

VERMONT SDM® DANGER INDICATORS

The Vermont Structured Decision Making® (SDM) safety assessment is required at the first in-person contact with a family during a DCF child safety intervention and any time there is a change in circumstances that may impact safety throughout the life of a case. The safety assessment informs whether or not a child can safely remain in the home. This assessment includes a list of danger indicators with hyperlinks to their respective definitions. The definition criteria must be met in order to select an item. If any danger indicators are selected, the worker must attempt to create a safety plan. If a safety plan cannot be created, out-of-home placement is needed because it is the only protective intervention possible for one or more children.

ITEMS

1. Caregiver or other adult in the household caused serious physical harm to the child or the child is in imminent danger of serious harm.
2. Child sexual abuse/exploitation is known or suspected, and the child's safety may be of immediate concern in the following circumstances. Indicate whether the suspected abuse was sexual abuse, sexual exploitation, or trafficking.
3. Caregiver does not meet the child's immediate needs for supervision, food, clothing, shelter, 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, based on their age and developmental status.
5. Caregiver does not protect or is unable OR unwilling to protect the child from serious harm or risk of serious harm (includes physical or sexual abuse) by others (even though they may be trying); OR caregiver does not provide supervision necessary to protect the child, based on child's age and development. (Domestic violence behaviors should be captured under item #1.)
6. Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury or the caregiver minimizes the harm to the child, AND the nature of the injury suggests that the child's safety may be of immediate concern.
7. The family refuses access to the child, or there is reason to believe that the family is about to flee with the child, or the family is keeping the child isolated from others to avoid the assessment.
8. Current circumstances, combined with information that the caregiver has severely maltreated a child in their care in the past, suggest that the child's safety may be in immediate danger. No information is available to indicate the caregiver has taken steps to address the concerns. (*Do not mark if another item has been marked.*)
9. Other (specify)

DEFINITIONS

1. Caregiver or other adult in the household caused serious physical harm to the child or the child is in imminent danger of serious harm, as indicated by the following.

- a. *Serious injury or abuse to the child other than accidental.* The caregiver or other adult in the household caused serious injury, including but not limited to brain damage, skull or bone fracture, subdural/epidural 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.

- b. *Caregiver fears they will maltreat the child.* The caregiver or other adult in the household has reported credible fears that they will hurt the child in a way that would cause serious injury and/or requests placement.
- c. *Threat to cause harm or retaliate against the child.* Threat of action that would result in serious harm, or household member plans to retaliate against child for child protective services (CPS) investigation.
- d. *Domestic violence is likely to injure child.* There have been incidents of intimate partner violence that created danger of serious physical injury to the child

AND

There is reason to believe that this may occur again (e.g., a perpetrator pattern of violence continues to exist regardless of relationship status). *Examples include, but are not limited to, the following.*

- Child was in the arms of one person during a violent episode.
 - A gun, knife, or other implement was involved.
 - Child attempted to intervene or was near enough to the violent altercation that they were in harm's way.
 - Child was previously injured in an incident where the perpetrator inflicted violence upon the non-offending caregiver (e.g., fractures, bruising, cuts, or burns) and there is violence occurring now.
- e. *Excessive discipline or physical force.* The caregiver used physical methods to discipline a child that resulted or could easily result in serious injury, **OR** caregiver injured or nearly injured a child by using physical force for reasons other than discipline.
- f. *Significant substance use.* Caregiver's current substance abuse seriously impairs their ability to supervise, protect, or care for the child.
1. *Impairs ability to supervise, protect, or care for the child.*
 2. *Caregiver will likely be unable to care for the child.*
 3. *Caregiver's use of drugs and/or alcohol during pregnancy indicates that caregiver will likely be unable to care for the newborn.*
- The above three sub items reference that the caregiver has abused legal or illegal substances or alcoholic beverages to the extent that control of their actions is significantly impaired. As a result, the caregiver is unable or will likely be unable to care for the child, has harmed the

child, or is likely to harm the child. **Examples include, but are not limited to, the following.**

- » Losing consciousness while caring for a child.
- » Being unaware of surroundings while caring for young children.
- » Driving while significantly impaired with children in any vehicle.
- » Being unaware of child's basic needs due to substance use.
- » Any caregiver is using illegal IV drugs.
- » The child is an infant and the mother's use of drugs and/or alcohol during pregnancy indicates caregiver will likely be unable to care for the child.
 - There is **evidence** that the mother used alcohol or other drugs (prescribed or illegal drugs) during pregnancy;

AND

- This has created **imminent danger** to the infant.
 - *Evidence* of drug use during pregnancy includes drugs found in the mother's or child's system, mother's self-report, mother's pregnancy diagnosed as high risk due to drug use, efforts on mother's part to avoid toxicology testing, withdrawal symptoms in mother or child, or pre-term labor due to drug use.
 - Indicators of *imminent danger* include the level of toxicity and/or type of drug present, diagnosis of infant as medically fragile due to drug exposure, or adverse effects on infant from introduction of drugs during pregnancy.

2. Child sexual abuse/exploitation is known or suspected, and the child's safety may be of immediate concern in the following circumstances. Indicate whether the suspected abuse was sexual abuse, sexual exploitation, or trafficking.

It is known or highly suspected that a caregiver sexually abused or exploited a household child.

- Sexual abuse or exploitation by a caregiver is indicated by one or more of the following.
 - » Disclosure that a caregiver engaged in sexual acts with the child.
 - » Disclosure that a known or suspected unnamed person engaged in sexual acts with the child AND caregiver cannot be ruled out.
 - » Medical findings are consistent with sexual abuse AND caregiver cannot be ruled out.
 - » Sexual act was witnessed by someone and is evidenced by photographs or other material, or a confession was made by the caregiver.
 - » Caregiver has forced or encouraged the child to engage in sexual performances or activities.
 - » Caregiver uses the child in a sexual way to gain advantage or profit.
- Sexual abuse by a caregiver may be highly suspected despite the absence of disclosure, medical findings, witnessed act, or other evidence. A single indicator, especially if isolated, is rarely sufficient to form a level of suspicion that a child is in imminent danger. Consider the extent to which each of the following are present.

- » Child’s behaviors strongly indicate sexual abuse (i.e., reactive sexual behavior toward self or others that is not appropriate for child’s age and stage of development, and no other explanation is reasonable). See table in Appendix B.
- » Caregiver’s boundaries around nudity or exposure to sexual activity, content, or language are inappropriate for the child’s developmental level; e.g., caregiver watches pornographic content with child present or frequently discusses sexual matters with child (other than developmentally indicated information).
- A caregiver who has a history of sexually abusing a child, and who has not successfully completed treatment, has access to child. Having a history includes criminal conviction or charges pending OR substantiated child sexual abuse history with any child protection agency OR being currently investigated for child sexual abuse.
- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing the child to observe sexual performances or activities, or commercial sexual exploitation, including sex trafficking).
 - » Children and youth 17 years old and younger 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.
 - » Commercial sexual exploitation of children/youth/young adults may include prostitution, pornography, trafficking for sexual purposes, and other forms of sexual exploitation. The youth is treated as a sexual object and as a commercial object. The sexual exploitation of the child may profit a much wider range of people than the immediate beneficiary of the transaction.

The child’s safety may be of immediate concern in the following circumstances.

- There is not a non-offending caregiver, or the non-offending caregiver is unable or unwilling to be protective (blaming the child for the sexual abuse or the investigation or denying that the sexual abuse occurred) or is otherwise influencing or coercing the child victim regarding disclosure.
- Access to a child by a confirmed sexual abuse perpetrator exists.

3. Caregiver does not meet the child’s immediate needs for supervision, food, clothing, shelter, and/or medical or mental health care. (Do not check this item if you have already addressed this issue in item 1.) Mark all subitems on the tool to specify the unmet needs identified.

The caregiver is unable, although may be trying, or unwilling to address critical areas of supervision, food, clothing, shelter, and/or medical and mental health care for the child;

AND

The child has been seriously harmed or is in imminent danger of being seriously harmed as a result. (Poverty alone is not a sufficient reason to mark this item.) *Examples include, but are not limited to, the following.*

- The child’s nutritional needs are not met, resulting in danger to the child’s health and/or safety, including malnutrition and morbid obesity.
- The child is without clothing appropriate to the weather. Consider the age of the child and whether clothing is the choice of the child or has been provided by the caregiver.
- The caregiver does not seek treatment for the child’s immediate, chronic, and/or dangerous medical condition(s), or does not follow prescribed treatment for such conditions, resulting in declining health status (e.g., not providing insulin for a child with diabetes, not providing follow-up care for a wound that is infected, or not providing care for a broken bone).

Note: The pursuit of traditional or alternative practices rather than prescribed treatment is included here IF there is evidence that both the child’s health status is declining **AND** the prescribed treatment would likely be effective.

- The child has exceptional needs, such as being diagnosed as medically fragile, which the caregiver does not or cannot meet, resulting in declining health status.
- The child is suicidal and/or is seriously self-harming **AND** the caregiver will not/cannot take protective action.
- The child shows effects of maltreatment, such as serious emotional symptoms, lack of behavioral control, or serious physical symptoms. This may include situations where a child exhibits severe anxiety (e.g., nightmares, insomnia, exhibits fear) related to situations associated with domestic violence perpetrator behavior.
- The caregiver 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).
- The caregiver leaves the child alone (time period varies with age and developmental stage) in circumstances that create opportunities for serious harm, e.g., child left unattended in vehicle.
- The caregiver is unavailable (e.g., incarceration, hospitalization, abandonment, whereabouts unknown) and there are no arrangements for the child that would ensure their safety.
- The caregiver makes inadequate and/or inappropriate babysitting or childcare arrangements, or demonstrates very poor planning for the child’s care during absences, and these arrangements do not provide minimal safety for the child (e.g., temporary caregiver is intoxicated, has limited capacity, or for any reason is unable to meet child’s needs).

4. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child, based on their age and developmental status.

Based on the child’s age and developmental status, the child’s physical living conditions are hazardous and immediately threatening. *Examples include, but are not limited to, the following.*

- Leaking gas from stove or heating unit.
- Lack of water or utilities (heat, plumbing, electricity), and no alternative or safe provisions have been made.
- Open/broken/missing windows.
- Exposed electrical wires.

- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, toxic mold, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked and not properly secured.
- Drug/methamphetamine pre-production and/or production in the home.
- Substances (including drugs, drug paraphernalia, or cleaning supplies) or objects within reach of child that may endanger their health and/or safety.
- Sleeping arrangements put infant at risk for suffocation.
- Imminent risk of fire.

5. Caregiver does not protect or is unable OR unwilling to protect the child from serious harm or risk of serious harm (includes physical or sexual abuse) by others (even though they may be trying); OR caregiver does not provide supervision necessary to protect the child, based on child's age and development. (*Domestic violence behaviors should be captured under danger #1 or #3.*)

The caregiver does not protect or is unable to protect the child from serious harm or threatened harm as a result of physical or sexual abuse or neglect by other family members, other household members, or others having regular access to the child. Include access by known sexual offenders if prior sexual abuse history is confirmed and caregiver knew about history but allowed access to child, or if caregiver did not know history previously, but upon learning information indicates that they are unable or unwilling to prevent future access.

OR

The caregiver does not provide supervision necessary to protect the child, based on the child's age and development. *Examples include, but are not limited to, the following.*

- The caregiver does not provide supervision necessary to protect the child from potentially serious harm by others, based on the child's age or developmental stage.
- An individual with known violent criminal behavior/history or sexual abuse resides in the home, or the caregiver allows them to have access to the child. Include regardless of whether the caregiver (1) knew of the history and allowed access, or (2) upon learning of the history, has not prevented further access.
- The caregiver regularly takes the child to dangerous locations (not excluding their own home) where drugs are manufactured or regularly administered, or locations used for prostitution or pornography.

6. Caregiver’s explanation for the injury to the child is questionable or inconsistent with the type of injury or the caregiver minimizes the harm to the child, AND the nature of the injury suggests that the child’s safety may be of immediate concern.

Factors to consider include the child’s age, location of injury, exceptional needs of the child, or chronicity of injuries.

- The injury requires medical attention, regardless of whether the caregiver sought medical treatment, AND medical assessment indicates the injury is likely to be the result of abuse or is inconsistent with the explanation provided by the caregiver.

OR

- There was a suspicious injury that did not require medical treatment but covered multiple parts of the body, appeared to be caused by an object or is in different stages of healing, AND/OR was located on an infant; or for older children, on the torso, face, or head.

AND one of the following is true.

- The caregiver denies abuse or attributes the injury to accidental causes.
- The caregiver’s explanation, or lack of explanation, for the observed injury is inconsistent with the type of injury.
- The caregiver’s description of the injury or cause of the injury minimizes the extent of harm to the child.

7. The family refuses access to the child, or there is reason to believe that the family is about to flee with the child, or the family is keeping the child isolated from others to avoid the investigation/assessment.

This danger should only be identified when other dangers are near, but do not reach the threshold in the definitions and it is a Chapter 49 child safety intervention; the worker has made attempts to contact the child and been refused access by the caregiver; **OR** there is reason to believe the family is about to flee during an ongoing investigation after an initial safety assessment has been completed. *Examples include, but are not limited to, the following.*

- The family currently refuses access to the child or cannot/will not provide the child’s location.
- The family has removed the child from a hospital against medical advice to avoid investigation.
- The family has previously fled in response to a DCF investigation/assessment or there is credible information that the family is about to flee.
- The family has a history of keeping the child at home, away from peers, school, and other outsiders, for extended periods of time for the purpose of avoiding investigation.

8. Current circumstances, combined with information that the caregiver has severely maltreated a child in their care in the past, suggest that the child’s safety may be in immediate danger. No information is available to indicate the caregiver has taken steps to address the concerns. (Do not mark if another item regarding the same concern has been marked.)

- Current immediate threats to child safety exist due to caregiver action or inaction that could seriously harm the child but currently does not meet any other danger indicator criteria;
AND
- Related previous child maltreatment occurred 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; e.g., a serious physical injury occurred in the home, and while it was substantiated with the perpetrator unknown, there was a reasonable amount of evidence to suggest it was one of the two caregivers who still reside in the home.
 - » 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 or retinal hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe lacerations, symptoms related to starvation, strangulation, or shooting, or any other physical injury that was designated by a medical professional to have seriously impaired the health or well-being of the child and required medical treatment, regardless of whether the caregiver sought medical treatment.
 - » Prior patterns of serious abuse (as identified above) and/or neglect allegations (e.g., chronic neglect, torture, etc.) as defined in Policy 50.

Item 8-required text box instructions: Please describe current worrisome caregiver behaviors that could escalate to another danger item criteria and previous maltreatment.

9. Other (specify).

Circumstances or conditions that pose an immediate threat of serious harm to a child, which are not already described in dangers 1–8. The “other” category should be rarely used and workers should ensure the worry cannot fit under any other item definition.

If used, describe in the required text box the worrisome caregiver behavior and impact on the child that would meet a threshold for removal if marked and no safety plan can be developed.