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|  | **Safety Assessment / Safety Plan** | | | | | |
| The Safety Assessment is used throughout the life of a case to identify whether a child is safe or unsafe. It is based on comprehensive information about the family available at the time of its completion. Complete the Safety Assessment/Safety Plan per DCYF policy. | | | | | | |
| CASE NAME / ID | | INTAKE ID | SAFETY DECISION | | | |
| PARTICIPANTS (ID) | | DOB | SAFETY PLAN | | | |
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|  | |  |
|  | |  | DATE OF ASSESSMENT | | | |
|  | |  |
|  | |  |
| SOCIAL SERVICE SPECIALIST | | PHONE NUMBER | ASSESSMENT TYPE | | | |
| **Safety Threshold** | | | | | | |
| Provide information about the identified safety threat(s) to include 1 – 5 below, but not limited to this information:   * How the safety threat has had or will have severe impacts on the child? * How the safety threat is immediate or will occur in the near future? * The vulnerability of the child in relation to the safety threat. * Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. * The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable. | | | | | | |
| **Safety Threats** | | | | | | |
|  | | | | | YES | NO |
| 1. The family / facility *situation* results in no adults in the home / facility performing parenting / child care duties and responsibilities that assure the child’s safety   Describe: | | | | |  |  |
| 1. The family / facility *situation* is that the living / child care arrangement(s) seriously endanger the child’s physical health   Describe: | | | | |  |  |
| 1. Caregiver(s) are acting (behaving) violently or dangerously and the behaviors impact child safety. | | | | |  |  |
| 1. There has been an incident of domestic violence that impacts child safety.   If “Yes” complete the questions below. | | | | |  |  |
| 1. The domestic violence perpetrator has caused serious harm or threats of harm against the adult victim / caregiver of the child | | | | |  |  |
| 1. The domestic violence perpetrator has seriously harmed or threatened serious harm to the child. | | | | |  |  |
| 1. The level of violence and/or threats towards either the adult victim or child is increasing so that serious harm is likely to occur | | | | |  |  |
| 1. There are other indications of increased dangers from the domestic violence perpetrator such as suicide threats or attempts, substance abuse or threats with weapons.   Describe: | | | | |  |  |
| 1. Caregiver(s) will not or cannot control their *behavior* and their *behavior* impacts child safety.   Describe: | | | | |  |  |
| 1. Caregiver(s) perceive the child in *extremely* negative terms   Describe: | | | | |  |  |
| 1. Caregiver(s) do not have or do not use resources necessary to meet the child’s immediate basic needs which present an immediate threat of serious harm to a child.   Describe: | | | | |  |  |
| 1. Caregiver’s *attitudes, emotions* and *behavior* threaten severe harm to a child, or caregivers(s) fear  they will maltreat the child and are requesting placement   Describe: | | | | |  |  |
| 1. Caregiver(s) intend(ed) to seriously hurt the child   Describe: | | | | |  |  |
| 1. Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child’s safety   Describe: | | | | |  |  |
| 1. Caregiver(s) overtly rejects DCYF intervention, refuses access to a child, or there is some indication that the caregiver(s) will flee | | | | |  |  |
| 1. Caregiver(s) are not meeting, cannot meet or will not meet the child’s exceptional physical, emotional, medical, or behavioral needs   Describe: | | | | |  |  |
| 1. Caregiver(s) cannot or will not explain child’s injuries or maltreating condition(s) or explanation is not consistent with the facts   Describe: | | | | |  |  |
| 1. A child has serious physical injuries or serious physical conditions resulting from maltreatment.   Describe: | | | | |  |  |
| 1. A child demonstrates serious emotional symptoms, self-destructive behavior and/or lack of behavioral control that results in provoking dangerous reactions in caregivers   Describe: | | | | |  |  |
| 1. A child is extremely fearful of the home / facility situation or people within the home / facility.   Describe: | | | | |  |  |
| 1. Child sexual abuse is suspected, has occurred, or circumstances suggest sexual abuse is likely to occur.   Describe: | | | | |  |  |
| **Safety Plan Analysis** | | | | | | |
|  | | | | | YES | NO |
| * There is a parent/caregiver or adult in the home | | | | |  |  |
| * The home is calm enough to allow safety providers to function in the home. | | | | |  |  |
| * The adults in the home agree to cooperate with and allow an In-Home Safety Plan. | | | | |  |  |
| * Sufficient, appropriate, reliable resources are available and willing to provide safety services / tasks | | | | |  |  |
| If “Yes” is selected for all four above statements an In-Home Safety Plan (DCYF 15-259) must be created.  If “No” is selected on any of the four above statements, an Out-of-Home Safety Plan must be created. | | | | | | |
| SUPERVISORY APPROVAL | | | | DATE | | |

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|  | Safety Plan | | |  | |
| A Safety Plan is required for all children where there is a safety threat(s) indicated on the Safety Assessment. The Safety Plan is a written arrangement between a family and DCYF that identifies how safety threats to a child will be immediately controlled and managed. Note: When creating an In-Home Safety Plan the following criteria in the Safety Plan Analysis must be present.   * There is at least one parent/caregiver or adult in the home. * The home is calm enough to allow safety providers to function in the home. * The adults in the home agree to cooperate with and allow an In-Home Safety Plan. * Sufficient, appropriate, reliable resources are available and willing to provide safety services/tasks. | | | | | |
| CASE NAME | | | | CASE NUMBER | |
| CASE WORKER NAME | | | | TELEPHONE NUMBER | |
| **Safety Plan Participants Date of Birth** | | | | | |
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| **Safety Activities / Tasks** | | | | | |
| Identified Safety Threat(s): | | | | | |
| Activities / Tasks: | | | START DATE | | TARGET END DATE |
|  | | | | | |
| What will be done (describe activities / tasks that will be done to manage the child’s safety, how the plan will work, etc.): | | | | | |
| By Whom: | | | | | |
| Frequency (what times, days of the week, etc.; include all those times the threat is likely to occur): | | | | | |
| Identified Safety Threat(s): | | | | | |
| Activities / Tasks: | | | START DATE | | TARGET END DATE |
|  | | | | | |
| What will be done (describe activities / tasks that will be done to manage the child’s safety, how the plan will work, etc.): | | | | | |
| By Whom: | | | | | |
| Frequency (what times, days of the week, etc.; include all those times the threat is likely to occur): | | | | | |
| Identified Safety Threat(s): | | | | | |
| Activities / Tasks: | | | START DATE | | TARGET END DATE |
|  | | | | | |
| What will be done (describe activities / tasks that will be done to manage the child’s safety, how the plan will work, etc.): | | | | | |
| By Whom: | | | | | |
| Frequency (what times, days of the week, etc.; include all those times the threat is likely to occur): | | | | | |
| Identified Safety Threat(s): | | | | | |
| Activities / Tasks: | | | START DATE | | TARGET END DATE |
|  | | | | | |
| What will be done (describe activities / tasks that will be done to manage the child’s safety, how the plan will work, etc.): | | | | | |
| By Whom: | | | | | |
| Frequency (what times, days of the week, etc.; include all those times the threat is likely to occur): | | | | | |
| COMMENTS  Document evidence Family Time supervision level for each parent.    (Document pertinent safety related information regarding: Conditions for Return Home, Trial Return Home, reunification with a non-custodial parent, etc.) | | | | | |
| **Reporting Concerns: In case of Emergency or immediate safety threats, call 911.**  For questions or concerns regarding the Safety Plan, participants should contact the case worker at the telephone number at the top of this plan or **Central Intake at 1-866-363-4276** evenings or on weekends and holidays. | | | | | |
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| Failure to comply with this agreement may result in the filing of a dependency petition and recommendation that the child or children be placed out of the home. | | | | | |
| **Signatures** | | | | | |
| SIGNATURE DATE | | SIGNATURE DATE | | | |
| SIGNATURE DATE | | SIGNATURE DATE | | | |
| SIGNATURE DATE | | SIGNATURE DATE | | | |