

**CALIFORNIA
SDM® SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT**

r: 11/17

Primary SCP Name: _____ **Referral #:** _____ - _____ - _____

SCP Type: Foster Relative NREFM FFA Small Family Home

List any other related referrals:

Referral Name	Referral #

Name(s) of foster children in the household:

Name	Age	Name	Age
1.		3.	
2.		4.	

Date of Referral: ____/____/____ Date of Assessment: ____/____/____

CSW Name: _____

SECTION 1: SAFETY THREATS

Assess the household for each of the following safety threats. Indicate whether currently available information results in reason to believe the safety threat is present for any foster/adoptive child currently residing in the household. Select all that apply.

- 1. The SCP caused physical harm to the child or made a plausible threat to cause physical harm in the current investigation, as indicated by any of the following:
 - Injury or abuse to the child other than accidental.
 - The SCP fears he/she will maltreat the child and/or requests the child's removal.
 - Threat to cause harm or retaliate against the child.
 - Domestic violence likely to injure child.
 - Excessive discipline or physical force.

- 2. Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern.

- 3. The SCP does not meet the child's needs for supervision, food, clothing, and/or medical or mental health care.

- 4. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

- 5. The SCP routinely describes the child in negative terms or acts towards the child in negative ways.

- 6. The SCP fails to protect the child from harm or threatened harm by others. This may include physical abuse, sexual abuse, neglect, or emotional abuse.

- 7. The SCP's explanation for the injury to the child is questionable or inconsistent with the type of injury.

- 8. The SCP hinders/refuses access to the child.

- 9. Current circumstances, combined with prior referrals of abuse/neglect and/or incident reports, suggest that the child's safety may be of immediate concern.

- 10. Other (specify): _____

Safety Decision: If no safety threats are present, select the safety decision below.

Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

SECTION 1A: SUBSTITUTE CARE PROVIDER COMPLICATING BEHAVIORS

If yes is selected for any safety threats above, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child, but do not by themselves constitute a safety threat. These factors must be considered when assessing for and planning to mitigate safety threats with 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: IN-HOME PROTECTIVE INTERVENTIONS

Safety Decision

Safe with plan. One or more safety threats are present; however, the child can safely remain in the placement with a safety plan. In-home 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 safety threats. Select all in-home interventions utilized in the safety plan.

Select all that apply:

1. Intervention or direct services by worker.
 2. Use of family, neighbors, or other individuals in the community as safety resources.
 3. Use of community agencies or services as safety resources.
 4. Have the SCP appropriately protect the victim from the alleged perpetrator.
 5. Have the alleged perpetrator leave the household, either voluntarily or in response to legal action.
 6. Other (specify): _____

SECTION 3: PLACEMENT INTERVENTIONS

7. Removal from current placement is necessary because interventions 1–6 do not adequately ensure the child’s safety.

Safety Decision

Unsafe. One or more safety threats are present, and removal from the SCP’s household is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate harm.

Foster Children Removed	Foster Children Not Removed
1.	1.
2.	2.
3.	3.
4.	4.

Caseworker Signature: _____ Date: ____/____/____

Supervisor Signature: _____ Date: ____/____/____

Copy the appropriate individuals according to agency policy.