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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 |
|  |  |
|  |  |
|  |  | 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 / childcare 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 thechild’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 adultvictim / 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 thatserious harm is likely to occur
 | **[ ]**  | **[ ]**  |
| 1. There are other indications of increased dangers from the domestic violence perpetrator such assuicide 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 basicneeds 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 indicationthat 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 notconsistent 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 behavioralcontrol 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 tooccur.

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 |

|  |  |  |
| --- | --- | --- |
|  | 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** |
|  |  |
|  |  |
|  |  |
|  |  |
| **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): |
| COMMENTSDocument 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. |
|  |
| 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  |