

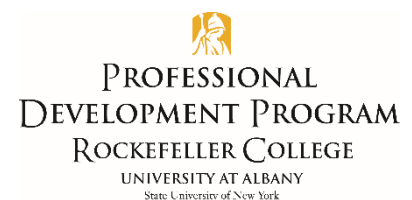
Module 5: Safety Assessment

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**Office of Children
and Family Services**



Introduction and Rationale

Promoting and supporting safety is a fundamental child welfare function performed throughout the life of a case. This module assists caseworkers in accurately documenting their assessment of safety within the FASP. It will also help FASP approvers to appropriately approve FASPs and provide effective feedback to FASP authors.

Which Safety Assessment Is Completed?

There are two distinct formats for Safety Assessments in the FASP:

- CPS-Protective Safety Assessment
- Non-CPS Safety Assessment

The primary focus of the CPS-Protective Safety Assessment is on the parent's/caretaker's actions or inactions and the dangers their behaviors may pose to one or more children within the family. In a Non-CPS Safety Assessment, the focus is on behaviors and circumstances within the family, other than the parent's/caretaker's actions or inactions, which may affect the safety of the child, family, or community. This often involves a child's behavior that endangers him/her or others.

For examples of both CPS-Protective and Non-CPS Safety Issues, see *Appendix 5A: Safety Factor Checklist* and *Appendix 5D: Non-CPS Safety Issues and Concerns*.

CONNECTIONS will automatically generate the appropriate Safety Assessment for the caseworker to complete, based upon the Program Choices selected for the children in a given case. A CPS-Protective Safety Assessment will be generated when children in the FSS have a Program Choice of Protective. The CPS-Protective Safety Assessment will continue to be generated within each FASP as long as the Program Choice of Protective remains effective. For CPS-Protective cases in which one or more non-CPS safety concerns also exist, these concerns can and should be documented within the CPS-Protective Safety Assessment.

When the Program Choice of Protective is not selected, a Non-CPS Safety Assessment will be generated for the caseworker to complete. It is critical that the correct Program Choices be selected in every case, and that the accuracy of the Program Choices is affirmed each time a FASP is launched. Inaccurate Program Choices will result in the wrong Safety Assessment being generated and completed.

Consistency Check

Before launching a FASP, be sure that the Program Choices for each child are accurate. This will ensure that CONNECTIONS customizes the FASP with the correct content and format for the Safety Assessment.

For more information about selecting Program Choices, see *Module 3: Stage Composition and Tracked Children Detail*.

CPS-Protective Safety Assessment

Promoting and supporting safety is the paramount focus of Child Welfare services. A child is safe (i.e., does not need protection at this time) when there is no immediate or impending danger of serious harm to the child's life or health as a result of acts of commission or omission (actions or inactions) by the child's parents and/or caretakers.

The purpose of the CPS-Protective Safety Assessment is to guide caseworkers' assessment of factors in the children's family/home that may place a child in immediate or impending danger of serious harm, and to determine what actions/interventions, if any, need to be put in place or maintained to protect the children.

The CPS-Protective Safety Assessment is designed to guide caseworkers through a thorough, balanced, and structured process to:

- *Identify* any Safety Factors that are present
- *Determine* whether alone or in combination, any of the identified factors place children in immediate or impending danger of serious harm
- *Decide* what action, if any, is necessary to protect children from the identified danger
- *Develop, implement, and monitor* a Safety Plan, when needed, to protect the children from the danger

Accuracy Check

To generate a CPS-Protective Safety Assessment, children in a case must have a Program Choice of Protective. Before launching a FASP, be sure that the Program Choice for each child is accurate. This will ensure that CONNECTIONS customizes the FASP with the correct Safety Assessment.

Completing a CPS-Protective Safety Assessment

The Safety Assessment process begins with the family's first contact with the Child Welfare system and continues throughout the life of a case. Caseworkers continually need to be alert to changes in the level of safety within a family, as new and emerging threats can occur. Safety Assessments are conducted through direct observations of the family and interviews with caretakers and children, collaterals, and other service providers who know the family. Caseworkers are expected to document key observations regarding safety in their ongoing progress notes, and to document a more structured assessment of safety at key junctures throughout the case.

In CPS cases, a Safety Assessment must be documented:

- Within seven days of the receipt of an SCR report
- At the conclusion of the CPS investigation
- On each FASP
- When a child's safety status or plan changes
- Upon a child's discharge from foster care

- At case closure

Determining the Focus of the CPS-Protective Safety Assessment

The focus of the Safety Assessment in a Child Welfare Services case is always the children’s family/home of origin. The purpose of the Safety Assessment is to determine if it is necessary to take actions (or to continue or change actions already taken) to support the safety of the children within their own home. When children are in foster care (or in another temporary alternative living arrangement), the focus of subsequent Safety Assessments continues to be on the children’s family/home of origin; the caseworker’s task is to reexamine circumstances in the children’s home of origin to determine if the Safety Plan is still necessary, appropriate, and effective given current circumstances in the home of origin, or if adjustments to the plan are needed to effectively support safety based on changes within the home of origin (i.e., Given current circumstances at home, do the children still need to be in foster care? Are there other alternative interventions that could adequately address safety? Has the family’s capacity to protect changed? Does the Safety Plan need to be changed due to changes within the home of origin?).

Helpful Tip

Before completing the Safety Assessment, it is essential that the caseworker accurately determine the appropriate household or households to assess, including an accurate accounting of all adults and children within that household. In addition to parents and their children, households may include a parent’s partner living in or frequenting the home, extended family, or others who impact safety within the home. All persons living in or frequenting the home need to be accounted for when assessing safety. In complex households, it can be helpful to construct a simple genogram, or family map, to help the caseworker accurately determine household composition and the focus of the assessment.

Redundancy Prevention Tip

There is an opportunity within the Foster Care (FC) Issues section of the FASP to also look at safety within the foster care setting or alternative living arrangement. Safety within the foster care setting or an alternative living arrangement should be addressed in the FC Issues section, not in the CPS-Protective Safety Assessment.

Documenting the Safety Assessment

All caseworkers are expected to assess safety in their ongoing contacts with families and children, and to take whatever actions are necessary in response to emerging safety threats. They should also document relevant observations, changes, and actions on the Progress Notes tab. The Safety Plan, or a need for one, is continually reassessed during each contact with the family. Changes to the Safety Plan must be put in place immediately to support safety, and not be deferred until the next FASP.

It is the Case Planner who is ultimately responsible for documenting the Safety Assessment within the FASP, although in some districts this responsibility is assigned to the CPS Worker/Monitor. The documented Safety Assessment, including the Safety Plan, should represent the shared findings and decisions of the team working with the family. While safety is reassessed on an ongoing basis, some good opportunities for determining or reaffirming the team's observations and consensus regarding safety include, but are not limited to, the safety conference following a child's placement, the Service Plan Review Conference, court proceedings, and any team/family conferences regarding next steps in the case.

Continuing to Reassess and Document Safety

Changing family circumstances affect safety over time. Children could quickly become endangered due to change in family circumstances. In order to determine the need for a Safety Plan, the caseworker must review the children's family/home of origin during every contact to get an accurate, current understanding of family circumstances. Throughout the case, caseworkers need to identify any changes affecting safety that may have occurred, and to adjust the Safety Decision and Safety Plan accordingly. Actions taken to protect children must be sufficient to offset the Safety Factors that place children in immediate or impending danger of serious harm; Safety Plans also need to be adjusted given positive or negative changes in the family situation. Safety Plans should effectively and appropriately utilize the family's resources whenever possible, as they become known or change over time.

Examples of changes in children/family circumstances that may prompt changes to a Safety Plan:

- Children's needs change (e.g., the child's medical/mental health status worsens to a point where the child's life/health is jeopardized and the parent(s) are unable to effectively respond to the child's needs; the child's medical condition subsides)
- A dangerous condition in the home is corrected (e.g., heat is re-established in the apartment)
- A parent stops, or becomes inconsistent in maintaining the behaviors or actions they agreed to as part of their contribution to the Safety Plan (e.g., the parent stops taking the child to a clinic when the child is sick; the parent no longer allows a relative to come into the home to help care for the child and child's needs are unmet)
- A parent demonstrates the ability to meet the children's needs without agency support/intervention (e.g., the parent learns how to and consistently demonstrates an ability to appropriately respond to the children's medical/mental health/nutritional/supervision needs)

- A parent demonstrates the ability to identify dangerous people or behaviors and to protect the children without outside support or intervention (e.g., the non-offending parent permanently separates from a perpetrator and demonstrates a lasting ability to protect the children by keeping known abusers away from them)
- Family support or resources increase (e.g., a cousin offers to provide transportation so the mother can take the child for necessary medical care; the parent begins receiving consistent financial resources enabling him/her to meet the children's basic needs)
- A dangerous person moves into or out of the home (e.g., a recently incarcerated adult relative moves into the parent's home and the child is frightened by his presence; a dangerous adult leaves the home at the parent's request).
- An alternate caretaker resource comes forward (e.g., an aunt is willing and able to take the children into her home while the parent enters drug rehabilitation; the father obtains custody of his child)
- A parental behavior significantly changes to the point where the children's needs are now being met consistently without agency supports (e.g., the parent's use of alcohol no longer results in inadequate supervision, as the parent has arranged for the children to be supervised by their grandmother)

Completing the Safety Assessment Window

There are four tabs on the Safety Assessment window:

- Safety Factors (and assessment of immediate/impending danger of serious harm)
- Safety Decision
- Prnt (Parent)/Crtkr (Caretaker) Actions/Safety Plan
- Ctrl (Controlling) Interventions/Safety Plan

The following pages provide assistance in completing each of the above tabs.

Safety Assessment Window: Safety Factors Tab

Safety Assessment - Collins, Kristy - 5:27200095/C:37200038

Options
Safety Definitions
Help

Safety Factors Safety Decision Print/Crtkr Actions/Safety Plan Ctri Interventions/Safety Plan

Assess for the presence of each of the following safety factors. Check all factors that apply.

Describe the relevant behaviors and/or circumstances that apply to safety factor # 1

Safety Factors	Comments
<input type="checkbox"/> 1. Based on your present assessment and review of prior history of abuse or maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child(ren).	
<input type="checkbox"/> 2. Parent(s)/Caretaker(s) currently uses alcohol to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child(ren).	
<input type="checkbox"/> 3. Parent(s)/Caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child(ren).	
<input type="checkbox"/> 4. Child(ren) has experienced or is likely to experience physical or psychological harm as a result of domestic violence	
<input type="checkbox"/> No Safety Factors present at this time.	

Select those safety factors that place the child(ren) in immediate or impending danger of serious harm.

Safety Factors

Ready for FASP Submission

Save & Close Save Reset

! = Sensitive * = Required \$ = AFCARS ✓ = Data Exists (C) = Complete 📁 = Read-Only Mode 🔄 = Unsaved Changes

Quick Tips for Completing the Safety Factors Tab

Check all Safety Factors that apply to this family at this time. A Safety Factor is a behavior, condition, or circumstance that has the potential to place a child in immediate or impending danger of serious harm. Removed – Expanded Safety Factors are no longer listed here. Provide a brief narrative in the field at the right to describe the specific parent/caretaker behavior or family circumstance that corresponds to the selected safety factor. Provide evidence of what was seen, heard, or told to the caseworker and by whom.

The selected Safety Factors will appear in the box at the bottom of the tab. Evaluate each factor, and mark with a check those that place a child in immediate or impending danger of serious harm. Use the criteria below to determine if any of the factors place a child in immediate or impending danger of serious harm:

- Seriousness of the behaviors/circumstances
- Number of Safety Factors present
- Child's degree of vulnerability
- Child's age

Completing the Safety Factors Checklist

Select from the checklist of Safety Factors any and all factors that are currently present in the children’s family or home of origin; if appropriate to this case’s circumstances, select the No Safety Factors present at this time checkbox located under the checklist.

Safety Factors are parental behaviors, conditions, or circumstances in the home that have the potential to place a child in immediate or impending danger of serious harm. Include behaviors, conditions, and circumstances that would be present or that would emerge if a Safety Plan was not in place.

This inventory of Safety Factors should reflect what is currently reoccurring in the children’s family, not simply what concerns brought the case to the attention of CPS. This requires that caseworkers have an accurate and current understanding of what is going on in the children’s home of origin. It should be based upon the caseworker’s direct observation, as well as input from the family, other service providers, and collaterals.

Remember, for a child in foster care or other temporary alternative living arrangement, the focus of this assessment is the child’s home of origin, not the foster home. There will be an opportunity later in the Foster Care Issues section of the FASP to look at safety within the foster care setting or alternative living arrangement. Assessing safety as if safety interventions or controls were no longer in place provides a true picture of the dangers that may be present.

For a list of Safety Factor examples, see *Appendix 5B: Expanded Safety Factors*.

Consistency Check

The Safety Factors, which remain checked at the bottom of the tab, are those that the Safety Plan must address. Be sure the descriptions recorded in the narrative field sufficiently explain and support the assessment. Select the Ready for FASP Submission checkbox in the lower left corner of the tab when the documentation has been completed.

Recording Safety Factor Descriptions

For each Safety Factor selected from the checklist, a description must be recorded in the field on the right side of the window. These statements should describe specific individuals, behaviors, and circumstances within the children’s household, and specifically how each threatens the safety of one or more children. Statements should be clear, behavioral, factual, and nonjudgmental. Endeavor to “paint a picture” of specific circumstances in the family.

If the caseworker has selected the No Safety Factors present at this time checkbox, the system will not require a narrative description; however, some districts will require a narrative to be provided to support the caseworker’s selection of the No Safety Factors present at this time checkbox.

Helpful Tip

If you need help with how to write a description, review *Appendix 5B: Expanded Safety Factors* for guidance.

Navigation Pointer

Safety Factor comments are a required field (shaded yellow on the window), and must be completed prior to selecting a Safety Decision.

Role Clarification

While CONNECTIONS can check if a description has been entered, it is the role of the FASP Approver to determine the thoroughness of the descriptions.

When the caseworker is not the direct observer of the cited behavior or condition, identify the individual who provided the information (e.g., “Mrs. Jones stated that...”; “...as told to this caseworker by the twelve-year-old child.”) However, do not identify a person as the “source” of an SCR report anywhere in the FASP.

The descriptions recorded in the narrative field are intended to support the caseworker’s decision to select a given Safety Factor; be certain they sufficiently explain and support the assessment of safety.

The descriptions will also be useful to supervisors or Case Managers in evaluating the appropriateness of the documented observations, decision, and actions. Writing clear, detailed, behavioral, nonjudgmental descriptions will also help to prepare the caseworker for writing other documents.

CONNECTIONS will allow the caseworker to save the tab without Safety Factor descriptions, but the Safety Assessment is not complete and cannot be submitted for approval without these descriptions.

Determining If a Child Is in Immediate or Impending Danger and Needs Protection

The next step in the Safety Assessment process is to determine which Safety Factors, if any, place a child in immediate or impending danger of serious harm, and thus in need of immediate protection. Need for protection means there is a need for action by the child’s family and/or by the caseworker, agency, or court to protect the child, without which the danger will continue to be present or will immediately return.

Safety Factors selected from the Safety Factors Checklist will appear in the box at the bottom of the tab. From this list, identify those Safety Factors that currently place one or more children in immediate or

impending danger of serious harm, by placing a checkmark in the respective checkbox. The Safety Plan must address those factors that remain checked at the bottom of the tab.

The age and vulnerability of the children should be carefully considered when deciding if Safety Factors rise to the point of which they present immediate or impending danger. Vulnerability can be age-related, condition-related (such as a disability), or related to other circumstances such as the children's isolation from others. It is important to consider the seriousness and number of Safety Factors present within the children's environment, as Safety Factors can interact with each other. This can result in a combination of potentially threatening conditions and behaviors that cumulatively rise to the level of posing immediate or impending danger.

Refer to the following definitions for additional help:

Immediate: A child is in immediate danger when presently exposed to serious harm (e.g., a young child is crawling around in a vermin-infested apartment; there is no food or heat in the home; the parent is extremely angry with a teenager and has locked the teen out of the home on a night with temperatures falling below zero).

Impending: A child is in impending danger when exposure to serious harm is emerging, about to happen, or is a reasonably foreseeable consequence of current circumstances (e.g., the condition of the home is such that it presents a likely fire hazard; the parent's active drug use means that supervision is not provided on a consistent basis nor in a manner consistent with the child's age/developmental level; a violent father is about to be released from jail, likely to return to the home, and the mother is unsure if she can keep him from harming the children).

Serious: The situation is so dangerous that it must be addressed immediately to avoid harm to a child's life or health. A serious situation may be created by one factor alone (e.g., a parent's whereabouts is unknown and there are no other adults available to care for the child; a parent's behavior is extremely violent), or by a combination of factors that create a dangerous situation (e.g., the child is medically fragile and the parent is unable to meet the child's needs due to the parent's own developmental limitations; the child has expressed fear of living in the home because his older brother has been playing with his father's loaded gun, and the parents have not secured the gun).

Children's Age and Vulnerability: The level of danger presented by any given Safety Factor may be affected by the children's ages; physical, cognitive, or emotional vulnerability; or isolation from or limited exposure to other adults (e.g., a three-year-old is generally in greater danger than a thirteen-year-old while home alone with an intoxicated parent; a child who cannot communicate his/her needs or has no access to adults outside the home is in greater danger than a child who can communicate verbally and attends school or day care each day).

For any Safety Factors identified as placing a child in immediate or impending danger of serious harm, the Safety Factor descriptions recorded in the narrative field should sufficiently explain and support this decision.

Safety Assessment Window: Safety Decision Tab

The screenshot shows the 'Safety Decision' tab in the 'Safety Assessment' window. The window title is 'Safety Assessment - Collins, Kristy - S:27200095/C:37200038'. The left sidebar contains 'Options', 'Safety Definitions', 'Placement', and 'Help'. The main content area has tabs for 'Safety Factors', 'Safety Decision', 'Print/Ctrk Actions/Safety Plan', and 'Ctrl Interventions/Safety Plan'. The 'Safety Decision' tab is active, showing a text box with instructions: 'The safety decision is a statement of the current safety status of the child(ren) and the actions that are needed to protect the child(ren) from immediate or impending danger of serious harm. Based on currently available information, select the safety decision that most accurately reflects case circumstances. Check only one.' Below this is a 'Safety Decision' section with five radio button options: 1. No Safety Factors were identified at this time. Based on currently available information, there is no child(ren) likely to be in immediate or impending danger of serious harm. No Safety Plan/Controlling Interventions are necessary at this time. 2. Safety Factors exist, but do not rise to the level of immediate or impending danger of serious harm. No Safety Plan/Controlling Interventions are necessary at this time. However, identified Safety Factors have been/will be addressed with the Parent(s)/Caretaker(s) and reassessed. 3. One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. A Safety Plan is necessary and has been implemented/maintained through the actions of the Parent(s)/Caretaker(s) and/or either CPS or Child Welfare staff. The child(ren) will remain in the care of the Parent(s)/Caretaker(s). 4. One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. Removal to, or continued placement or replacement within foster care or an alternative placement setting, is necessary as a Controlling Intervention to protect the child(ren). 5. One or more Safety Factors are present that place or may place the child(ren) in immediate or impending danger of serious harm, but Parent(s)/Caretaker(s) has refused access to the child(ren) or fled, or the child(ren)'s whereabouts are unknown. There is also a checkbox for 'Ready for FASP Submission'. At the bottom right are 'Save & Close', 'Save', and 'Reset' buttons. A status bar at the bottom shows icons for Sensitive, Required, AFCARS, Data Exists, Complete, Read-Only Mode, and Unsaved Changes.

Quick Tips for Completing the Safety Decision Tab

Select the most appropriate Safety Decision for this family at this time based upon the caseworker's inventory and assessment of the Safety Factors on the previous tab. If different decisions apply to different children within the same family, choose the most serious. Remember, the Safety Decision reflects the status of the children's home of origin at the present time.

Based on the chosen Safety Decision, CONNECTIONS will enable or disable sections of the Safety Plan.

Safety Decision 1: If the No Safety Factors present at this time checkbox was selected on the Safety Factors tab, CONNECTIONS will automatically select Decision 1. The caseworker cannot select Decision 1 if any other factors were selected in the Safety Factors Checklist.

Safety Decision 2: Safety factors exist but do not rise to the level of immediate or impending danger of serious harm. No safety plan/controlling interventions are necessary at this time. However, identified safety factors will be addressed with the parent(s)/caretakers(s) and reassessed.

Safety Decision 3: Requires a Safety Plan. This decision is for a situation in which one or more safety factors are present, placing the children in immediate or impending danger of serious harm, and either the family has taken action to protect the children with caseworker monitoring that, or the

caseworker put a safety plan in place to control for safety that is effective in protecting the children while they remain in the custody of their parent(s) or caretaker(s).

Safety Decision 4: Requires a Safety Plan, and must include Controlling Interventions or other actions by the caseworker/agency to protect the child(ren) at this time; may also include parent/caretaker actions.

Safety Decision 5: Requires a Safety Plan, and must include Controlling Intervention(s) or other actions by the caseworker/agency to locate and determine safety of the child(ren) at this time.

For enhanced descriptions of each decision, refer to the *Selecting the Safety Decision* section.

Safety Decision

The Safety Decision is a statement of the current safety status of the children and the actions that are needed to protect the children from immediate or impending danger of serious harm. A Safety Decision is dynamic and is always based on the information the caseworker has available to him/her at the time of the decision.

The Safety Decision documents the caseworker's/team's conclusion regarding the current safety status of the children's home and whether there is a need for protection. In making this decision, the caseworker/team must weigh:

- The seriousness of the actual or potential harm
- The number of Safety Factors/dangers
- The children's degree of vulnerability and need for protection
- The age of the child.

The selected Safety Decision will determine which parts of the Safety Plan are required to be completed and which are optional.

Navigation Pointer

The caseworker must complete the Safety Factors tab before completing the Safety Decision tab.

Selecting the Safety Decision

There are five possible Safety Decisions. If different decisions apply to different children within the same family, select the most serious.

Consistency Check

The Safety Decision selected by the caseworker determines if a Safety Plan is necessary. If Decision 3, 4, or 5 applies to a given case, a Safety Intervention is required.

1. No Safety Factors were identified at this time. Based on currently available information, there is no child(ren) likely to be in immediate or impending danger of serious harm. No Safety Plan/Controlling Interventions are necessary at this time.

CONNECTIONS will automatically select Decision 1 when the No Safety Factors present at this time checkbox was selected on the Safety Factors tab. Given the absence of any current safety concerns, there is not a need for protection.

2. Safety Factors exist, but do not rise to the level of immediate or impending danger of serious harm. No Safety Plan/Controlling Interventions are necessary at this time. However, identified Safety Factors have been/will be addressed with the parent(s)/caretaker(s) and reassessed.

Select Decision 2 when Safety Factors have been identified in the Safety Factors Checklist, but do not rise to the level of immediate or impending danger of serious harm. The caseworker needs to document what was discussed with the parent/caretaker; this can be documented in Progress Notes. The Prnt/Crtkr Actions/Safety Plan tab is enabled and is an option for documenting the decision. It can be used to describe what was discussed between the caseworker and the parent/caretaker regarding the identified Safety Factors, and what the family has done or will do to address these concerns so that they do not place a child in immediate danger of serious harm in the future. What steps the caseworker or others will take to reassess the situation and ensure that the Safety Factors do not become a concern in the future may also be documented here. No Safety Plan is needed at this time. Risk reduction services may still be necessary and can be recorded on the Service Plan window of the FASP.

The key difference between Decision 1 and 2 is the absence (1) or presence (2) of Safety Factors in the children's family/home of origin at this time.

3. One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. A Safety Plan is necessary and has been implemented/maintained through the actions of the parent(s)/caretaker(s) and/or either CPS or Child Welfare staff. The child(ren) will remain in the care of the parent(s)/caretaker(s).

Select Decision 3 when Safety Factors have been identified in the Safety Factors Checklist and at least one Safety Factor rises to the level where a child is in danger and protection is needed. Action by the caseworker/agency is necessary; actions by parents/caretakers may be added, to effectively protect the

children, though the children remain living with one or both parents. The Ctrl Interventions/Safety Plan tab must be completed. The Prnt/Crtkr Actions/Safety Plan tab may also be completed when appropriate. Risk reduction services may also be necessary and can appropriately be recorded on the Service Plan window of the FASP, not on the Safety Assessment window.

The key difference between Decisions 2 and 3 is that in Decision 3, a Safety Plan is required to be implemented by the caseworker/agency.

4. One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. Removal to, or continued placement in, foster care or an alternative placement setting is necessary as a Controlling Intervention to protect the child(ren).

Select Decision 4 when removal action by the agency is necessary to effectively protect a child, or custody of a child has been transferred to the district or to a relative/family friend. The Ctrl Interventions/Safety Plan tab must be completed. The Prnt/Crtkr Actions/Safety Plan tab may also be completed when appropriate. Risk reduction services may also be necessary and can appropriately be recorded on the Service Plan window of the FASP, not in the Safety Assessment.

The key difference between Decisions 3 and 4 is that in Decision 3, the children remain in the care and custody of at least one of the original Parents/Caretakers. In Decision 4, legal custody of at least one child in the family was/is being transferred to the local district or to a relative/family friend.

Navigation Pointer

Selecting Decision 4 automatically opens the Placement window; select those children who have been placed (or who remain in placement) at this time.

If one or more children remain at home, the caseworker must record comments explaining why the children can remain safe in their home (e.g., the child in foster care is a stepchild who is the target of the parent's abuse, while the child at home is a birth child whom a parent perceives more benignly; the child at home is much older and does not need the same level of supervision as a younger child who is in placement; the child in foster care has medical or behavioral needs much greater than those of siblings who remain at home, and a parent is able to meet their needs for care and supervision).

5. One or more Safety Factors are present that place or may place the child(ren) in immediate or impending danger of serious harm, but the parent(s)/caretaker(s) has refused access to the child(ren) or fled, or the child(ren)'s whereabouts are unknown.

Select Decision 5 when a child's whereabouts are unknown and/or the safety of a child cannot be ascertained. Action by the agency is necessary to determine the child's whereabouts or condition to effectively protect the child. The Ctrl Interventions/Safety Plan tab must be completed. Describe the actions taken or to be taken to locate the child and determine his/her safety status.

Safety Assessment Window: Prnt/Crtkr Actions/Safety Plan Tab

The screenshot displays a software window titled "Safety Assessment - Collins, Kristy - S:27200095/C:37200038". The window has a menu bar with "Options", "Safety Definitions", and "Help". Below the menu bar is a tabbed interface with four tabs: "Safety Factors", "Safety Decision", "Prnt/Crtkr Actions/Safety Plan" (which is selected and highlighted in orange), and "Ctri Interventions/Safety Plan". The main content area of the selected tab contains a text box with a rich text editor toolbar (including Print, Bold, Italic, Underline, and other formatting options). Above the text box is a descriptive instruction: "Describe the specific actions taken by the Parent(s)/Caretaker(s) to protect the child(ren) from the specific identified danger. Describe how these actions fully or partially protect the child(ren); the Parent(s)/Caretaker(s) ability to keep that protection in place; and how long, and/or under what circumstance(s) the Parent(s)/Caretaker(s) must maintain the specific protective actions." Below the text box is a checkbox labeled "Ready for FASP Submission". At the bottom right of the window are three buttons: "Save & Close", "Save", and "Reset". A status bar at the very bottom of the window contains various icons and text: "I = Sensitive", "* = Required", "\$ = AFCARS", "✓ = Data Exists", "(C) = Complete", "🔒 = Read-Only Mode", and "📄 = Unsaved Changes".

Quick Tips for Completing the Prnt/Crtkr Actions/Safety Plan Tab

Describe actions taken or to be taken over time by parents, caretakers, or other family members to protect the children from the specific dangers previously identified on the Safety Factors tab. Be sure to clearly describe who will do what, how often, and for how long.

Do not include strengths, resources, or actions taken whose primary purpose is to promote change or to strengthen parent/child functioning. These strengths and resources will be documented in the SNR Scales and Analysis. Actions taken to reduce risk are documented in the Service Plan.

It is important that these strengths and resources of the family, and actions to be taken or continued to protect the child, are stable enough, consistent enough, and are able to be in place for as long as danger is present or likely to reoccur.

If safety decision two is checked you may use this tab or Progress Notes to describe what was discussed between the caseworker and the parent/caretaker regarding the identified Safety Factors, and what the parent/caretaker has done or will continue to do to address these concerns. Be sure that any agreements or expectations between the caseworker and parent/caretaker have been clearly articulated and discussed.

Defining a Safety Plan

A Safety Plan is a set of actions and interventions intended to protect a child or to control a dangerous situation. The Safety Plan must address those factors identified in the Safety Factors Checklist as placing a child in immediate or impending danger of serious harm.

A Safety Plan:

- Clearly identifies a set of actions, including Controlling Interventions that have been, or will be taken without delay, to protect the children from immediate or impending danger of serious harm.
- Addresses all of the behaviors, conditions, or circumstances that create the immediate or impending danger of serious harm to the children.
- Specifies the tasks and responsibilities of all persons (parent/caretaker, household/family members, caseworker, or other service providers) who have a role in protecting the children.
- Delineates the time frames associated with each action or task in the plan that must be implemented, and identifies how the necessary actions and tasks in the plan will be managed and by whom.
- Must be modified in response to changes in the family's circumstances, as necessary, to continually protect the children throughout the life of the case. A Safety Plan is necessary until the protective capacity of the parent/caretaker is sufficient to eliminate immediate or impending danger of serious harm to the children in the absence of any controlling interventions.

A Safety Plan is *not* a set of educational, rehabilitative, or supportive activities or services intended to reduce risk, address underlying conditions and contributing factors, or to bring about long-term and lasting change within a family.

Risk reduction services and activities, detailed on the Service Plan window of the FASP, are those which are intended to bring about long-term and lasting change by addressing underlying conditions and other factors that contribute to abuse/maltreatment or to the conditions that created the danger to the safety of the children. Risk reduction services should not be listed in the Safety Plan.

A Safety Plan always consists of Controlling Interventions implemented by the caseworker/agency, and may include parent/caretaker actions. Ideally, a Safety Plan involves a partnership between the family and agency to effectively protect children by controlling a dangerous situation over time. In developing a Safety Plan, caseworkers need to identify strengths, resources, and actions that have been taken or that can be immediately taken within the family to effectively and consistently protect the child from the identified Safety Factors. These are documented on the Prnt/Crtkr Actions/Safety Plan tab. In some cases parent/caretakers may be unwilling or unable to participate in developing and implementing the safety plan.

The actions taken by the caseworker to monitor the parent/caretaker actions for effectiveness must be documented as a Controlling Intervention by the caseworker. Based upon the specific case circumstances, caseworkers may also need to take additional actions to implement or continue Controlling Interventions to protect the children to control the dangerous situation. All of the

caseworker's actions to monitor or supplement the parent efforts, and all caseworker actions that are taken independent of parent/caretaker actions, will be documented on the Ctrl Interventions/Safety Plan tab. To be effective, caseworkers must clearly articulate and document exactly who will do what, how often, and for how long, and how the effectiveness and need for continuation of the Safety Plan will be evaluated over time.

A thorough assessment of safety requires that the caseworker identify and evaluate both Safety Factors and concerns present in the home, including the safety criteria (i.e., seriousness of the behavior/circumstances, number of Safety Factors present, child's degree of vulnerability, and child's age) and the strengths and resources within the family that can provide for the safety of the children. When possible and appropriate, caseworkers should strive to use strengths and resources of the family to protect the children from the identified danger. It is important that any actions to be taken or continued by the family to protect the children are sufficient, stable, and consistent enough to provide adequate protection, and are able to be in place for as long as danger is present, or likely to recur.

If the family is not able to effectively protect the children utilizing their own strengths and resources and monitoring by the caseworker, then additional Controlling Interventions by the agency are necessary to protect the children.

Controlling Interventions are activities or arrangements (implemented by the caseworker or agency) that protect children from situations, behaviors, or conditions which are associated with immediate or impending danger of serious harm, and without which the dangerous situations, behaviors, or conditions would still be present, would emerge, or would, in all likelihood, immediately return. These interventions are specifically employed to control or contain the situation until more permanent change can take place.

Safety Assessment Window: Ctrl Interventions/Safety Plan Tab

Safety Assessment - Collins, Kristy - S:27200095/C:37200038

Options
Safety Definitions
Help

Safety Factors | Safety Decision | Prnt/Crtkr Actions/Safety Plan | **Ctrl Interventions/Safety Plan**

Check all of the interventions that have been implemented to control for the safety of the child(ren).

Describe how each selected controlling intervention is protecting the child(ren) from the identified danger. Describe who is responsible for taking and/or maintaining the specific actions and interventions and how the implementation of the safety plan will be monitored.

Interventions
<input type="checkbox"/> 1. Intensive Home Based Family Preservation Services
<input type="checkbox"/> 2. Emergency Shelter
<input type="checkbox"/> 3. Domestic Violence Shelter
<input type="checkbox"/> 4. Non-offending Prnt/Crtkr has been Moved to a Safe Environment with the Child(ren)
<input type="checkbox"/> 5. Authorization of Emergency Food/Cash/Goods
<input type="checkbox"/> 6. Judicial Intervention
<input type="checkbox"/> 7. Order of Protection
<input type="checkbox"/> 8. Law Enforcement Involvement

Ready for FASP Submission

Save & Close Save Reset

S = Sensitive * = Required \$ = AFCARS ✓ = Data Exists (C) = Complete 🔒 = Read-Only Mode 🔄 = Unsaved Changes

Quick Tips for Completing the Ctrl Interventions/Safety Plan Tab

Select one or more interventions from the Controlling Interventions checklist that best reflect the services and actions which have been taken or will remain in place by the caseworker, agency, and/or the court to protect the children at this time. The selected interventions should be those intended to effectively address Safety Factors identified and described on the Prnt/Crtkr Actions/Safety Plan tab. The selected items should reflect the collective services or actions of all members of the service team to protect the children, not just services or actions taken by the caseworker.

Controlling Interventions are services, activities, or arrangements which protect children from situations, behaviors, or conditions associated with immediate or impending danger of serious harm, and without which the dangerous situations, behaviors, or conditions would still be present; would emerge; or would, in all likelihood, immediately return. Remember that a Safety Plan is intended to protect or control a dangerous situation; it is not a set of educational, rehabilitative, or supportive activities or services intended to reduce risk, address underlying conditions and contributing factors, or bring about long-term and lasting change within a family.

Completing the Ctrl Interventions/Safety Plan Tab

The Ctrl Interventions/Safety Plan tab is divided into two sections:

- The left side contains a checklist of interventions designed to control for the immediate health and safety of the children. A caseworker must select one or more interventions as applicable to a specific case. (See *Appendix 5C: Controlling Interventions Checklist* for examples of each item within the list.)
- The right side contains a field for recording a brief narrative that describes details of the Safety Plan, and how it protects and controls for the immediate health and safety of the children.

When a caseworker selects one or more interventions, he/she must record a narrative. CONNECTIONS will allow the caseworker to save the tab without a narrative, but the Safety Assessment is not complete without one. It is the responsibility of the Case Manager and supervisor to determine the quality of the Safety Intervention narrative upon submission of the FASP for approval.

Controlling Interventions Checklist

When a Safety Plan is needed, select one or more interventions from the Controlling Interventions checklist which best reflect the services and actions taken or put in place (or will remain in place) by the caseworker, agency, and/or the court to protect the children at this time. The selected interventions should be those intended to effectively address Safety Factors identified and described on the Prnt/Crtkr Actions/Safety Plan tab. The selected items should reflect the collective services or actions of all members of the service team to protect the children, not just services or actions taken by the caseworker.

Controlling Intervention Narrative

In the narrative field, describe the specific actions taken or interventions put in place or to be continued by the caseworker, agency, and/or court which provide for the children's safety. Also, describe the specific steps for interventions which have been taken (not what is contemplated for the future) to protect the children, including any legal activity, and how each is intended to control for safety. Clearly identify who is responsible for implementing and maintaining each task within the Safety Plan, specifically what each person must do to ensure its effectiveness, and how these steps protect the children from serious harm. Do not assume that people know what is expected of them. The narrative is a good way to affirm the caseworker's understanding of the plan, and should clearly communicate to others exactly what is expected of them. Include any specific discussions between the caseworker and others who have agreed to take specific actions to protect the children.

Redundancy Prevention Tip

Do not include risk reduction services or other activities that do not address safety. Risk reduction services and activities appropriately belong on the Case Update tab (what the caseworker has done) or on the Service Plan window (what the caseworker will do) of the FASP.

Quality Check

The caseworker must select the Ready for FASP Submission checkbox in the lower left corner of the tab to submit the FASP for approval.

To evaluate the appropriateness and completeness of the response in this section, consider the following:

- Is the Safety Plan adequate to protect the children at this time?
- Has the Safety Plan appropriately and effectively utilized the family's own strengths and resources?
- Is the Safety Plan sufficient to protect the children from danger until more extensive assessment and service planning can be completed or the danger can be eliminated?
- Does the narrative clearly describe the specific tasks each individual is supposed to perform?
- Is it clear that the Case Planner or CPS Monitor is monitoring the plan for effectiveness?

The Non-CPS Safety Assessment

The focus of the Non-CPS Safety Assessment extends beyond the children, to include any non-CPS related dangers or threats to the safety of the children, other family members, and/or the community posed by persons or circumstances within the family/home (e.g., child behavior or a serious family crisis resulting in loss/incapacity of a caretaker). For a list of examples, see *Appendix 5D: Non-CPS Safety Issues and Concerns*.

The threat or danger is not associated with a parent's or caretaker's abusive or neglectful behavior or conditions within the home; a child may be the source of the danger. In cases where there are concerns that a child's behavior poses a danger to self or others, the focus is not only on the safety of the child, but also on the safety of siblings, other family members, and/or others in the community as a consequence of the child's own behavior.

A Non-CPS Safety Assessment looks beyond immediate danger of serious harm to life or health. It also includes serious threats to emotional, physical, and developmental well-being.

The Non-CPS Safety Assessment is less structured than the CPS-Protective Safety Assessment; there are no checklists, and there is only one narrative window. The following provides guidance for completing this narrative.

Completing a Non-CPS Safety Assessment

The Non-CPS Safety Assessment is automatically generated in the FASP when children in the FSS have a Program Choice of Preventive or Placement but not Protective. It can only be accessed on the FASP tree when there are no children in the case who have a Program Choice of Protective. For CPS-Protective cases where one or more Non-CPS safety concerns also exist, these concerns can and should be documented within the CPS-Protective Safety Assessment.

Safety is first assessed in a Non-CPS case via the inventory of "emergency concerns." Subsequent to opening a case for services, complete the Non-CPS Safety Assessment on each FASP, when a family's/children's safety circumstances/plan changes, and at case closure or discharge.

Determining the Focus of the Safety Assessment

The focus of the Safety Assessment is always the children's home of origin.

The purpose of the Safety Assessment is to determine whether or not it is necessary to take actions (or to continue or change actions already taken) to support the safety of the children, family, or community. When children are in foster care (or in another temporary alternative living arrangement), the focus of subsequent Safety Assessments is still the children's family/home of origin. The caseworker's task is to reexamine circumstances in the children's home of origin to determine if the Safety Plan is still necessary, appropriate, and effective, given current circumstances in the family/home of origin, or if adjustments to the plan are needed to effectively support safety based on changes within the family/home of origin (i.e., Does the child still need to be in foster care given current circumstances at home? Are there other alternative interventions that could adequately address safety? Has the family's

capacity to protect changed? Does the Safety Plan need to be changed due to changes within the family/home of origin?).

Helpful Tip

Before completing the Safety Assessment, it is essential that the caseworker accurately determine the appropriate household to assess, including an accounting of all adults and children within that household. In addition to parents and their children, households may include parents' partners living in or frequenting the home, extended family, or others who impact safety within the home. All persons living in or frequenting the home need to be accounted for when assessing safety. In complex households, it can be helpful to construct a simple genogram or family map, to help the caseworker accurately determine household composition and the focus of their assessment.

Redundancy Prevention Tip

There will be an opportunity within the Foster Care Issues section of the FASP to also look at safety within the foster care setting or alternative living arrangement.

Documenting the Safety Assessment

All caseworkers on a case are expected to assess safety in their ongoing contacts with families and children, and to document relevant observations and changes on the Progress Notes tab. The Safety Plan (or a need for one) is reassessed during each contact with the children/family.

It is the Case Planner who is ultimately responsible for documenting the Safety Assessment within the FASP. The documented Safety Assessment and Safety Plan should represent the shared findings and decisions of the team working with the family. While safety is reassessed on an ongoing basis, some good opportunities for determining or confirming the team's observations and consensus about safety include, but are not limited to, the safety conference following a child's placement, the Service Plan Review Conference, court proceedings, and any team/family conference regarding next steps in the case.

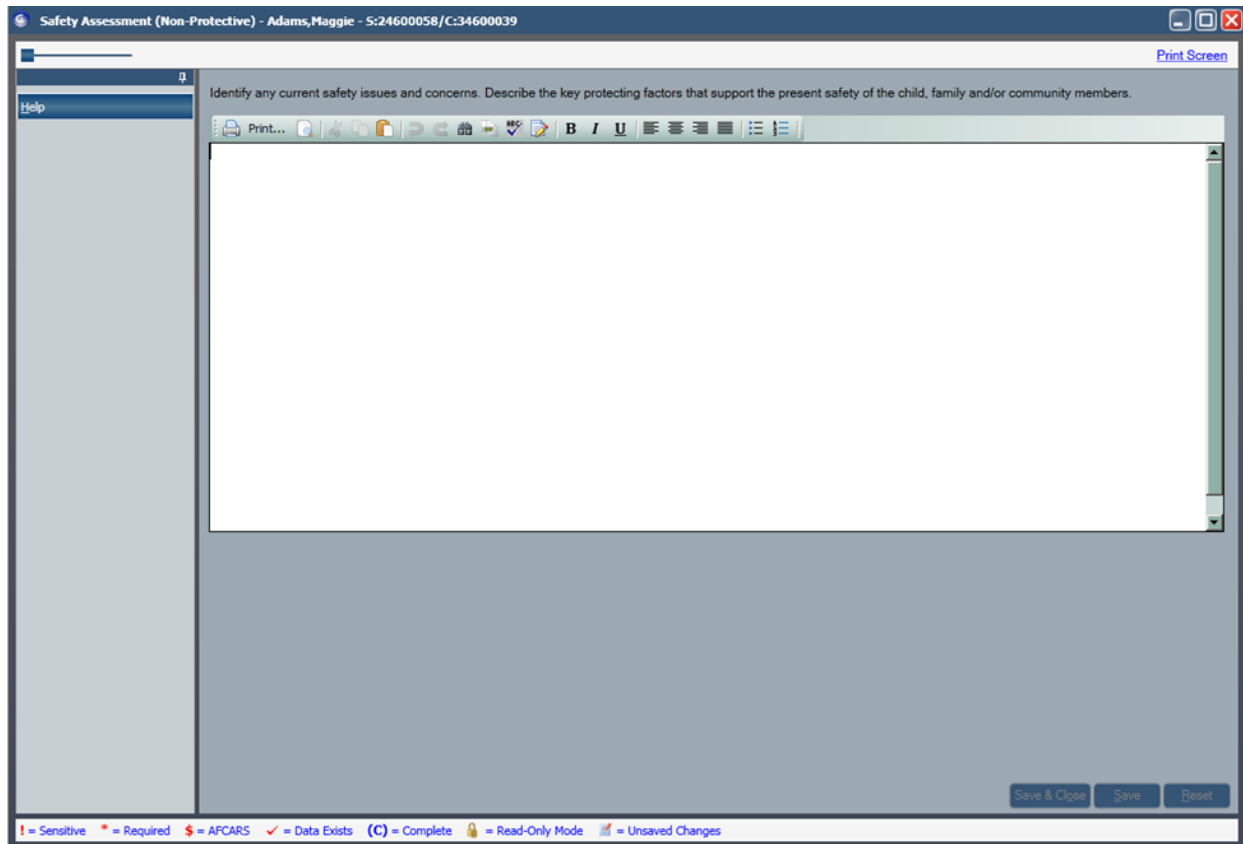
Continuing to Reassess and Document Safety

Family and children's circumstances affecting safety change continuously. To determine the effectiveness and appropriateness of the existing Safety Plan and to support its continuation, when necessary, the caseworker/team must review the children's home of origin during every contact to get an accurate, current understanding of current family circumstances. Throughout the case, caseworkers need to identify any changes affecting safety that may have occurred, and to adjust the Safety Decision and Safety Plan accordingly. Actions taken to protect a child or others must be sufficient to control the Safety Factors that place a child, or others, in immediate danger of serious harm. Safety Plans also need to be appropriate given positive changes in the family situation. They should effectively and appropriately utilize the family's resources, whenever possible, as they become known or change over time.

Examples of changes in children/family circumstances that may prompt changes to a Non-CPS Safety Plan:

- *Child's needs change:* The child's behavior improves to the point where he/she can safely live at home; the child's medications effectively control dangerous behavior so that the child can be managed at home
- *Parent's skills increase:* The parent learns how to and consistently demonstrates the ability to manage the child's behavior at home with or without community supports
- *Parent's support system increases:* A family member/partner adequately and effectively supports the parent in managing the child's behavior; the parent is now working in partnership with the therapist to manage the child's behavior
- *Family moves to a new neighborhood, thereby distancing itself from criminal behavior*
- *Family resources increase:* A parent's sibling moves from another state to provide child care so the parent can return to work following the death of a spouse; a parent obtains employment enabling the family to obtain suitable housing
- *Health of parent improves:* The mother completes chemotherapy and is able to resume caring for children
- *Community resources become available:* The school district is now able to provide appropriate educational program/supports for the child within the community school

Safety Assessment (Non-Protective) Window



Completing the Safety Assessment (Non-Protective) Window

Write a concise, focused narrative that includes a description of:

- Non-CPS safety issues and concerns currently present within the family's home environment, or which would be present if the current safety controls were no longer in place (e.g., if the child were not in foster care or living with relatives or if the seriously ill parent were not receiving home aid services). For a list of examples, see *Appendix 5D: Non-CPS Safety Issues and Concerns*.

Remember, for children in foster care or in another temporary alternative living arrangement, the focus of this assessment is on the emergencies or dangers presented by a child or other family or community conditions, and not the foster home. By assessing safety, as if safety controls were no longer in place, a true picture is provided of the issues that are present (e.g., if a dangerous child were still at home, he/she is likely to harm himself/herself or others at home; the Primary Caretaker is too ill to meet child's need). There will be an opportunity later in the Foster Care Issues section of the FASP to look at safety within the foster care setting or alternative living arrangement.

This inventory of safety issues and concerns should be based upon the caseworker's direct observations, as well as input from the family, other service providers, and collaterals.

- Protecting Factors that support the present safety of the child, family, and/or community members. Protecting Factors are the strengths, attributes, circumstances, and resources that serve to promote and support safety in children's current living arrangement. Protecting Factors must be assessed in relation to the specific issues in the family at this time.

Depending on the specific issues and where the children are living at the time of the current assessment, this may include qualities, actions, abilities, resources, and supports of the children, the family, or other adults who care for or have access to the children, the foster home, facility, or the community at large.

The following are some questions to consider:

- If a child is violent, how does the current living arrangement (his/her parent's home, a relative's home, or a placement setting) contain the violence and protect the children, others, or the community from the child's violence?
- If a parent is gravely ill and cannot care for his/her children, what resources and supports are currently in place to meet the children's basic needs?
- If a child is using alcohol or other drugs to the extent he/she is a danger to himself/herself or others, what steps are being taken by the parents or other current caretakers to effectively contain/control his/her access to the substance and/or to control his/her behavior?

These factors need to be more than merely present or accessible. Documentation should show how they, individually or collectively, function to provide a sufficient level of safety in the children's current living arrangement. This includes not only the safety of the physical environment, but also the safety of the relationships and interactions between and among adults and children in the home or with regular access to the children.

When the children are living at home, protecting factors may exist that enable the children to remain at home (e.g., the parent is strong, is capable of establishing and enforcing boundaries, and has limited the children's access to dangerous or triggering people/places; despite his/her illness, the parent has strong supports within the community who help to meet the child's day-to-day needs). Actions may have been taken by the parents or others to meet the safety needs of the children or others (e.g., -the parents enlist the help of a relative to move the child away from dangerous or triggering people/places, or to control the child's access to guns, weapons, alcohol, or drugs).

When children are living in an alternative setting such as a relative's home or foster care setting, the caseworker is asked to identify how that living arrangement and the individuals responsible for the children effectively meet the children's needs (e.g., the grandmother receives public assistance in order to feed, clothe, and house the five grandchildren now living with her, and uses day care or the community center as respite; the foster parent has nursing skills which enable him/her to meet the child's special needs) or how the individual, home, or facility controls or contains a child who is dangerous to himself/herself or others (e.g., placement has removed the child from his home community where he was engaging in gang-related criminal activity; therapeutic foster parents use approved crisis management strategies to de-escalate a violent child).

Redundancy Prevention Tip

Do not include risk reduction services and activities in the Safety Assessment (Non-Protective). These can appropriately be documented on the Case Update tab (what the caseworker has done) and on the Service Plan window (what the caseworker will do) of the FASP.

Frequently Asked Questions

My supervisor requires me to have a Safety Plan for every case. Is that appropriate?

No. Safety Plans are required when the Safety Decision is 3, 4, or 5. In each of these circumstances, where Safety Factors and danger exist and children are in need of immediate protection from serious harm, then the agency has a responsibility to take (or continue) steps to protect the children. With Decision 1, where no safety factors are known to exist, it is not logical to have a Safety Plan. Decision 2 reflects the caseworker's/team's assessment that while one or more Safety Factors may be present, they do not place the children in danger. Thus, safety intervention by the agency is not necessary at this time, although the district/agency needs to have a frank discussion with the parent/caretaker about the safety issues that have been identified so that they are aware of the potential for danger if they were to become more serious, or if children that are more vulnerable were in the home. The district/agency would continue to assess for safety in ongoing contacts with the family.

In each of the above circumstances, it may be necessary and prudent to provide Risk Reduction Services/Activities, but that is appropriately documented in a different section of the FASP.

Why can't I record my ongoing work with the family/children on the Ctrl Interventions/Safety Plan tab?

Controlling Interventions are designed to protect or control the immediate or impending danger of serious harm. Services and activities which are intended to decrease the likelihood that children may be harmed in the future and to promote and sustain long-term and lasting change do not belong in the Controlling Interventions component of the Safety Plan; they appropriately belong on the Case Update tab and/or Service Plan window of the FASP.

Appendix

5A: Safety Factor Checklist

- 1. Based on your present assessment and review of prior history of abuse or maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child(ren).
- 2. Parent(s)/Caretaker(s) currently uses alcohol, to the extent that it negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).
- 3. Parent(s)/Caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).
- 4. Child(ren) has experienced or is likely to experience physical or psychological harm as a result of domestic violence in the household.
- 5. Parent's/Caretaker's apparent or diagnosed medical or mental health status or developmental disability negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).
- 6. Parent(s)/Caretaker(s) has a recent history of violence and/or is currently violent and out of control.
- 7. Parent(s)/Caretaker(s) is unable and/or unwilling to meet the child(ren)'s needs for food, clothing, shelter, and/or medical or mental health care and/or to control the child(ren)'s behavior.
- 8. Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate supervision of the child(ren).
- 9. Child(ren) has experienced serious and/or repeated physical harm or injury and/or the Parent(s)/Caretaker(s) has made a plausible threat of serious harm or injury to the child(ren).
- 10. Parent(s)/Caretaker(s) views, describes, or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).
- 11. Child(ren)'s current whereabouts cannot be ascertained and/or there is reason to believe the family is about to flee or refuses access to the child(ren).
- 12. Child(ren) has been or is suspected of being sexually abused or exploited and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate protection of the child(ren).
- 13. The physical condition of the home is hazardous to the safety of the child(ren).
- 14. Child(ren) expresses or exhibits fear of being in the home due to current behaviors of Parent(s)/Caretaker(s) or other persons living in, or frequenting the household.
- 15. Child(ren) has a positive toxicology for drugs and/or alcohol.

- 16. Child(ren) has significant vulnerability, is developmentally delayed, or is medically fragile (e.g., on Apnea Monitor) and the Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate care and/or protection of the child(ren).
- 17. Weapon noted in CPS report or found in the home and Parent(s)/Caretaker(s) is unable and/or unwilling to protect the child(ren) from potential harm.
- 18. Criminal activity in the home negatively impacts Parent's/Caretaker's ability to supervise, protect, and/or care for the child(ren).
- 19. No Safety Factors present at this time.

5B: Expanded Safety Factors

1. Based on your present assessment and review of prior history of abuse and maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child(ren).
 - Prior abuse or maltreatment (may include non-reported accounts of abuse or maltreatment) was serious enough to have caused or could have caused serious injury or harm to the child(ren).
 - Parent's/Caretaker's current behavior demonstrates an inability to protect the child(ren) because they lack the capacity to understand the need for protection and/or they lack the ability to follow through with protective actions.
 - Parent's/Caretaker's current behavior demonstrates an unwillingness to protect children because they minimize the child(ren)'s need for protection and/or are hostile to, passive about, or opposed to keeping the child(ren) safe.
 - Parent(s)/Caretaker(s) has retaliated or threatened retribution against child(ren) for involving the family in a CPS investigation or child welfare services, either in regard to past incident(s) of abuse or maltreatment or a current situation.
 - Escalating pattern of harmful behavior or abuse or maltreatment.
 - Parent(s)/Caretaker(s) does not acknowledge or take responsibility for prior inflicted harm to the child(ren), or explains incident(s) as not deliberate, or minimizes the seriousness of the actual or potential harm to the child(ren).

2. Parent(s)/Caretaker(s) currently uses alcohol to the extent that it negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).
 - Parent(s)/Caretaker(s) has a recent incident of or a current pattern of alcohol use that negatively impacts their decisions and behaviors and their ability to supervise, protect, and care for the child(ren). As a result, the Parent/Caretaker:
 - Is unable to care for the child(ren)
 - Is likely to become unable to care for the child(ren)
 - Has harmed the child(ren)
 - Has allowed harm to come to the child(ren)
 - Is likely to harm the child(ren)
 - Newborn child with positive toxicology for alcohol in its bloodstream or urine and/or was born with fetal alcohol effect or fetal alcohol syndrome.

3. Parent(s)/Caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).
 - Parent(s)/Caretaker(s) has recently used, or has a pattern of using illegal and/or prescription drugs that negatively impact their decisions and behaviors and their ability to supervise, protect, and care for the child(ren). As a result, the Parent/Caretaker:
 - Is unable to care for the child(ren)
 - Is likely to become unable to care for the child(ren)
 - Has harmed the child(ren)
 - Has allowed harm to come to the child(ren)

- Is likely to harm the child(ren)
 - Newborn child with positive toxicology for illegal drugs in its bloodstream or urine and/or was born dependent on drugs or with drug withdrawal symptoms.
4. Child(ren) has experienced or is likely to experience physical or psychological harm as a result of domestic violence in the household.
- Observed or alleged batterer is confronting and/or stalking the caretaker/victim and child(ren) and has threatened to kill, injure, or abduct either or both.
 - Observed or alleged batterer has had recent violent outbursts that have resulted in injury or threat of injury to the child(ren) or the other caretaker/victim.
 - Parent/Caretaker/Victim is forced, under threat of serious harm, to participate in or witness serious abuse or maltreatment of the child(ren).
 - Child(ren) is forced under threat of serious harm to participate in or witness abuse of the caretaker/victim.
 - Other examples of Domestic Violence: caretaker/victim appears unable to provide basic care and/or supervision for the child(ren) because of fear, intimidation, injury, incapacitation, forced isolation, or other controlling behavior of the observed or alleged batterer.
5. Parent's/Caretaker's apparent or diagnosed medical or mental health status or developmental disability negatively impacts his/her ability to supervise, protect, and/or care for the child(ren).
- Parent(s)/Caretaker(s) exhibits behavior that seems out of touch with reality, fanatical, bizarre, and/or extremely irrational.
 - Parent's/Caretaker's diagnosed mental illness does not appear to be controlled by prescribed medication or they have discontinued prescribed medication without medical oversight and the Parent's/Caretaker's reasoning and ability to supervise and protect the child(ren) appear to be seriously impaired.
 - The Parent(s)/Caretaker(s) lacks or fails to utilize the necessary supports related to his/her developmental disability, which has resulted in serious harm to the child(ren) or is likely to seriously harm the child(ren) in the very near future.
6. Parent(s)/Caretaker(s) has a recent history of violence and/or is currently violent and out of control.
- Extreme physical and/or verbal abuse and/or angry or hostile outbursts aimed at the child(ren) that are recent and/or show a pattern of violent behavior.
 - A recent history of excessive, brutal, or bizarre punishment of child(ren), e.g., scalding with hot water, burning with cigarettes, forced feeding.
 - Threatens, brandishes, or uses guns, knives, or other weapons against or in the presence of other household members.
 - Violently shakes or chokes baby or young child(ren) to stop a particular behavior.
 - Currently exhibiting, or has a recent history or pattern of behavior that is reckless, unstable, raving, or explosive.

7. Parent(s)/Caretaker(s) is unable and/or unwilling to meet the child(ren)'s needs for food, clothing, shelter, and/or medical or mental health care and/or to control child(ren)'s behavior.
 - No food provided or available to child(ren), or child(ren) starved or deprived of food or drink for prolonged periods.
 - Child(ren) appears malnourished.
 - Child(ren) without minimally warm clothing in cold months; clothing extremely dirty.
 - No housing or emergency shelter; child(ren) must or is forced to sleep in street, car, etc.
 - Housing is unsafe, without heat, sanitation, and/or windows; or presence of vermin, uncontrolled/excessive number of animals, and animal waste.
 - Parent(s)/Caretaker(s) does not seek treatment for child(ren)'s immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).
 - Child(ren)'s behavior is dangerous and may put them in immediate or impending danger of serious harm, and the Parent(s)/Caretaker(s) is not taking sufficient steps to control that behavior and/or protect the child(ren) from the dangerous consequences of that behavior.

8. Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate supervision of the child(ren).
 - Parent/Caretaker does not attend to child(ren) to the extent that need for adequate care goes unnoticed or unmet (e.g., although caretaker is present, child(ren) can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards).
 - Parent/Caretaker leaves child(ren) alone (time period varies with age and developmental stage).
 - Parent/Caretaker makes inadequate and/or inappropriate child care arrangements or demonstrates very poor planning for child(ren)'s care.
 - Parent/Caretaker routinely fails to attempt to provide guidance and set limits, thereby permitting child(ren) to engage in dangerous behaviors.

9. Child(ren) has experienced serious and/or repeated physical harm or injury and/or the Parent(s)/Caretaker(s) has made a plausible threat of serious harm or injury to the child(ren).
 - Child(ren) has a history of injuries, excluding common childhood cuts and scrapes.
 - Other than accidental, Parent(s)/Caretaker(s) likely caused serious abuse or physical injury (e.g., fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks)
 - Parent(s)/Caretaker(s), directly or indirectly, makes a believable threat to cause serious harm, (e.g., kill, starve, lock out of home)
 - Parent(s)/Caretaker(s) plans to retaliate against child(ren) for CPS investigation or disclosure of abuse or maltreatment.
 - Parent(s)/Caretaker(s) has used torture or physical force that bears no resemblance to reasonable discipline, or punished child(ren) beyond the duration of the child(ren)'s endurance.

10. Parent(s)/Caretaker(s) views, describes, or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).
 - Describes child(ren) as evil, possessed, stupid, ugly, or in some other demeaning or degrading manner.
 - Curses and/or repeatedly puts child(ren) down.
 - Scapegoats a particular child in the family.
 - Expects child(ren) to perform or act in a way that is impossible or improbable for the child(ren)'s age (e.g., babies and young children expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly).

11. Child(ren)'s current whereabouts cannot be ascertained and/or there is reason to believe the family is about to flee or refuses access to the child(ren).
 - Family has previously fled in response to a CPS investigation.
 - Family has removed child(ren) from a hospital against medical advice.
 - Family has history of keeping child(ren) at home, away from peers, school, or others for extended periods.
 - Family could not be located despite appropriate diligent efforts.

12. Child(ren) has been or is suspected of being sexually abused or exploited and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate protection of the child(ren).
 - It appears that Parent/Caretaker has committed rape, sodomy, or has had other sexual contact with child(ren).
 - Child(ren) may have been forced or encouraged to sexually gratify caretaker or others, or engage in sexual performances or activities.
 - Access, by possible or confirmed sexual perpetrator, to child(ren) continues to exist.
 - Child(ren) may be sexually exploited online and Parent(s)/Caretaker(s) may take no action(s) to protect the child(ren).

13. The physical condition of the home is hazardous to the safety of child(ren).
 - Leaking gas from stove or heating unit.
 - Dangerous substances or objects accessible to child(ren).
 - Peeling lead base paint accessible to young child(ren).
 - Hot water/steam leaks from radiator or exposed electrical wiring.
 - No guards or open/broken/missing windows.
 - Health hazards such as exposed rotting garbage, food, or human/animal waste throughout the living quarters.
 - Home hazards are easily accessible to child(ren) and would pose a danger to them if they are in contact with the hazard(s).

14. Child(ren) expresses or exhibits fear of being in the home due to current behaviors of Parent(s)/Caretaker(s) or other persons living in, or frequenting the household.
- Child(ren) cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
 - Child(ren) exhibits severe anxiety related to situations associated with a person(s) in the home, e.g., nightmares, insomnia.
 - Child(ren) reasonably expects retribution or retaliation from caretakers.
 - Child(ren) states that he/she is fearful of individual(s) in the home.
15. Child(ren) has a positive toxicology for drugs and/or alcohol.
- Child(ren) (0-6 mos.) is born with a positive toxicology for drugs and/or alcohol.
16. Child(ren) has significant vulnerability, is developmentally delayed, or is medically fragile (e.g., on Apnea Monitor) and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate care and/or protection of the child(ren).
- Child(ren) is required to be on an Apnea Monitor, or to use other specialized medical equipment essential to their health and well-being, and the Parent(s)/Caretaker(s) is unable and/or unwilling to consistently and appropriately use or maintain the equipment.
 - Child(ren) has significant disabilities such as autism, Down Syndrome, hearing or visual impairment, cerebral palsy, or other vulnerabilities, and the Parent(s)/Caretaker(s) is either unable or unwilling to provide care essential to needs of the child(ren)'s condition(s).
17. Weapon noted in CPS report or found in the home and Parent(s)/Caretaker(s) is unable and/or unwilling to protect the child(ren) from potential harm.
- A firearm, such as a gun, rifle, or pistol is in the home and may be used as a weapon.
 - A firearm and ammunition are accessible to child(ren).
 - A firearm is kept loaded and Parent(s)/Caretaker(s) are unwilling to separate the firearm and the ammunition.
18. Criminal activity in the home negatively impacts Parent's/Caretaker's ability to supervise, protect, and/or care for the child(ren).
- Criminal behavior (e.g., drug production, trafficking, prostitution) occurs in the presence of the child(ren).
 - The child(ren) is/are forced to commit a crime(s) or engage in criminal behavior.
 - Child(ren) exposed to dangerous substances used in the production or use of illegal drugs, e.g., Methamphetamines.
 - Child(ren) exposed to danger of harm from people with violent tendencies, criminal records, and people under the influence of drugs.

19. No Safety Factors present at this time.

5C: Controlling Interventions Checklist

Interventions must control for the *immediate* health and safety of the children. Check all that apply:

- 1. Intensive Home Based Family Preservation Services
- 2. Emergency Shelter
- 3. Domestic Violence Shelter
- 4. Non-offending Parent/Caretaker has been moved to a safe environment with the child(ren)
- 5. Authorization of emergency food/cash/goods
- 6. Judicial Intervention
- 7. Order of Protection
- 8. Law Enforcement Involvement
- 9. Emergency Medical Services
- 10. Crisis Mental Health Services
- 11. Emergency In-Patient Mental Health Services
- 12. Immediate Supervision/Monitoring
- 13. Emergency Alcohol Abuse Services
- 14. Emergency Drug Abuse Services
- 15. Correction or removal of hazardous/unsafe living conditions
- 16. Placement-Foster Care
- 17. Placement-Alternate Caregiver
- 18. Supervised Visitation
- 19. Use of family, neighbors, or other individuals in the community as safety resources (specify):
- 20. Alleged perpetrator has left the household voluntarily; current caretaker will appropriately protect the victim(s) with CPS monitoring
- 21. Alleged perpetrator has left the home in response to legal action
- 22. Follow-up to verify child(ren)'s whereabouts/gain access to the child(ren)
- 23. Other (specify):

5D: Non-CPS Safety Issues and Concerns

The following are examples of some Non-CPS Safety Issues and Concerns:

- Child is suicidal
- Child is physically/verbally assaultive
- Child uses alcohol/drugs to the extent s/he is a danger to self/others
- Child ran away/whereabouts unknown
- Child is involved in criminal activity (gangs, drugs, prostitution, theft)
- Child is setting fires
- Child is sexually active without protection
- Death or serious illness/hospitalization of a parent/caretaker
- Loss of housing due to fire, natural disaster
- Parent enters rehab voluntarily/has no alternative childcare resources