



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 |
| | | |
| | | DATE OF ASSESSMENT |
| | | |
| SOCIAL SERVICE SPECIALIST | PHONE NUMBER | ASSESSMENT TYPE |

Information Required for Assessing Child Safety – For Information Gathering Purposes Only.
Shaded area needs to be entered into the Case Assessment.
Shaded area is not translated.

Describe the nature and extent of the maltreatment:

Describe the circumstances that accompany the maltreatment:

Describe how the child or children function on a daily basis:

Describe how the parent / caregiver(s) disciplines the child:

Describe the overall parenting / child care practices:

Describe how the parent / caregiver(s) manages his / her own life on a daily basis (this focuses on how the parent functions in an adult role outside of his / her parenting role:

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 <i>situation</i> results in no adults in the home / facility performing parenting / child care duties and responsibilities that assure the child's safety Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The family / facility <i>situation</i> is that the living / child care arrangement(s) seriously endanger the child's physical health Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Caregiver(s) are acting (behaving) violently or dangerously and the behaviors impact child safety. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. There has been an incident of domestic violence that impacts child safety. If "Yes" complete the questions below. | <input type="checkbox"/> | <input type="checkbox"/> |
| a. The domestic violence perpetrator has caused serious harm or threats of harm against the adult victim / caregiver of the child | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The domestic violence perpetrator has seriously harmed or threatened serious harm to the child. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The level of violence and/or threats towards either the adult victim or child is increasing so that serious harm is likely to occur | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 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: | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Caregiver(s) will not or cannot control their <i>behavior</i> and their <i>behavior</i> impacts child safety. Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Caregiver(s) perceive the child in <i>extremely</i> negative terms Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 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: | | |

| | | |
|--|--------------------------|--------------------------|
| 8. Caregiver's <i>attitudes, emotions</i> and <i>behavior</i> threaten severe harm to a child, or caregivers(s) fear they will maltreat the child and are requesting placement Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Caregiver(s) intend(ed) to seriously hurt the child Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child's safety Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Caregiver(s) overtly rejects DCYF intervention, refuses access to a child, or there is some indication that the caregiver(s) will flee | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Caregiver(s) are not meeting, cannot meet or will not meet the child's exceptional physical, emotional, medical, or behavioral needs Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Caregiver(s) cannot or will not explain child's injuries or maltreating condition(s) or explanation is not consistent with the facts Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. A child has serious physical injuries or serious physical conditions resulting from maltreatment. Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. A child demonstrates serious emotional symptoms, self-destructive behavior and/or lack of behavioral control that results in provoking dangerous reactions in caregivers Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. A child is extremely fearful of the home / facility situation or people within the home / facility. Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Child sexual abuse is suspected, has occurred, or circumstances suggest sexual abuse is likely to occur. Describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Plan Analysis | | |
| | YES | NO |
| • There is a parent/caregiver or adult in the home | <input type="checkbox"/> | <input type="checkbox"/> |
| • The home is calm enough to allow safety providers to function in the home. | <input type="checkbox"/> | <input type="checkbox"/> |
| • The adults in the home agree to cooperate with and allow an In-Home Safety Plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sufficient, appropriate, reliable resources are available and willing to provide safety services / tasks | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | |



Safety Plan

- In-Home Safety Plan
- Out-of-Home Safety Plan
- No Safety Plan Required

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 Analysis | Date of Birth |
|----------------------|---------------|
| | |
| | |
| | |
| | |

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 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.

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 |