



## INSTRUCTIONS FOR SAFETY PLAN

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

- **The Safety Plan** addresses the specific details of and response(s) to each of the individual *DANGER INFLUENCES* marked "Yes."
  - The Safety Plan should be as concrete as possible regarding the coordination, agreements, and responsibilities of the caregiver, the child, DSS staff, other involved family members or friends, professional and non-professional community members.
  - This plan addresses *DANGER INFLUENCES* and not long-term risk factors.
- A. **Date of Safety Plan** - the date the plan was initiated or revised.
- B. **Date of SAFE-C** - Identify the date of the corresponding *SAFE-C* (*DHR/SSA 1575*) that was used to identify the *DANGER INFLUENCE* for this Safety Plan.
- C. **Casehead Name** - Identify the individual named on the agency's records.
- D. **Child's Name** - Identify the child that is **MOST VULNERABLE** from information assessed in the *SAFE-C*. You shall complete a Safety Plan for each of the children if there are different influences, issues and actions required.
- E. **Child's Case Number or the Casehead ID #** - Use the same number identified on the *SAFE-C*.
- F. **DANGER INFLUENCE Responses**- These responses are suggestions for the assessor. When describing the action required, be very clear as to who or what resource will be supporting the required action.

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

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

**Example:**

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