



The Structured Decision Making<sup>®</sup> System

# Substitute Care Provider Safety Assessment Policy and Procedures Manual

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New Mexico Children, Youth and  
Families Department

**NCCD** | Children's  
Research Center

## CONTENTS

SDM® Assessment General Definitions.....	1
<b>SDM® Substitute Care Provider Safety Assessment</b>	
Assessment.....	3
Safety Plan .....	7
Definitions.....	10
Policy and Procedures.....	19
Completion Instructions .....	21

The Children's Research Center is a nonprofit social research organization and a center of the National Council on Crime and Delinquency (NCCD).

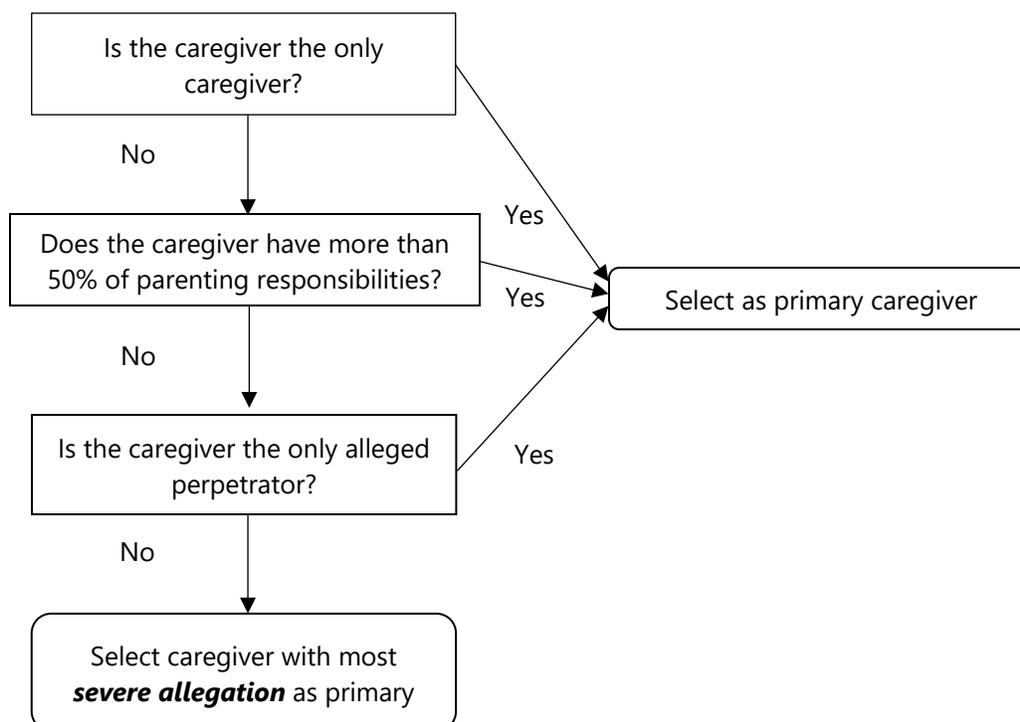
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**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
SDM® ASSESSMENT GENERAL DEFINITIONS**

1. **Caregiver:** An adult, parent, or guardian in the household who provides care and supervision for the child.

Circumstance	Primary Caregiver	Secondary Caregiver
Two caregivers living together.	The caregiver who provides the most childcare. May be 51% of care. <i>Tie breaker:</i> If precisely 50/50, select the alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other caregiver.
Single caregiver, no other adult in household.	The only caregiver.	None.
Single caregiver and any other adult living in household.	The only caregiver.	Another adult in the household who contributes the most to childcare. If no other adults contribute to childcare, there is no secondary caregiver.

Primary Caregiver Identification Tree



2. **Family:** Caregivers, adults fulfilling the caregiver role, guardians, children, and others related by ancestry, adoption, or marriage, or as defined by the family itself.
3. **Foster child:** Any child for whom the department has legal protective custody, including children for whom adoption is pending and has not yet been finalized.
4. **Household:** All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a caregiver in the household (partner/significant other) but may not physically live in the home, or a relative whom the caregiver allows authority in parenting and caregiving decisions.
5. **Which household is assessed?** SDM assessments are completed on households. When a child's caregivers do not live together, the child may be a member of two households.

This SCP safety assessment should be completed *only* on households with an allegation. If two households each have an allegation, then complete two separate safety and risk assessments. If another legal caregiver lives in another household with no allegation, interview that caregiver and follow standard investigation procedure, but do not complete a safety or risk assessment on that household.

*Always* assess the household of the alleged perpetrator, which may be the child's primary residence or the household of a noncustodial caregiver.

If the alleged perpetrator is a noncustodial caregiver, also assess the household of the custodial caregiver *if there is an allegation of failure to protect*.

6. **Substitute care provider (SCP):** A person providing out-of-home care to children, including approved relatives or non-related extended family members; and licensed foster homes, foster family homes, and/or small family homes.

NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
SDM® SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT

Primary SCP: \_\_\_\_\_  Select if there is a secondary SCP in the household

Secondary SCP: \_\_\_\_\_

Household Type:  Kin/relative  Foster  Treatment foster care

Other Adult Household Members: \_\_\_\_\_

Number of Prior Abuse/Neglect Reports

Substantiated	Unsubstantiated

Number of Prior Corrective Actions: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ County: \_\_\_\_\_

Worker Name: \_\_\_\_\_ Worker ID: \_\_\_\_\_

Names of Children Assessed

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**FACTORS INFLUENCING CHILD VULNERABILITY**

Conditions resulting in child's inability to protect self; select all that apply to *any* child.

- Age 0–5 years
- Significant diagnosed medical or mental disorder
- Not readily accessible to community oversight
- Diminished developmental/cognitive capacity
- Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
- More children in the home than capacity allows

**SECTION 1: DANGER INDICATORS**

Assess the SCP’s household for each of the following danger indicators. Indicate whether currently available information results in reason to believe a danger indicator is present for any foster child currently residing in the household. Select all that apply.

**Yes    No**

- 1. SCP caused physical harm to the child or made a credible threat to cause physical harm as indicated by the following.
  - Excessive discipline or physical force other than accidental
  - SCP fears maltreating the child
  - Threat to cause harm
  - Family violence places the child in danger of physical harm
- 2. Child sexual abuse and/or sexual exploitation by an SCP is suspected.
- 3. SCP does not meet the child’s immediate and basic needs for care, supervision, food, clothing, and/or medical or mental health intervention.
- 4. The physical living conditions are hazardous and imminently threatening to the child’s health and/or safety.
- 5. SCP acts toward the child in negative ways that result in psychological/emotional harm.
- 6. SCP is unable OR unwilling to protect the child from harm or threatened harm by others.
- 7. SCP’s explanation for a child’s injury is questionable or inconsistent with the type of injury.
- 8. The SCP refuses to allow CYFD access to the child, or there is reason to believe that the family is about to flee.
- 9. Current circumstances, combined with prior reports of abuse/neglect and/or prior corrective action/policy violations related to any child in the SCP’s care at any time, suggest that the child may be in imminent danger.
- 10. Other (specify): \_\_\_\_\_

**SAFETY DECISION**

If no danger indicators are present, complete the safety decision below.

- Safe.** No danger indicators were identified at this time. Based on currently available information, no children are likely to be in imminent danger of serious harm.

**SECTION 1A: SUBSTITUTE CARE PROVIDER COMPLICATING FACTORS**

If “Yes” is selected for any danger indicators above, indicate whether any of the following complicating factors are present. These conditions make it more difficult or complicated to create safety for the child but do not by themselves constitute danger indicators. These factors should be considered when determining if it is possible to develop a safety plan. Select all that apply to the household.

- Substance abuse       Domestic violence       Mental health       Developmental/cognitive impairment
- Physical condition       Other (specify): \_\_\_\_\_

## SECTION 2: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

Only complete this section if one or more danger indicators are selected.

### Safety-Planning Capacities

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

- a. SCP is capable of participating in an in-home safety plan.
- b. SCP is willing to participate in an in-home safety plan.
- c. SCP has at least one supporting adult who was not involved in the allegation; and the supporting adult is willing and able to participate in an in-home safety plan.
- d. Other

For all safety-planning capacities selected, provide details that demonstrate the presence of that capacity.

### SAFETY INTERVENTIONS

Consider each identified danger indicator and the safety-planning capacity of the people who care about the child to determine if it is possible to create a safety plan to control for the danger. Remember that a safety plan should describe in detail immediate action steps that the family and their network will take to help keep the child safe from the danger. If this is possible, select "Safe with plan" and the specific intervention being used from the list below, and document the safety plan. If it is not possible to create a safety plan, proceed below and select "Unsafe."

#### SAFETY DECISION

- Safe with plan.** One or more danger indicators are present; however, the child can safely remain in the placement with a safety plan. Protective interventions have been initiated through a safety plan, and the child will remain in the placement as long as the safety interventions mitigate the danger indicators. Select all interventions used in the safety plan.

a. Safety interventions provided by the caseworker.

b. Safety interventions involving SCP, other household members, or network.

Alleged perpetrator will leave the home, either voluntarily or in response to legal action.

Non-perpetrating SCP will move to a safe environment with the child.

Network will provide brief safety planning respite for the child.

Network will participate as part of a safety plan action step.

Other safety intervention involving SCP, other household members, or network.

Describe: \_\_\_\_\_

c. Safety interventions provided by agencies or service providers.

Community agencies or services are part of a safety plan action step.

Formal tribal and/or ICWA intervention is part of a safety plan action step.

Other safety intervention provided by agencies or service providers.

Describe: \_\_\_\_\_

d. Legal action planned or initiated; the child remains in the home.

*Note: Legal action cannot be the only item on a safety plan.*

**SECTION 3: PLACEMENT INTERVENTIONS**

**SAFETY DECISION**

**Unsafe.** One or more danger indicators are present. A safety plan was considered but could not be created. As a result, removal is the only protective intervention possible for one or more children. Without change in placement, one or more children will likely be in danger of imminent or serious harm.

<b>Foster Children Removed</b>	<b>Foster Children Not Removed</b>
1.	1.
2.	2.
3.	3.
4.	4.

**Caseworker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
SDM® SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT  
SAFETY PLAN**

**SCP's Name(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's Name(s):** \_\_\_\_\_

**Worker Name:** \_\_\_\_\_ **Worker Phone Number:** \_\_\_\_\_

This plan will be reviewed on \_\_\_\_\_ or no more than 21 days from the safety plan's date.

**Who has agreed to be part of this plan?**

Name	Relationship to the Child	Phone Number

**What are the immediate worries about child safety?**

**What is the department and/or the SCP concerned will happen to the children if nothing else changes?**

--

**What action steps need to be taken to ensure the children are safe?**

**Who is responsible for ensuring this action occurs?**

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While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children in the custody of the New Mexico Children, Youth and Families Department (CYFD) safe, we must work together again to create a new plan. Otherwise, lack of follow through necessary to keep all children in CYFD custody safe may result in immediate removal by the department.

<p><b>SCPs</b></p> <hr/> <hr/>	<p><b>Worker/supervisor</b></p> <hr/> <hr/>
<p><b>Children</b></p> <hr/> <hr/> <hr/> <hr/>	<p><b>Other participants</b></p> <hr/> <hr/> <hr/> <hr/>

**Whom to Call if the Plan Is Not Working**

<p><b>Assigned child welfare worker name:</b></p> <hr/>	<p><b>Phone number:</b></p> <hr/>
<p><b>Child welfare supervisor name:</b></p> <hr/>	<p><b>Phone number:</b></p> <hr/>
<p><b>After-hours child welfare contact:</b> (After business hours; weekends and holidays)</p> <hr/>	<p><b>Phone number:</b></p> <hr/>

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**SDM® SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT**  
**DEFINITIONS**

**FACTORS INFLUENCING CHILD VULNERABILITY**

Conditions resulting in child's inability to protect self; select all that apply to *any* child in the household.

**Age 0–5 years.** Any child in the household is age 5 or under. Younger children are considered more vulnerable, as they are less verbal and less able to protect themselves from harm. Younger children also have less capacity to retain memory of events. Infants are particularly vulnerable, as they are nonverbal and completely dependent on others for care and protection.

**Significant diagnosed medical or mental disorder.** Any child in the household has a diagnosed medical or mental disorder that significantly impairs ability to protect self from harm; OR diagnosis may not yet be confirmed, but preliminary indications are present and testing/evaluation is in progress. Examples may include but are not limited to: severe asthma, severe depression, or medically fragile (e.g., requires assistive devices to sustain life).

**Not readily accessible to community oversight.** The child is isolated or minimally visible within the community. Examples include the family living in an isolated community (i.e., a frontier community), the child not attending a public or private school, the child not being routinely involved in other activities within the community, etc.

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

**Diminished physical capacity (e.g., non-ambulatory, limited use of limbs).** Any child in the household has a physical condition/disability that affects ability to protect self from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency if left unattended).

**More children in the home than capacity allows.** Regional managers have approved an increased number of children in the home. Vulnerability will be assessed based on family capacity.

## SECTION 1: DANGER INDICATORS

### 1. **SCP caused physical harm to the child or made a credible threat to cause physical harm as indicated by the following.**

- Excessive discipline or physical force other than accidental. The SCP used physical methods to discipline a child that resulted in or could have easily resulted in physical injury to the child (e.g., bruising, red marks, welts, or lacerations).
- SCP fears maltreating the child. The SCP has reported fears of hurting the child in a way that would cause injury.
- Threat to cause harm. The SCP has made a credible threat that would result in harm to the child.
- Family violence places the child in danger of physical harm. There is evidence of family violence involving adults in the home.

### 2. **Child sexual abuse and/or sexual exploitation by an SCP is suspected.**

Suspicion of sexual abuse may be based on indicators such as the following.

- The child discloses sexual abuse verbally.
- The child displays behaviors that strongly indicate sexual abuse (e.g., excessive, age-inappropriate sexualized behavior toward self or others).
- Medical findings consistent with sexual abuse.

*Note:* Children under 18 years old are sexually exploited when they have engaged in, solicited for, or been forced to engage in sexual conduct or performance of sexual acts (e.g., stripping) in return for a benefit, such as money, food, drugs, shelter, clothing, gifts, or other goods; or for financial or some other gain for a third party. The sexual conduct may include any direct sexual contact or performing any acts, sexual or nonsexual, for the sexual gratification of others. These acts constitute sexual exploitation regardless of whether they are live, filmed, or photographed.

**3. SCP does not meet the child’s immediate and basic needs for care, supervision, food, clothing, and/or medical or mental health intervention.**

The SCP is unwilling or unable to meet the child’s most immediate or basic needs in one or more of the following areas.

- Supervision: The SCP is present but does not attend to the child to the extent that need for care goes unnoticed or unmet (e.g., child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards); and/or the SCP leaves or exposes the child to circumstances that create opportunities for serious harm, e.g., child left unattended in vehicle (time period varies with age and developmental stage).
- Food: The child’s nutritional needs are not met or there are reasons to suspect that the child is not given proper portions of food.
- Clothing: The child is without clothing appropriate to the weather and conditions.
- Medical, dental, and mental health care: The SCP does not seek treatment for the child’s immediate, chronic, and/or serious medical, dental, or mental health needs or does not follow prescribed treatment for such conditions.

**4. The physical living conditions are hazardous and imminently threatening to the child’s health and/or safety.**

Based on the child’s age and developmental status, the child’s physical living conditions are hazardous and imminently threatening. This may include but is not limited to the following.

- Significant structural dangers exist in home (e.g., leaking gas from stove or heating unit, lack of water or utilities, exposed and accessible electrical wires), and *no* alternative or safe provisions have been made.
- There is excessive garbage or rotten or spoiled food that threatens health.
- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., repeated insect and rodent bites).
- There is evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked, are not properly secured, and/or are easily accessible with no safe provisions made.
- There is drug production/paraphernalia in the home.

**5. SCP acts toward the child in negative ways that result in psychological/emotional harm.**

SCP actions cause significant and excessive emotional distress for the child. SCP actions can include but are not limited to:

- Regularly describes child in a demeaning or degrading manner;
- Scapegoats one particular child in the family for a series of family problems;
- Places the child in the middle of a custody battle in ways the child struggles developmentally to cope with; or
- Domestic violence perpetrator exhibits a pattern of coercive control toward the non-perpetrating SCP that affects the non-perpetrating SCP's parenting ability.

**6. SCP is unable OR unwilling to protect the child from harm or threatened harm by others.**

The SCP is not able or not willing to protect the child from harm or threatened harm from others. As a result, the child is in danger of physical abuse, neglect, sexual abuse, or sexual exploitation by someone with access to the child. This can include but is not limited to the following.

- An individual with known violent criminal behavior or sexual abuse history resides in the home, and no clear plan to keep the child safe is in place.
- The SCP takes the child to dangerous locations where drugs are manufactured or regularly administered (e.g., meth labs or drug houses) or to locations used for prostitution, pornography, or sex trafficking.

*Note:* In situations where domestic violence is present and the perpetrator's actions and/or behavior has a direct effect on the non-perpetrating SCP's ability to provide basic care and protection of the child, select this item and also danger indicator 1 and/or 5.

**7. SCP's explanation for a child's injury is questionable or inconsistent with the type of injury.**

- The injury requires medical attention, AND medical assessment indicates that the injury is likely the result of abuse or is inconsistent with the explanation provided by the SCP.

OR

- A suspicious injury did not require medical treatment but was located anywhere on an infant (age one year or younger); OR, for older children:

- » Was located on the torso, face, or head;
- » Covered multiple parts of the body;
- » Appeared to be caused by an object; or
- » Was one of multiple injuries in different stages of healing.

**8. The SCP refuses to allow CYFD access to the child, or there is reason to believe that the family is about to flee.**

This danger indicator should be identified only when there is an urgent need to assess the child, AND the worker has been unable to gain access to the child due to SCP refusal; OR there is reason to believe the SCP family is about to flee during an ongoing investigation.

Examples include but are not limited to the following.

- The child’s location is unknown to CYFD, and the SCP will not provide the child’s current location.
- The SCP has a history of keeping the child at home—away from peers, school, and other outsiders—for extended periods of time, to avoid investigation.

*Note:* Negotiation about the best time for a meeting does not constitute “SCP refusal.” Refusal must be constant and persistent to meet the definition above.

**9. Current circumstances, combined with prior reports of abuse/neglect and/or prior corrective action/policy violations related to any child in the SCP’s care at any time, suggest that the child may be in imminent danger.**

There must be both current concerns AND related previous referrals/incidents that represent an emerging or unresolved pattern. Previous incidents may include any of the following.

- Prior incident reports, including any licensing complaints.
- Prior referrals for abuse/neglect to a child.
- Evidence of prior unreported injuries or incidents.

**10. Other (specify).** Circumstances or conditions that pose an imminent threat of serious harm to a child that are not already described in danger indicators 1–9.

**SAFETY DECISION**

**Safe.** No danger indicators were identified at this time. Based on currently available information, no children are likely to be in imminent danger of serious harm. Substitute care provider safety assessment is complete. Continue to review standards of care.

## SECTION 1A: SUBSTITUTE CARE PROVIDER COMPLICATING FACTORS

These conditions make it more difficult or complicated to create safety for a child but do not by themselves constitute danger indicators. These factors should be considered when determining if it is possible to develop a safety plan. Select all that apply to the household.

**Substance abuse.** SCP has abused legal or illegal substances or alcohol in this incident or in the past to the extent that the SCP's caregiving abilities are/were significantly impaired.

**Domestic violence.** Indicators exist of a recent history of one or more physical assaults between intimate members of the household, and/or a pattern of threats/intimidation is present.

**Mental health.** One or both SCPs appear to have had mental health concerns at the time of this incident or have a known history of mental health issues that have or could have affected childcare.

**Developmental/cognitive impairment.** One or both SCPs may have diminished capacity as a result of developmental delays or cognitive issues that may affect their ability to care for and supervise children.

**Physical condition.** One or both SCPs have a physical condition that could affect the care and protection of children in the household.

**Other (specify).** List other SCP or household complicating factors.

## SECTION 2: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

### Safety-Planning Capacities

- a. SCP is capable of participating in an in-home safety plan.  
The SCP has the ability to participate in an in-home safety plan. Consider SCP's cognitive, physical, and emotional capacity to follow through with all interventions necessary to protect the child from further danger.
- b. SCP is willing to participate in an in-home safety plan.  
The SCP has agreed to accept the involvement and recommendations of the caseworker and to follow the action steps detailed on an in-home safety plan sufficient to control for the danger.
- c. SCP has at least one supporting adult who was not involved in the allegation; and the supporting adult is willing and able to participate in an in-home safety plan.  
The SCP has a supportive relationship with at least one other family member, neighbor, or friend who is able to play an active role in an in-home safety plan sufficient to control for the danger.

d. Other.

Note any other present safety-planning capacity that allows you to feel confident the SCP and the network will be able to control for the danger.

## SAFETY INTERVENTIONS

### SAFETY DECISION

**Safe with plan.** One or more danger indicators are present; however, the child can safely remain in the placement with a safety plan. Protective interventions have been initiated through a safety plan, and the child will remain in the placement as long as the safety interventions mitigate the danger indicators. Select all interventions used in the safety plan.

a. Safety interventions provided by the caseworker.

Actions taken or planned by the caseworker that specifically address one or more danger indicators. Examples include providing emergency aid such as food, transportation, or mentoring; planning return visits to the home to check on progress; providing information and/or assistance in obtaining services or legal advice; etc.

b. Safety interventions involving SCP, other household members, or network.

Applying the SCP family's own strengths as resources to mitigate danger indicators; or using extended family members, neighbors, tribal members, friends, or other individuals to mitigate the danger. Examples include engaging a grandparent to assist with childcare, agreement by a neighbor to serve as a safety resource for a child, commitment by 12-step sponsor/support person to meet with SCP daily, etc.

One or more of the following interventions may apply and must be selected.

- *Alleged perpetrator will leave the home, either voluntarily or in response to legal action.* The alleged perpetrator will temporarily or permanently leave the home.
- *Non-perpetrating SCP will move to a safe environment with the child.* An SCP not suspected of harming the child has taken or plans to take the child to an alternative location where the alleged perpetrator will not have access to the child.

- *Network will provide brief safety planning respite for the child.* An SCP has asked a family member, friend, or other person in the family's life to care for the child during the time of the safety plan (no longer than five calendar days).
- *Network will participate as part of a safety plan action step.* A family member, friend, or other person in the family's life has agreed to be responsible for a specific activity on the safety plan.
- *Other safety intervention involving SCP, other household members, or network.* Other actions not described above will be taken by the family or their network. Describe in the space provided.

c. Safety interventions provided by agencies or service providers.

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

One or more of the following interventions may apply and should be selected.

- *Community agencies or services are part of a safety plan action step.* Involving a community-based or faith-related organization or other agency in activities to address danger indicators (e.g., using a local food pantry, wraparound/therapeutic interventions).
- *Formal tribal and/or ICWA intervention is part of a safety plan action step.* This includes but is not limited to use of tribal services from the child/SCP's tribe or a tribal consortium, tribal resource center, or tribal health clinic.
- *Other safety intervention provided by agencies or service providers.* Other actions will be taken by professionals or members of service agencies. Describe in the space provided.

*Note:* For these items, *do not include* services such as long-term therapy or treatment or being put on a waiting list for services.

d. Legal action planned or initiated; the child remains in the home.

A legal action has already commenced or will commence that will contribute to mitigating identified danger indicators. This includes but may not be limited to restraining orders, mental health commitments, and legal separation.

*Note:* May be used only in conjunction with other safety interventions. Legal action cannot be the only item on a safety plan.

## **SECTION 3: PLACEMENT INTERVENTIONS**

### **SAFETY DECISION**

**Unsafe.** One or more danger indicators are present. A safety plan was considered but could not be created. As a result, removal is the only protective intervention possible for one or more children. Without change in placement, one or more children will likely be in danger of imminent or serious harm.

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
SDM® SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT  
POLICY AND PROCEDURES**

The purpose of the SCP safety assessment is to (1) help assess whether any child is likely to be in imminent danger of serious harm/maltreatment that requires a protective intervention, and (2) determine what interventions should be initiated or maintained to provide appropriate protection.

**Safety versus risk assessment:** It is important to keep in mind the difference between safety and risk when completing this assessment. A safety assessment differs from a risk assessment in that it assesses the child's danger of *imminent* and serious harm and the interventions currently needed to protect that child. In contrast, a risk assessment looks at the likelihood of any *future* child protective system involvement.

**WHAT DOES AN SCP SAFETY ASSESSMENT HELP DECIDE?**

The SCP safety assessment provides structured information concerning the danger of imminent/serious harm/maltreatment to a child. This information guides the decision about whether the child may remain in the placement with no intervention (Safe), may remain in the placement with safety interventions in place (Safe with plan), or if a change in placement must occur (Unsafe).

**WHICH CASES NEED A SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT COMPLETED?**

All referrals that are assigned for a child protection investigation on an SCP. This includes fictive kin, relative, treatment foster care, or foster care homes.

Excludes group homes, institutions, residential treatment centers, community group homes, shelters, and daycares.

**WHO COMPLETES THE SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT?**

The worker assigned to the investigation is responsible for completing the SCP safety assessment.

**WHEN IS THE SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT COMPLETED?**

In **investigation**, the safety assessment is completed on first contact/initiation and needs to be documented within 48 hours.

- For a child who has already been protectively placed by law enforcement or other means, and for whom no safety assessment has been completed, the caseworker will complete a safety assessment and document the findings within two working days of the referral.
- Any time the decision on a safety assessment was "Safe with plan," a safety plan must be created. A safety plan should not be created for any finding other than "Safe with plan." A safety plan can last up to 21 days.
- If a safety plan was created, an updated safety assessment must be completed and documented within 21 days.
- If the family continues to be "Safe with plan" at 42 days (i.e., after the first two consecutive instances of "Safe with plan"), staffing will be conducted using the CAP framework and will include the county office manager and placement and permanency supervisor and/or worker. The decision made at staffing will focus on whether the child can remain in the placement safely. (CYFD services cannot be discontinued if there is an active safety plan or if the last safety assessment decision was "Safe with plan.")
- Workers *can* complete new safety assessments at any point that they or their supervisors believe would be helpful.

**NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
SDM® SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT  
COMPLETION INSTRUCTIONS**

**APPROPRIATE COMPLETION**

Workers should familiarize themselves with the items included on the SCP safety assessment and the accompanying definitions. Workers will notice that the items on the tool are very similar to the items on the SDM safety assessment for child protective service investigations.

What distinguishes the SDM model is that it ensures that 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 items that must be assessed to complete the tool, the worker should conduct the initial contact as they normally would—using good casework practice to collect information from the child, SCP, and/or collateral sources. The SDM model ensures that the specific items that comprise the safety assessment are assessed during the initial contact.

The decision logic for the SCP safety assessment is as follows.

- If no danger indicators are selected, the only possible safety decision is “Safe.” No in-home interventions or placement interventions need to be reviewed; the assessment is complete.
- If one or more danger indicators are selected, the worker must determine whether a safety plan will mitigate the danger indicators or whether the child must have a change in placement.
- If a safety plan can be developed with the SCPs, the worker must document the plan and action steps in the safety plan and select the appropriate safety interventions in the assessment. In this case, the safety decision is “Safe with plan.”
- If a safety plan cannot be developed with the SCPs, then the safety decision must be “Unsafe.”

The SCP safety assessment is composed of several sections and subsections.

To complete the header information, provide identifying information for the SCPs, the worker, and the children in the home being assessed.

## **FACTORS INFLUENCING CHILD VULNERABILITY**

The vulnerability of each child is considered throughout the assessment. Young children cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization. Indicate whether any child vulnerabilities are present by selecting them. Consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for the safety assessment. The presence of one or more vulnerabilities does not automatically mean that a danger indicator is present.

### **SECTION 1: DANGER INDICATORS**

This list of 10 critical dangers (nine identified and defined and an "Other") must be assessed by every worker in every investigation of alleged abuse/neglect by an SCP. These danger indicators cover the kinds of conditions that would render a child in danger of imminent, serious harm.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is expected that not all facts about a case can be known immediately. Some information is inaccessible, and some may be deliberately hidden from the worker. Based on reasonable efforts to obtain information necessary to respond to each item, review each danger indicator and its accompanying definition.

For each item, consider the most vulnerable of all foster children in the home. If available information indicates that the danger indicator is present, select "Yes" for that item. If the danger indicator is not present, select "No." Because not every conceivable danger indicator can be anticipated or listed on a form, the "Other" category permits a worker to indicate that some other circumstance creates a danger indicator. For circumstances the worker determines to be danger indicators that are not described by one of the existing items, the worker should select "Other" and briefly describe the danger indicator.

**Safety Decision:** If there are no identified danger indicators in the SCP household, the safety decision is "Safe." Select "Safe," and the safety assessment is complete.

### **SECTION 1A: SUBSTITUTE CARE PROVIDER COMPLICATING FACTORS**

This section is completed only when danger indicators are identified as present in the SCP household. If "Yes" was selected for any danger indicator and evidence exists that one or more SCPs are experiencing substance abuse, domestic violence, mental health concerns, cognitive/developmental concerns, or physical health concerns, indicate all that apply to the household. These conditions make it more difficult or complicated to create safety for a child but do not by themselves constitute danger indicators. These behaviors must be considered when assessing for and planning to mitigate danger indicators.

## **SECTION 2: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS**

This section is completed only if one or more danger indicators were identified.

### **Safety-Planning Capacities**

Select any listed capacities present for any SCP. Consider information from the referral; information from worker observations; interviews with children, SCPs, and collaterals; and review of records. For "Other," consider any existing condition that does not fit within one of the listed categories but may support safety-planning interventions.

### **Safety Interventions**

The safety intervention list contains general categories of interventions rather than specific programs. The worker should consider each potential category of interventions and determine whether an intervention in that category is available and sufficient to mitigate the danger indicator(s) and whether there is reason to believe the SCP will follow through with a planned intervention. Simply because an intervention exists in the community does not necessarily mean it should be used in a particular case. The worker may determine that even with an intervention, the child would be unsafe; or the worker may determine that an intervention would be satisfactory but have reason to believe the SCP would not follow through. The worker should keep in mind that while any single intervention may be insufficient to mitigate the danger indicator(s), a combination of interventions may provide adequate safety. Also keep in mind that the safety intervention is not intended to solve the SCP household's problems or provide long-term answers. A safety plan permits a child to remain in the placement during the investigation.

If one or more danger indicators are identified and the worker determines that interventions are unavailable, insufficient, or may not be used, the final option is to indicate that the child will be removed from the SCP's home.

If one or more interventions will be implemented, select each category that will be used. If there is an intervention that will be implemented that does not fit in one of the categories, select "Other safety intervention" and briefly describe the intervention.

Safety Decision: If there are identified danger indicators in the SCP household, however, the child can safely remain in the placement with a safety plan due to available interventions to mitigate danger, the child can safely remain in the placement with a safety plan. In this case, the safety decision is "Safe with plan." Select "Safe with plan," and continue by documenting the safety plan.

## **SECTION 3: PLACEMENT INTERVENTIONS**

If one or more danger indicators are identified and the worker determines that a safety plan is not possible, the worker will continue on to Section 3: Placement Interventions.

**Safety Decision:** If one or more danger indicators are present and a safety plan could not be created, a change in placement, or removal, is the only protective intervention possible for one or more children being assessed. The worker must select "Unsafe." If one or more children are moved to another placement, list the names of foster children who are and are not being removed.

## **SAFETY PLAN**

When the outcome of the SCP safety assessment is "Safe with plan," the worker will document the safety plan to control for the danger. The following must be included in all safety plans.

- Each identified danger indicator and a description of the conditions or behaviors in the home that place any child at imminent threat of serious harm. The worker should use language the SCP understands so it is clear to them what caused the worker to identify the danger indicator.
- Detailed action steps to address the danger indicator(s). Explain how danger indicator(s) will be mitigated. What will the SCP do to keep the child safe? What will other people do? This should include a written statement of what a responsible party will do (actions or behaviors) that will keep the child safe in the current conditions.
- Who is participating in the plan, the role of each participant, and information that describes how the safety plan will be monitored (e.g., who is responsible for each intervention action), and the timeframe in which each intervention will remain in place.
- Signature lines for SCPs, family members, the worker, and the worker's supervisor.

### **A safety plan is required when the safety decision is "Safe with plan."**

*Note:* The safety plan should be scanned and uploaded into the Family Automated Client Tracking System (FACTS).

The safety plan *must* be developed in partnership with and agreed to by the SCPs, and the worker should leave a copy of it with the SCPs.

In situations of domestic violence where the worker is designating the SCP household "Safe with plan," strongly consider creating separate safety plans for the perpetrating and non-perpetrating SCPs.