


**Department of Human Resources
Social Services Administration
311 W. Saratoga Street
Baltimore, Maryland 21201**

DATE: March 2, 2015

POLICY #: SSA-CW # 15-21
(Supersedes Policy SSA # 02-6)

TO: Directors, Local Departments of Social Services
Assistant Directors, Services
Administrators, Supervisors, and Caseworkers
Private Foster Care and Adoption Agencies

FROM: 
Deborah Ramelmeier, Acting Executive Director
Social Services Administration

RE: Maryland's Safety Assessment for Every Child (SAFE-C) and
Safety Plan

PROGRAMS AFFECTED: In-Home Services and Out of Home Placement Services

ORIGINATING OFFICE: In-Home Family Services

ACTION REQUIRED OF: All Local Departments

REQUIRED ACTION: Implement Policy and Procedures

ACTION DUE: March 16, 2015

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PURPOSE:

The principle mission of all child welfare services is the safety of children. The Maryland Safety Assessment for Every Child (SAFE-C) form (Attachment A) is a tool designed to alert staff to situations that pose an imminent danger to children. Imminent danger describes a situation that presents a serious threat to a child's physical and/or mental well-being and which demands immediate intervention to protect the child.

The local department child welfare caseworker must act immediately when any child is found to be in an unsafe situation. The two immediate responses are: 1) develop a Safety Plan (Attachment B) with the caregiver; or 2) remove the child from the unsafe environment. Children in agency custody determined to be unsafe must be moved to a safe placement. A child in agency custody cannot be maintained safe via a Safety Plan.

BACKGROUND:

The Federal Adoption and Safe Families Act of 1997 (ASFA) and Maryland's HB-1093, Children in Out of Home Placements (1998) identified child safety as the primary consideration in decisions made by caseworkers and supervisors. Safety is the paramount concern when planning for children regardless of their living arrangement. The safety assessment process allows for uniform documentation of factors that may indicate an immediate danger to a child and development of a plan by the local department and the caregiver to address that danger. If a child is found to be unsafe, the caseworker must develop a Safety Plan with the caregiver and child (where appropriate) or move the child to a safe environment. Maryland made the decision to develop a uniform safety assessment instrument.

Using a continuous quality improvement model facilitated by SSA, local departments of social services staff, key stakeholders, and national consultants participated in the development of the safety tools and guides. Forms were designed to guide the assessment and safety planning process for child welfare caseworkers required to do case evaluation and monitoring.

In 2010 the Child Abuse Prevention and Treatment Act (CAPTA) required that states develop, improve and implement safety assessment tools and protocols. At that time, SSA reviewed the use of the tool it had been using and determined the tool could be improved. This improved version of the SAFE-C follows the same Structured Decision Making (SDM) model as the screening decision tool adopted in Maryland. The new tool embraces the same qualities of reliability and validity that the screening decision tool uses.

To aid caseworkers in their decision making, two major additions were made to the new tool. There is now a section called “**Child Vulnerabilities.**” In completing this section, the caseworker should consider various characteristics about the most vulnerable child and any siblings. The second major addition is a section called “**Protective Capacities.**” In this section, the caseworker will assess the child’s ability to participate in safety interventions, the caregiver’s ability to make or keep a child in his or her care safe, as well as, assess the availability of community resources. The Protective Capacities section is not a justification that a child is safe. The presence of a protective capacity does not negate an identified safety threat. Protective Capacities are just additional factors to be considered when designing a Safety Plan. By factoring in these new additional criteria, the caseworker can make a more informed safety decision and document that decision in a way that was not possible in the prior tool.

APPLICATION OF SAFE-C FOR EVERY CHILD

Caseworkers are required to assess the safety of every child receiving services. The assessment is completed when the child lives in-home, or is in certain out-of-home situations, before beginning unsupervised visitation, having a trial home visit, being returned home or at reconsideration.

Caseworkers will continue to make referrals to Child Protective Services when child maltreatment is suspected. Each caseworker is responsible for assessing the safety of each child in his/her caseload with the information that is available. This will include not only assessing the child’s safety in his or her current living situation but also assessing a new caregiver with whom the child’s parent/guardian may decide the child needs to stay until the Danger Influences can be resolved sufficiently so that the child can return to the parent/guardian’s care. Caseworkers will document that safety was assessed for all children served through use of the SAFE-C instrument. In-Home Services staff may complete one SAFE-C form for each household. Out-of-Home Services staff will complete one SAFE-C form for each child in agency custody that meets the established safety assessment timelines. If children are remaining in the home of origin, the Out-of-Home worker is responsible for assessing the safety of the children, and will document in the SAFE-C being completed on the foster youth that the safety of the other children has been assessed, and that the children are safe. The SAFE-C form will be completed for families and children at regular intervals established in the safety assessment process.

Supervisors are required to discuss safety with each caseworker, review the SAFE-C and the Safety Plan, and indicate their approval in MD CHESSIE. If approval cannot be given, the supervisor must assist the caseworker in developing a more appropriate safety intervention.

When one or more of the Danger Influences #1-16 is checked “Yes” on the SAFE-C, a caseworker is required to develop a Safety Plan or remove the child if the child is in the

home or, if reunification is being considered, delay that action. Removal of a child is the only option for a child in agency custody who is found to be in immediate danger. During the Family Involvement Meeting (FIM), the Child Vulnerabilities, Danger Influences, and Protective Capacities should be discussed, as well as the viability of entering into a Safety Plan with the caregiver.

SEQUENCE FOR SAFETY INTERVIEWS

The following is the preferred order of safety assessment interviews:

- ❑ Recent – most direct source of information for reports of maltreatment (for CPS only);
- ❑ Professional collateral contacts when necessary and appropriate (e.g. police, medical, school personnel);
- ❑ The child;
- ❑ Sibling(s) or other children living in the home;
- ❑ Primary parent/caregiver;
- ❑ Secondary parent/caregiver;
- ❑ Alleged maltreater.

Whenever there are other adults living in the home, they should be interviewed, but the timing of the interview depends on the facts of the case.

SAFETY ASSESSMENT PROCESS

Families and children should be assessed for safety at each of the following points:

- Immediately following a face to face contact with an alleged victim and contact or attempted contact with the caregiver;
- At the completion/closure of the investigation if the case has been open longer than three months;
- Within 7 working days of case acceptance in Services;
- Within 10 working days of the assignment or transfer of the case to the caseworker;
- Within 7 working days before beginning unsupervised visitation;
- At the time of a trial home visit with a caregiver;
- Within 7 working days prior to returning the child home;
- Within 7 working days prior to completing a case reconsideration or closure;
- When the caseworker discovers there is a significant change in the composition of the home;
- When circumstances suggest that the child's safety may be jeopardized;
- When the Safety Plan is re-evaluated.

Caseworkers must consider various characteristics of the child that may increase the child's vulnerability. The following characteristics should be considered:

- Child is between 0-5 years old
- Diminished mental capacity (e.g., developmental delay, non-verbal)
- Significant diagnosed medical or mental disorder
- Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
- Child is of school age but is not attending school
- Child has extreme anxiety or fear about the current placement or home environment

The caseworker must see and conduct a developmentally appropriate interview for each child regarding safety. A child too young to speak must be seen and, if possible, observed in interaction with the caregiver to determine the caregiver's responsiveness to the child, the nature of the child's responses to the caregiver, and the caregiver's ability to protect the child and meet the child's safety needs. The existence of a potentially harmful situation does not, in and of itself, place the child in immediate danger.

Danger Influences #1-16 address the caregiver's ability to protect a child from imminent danger and the elements of the situation itself. If a Danger Influence is identified in #1-8, each Influence must be discussed individually in the one comment box following #8 on the SAFE-C form. If an Influence in #9-17 is identified, then the comment box will need to be completed individually for each Danger Influence. Any comments made on the SAFE-C will need to be addressed in the Safety Plan.

For Danger influences #17 and 18 on the SAFE-C, the assessment process requires special handling that includes the following:

- If services have been previously provided to the caregiver for similar harmful behavior, and those behaviors have continued, the local department must staff the case immediately;
- If the agency has received multiple reports from the community or since the last SAFE-C regarding this family, where there were previous concerns about the safety of the child, the case should be reviewed by a standing or ad hoc multidisciplinary team. See Circular Letter SSA #99-4.

Caseworkers must consider the following Protective Capacities:

- If a child has the cognitive, physical and emotional capacity to participate in safety interventions;
- If the caregiver is able and willing to participate in creating and carrying out safety interventions to protect the child;
- If the caregiver is able and willing to use resources that are necessary to protect the child;

- If the caregiver has a supportive relationship with one or more persons who may be willing to participate in safety planning AND if the caregiver is willing and able to accept this assistance;
- If the caregiver has the ability to recognize and prioritize a child's needs ahead of his/her own needs or wants;
- If the caregiver has an emotional bond with the child that is expressed or evidenced in their interaction, and which suggests a willingness to protect the child;
- If the caregiver has demonstrated effective problem solving skills; and
- Whether there are relevant community services or resources immediately available to the child and/or family.

SAFETY DECISION OPTIONS

There are four types of safety decisions. A safety decision should be made after safety assessment interviews with all parties have been completed. If a Danger Influence has not been checked "Yes" on the SAFE-C, the child is considered "Safe." A child is considered "Conditionally Safe" when any Influence #1-16 is checked "Yes" and there is a completed Safety Plan signed by all parties. If Danger Influence #17 and/or 18 is checked "Yes," the child is considered "Conditionally Safe" if all actions in a required case staffing are implemented, and there is a professional judgment that the child can remain safely at home.

A child would be considered "Unsafe" if any influence #1-18 is checked "Yes" and:

- There is NO Safety Plan;
- A caregiver did not agree to a Safety Plan. Immediately discuss with the supervisor the need for a Family Involvement Meeting and any further action;
- Danger cannot be addressed by a Safety Plan. Immediately discuss with the supervisor what further action should occur; or
- A child has an Out-of-Home Program Assignment and it is not safe for the child to return to this caregiver.

SAFETY PLANNING PROCESS

The Safety Plan is the document that demonstrates the caseworker's planning with the responsible caregiver to reduce the immediate danger to the child. Safety planning may be done in conjunction with a Family Involvement meeting. Actions in a Safety Plan are specific, time limited, and must be re-evaluated. Re-evaluation is a key component when safety planning as it lets the caregiver know that there will be follow-up. Supervisors (or appropriate designees) are expected to review, approve and sign Safety Plans within 24 hours or the next business day in MD CHESSIE. A signed copy should also be maintained in the paper file.

There will be times that the caregiver is unwilling to cooperate with safety planning. However, the caseworker should recognize the barriers to cooperation; explain the options to the caregiver in a non-threatening manner; and take the appropriate action including removing the child should removal become necessary. When a Safety Plan is in place, the case should be closely monitored for compliance, as well as for the effect of the Safety Plan with regard to the immediate danger to the child. Child welfare staff should be aware of the Safety Plan and document activities that were used to reduce or eliminate the behaviors that created imminent danger. If a child is moved with the permission of his/her caregiver as a condition of a Safety Plan, the legal status of the child must be established before closing the case. A case cannot be closed with all participants not having a full understanding regarding if or when the child can return home. Remember that Safety Plans are not legally binding and cannot be used to change a child's legal custody status.

When a Safety Plan has been developed with a family, a Service Plan should also be completed to address the issues that have required the need for a Safety Plan. The tasks in the Service Plan and the Safety Plan should be re-evaluated often. See Circular Letter #04-04 for more information on Services Agreements and Service Plans.

SAFE-C AND THE COURTS

The agency attorney may present the SAFE-C and Safety Plan to the court when the agency's position is clearly stated and signed by the caseworker and supervisor. These forms will then be available for the court's consideration in matters involving the child's placement, visitation, and custody.

DOCUMENTATION

The supervisor will review the SAFE-C to assure: 1) Timely completion at designated intervals; 2) that a caseworker's assessment reflects an accurate judgment of the situation; and 3) that the Safety Plan strategically addresses all identified safety concerns. The signature of the supervisor signifies approval of the safety assessment and the safety planning. If the supervisor does not agree with the SAFE-C or the Safety Plan, he/she must take immediate steps to resolve the disagreement with the caseworker.

The SAFE-C and the Safety Plan are to be entered timely into MD CHESSIE. Local policy should designate where these forms are filed in the In-Home and Out-of-Home Services records. A copy of the Safety Plan is to be given to the caregiver or parent. A copy of the signed Safety Plan can be scanned into the MD CHESSIE File Cabinet.

The SAFE-C and the Safety Plan form should be shared with all child welfare caseworkers with related active cases.

SAFETY ASSESSMENT FOR EVERY CHILD (SAFE-C)

Date Assessment Initiated:

Date of Last Safety Plan:

Casehead's Name:

Child's Name:

Relationship:

CPS/Case ID:

Name of Caregiver:

Client ID:

CIS ID:

Age:

Section I: Other Children in Household

Name

Age

Section II: Timeframe for Completion

CPS Investigations/SFC/ Out of Home Maltreatment Investigations/ROA

At the initial face to face contact with the alleged victim and contact or attempted contact with the caregiver When the Safety Plan is re-evaluated (date of last Safety Plan _____)
At the completion/closure of the investigation/AR if the case has been opened longer than 3 months

In-Home Family Services

Within 7 working days of case acceptance in services | When the Safety Plan is re-evaluated (date of last Safety Plan _____) | Before completing a case reconsideration

Out of Home Placement Services

At time of trial home visit with caregiver's

Before completing a reconsideration

Within 10 working days of the assignment or transfer of the case to the assessor

Within 7 working days before beginning unsupervised visitation

Within 7 working days prior to returning the child home

Common to all Timeframes

When the case assessor discovers there is a significant change in the composition of the individuals in the home

When circumstances suggest that the child's safety may be jeopardized

Section III. Factors Influencing Child Vulnerability

Age 0-5 years old

Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

Diminished mental capacity (e.g., developmental delay, non-verbal)

School age, but not attending school

Significant diagnosed medical or mental disorder

Child's extreme anxiety or fear about the current placement or home environment

Section IV: Danger Influences

	Yes	No
1. Caregiver fails to protect the child from serious harm or threatened harm by others. (This may include failure to protect the child from physical abuse, sexual abuse, or neglect.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Caregiver made a plausible threat to cause serious physical harm to the child or HAS caused serious physical harm to the child as indicated by: verbal threat of serious injury OR serious injury to the child OR threat of retaliation against the child OR caregiver fears he/she will harm the child.	<input type="checkbox"/>	<input type="checkbox"/>
3. There has been a current act of maltreatment since the last SAFE-C, where excessive discipline or physical force against the child, in which a weapon or object (e.g., gun, knife, cord, hanger, etc...) was used to inflict or threaten harm to the child.	<input type="checkbox"/>	<input type="checkbox"/>
4. Child sexual abuse is suspected and circumstances suggest that the child's safety may be of immediate concern.	<input type="checkbox"/>	<input type="checkbox"/>
5. Caregiver describes the child in predominately negative terms or acts towards the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.	<input type="checkbox"/>	<input type="checkbox"/>
6. Caregiver's suspected or observed substance abuse/use seriously impairs his/her ability to supervise, protect or care for the child OR child is a drug exposed newborn/infant and the caregiver is unable or unwilling to cooperate with treatment for substance abuse/use.	<input type="checkbox"/>	<input type="checkbox"/>
7. Caregiver's emotional instability, developmental status, lack of knowledge, skills or motivation to parent, cognitive deficiency or behaviors resulting from mental or physical illness or disability, seriously impairs his/her current ability to supervise, protect or care for the child.	<input type="checkbox"/>	<input type="checkbox"/>
8. Caregiver's explanation for an injury to the child is questionable or inconsistent with the type of injury and the nature of the injury suggests that the child's safety may be of immediate concern.	<input type="checkbox"/>	<input type="checkbox"/>
Comments (1-8):		
9. Caregiver's justification or denial of his/her own harmful behavior or the harmful behavior of others, places the child in immediate danger. Comments:	<input type="checkbox"/>	<input type="checkbox"/>
10. Caregiver does not or refuses to provide supervision to protect the child, based on the child's age and developmental needs and there is no substitute caregiver to adequately plan for the child's supervision, and this places the child in immediate danger. Comments:	<input type="checkbox"/>	<input type="checkbox"/>
11. Domestic violence exists in the home and poses an imminent danger of serious physical and or emotional harm to the child. (A lethality assessment may be needed to protect other persons in the home.) Lethality Assessment Completed <input type="checkbox"/> Comments:	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY ASSESSMENT FOR EVERY CHILD (SAFE-C)

Section IV: Danger Influences

	Yes	No
12. Caregiver does not meet the child's current/imminent environmental needs for food or clothing or adequate shelter and there are no substitute caregivers who are capable of obtaining resources to meet the needs. <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
13. The child's whereabouts are unknown, the family refuses access to the child or there is reason to believe that the family is about to flee. <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
14. The child has special needs, behaviors or medical concerns and the caregiver does not meet the child's needs for current/immediate medical, dental or mental healthcare. <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. The child is extremely anxious or fearful about the current home environment. <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
16. The child is unable to protect self and conditions in the home indicate immediate danger. <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
17. Previous services to the caregiver regarding similar harmful behaviors resulted in no change in the caregiver's behaviors towards the child(ren). <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
18. There have been multiple reports from the community or since the last SAFE-C regarding this family, where there were previous concerns about the safety of the child (ren). ¹ Date of Multidisciplinary Team Meeting: _____	<input type="checkbox"/>	<input type="checkbox"/>

Section V: Protective Capacity of the Child

Child Child has the cognitive, physical and emotional capacity to participate in safety interventions

Caregiver

- Caregiver is able and willing to participate in creating and carrying out safety interventions to protect the child.
- Caregiver is able and willing to use resources that are necessary to protect child.
- Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning AND caregiver is willing and able to accept their assistance.
- Caregiver exhibits self control and puts the child's safety ahead of his/her own needs and/or wants.
- There is evidence of a healthy relationship between caregiver and child.
- Caregiver has demonstrated effective problem solving.

Community

- Relevant community services or resources are immediately available.

SECTION VI: Safety Decision

Danger Influences Identified:

- Child is Safe (Influences 1-18 Marked No)
- Child is Conditionally Safe (Any Influences 1-16 is checked and there is a completed Safety Plan that is signed by all parties)
- Child is Conditionally Safe (Any Influences 17-18 is checked "Yes" all actions in a required case staffing have been implemented²)
- Child is Unsafe
 - Any Influences 1-18 was checked "Yes" and there is NO Safety Plan
 - "Child currently has an Out of Home Program Assignment and it is not safe for the child to return to this caregiver."
 - Caregiver did not agree to a Safety Plan
 - Danger cannot be addressed via Safety Plan

SECTION VII: COMMENTS

LDSS:

Worker's Name:

Supervisor's Name:

Title:

Title:

Safety Assessment Completion Date:

Safety Assessment Approval Date:

DESCRIPTION, PHILOSOPHY AND RATIONALE FOR SAFETY ASSESSMENT FOR EVERY CHILD (SAFE-C)

The Safety Assessment for Every Child (SAFE-C) provides an organized format to assess whether a child is likely to be in *immediate danger of harm*. If so, it requires a protective intervention on the part of the child welfare worker. The SAFE-C also assists in determining the appropriate intervention(s) that would correlate to the danger factor(s) identified and to provide appropriate protection of the child via a Safety Plan or removal. If the decision is made that removal from the home is warranted, a Family Involvement meeting (FIM) should occur and concurrent permanency planning should be conducted to the extent possible. Safety addresses the child's immediate and present danger and the interventions currently needed to protect the child.

DIRECTIONS:

Fill in all blanks completely. When time permits, get all relevant background information prior to first contact.

Child Protective Services and In-Home Services staff completes one form for each household. Consider the most vulnerable child in the household in answering each of the Danger Influences. If the Danger Influence exists for any one of the household children, the response to the specific item is "YES." Out of Home Services staff completes one form for each child at the time of a trial home visit, when a child is beginning unsupervised visitation with a parent or legal guardian or when there is a non-committed child residing with their committed parent in a foster home.

Date Assessment initiated: This should be the date the worker began to complete the form.

Casehead: In MD CHESSIE, this will be pre-populated.

Casehead ID#: In MD CHESSIE, this will be pre-populated.

Date of Last Safety Plan: If applicable, in MD CHESSIE, this will be pre-populated.

Name of Caregiver: Indicate the name of the adult who is providing the daily care and supervision of the child(ren.) This could be a parent, foster parent, kinship caregiver, relative or other person identified by the parent as appropriate to care for the child(ren.)

Child's Relationship: Indicate the relationship between the adult and child you are assessing.

Child's Name: List the name of the child that is the focus of the report or the youngest child in the family or foster/kinship/adoptive child. You must complete a form on each foster/kinship/adoptive child.

Section I. Other Children in Household: List all other children in the household, dates of birth and relationship to the casehead. If additional space is needed, attach another sheet.

Section II. Timeframe for Completion: Check the appropriate reason for what is triggering this SAFE-C to be completed.

Section III. Factors Influencing Child Vulnerability: (Check any that apply)

Section IV. Danger Influences: Each influence is meant to address the child's immediate and present danger. If any item is checked "YES" for Influences 1-8, the comment box will become mandatory for the worker to add information about why the response is "YES." If any item is checked "YES" for Influences 9-18, the comment box for each influence will become mandatory for the worker to add information as to why the response is "YES." The worker should indicate in Influence 11 whether or not the worker or another professional has completed a Lethality Assessment regarding a current concern. The worker should indicate in Influence 18 the date of the Multidisciplinary Team meeting. Any comments that the worker writes under the Danger Influences will populate to the Safety Plan in MD CHESSIE for the worker to address. The worker should ensure that the handwritten SAFE-C and Safety Plan contain the same language as what is entered into MD CHESSIE.

Section V. Protective Capacity of the Child: Check any that apply as it pertains to the child, caregiver and the community. When any item is checked, the comment box will become mandatory to add information regarding why the item was chosen.

Section VI. Safety Decision: Only 1 of 4 decisions can be made. This decision should be made as soon as possible to avoid leaving the child in a dangerous situation.

- **Child is Safe** – All Danger Influences are marked "NO."
- **Child is Conditionally Safe** – Any Danger Influences 1-16 are checked "YES" and there is a completed Safety Plan that is signed by all parties.
- **Child is Conditionally Safe** – Danger Influences 17 or 18 are checked "YES" and all actions in a required case staffing have been implemented.
This decision applies where one or more Danger Influences are identified **and** professional judgment suggests that contracted interventions allow for the child to remain in the home. *A determination can be made only after the worker completes the safety assessment, develops a Safety Plan identifying the specific action(s) needed to assist in the safety of the child, and obtains signatures for all parties agreeing to be involved in the Safety Plan.*
- **Child is Unsafe**
 - Danger Influences 1-18 were checked "YES" and there is no Safety Plan.
 - The child currently has an Out of Home Program Assignment and it is not safe for the child to return to the caregiver.
 - The caregiver did not agree to a Safety Plan.
 - Danger cannot be addressed via a Safety Plan.

Immediately discuss with the supervisor whether or not a Family Involvement/Team Decision Making meeting should be scheduled at this time. In families where a child is considered Unsafe, consider whether court intervention should be initiated, i.e., file emergency petition and/or all court ordered activities should be reviewed immediately. When a Safety Plan has been developed with a family, a Service Plan should also be done to address the issues that have required the need for a Safety Plan. The tasks in the Service Plan and the Safety Plan should be re-evaluated often.

Section VII. Comments: Any additional comments not otherwise documented should be explained in this section.

If a paper SAFE-C is completed, the worker should document the local DSS jurisdiction, the worker name and title, and date the assessment was completed; as well as the supervisor name and title and date of approval. In MD CHESSIE, this information will pre-populate.

The worker must document the safety assessment information in MD CHESSIE and send to their supervisor for approval by the close of the next business day after completing the assessment. Additional copies can be shared with other Child Welfare services that are actively involved with this family.

SAFETY PLAN

All actions must represent specific steps toward maintaining safety of the child as it applies to an identified *Danger Influence*.

C. CASEHEAD'S NAME	D. CHILD'S NAME	E. CHILD'S CASE NUMBER/CASEHEAD ID #
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F. DANGER INFLUENCE RESPONSES: *(Identify an appropriate response when deciding what action is required to complete the Safety Plan. When using one of the following responses be very clear as to whom or what resource will be supporting the family.)*

1. Use family resources, neighbors, or individuals in the community as safety resources (Protective Factors).
2. Use community agencies or services as supportive resources.
3. The alleged perpetrator will leave the home, either voluntarily or in response to legal action.
4. The non-maltreating caregiver will move to a safe environment with the child.
5. The caregiver(s) will place the child outside the home (formal voluntary placement). Note: Include explanation below regarding why responses 1-4 above could not be used to keep the child safe.
6. Other: Please explain in Section I Action Required.

G. DANGER INFLUENCE Number from the SAFE-C	H. Specific DANGER INFLUENCE (Specifically identify individuals and the issue.)	I. Action Required (Clearly identify resources/individuals and/or actions that need to occur in order to help address the Danger Influences.)	J. Date to be completed	K. Responsible Parties	L. Re-evaluation date

Note to the caregiver: Your signature indicates your willingness to comply with this Safety Plan. (If you do not, comply with this Safety Plan and your child remains "unsafe," the agency may recommend to the juvenile court that the child be placed outside of the home.)

M. CAREGIVER SIGNATURE	DATE	N. OTHER CAREGIVER SIGNATURE	DATE
O. CHILD'S SIGNATURE (When appropriate)	DATE	P. OTHER SIGNATURE	DATE
Q. OTHER SIGNATURE	DATE	R. LOCAL DEPARTMENT	
S. ASSESSOR'S NAME	PRINT	TELEPHONE	T. SUPERVISOR'S NAME
			PRINT TELEPHONE
U. ASSESSOR'S SIGNATURE	DATE	V. SUPERVISOR'S APPROVAL SIGNATURE	DATE

<p>W. Once the assessor and caregiver have signed this plan, the child may be considered "Conditionally Safe" for the safety decision.</p>	<p>X. If the caregiver(s) refuses to sign this plan, the child may be considered "Unsafe" for the safety decision.</p>
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INSTRUCTIONS FOR SAFETY PLAN

A Safety Plan is required for any household where there is a "YES" answer to one or more of the *DANGER INFLUENCES* 1-16 identified on the Safety Assessment for Every Child (*SAFE-C*) form (*DHR/SSA 1575*). This plan is to be used in making the decision not to remove the child from the home, due to a *DANGER INFLUENCE* that was identified regarding the child. Information from this form must also be documented in MD CHESSIE.

- **The Safety Plan** addresses the specific details of and response(s) to each of the individual *DANGER INFLUENCES* marked "Yes."
- The Safety Plan should be as concrete as possible regarding the coordination, agreements, and responsibilities of the caregiver, the child, DSS staff, other involved family members or friends, professional and non-professional community members.
- This plan addresses *DANGER INFLUENCES* and not long-term risk factors.

- A. **Date of Safety Plan** - the date the plan was initiated or revised.
- B. **Date of SAFE-C** - Identify the date of the corresponding *SAFE-C* (*DHR/SSA 1575*) that was used to identify the *DANGER INFLUENCE* for this Safety Plan.
- C. **Casehead Name** - Identify the individual named on the agency's records.
- D. **Child's Name** - Identify the child that is **MOST VULNERABLE** from information assessed in the *SAFE-C*. You shall complete a Safety Plan for each of the children if there are different influences, issues and actions required.
- E. **Child's Case Number or the Casehead ID #** - Use the same number identified on the *SAFE-C*.
- F. **DANGER INFLUENCE Responses**- These responses are suggestions for the assessor. When describing the action required, be very clear as to who or what resource will be supporting the required action.

G. Safety Factor <i>(Identify the DANGER INFLUENCE (# 1-16) taken from the SAFE-C -section IV that is being discussed.)</i>	H. DANGER INFLUENCE <i>(Specifically identify the individual(s) and the issue.)</i>	I. Action Required <i>(Clearly identify resources/ individuals and/or actions that need to occur in order to help address the Danger Influence.)</i>	J. Date to be completed	K. Responsible Parties	L. Re-evaluation Date
<ul style="list-style-type: none"> • This factor should coincide with the <i>SAFE-C</i>. • Each factor should have a completed section to address the issues that coincide with that identified influence. 	<ul style="list-style-type: none"> • Be specific about the identified <i>DANGER INFLUENCE</i>. • Identify specific details of the issue. • Name the caregiver who is a threat to the child's safety. 	<ul style="list-style-type: none"> • Specific and measurable actions. • List and clearly identify resources and/or individuals. • Written in simple language. • Desired outcome. • The child welfare assessor should involve a caregiver's support of and participation in the Safety Plan. 	<ul style="list-style-type: none"> • Use reasonable dates. Unlike the Service or Case Plan, the Safety Plan is meant to have very short time frames. 	<ul style="list-style-type: none"> • Identify the person(s) responsible for the action to be carried out. • Responsibility for completing the agency's action rests with the original assessor unless a supervisor otherwise designates. 	<ul style="list-style-type: none"> • What will the review date be? • What date is the action due to be reviewed with the family? • The <i>SAFE-C</i> re-evaluation should be done within a reasonable time to ensure that the Safety Plan is still in place and to address additional needs that the family may have. • Complete a new <i>Safe-C</i> form.

- M. A caregiver's signature should be obtained to reflect an understanding and consent after a mutually agreed upon Safety Plan has been completed.
- N. Other caregiver's signatures should be obtained if he or she has an active role in the Safety Plan.
- O. The child's signature can be obtained if he or she has the capacity to understand what is being asked of him or her. It is not mandatory to obtain the child's signature and the assessor should use sound clinical judgement when discussing the situation with the child.
- P. Other persons that are involved with the Safety Plan may sign.
- Q. Same as P.
- R. Identify the Local Department where the case is managed.
- S. Clearly provide the assessor's name since the form will be left with a caregiver.
- T. Clearly provide the supervisor's name since the form will be left with a caregiver.
- U. The assessor should sign the form at the same time as the caregiver who will have the responsibility for the safety of the child.
- V. The supervisor or designee should review, approve, and sign this Safety Plan within 24 hours or next business day of the completion by the assessor. If the supervisor does not approve the Safety Plan, a new Safety Plan should be done with the family with a written explanation as soon as possible. The Supervisor should document the reason for disapproval of the Safety Plan.
- W. Once the assessor and caregiver have signed this Safety Plan, go back to the *SAFE-C* form. (Mark option VI. 2 - Child is Conditionally Safe)
- X. If the caregiver refuses to sign this Plan, go back to the *SAFE-C* form. (Mark option VI. 3 - Child is Unsafe)
 - LDSS may initiate a Family Involvement Meeting (FIM) with the family if needed before making the decision the Child is Unsafe.
 - LDSS may petition the juvenile court for removal.
 - In cases involving domestic violence, the non-offending caregiver should sign the Safety Plan.

Example:

F. DANGER INFLUENCE <i>(Influences # 1-16 taken from the SAFE-C -section IV)</i>	G. DANGER INFLUENCE Issue <i>(Specifically identify the individual(s) and the issue.)</i>	H. Action Required <i>(Clearly identify resources/ individuals and/or actions that need to occur in order to help address the danger influences.)</i>	I. Date to be completed	J. Responsible Parties	K. Re-evaluation date
14	James has a seizure disorder and his mother is not giving him his medication as prescribed in the a.m. and p.m.	Mrs. Doe will have the prescription for James' seizure medication filled by the pharmacist at Giant food store.	Today	Mrs. Doe - mother	Worker will re-evaluate this plan tomorrow
7	James is 7 years old and his mother believes that he can take his seizure medication without supervision.	Mrs. Doe will give James his medication as prescribed. Guidance counselor will check w/James at 9 a.m. to ensure he got his dose on school days. Mrs. Jane, MGM, will check w/James at 7 p.m. every day and at 9 a.m. on non-school days to ensure he got his dose. If guidance counselor or MGM find James has not had his medication, Mrs. Doe and the case worker will be contacted.	Today	Mrs. Doe - mom, Mrs. Jane - MGM, Mrs. Smith - guidance counselor	Worker will re-evaluate this plan two weeks from the date of this plan.