticing, tricking and/or forcing a child into sexual play. | <ul style="list-style-type: none"> ○ Forcing child/youth into doing something sexually they are not comfortable doing. ○ Any intra-familial individual engaged in sexual activity with the child regardless of force or coercion. ○ Child exploited for commercial sex (trafficking): any sex act on account of which anything of value is directly or indirectly given, promised to, or received by any person. ○ The person who forced the child/youth into the sexual act received money or other benefits for the sexual act. ○ The child/youth receives money or anything of value (drugs, food, clothing, housing, etc.) for a sexual act. |
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Questions for caretaker(s) and adult(s):

- What conversations have you had with your child about keeping their body safe?
- What language do you use for their private parts?
- To your knowledge, has your child been exposed to sexual acts either intentionally or unintentionally?

Questions for child(ren):

- Has anyone talked to you about keeping your body safe?
- Is there someone around you that makes you feel uncomfortable, uneasy, unsafe, or weird?
- What happened? (Need enough information to imply sexual contact or conduct.)
- When did it happen? (Attempt to figure out if the sexual abuse is within 72 hours. If so, seek immediate medical attention.)
- Where did it happen? (Town, city, address).

- Have you ever had concerns for your child’s interactions or contact with other adults and children?
- What changes have you observed with your child recently, such as sleeping or eating or play habits?
- Have you seen the child regress to old habits again, such as thumb-sucking, bed-wetting, baby-talk, etc.?
- Have you noticed the child touching themselves or others?
- Does the child have bad dreams/nightmares?
- What kind of interest has the child shown in private parts, sexual activity, sexual talk, etc.?
- What assistance does your child need with their toileting routine (i.e., do they need assistance with wiping/dressing)? Do you have any concerns for their toileting routine?
- What is naptime (bedtime) like?
- What is bath-time like? Who bathes the child, how often, child’s reactions, any special routines, etc.?
- Is there anything that seems to upset the child?
- What access to electronics does your child have? How do you monitor?
- Are there any other victims or witnesses that the child is aware of?
- Who is the offender and when was the last contact with this person?
- Can you name the parts of your body? (If the child does not name his or her buttocks, genitals, breasts, etc., the child should be asked to name the parts of the body covered by a bathing suit.)
- Who helps you take care of your body?
- Who helps you put on your clothes; use the toilet; take a bath?
- Has anyone touched you that made you feel uncomfortable?
- If someone touched you, who could you tell?
- Online and electronic activity:
 - When you use electronics, what do you watch?
 - What kind of sites or apps do you use? How did you learn about these sites?
 - Have you ever agreed to meet someone you met online or through the internet/phone app?
- Commercial sex:
- Have you or someone else received something of value like money, a place to stay, food, clothes, gifts, favors, or drugs in exchange for your performing a sexual activity?

Safety Response

The safety response decision is based on the assessment of all available information related to the family history of child abuse and neglect, safety factors, child vulnerabilities, and protective capacities. Different safety responses may apply to different children in the family. Identify a safety response and provide rationalization of why the safety response was selected for each child.

| Safety Response | Description |
|--------------------------------|---|
| Safe | A child is deemed safe when there are no current threats of serious harm, or the protective capacities of the family can control or manage any identified safety factors. |
| In-home safety plan | An in-home safety plan provides interventions necessary to immediately protect the child(ren) while the child(ren) remains in the home. This safety plan is implemented when a safety threat can be controlled by moving a responsible person into the home of the child(ren). |
| Out-of-home safety plan | An out-of-home safety plan provides interventions necessary to immediately protect the child(ren) while the child(ren) is <i>voluntarily</i> placed out of the home. Custody of the child(ren) does not change and remains with the parent, guardian, or custodian. This safety plan is implemented when the home conditions or parent's behavior in the home continues to pose a safety threat to the child(ren) even with a responsible person present in the home. |
| Legally Authorized Out-of-home | A legally authorized out-of-home safety plan is when the child(ren) is legally removed from the home and custody is transferred from the parent/guardian/custodian to the agency or relative/kin. This safety plan is implemented when the assessment of safety has determined the parent's lack of ability or willingness to engage in voluntary safety planning. |
| Deceased | Select this safety response if the child included on the Safety Assessment is deceased at the time of the safety response decision. Note: At minimum, the alleged child victim/child subject of report must be included on the Safety Assessment for completion. |

CHILD VULNERABILITIES AND FUNCTIONING

PHYSICAL

- Child is young (birth to five years of age).
- Child cannot verbalize that maltreatment is occurring.
- Child is obese.
- Child's soft spot (on the head) has not yet closed.
- Child has a chronic physical illness/diagnosis.
- Child requires intensive physical care (medically fragile, hearing impaired, blind, etc.).
- Child has a physical disability (temporary or permanent) that requires special care and attention (physical therapy, diabetic, developmentally disabled, hearing impaired, etc.).
- Child is small in height or weight.
- Child is physically unable to remove themselves from a situation.
- Child is immobile.
- Child has a disfigurement/deformity.
- Child has an acute physical illness that requires special care and attention.
- Child is not visible to others outside of the family system (does not attend daycare, school, extracurricular activities, etc.).
- Child's appearance provokes parental hostility (resembles an individual the caretaker does not like).

EMOTIONAL

- Child has a mental health diagnosis (depression, anxiety, PTSD, OCD, etc.).
- Child has difficulty adapting to disruptions, transitions, or changes without distress.
- Child is overly distractible and cannot tolerate external events or stimulation as it interferes or diverts the child from an ongoing activity.
- Child overreacts to audible noises.
- Child is passive and easily influenced.
- Child is overly sensitive to physical touch.
- Child does not demonstrate an attachment to caretaker and/or significant others (siblings, friends, relatives, etc.).
- Child is withdrawn, disengaged, or antisocial.
- Child cannot tolerate frustration – (how easily the child can withstand the disorganizing effects of limits, obstacles, and rules).
- Child lacks the ability to deescalate themselves.
- Child requires intense emotional support from their caretaker.
- Child blames self for abuse/neglect occurring.

COGNITIVE

- Child cannot recognize actions that are neglectful.
- Child has a cognitive disability (Autism, Down Syndrome, ADD, etc.).
- Child has a mental health diagnosis that impacts understanding/reasoning.
- Child has cognitive developmental delays.
- Child does not have the ability to problem solve.
- Child cannot recognize actions that are abusive.
- Child has a learning disability or learning difficulty (reading, writing, math, etc.).
- Child is unable to communicate.
- Child is unable to understand actions of "cause and effect".
- Child believes they are powerless.

BEHAVIORAL

- Child is exhibiting signs of withdrawal (trembling, irritability, excessive crying, poor feeding, etc.).
- Infant is colicky or cannot be consoled.
- Child has difficulty sleeping.
- Child is in a stage of development that creates parental frustration (e.g., the child is not potty trained, has temper tantrums, bites).
- Child is argumentative.
- Child seeks negative attention by agitating others.
- Child is unable to soothe self or self-regulate.
- Child engaged in criminal activity.
- The child has a diagnosis that impacts their behaviors (Autism, attention deficit/hyperactivity).

- Child demonstrates provocative behaviors.
- Child demonstrates sexually provocative behaviors.
- Child is defiant towards others.
- Child is physically aggressive towards others.
- Child is sexually aggressive towards others.
- Child is oppositional to authority figures (parents, caregivers, teachers, law enforcement, etc.).
- Child has engaged in self-harm or is actively suicidal.
- Child runs away or is a flight risk.

- Child's energy level is high.
- Child has the inability to maintain peer relationships.
- Child is in constant motion.
- Child is involved with juvenile court (unruly/delinquent).
- Child is verbally aggressive towards others.
- Child is parentified.
- Child reacts intensely to events in their environment.
- Child uses substances.
- The child demonstrates fear of a member of the family system.

HISTORICAL

- Child has a history of abuse (physical, sexual, emotional).
- Child has experienced chronic neglect in their life.
- Child is non-communicative regarding their history of abuse/neglect.
- Child has experienced repeated victimization.
- Child has feared a member of the family system.
- Power and control were used to intimidate the child within the family system.

- Child is passive as a result of prior maltreatment.
- Child reported feeling powerless in the past.
- Child has a history of juvenile justice system involvement (delinquency/unruly, abuse/neglect/dependency).
- Child is aggressive as a result of prior victimization.
- Child has a history of trauma.

ADULT PROTECTIVE CAPACITIES

BEHAVIORAL

- The caretaker has a history of protecting.
- The caretaker is physically able to parent.
- The caretaker creates an organized and routine home environment for the child.
- The caretaker demonstrates support for the child.
- Caretaker demonstrates willingness to better understand the needs of the child.
- The caretaker assigns chores appropriate to the child's age and development.
- The caretaker provides the child with supervision appropriate to age and stage of development.
- The caretaker has a capable/competent person supervising the children in the caretaker's absence.
- The caretaker protects the child from potential harm.
- Caretaker is active in the child's treatment, therapy, court ordered services, case plan goals, etc.
- The caretaker exhibits self-control.
- The caretaker possesses adequate energy.
- The caretaker demonstrates the ability to adjust to change.
- The caretaker utilizes resources to meet the child's basic needs.
- The caretaker tolerates the stress of parenting.
- The caretaker takes the child to all necessary medical appointments.
- The caretaker utilizes a support network to assist in caring for the child when necessary.
- The caretaker demonstrates adequate skill in fulfilling caretaking responsibilities.
- The caretaker displays affection for the child (hugs, tenderness, consoles the child).
- Caretaker has the ability/demonstrates the ability to focus on children with special or behavioral needs.
- The caretaker comforts the child.
- The caretaker provides the child's basic needs.
- The caretaker provides structure for their child.
- The caretaker physically intervenes when child attempts dangerous act.
- The caretaker demonstrates love, empathy, and sensitivity toward the child.
- The caretaker defers their own needs to meet the needs/wants of the child.
- The caretaker uses safe/effective coping skills while caring for the child.
- The caretaker actively attempts to correct any problems and/or challenges.
- Caretaker demonstrates the ability to care for each child in the home and balance each child's individual needs.
- The caretaker demonstrates impulse control.

COGNITIVE

- The caretaker is reality oriented.
- The caretaker has accurate knowledge of age-appropriate supervision for the child.
- The caretaker understands the child's development in relation to the child's age.
- The caretaker understands the child's physical abilities in relation to age.
- The caretaker understands the basic needs of the child.
- The caretaker understands the child's ability to complete chores.
- The caretaker understands the child's physical disability.
- The caretaker recognizes his or her own frustration when caring for the child.
- The caretaker understands the developmental needs of the children.
- The caretaker is aligned with the child.
- The caretaker understands the stressors of parenting.
- The caretaker has realistic expectations of his or her children.
- The caretaker understands his/her protective role.
- The caretaker understands that children need to be protected.
- Caretaker understands the child's diagnosis and the child's needs related to the diagnosis.
- The caretaker has the cognitive ability to reason.
- The caretaker can articulate a plan to protect the child.
- The caretaker recognizes the need to address their own emotional needs.
- The caretaker has accurate perceptions of the child.
- The caretaker has adequate knowledge to fulfill caretaking responsibilities and tasks.
- The caretaker does not have cognitive delays or impairments.
- The caretaker can effectively/safely problem solve.
- The caretaker understands the child is dependent and must have his needs met by the caretaker.
- The caretaker understands children need to be comforted emotionally.
- The caretaker understands the needs of the child supersede the needs of an adult.
- The caretaker understands the child's needs.

EMOTIVE

- The caretaker expresses love for the child.
- The caretaker is emotionally stable.
- The caretaker assumes the authority figure in relation to the child.
- The caretaker is willing to care for the needs of their child.
- The caretaker has a healthy attachment to the child.
- The caretaker's emotional attachment to the child bolsters their ability to defer their own emotional needs in favor of the child.
- The caretaker is resilient.
- The caretaker and child have a strong bond.
- The caretaker is clear that the number one priority is the well-being of the child.
- The caretaker has the desire to care for the child.
- The caretaker verbalizes a healthy attachment to their child.
- The caretaker is emotionally able to intervene to protect the child.
- The caretaker speaks fondly of the child.
- The caretaker reacts to the child appropriately.
- The caretaker meets their own emotional needs.
- The caretaker verbally expresses empathy to and for the child.
- Caretaker experiences empathy in relation to the child's perspective and feelings.