

Safety Plans

(Revised 05/03/24)

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Related Policies

Additional information can be found in the following policies:

- Case Consultation
- Criminal History Information
- ER - Authority to Take Custody of Child
- ER Open Case Investigations
- Family Violence Protocol
- Institutions Evaluations Unit
- Probate Court Protocol
- Protective Custody Warrants (PCWs)
- Protocol for Working with Indian Families, Children, and Tribes
- STRTP Investigations
- Structured Decision Making (SDM)
- Voluntary Services Protocol

Background

The Agency recognizes that the optimal place for children is safely in their own homes. The use of Structured Decision Making (SDM) in investigations is vital in assessing safety and risk, and in safety planning. Upon completion of the SDM safety assessment, if one or more safety threats are identified, and safety interventions can mitigate the danger, a safety plan may be developed in partnership with the family to promote the ongoing safety and well-being of the children. Social Workers (SWs) will utilize SDM Safety Assessments to identify safety threats, but also to assist in the creation of behaviorally specific safety plans by assessing the household strengths and protective actions, in-home protective interventions, and placement interventions.

Background (cont.)

When a child is in out of home care, the Agency seeks to stabilize and minimize placement disruptions. If a safety threat arises in a substitute care provider (SCP) home, a safety plan may be considered.

Safety Plan Description

A safety plan is a document that outlines interventions put in place as an alternative to removal.

When a safety threat is identified on the SDM Safety Assessment [see Structured Decision Making (SDM)], it indicates the child is likely at imminent threat of serious harm, and the SW must assess if developing a safety plan with the family could prevent removal of the child(ren) from the home.

Developing a safety plan is often the first opportunity to engage caregivers around the safety of their child(ren) and may also be the first opportunity to identify people who can support the family (be the network).

If a safety plan is developed, it will **not** be coerced or coercive; the family must voluntarily agree to engage in it. In order to develop a plan that mitigates identified safety threats, parents must understand explicitly which safety threat(s) CFWB has identified and how that threat impacts the safety of their child(ren).

Safety Plan Requirements

Removal must be considered as a last option if all reasonable and exhaustive attempts/measures have been explored and safety plan(s) cannot mitigate identified threats to child safety.

To be valid, a safety plan **MUST** be:

- voluntarily developed with the parents/caregivers and children.
- voluntarily signed by parents/caregivers (**CANNOT BE VERBAL CONSENT**).
- approved by a Protective Services Supervisor (PSS) or approved by a Senior Protective Services Worker SPSW in consultation with a PSS (this may mean telephone consultation or an SW e-mailing the SPSW/PSS the safety plan and receiving confirmed approval via e-mail).
- clearly written on the safety plan form (**CANNOT BE A VERBAL SAFETY PLAN**).
- given to the family prior to the SW leaving the home.
- in most circumstances, implemented prior to the SW leaving the family home.

NOTE: When all parents are present at the time the initial safety plan is being discussed, all legal parents must be in agreement and willing to participate in the plan. Sometimes a safety plan is created with the only parent present at that time but follow up must occur with the other parent(s). Sometimes the safety plan with one parent will be different from the safety plan with the other parent(s). If a parent is not present, there must be documented efforts to locate all parents/legal caregivers. Attempts to locate or engage parents not present must begin the same day and follow-up attempts will be made the next business day. At least 3 attempts will be made to locate the parents in-person or by phone if parents reside outside the county.

All safety plans **MUST** include a:

Safety Plan Requirements (cont.)

Safety Threat

- A safety threat must be identified before developing a safety plan.
- Safety threats are listed on the backside of the safety plan form.
- Definitions of safety threats are found in the SDM Safety Assessment.

Danger Statement

- Danger statements should be developed with the family; these statements help explain the safety threat.
- A danger statement describes the possibility of future harm that may occur if the safety threat is not mitigated.

Safety Goal

- A safety goal is the opposite of a safety threat; it describes what needs to happen to keep a child(ren) safe.
- A safety goal is the presence of a positive action that keeps the child(ren) safe, rather than the absence of an action (e.g., The parent will always be sober around the child, rather than the parent will not use drugs).
- Each safety threat must have at least one safety goal but may have multiple safety goals. Additional safety plan form pages may be used if there are more than two (2) safety goals.

Protective Action Steps

- All plans must include protective action steps for both parent(s)/caregivers and safety networks.
- Specific action steps are proactive steps that support the safety goal.
- Protective action steps need to include timeframes that describe when the action will occur.
- Most protective action steps will be immediate, because immediate safety must be established when implementing a safety plan.
- Enrolling in services does not create immediate safety. Conversations about services that can support acts of protection can be discussed but should rarely be included in a safety plan because they cannot immediately mitigate a safety threat.

NOTE: Safety planning for infants affected by substance use will include services, however the services must be accompanied by actions the parents/caregivers will be taking to mitigate the immediate safety threat.

Monitoring

- A plan for how the action steps and safety goal will be monitored must be included.
 - When the plan will be reviewed and who will do what to monitor the plan must be included.
 - Monitoring needs to include clear timeframes (e.g., safety network will check in with parent twice a day and update the SW twice a week).
 - Monitoring of plans must be ongoing throughout the life of the safety plan. A safety plan will never be put in place and left unmonitored. The frequency and intensity of monitoring will vary depending on the risk and needs of the family.
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Safety Plan Requirements (cont.)

- If monitoring reveals that a safety plan is not working and/or does not mitigate the safety threats and the child(ren) are at imminent risk of serious harm, a new SDM Safety Assessment should be completed and a new safety plan may be created, which will supersede any prior safety plans.

Informed Consent and Signatures

- Each individual involved in the plan must understand the purpose of the plan and the specific actions that they have agreed to take.
- Each individual involved in the plan must understand the possible next steps if a safety plan is not followed and the child(ren) is found to be unsafe.
- The plan must include signatures from the SW, PSS, parents, family members/safety network, and if developmentally appropriate, the child/youth (based on SW discretion).
- If the network person is unable to be present to sign the plan when it is being implemented, the SW will document on the 04-277, the network person's name and that they provided verbal consent. The SW will meet with the network person, as soon as possible, to obtain their signature and to provide them a copy of the plan. If the SW is unable to meet with the network in-person the parent may send a copy of the safety plan to the network. The SW will not send a copy of the safety plan to the network, the parent must be the one to send it. The SW must ensure that there is a conversation with the safety network about what their roles and responsibilities are and documenting the conversation in CWS/CMS. This includes:
 - What specific action steps are that the network will take to ensure the safety of the child
 - How these action steps will be monitored
 - When and for how long the safety plan will be in place
 - Clarifying/answering any questions the network may have about the safety plan
 - Ensuring the safety networking has a way to contact the SW

NOTE: A SPSW is authorized to sign a safety plan however they must consult with a PSS prior agreeing to the safety plan. This is to ensure that the safety goals and steps address the safety threat. This consult will be documented in CWS/CMS.

End Date

- An end date, which can range from 24 hours to 30 calendar days, must be included on the plan, **and**
- End dates vary based on the needs of the family and the ability of family and network to meet the safety goals, **and**
- The end date cannot exceed 30 days, **or**
- SCP safety plans cannot exceed 7 business days. SCP safety plans can only be extended with input from the Complaints unit, RFA, and Cross Program Case Consultation (CPCC) or Multidisciplinary Team (MDT) case consultation. The Complaints Unit and RFA will be invited to the CPCC/MDT case consultation.

NOTE: It is recommended that a Child and Family Team Meeting (CFTM) or Safety Mapping occur prior to CPCC or MDT case consultation.

Safety Plan Considerations

The following **must be considered** when creating a safety plan:

Removal or Protective Custody Warrant

If there are safety threats identified that cannot be mitigated by a safety plan, children may need to be removed from the care of the parent(s). If exigency does not exist, then the SW must request a PCW [see Protective Custody Warrants (PCWs)] for removal. If a parent is not following a safety plan, it does not automatically create sufficient exigency to remove the child(ren) or automatically require a Protective Custody Warrant. Instead, a new SDM Safety Assessment must be completed whenever new information related to a child's safety is obtained. See ER - Authority to Take Custody of Child for additional information.

Parental Involvement

SW must discuss the safety plan with **all** legal parents (or legal guardians) of all children and have parental agreement for the safety plan, with all parents signing and receiving a copy of the safety plan once completed. All attempts to locate and engage each parent in developing the safety plan must be documented and each parent must agree to the identified safety interventions, sign the safety plan form and receive a copy.

If **Family Court** orders exist, and the safety plan includes any modifications to family court orders, it is imperative that the safety plan is developed and agreed upon by all parents so as not to violate Family Court orders.

If **domestic violence** is a threat in the home or there is a current restraining order against one of the parents or legal guardians, the SW will meet separately with each parent or legal guardian to develop and sign a safety plan. See Family Violence Protocol for further information regarding working with families experiencing Family Violence.

Voice of the Child

While the SW will not rely on the child to be the only person responsible for their own safety, children can be involved in safety planning. The SW should involve the children by asking questions about what would make them feel safe, what adults in their life help them feel safe, and what they can do, based on their developmental level, to keep themselves safe.

Networks

All safety plans must involve a safety and support network that know of the harms that have already been experienced and the worries and goals for the future. Safety planning with only the parents does not ensure the safety of the child(ren) and follow-up visits with the SW cannot adequately meet the ongoing monitoring needs that a network can provide. A good network will provide support to the parents and on-going safety for the children. The safety and support network must have enough people to support the parents in upholding the safety plan and to carry out the different safety and monitoring actions listed in the safety plan.

Safety Plan considerations (cont.)

The more serious a concern the more vulnerable the alleged victim child is, and the more people that may be needed to support the safety of the child(ren). When discussing roles and expectations with the network, consider the availability of each of the people in the safety and support network, which may also influence how many people may need to be in the network. Work with parents and children, asking them for who they would want to be involved, as well as providing suggestions on who the SW may think can be useful to the safety plan. A safety and support network will be:

- Informed of the harm, danger, and safety goal
- Willing to help to provide safety for the children and family
- Clear about what specific actions they must do to respond to a safety threat

Factors to consider when identifying a safety and support network for a safety plan:

- The children identified safety people to contact if there are any concerns
- Parents identified people to assist them and who will monitor the children's safety
- People who can support the parent if the primary caregiver has an emergency, is ill, under stress, etc.
- Ability to provide safety and support for the time of the safety plan and after the safety plan expires

Tools that help identify and build a safety and support network include:

- Genograms
- Ecomap and Safety Circles
- Caregiver Safety Maps
- Three Houses and Safety House
- Youth Personal Safety Map

Probate Court

A safety plan goal, action, and/or monitoring steps will **NOT** involve the process of a relative or family friend seeking guardianship in Probate Court. A safety plan is a short-term intervention with the parents and/or guardians and is meant to ensure child safety, and guardianship is a long-term plan. See Safety Plans Requirements for more details on crafting safety goals, action-steps, and monitoring a safety plan. If it is determined that a child comes within WIC 300 due to the conduct of the parent(s) then a dependency petition should be filed. If the parent is opposed to guardianship or a parent wants to reunify with their child at some point, a referral to Probate Court for guardianship is **NOT** appropriate. If a parent supports guardianship, is not seeking reunification services **AND** the proposed guardian is assessed to be appropriate, the family will be provided with information to go to Probate Court to establish guardianship is appropriate, but will not be included on a safety plan. See Probate Court Protocol.

Opening a Case

- Signing a safety plan is not the same thing as opening a case for Voluntary Services See Voluntary Services Protocol.
- The decision to open a case must be considered anytime an allegation is substantiated and a safety plan is in place. The SW must be actively assessing whether or not the temporary safety interventions established by the safety plan will be sustainable and if safety goals are maintainable without ongoing CFWB involvement.

Background/DOJ Checks

When safety planning children out-of-the home or if there is a consideration that the SW will be screening/filing a petition, an emergency RFA may be needed with a Relative/ non-relative extended family members (NREFM). It is recommended that a Department of Justice (DOJ) phone call on all adults in the home is completed. When completing a DOJ call the SW will inform the DOJ representative that it is for **“investigative purposes”** and obtain the results via email from the DOJ. Information from the CLETS results or from a DOJ call can be summarized in a CWS/CMS contact but cannot be copied verbatim. Copies of rap sheets cannot be made. For more information on how to document criminal history see the Criminal History Information policy.

Additionally, when there is reason to believe that a safety plan may result in a petition being filed and the child may be removed from the home, the SW will collect information on all relatives who are interested in becoming a placement for the child(ren). In these situations the SW will:

- Have a conversation with the Relative/NREFM about the protective issue and their desire/willingness to go through the RFA process.
- Obtain information from the relative/NREFM and all individuals living in the household including:
 - Names and AKAs
 - Dates of birth (DOB)
 - Social security number (SSN)
 - Driver’s license (DL)
 - Sex/Sex at birth
 - Language
 - Place of birth
 - Prior child welfare history
 - Prior justice involvement
 - Names/DOBs of children in the home
 - Document if there is a pool
 - Document if there are bars on the windows
- Inform placement and provide them any information obtained.
- Invite an RFA representative to the CFTM to explain the RFA process.
- Complete a CWS/CMS history check and summarize the results in a CWS/CMS contact.
- Have seen the home during the safety planning process (for out-of-home safety plans).
- Have screened a petition with County Counsel (CC) and have sufficient evidence to file that day or the next. The SW must receive an email from CC stating they will be filing a petition.

If the SW has completed these items, they can forward the DOJ email to RFA/Placement, which will include:

- the CLETS results of all of the adults in the home
- the email from CC
- a short statement about the home (description, who lives there, etc.)
- the 04-600 (RFA Referral) to the regional placement team to start the emergency clearance process.

Out of Home Safety Plans

A safety plan may include children living temporarily with a relative or family friend, but this plan is made in agreement with the parents or legal guardians, not the relative or family friend. A valid safety plan **MUST** include a parent's or legal guardian's signature. Anyone who is supporting the safety plan can sign on the "Network Signature" line, but **not** without a parent or legal guardian's signature.

If a safety plan is developed where the child(ren) and/or a parent will move into an alternative setting to ensure their safety, the SW must ensure:

- an in-person assessment of the location is completed prior to SW implementing the safety plan, **and**
- that home is safe for the child(ren), **and**
- the child(ren) and/or parent have physically arrived at that location prior to leaving whenever possible.

If an in-person assessment of the location cannot be completed prior to the SW implementing the safety plan (i.e., children being picked up from school by the network, it is the middle of the night and arrangements cannot be made at the time, etc.), the SW will make a visit to the location at the earliest possible time but no later than the following business day and the rationale must be clearly articulated in a contact as well as how the SW is ensuring the location is safe for the child(ren) (i.e. virtual walk-through, welfare check for out of county homes, collateral contacts etc.). When assessing for the safety of the home the SW will look for any potential safety concerns (i.e., drugs in the home, exposed wires, unsanitary conditions, etc.). Ongoing consultation with a PSS is expected throughout the safety planning process and any concerns must be discussed.

For all out-of-home safety plans, it is highly recommended (particularly out-of-home safety plans when there is a high possibility that a petition will be filed), that background checks such as DOJ checks, Megan's Law, child welfare checks, are completed on all adults residing in the home prior to agreeing to the safety plan. When contacting DOJ, the SW will inform the DOJ representative that the information is needed for **"investigative purposes."** A criminal background or prior child welfare history in and of itself does not disqualify a relative from being able to be the out of home safety plan option. The assigned SW and PSS should assess each family and situation individually through a trauma-informed, culturally response lens (i.e. the severity of the criminal or child welfare history, whether the known information may pose a safety concern for a child, the recency of the incident, other known family factors etc.). Based on the totality of the information known at the time, assess if it is appropriate to safety plan out of the home.

- If the out-of-home safety plan may lead to an emergency RFA request, follow the requirements in the Background/DOJ checks section.
 - An MDT case consultation must occur within 21 calendar days of establishing an Out of Home safety plan.
-

**Out of County
and/or Country
Safety Plans**

Being able to monitor safety plan action steps is essential to ensuring a plan is effective in keeping the child(ren) safe. As outlined in the monitoring section of this policy, the SW is responsible for monitoring the safety plan through contacts with the family, the network, and visits to the home or other identified safe place for the child(ren). To be able to engage in support and monitoring of the family, most safety plans should be in the county so that updates and modifications to the plan can be made if it is identified the plan is not working and the child(ren) is unsafe. If the SW and PSS in consultation with the family identify that safety can only be achieved through an out of county or out of country safety plan, the following table identifies steps to take:

Step	Who	Action						
1	SW/PSS	<p>While in the field, consult discussing:</p> <ul style="list-style-type: none">• Are there any in-county means that could keep the child safe?• What action steps would be required of the SW to be able to monitor the safety of the child while they are out of county/country?• Are there safety network members who will be able to see the child and the family throughout the life of the safety plan?• Are there any worries that the plan will not be followed? Reviewing the child welfare history of the family and safety network can help in this assessment.• How will the child be kept safe if the plan is not working? <table><tr><th>If...</th><th>Then...</th></tr><tr><td>The SW and PSS assess a safety plan can be created and monitored to ensure the safety of the child</td><td>Go to Step 2</td></tr><tr><td>Safety cannot be ensured after assessing all questions</td><td>SW will not safety plan out of county/country and will identify alternative means for safety that could include: an in-county safety plan, filing a protective custody warrant, or consulting with County Counsel regarding exigent removal.</td></tr></table>	If...	Then...	The SW and PSS assess a safety plan can be created and monitored to ensure the safety of the child	Go to Step 2	Safety cannot be ensured after assessing all questions	SW will not safety plan out of county/country and will identify alternative means for safety that could include: an in-county safety plan, filing a protective custody warrant, or consulting with County Counsel regarding exigent removal.
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**Out of County
and/or Country
Safety Plans
(cont.)**

Step	Who	Action								
2	SW/PSS/OCS Manager	<p>Provide a copy of the proposed safety plan to the OCS Manager and consult regarding all questions in Step 1 in addition to:</p> <ul style="list-style-type: none">• Is the referral designated as Highly Vulnerable Child (HVC)?• Is the SDM Risk Assessment score Very High?• Are there any in-county means that could keep the child safe?• Is a petition going to be filed within 7 days? <table><tr><th>If...</th><th>Then...</th></tr><tr><td>The answer to all questions in Step 1 ensure the safety and monitoring needs of the child and family AND the answer to all questions in Step 2 is no</td><td><p>the safety plan can be approved and signed by the OCS Manager in place of the PSS.</p><p>Alternatively, the PSS can sign and note on the Safety Plan signature line that Safety Plan was reviewed and approved by the OCS Manager.</p></td></tr><tr><td>The proposed safety plan does not ensure the safety and monitoring needs of the child and family, OR the answer to any question in Step 2 is yes, and it is assessed an out of county/country safety plan is still warranted</td><td>Go to Step 3</td></tr><tr><td>Safety cannot be ensured after assessing all questions</td><td>SW will not safety plan out of county and will identify alternative means for safety that could include: an in-county safety plan, filing a protective custody warrant, or consulting with County Counsel regarding exigent removal.</td></tr></table> <p>NOTE: At any time the SW and/or PSS are aware that the family has any factors outlined in Step 2, a consultation with the OCS manager and OCS Chief can be initiated.</p>	If...	Then...	The answer to all questions in Step 1 ensure the safety and monitoring needs of the child and family AND the answer to all questions in Step 2 is no	<p>the safety plan can be approved and signed by the OCS Manager in place of the PSS.</p> <p>Alternatively, the PSS can sign and note on the Safety Plan signature line that Safety Plan was reviewed and approved by the OCS Manager.</p>	The proposed safety plan does not ensure the safety and monitoring needs of the child and family, OR the answer to any question in Step 2 is yes , and it is assessed an out of county/country safety plan is still warranted	Go to Step 3	Safety cannot be ensured after assessing all questions	SW will not safety plan out of county and will identify alternative means for safety that could include: an in-county safety plan, filing a protective custody warrant, or consulting with County Counsel regarding exigent removal.
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**Out of County
and/or Country
Safety Plans
(cont.)**

Step	Who	Action						
3	OCS ER Chief	<p>Consult with OCS Manager, SW and PSS regarding all information in the assessment of the need for an out of county safety plan.</p> <table><tr><th>If...</th><th>Then...</th></tr><tr><td>the proposed safety plan is in the best interest of the child(ren) and ensures the safety and monitoring needs of the child and family</td><td>the safety plan can be approved and signed by the OCS ER Chief in place of the PSS. Alternatively, the PSS can sign and note on the Safety Plan signature line that Safety Plan was reviewed and approved by the OCS ER Chief.</td></tr><tr><td>Safety cannot be ensured after assessing all questions</td><td>SW will not safety plan out of county and will identify alternative means for safety that could include: an in-county safety plan, filing a protective custody warrant, or consulting with County Counsel regarding exigent removal.</td></tr></table>	If...	Then...	the proposed safety plan is in the best interest of the child(ren) and ensures the safety and monitoring needs of the child and family	the safety plan can be approved and signed by the OCS ER Chief in place of the PSS. Alternatively, the PSS can sign and note on the Safety Plan signature line that Safety Plan was reviewed and approved by the OCS ER Chief.	Safety cannot be ensured after assessing all questions	SW will not safety plan out of county and will identify alternative means for safety that could include: an in-county safety plan, filing a protective custody warrant, or consulting with County Counsel regarding exigent removal.
If...	Then...							
the proposed safety plan is in the best interest of the child(ren) and ensures the safety and monitoring needs of the child and family	the safety plan can be approved and signed by the OCS ER Chief in place of the PSS. Alternatively, the PSS can sign and note on the Safety Plan signature line that Safety Plan was reviewed and approved by the OCS ER Chief.							
Safety cannot be ensured after assessing all questions	SW will not safety plan out of county and will identify alternative means for safety that could include: an in-county safety plan, filing a protective custody warrant, or consulting with County Counsel regarding exigent removal.							

**Safety Planning
With Indian
Children and
Families**

[ACL 23-64](#) outlines Indian Child Welfare Act (ICWA) standards and practices as they relate to safety assessments and safety planning with Indian children and families. When safety planning with tribal families, the SW will ensure active efforts and documentation of efforts to include:

- Involving the tribe in assessing safety by providing information regarding the safety threat and consulting with the tribal representative about prevailing social and cultural standards
 - Developing the safety plan in collaboration with the tribal representative
- NOTE:** Safety plans do not have to be delayed while waiting for a tribal representative to respond to engagement efforts, but the SW will continue efforts at engagement and sharing the plan if a safety plan is made prior to collaboration from the tribe. Safety plans can always be revisited or new safety plans developed with tribal input and family agreement.
- Utilizing tribal supports to ensure culturally responsive services whenever possible
 - Ensuring active efforts are in support of maintaining the children in their family of origin whenever it is possible to safely do so.

For additional information on working with Indian families and children, please see the Protocol for Working with Indian Families, Children, and Tribes.

**Substitute Care
Provider (SCP)
Safety Plans**

A SCP is a person providing out of home care to a child involved in an open CFWB case, this includes resource family homes, (approved relatives or non-relative extended family members), licensed foster homes, foster family agency homes, small family homes, and prospective adoptive parents, where the adoption has not been finalized.

ACL 17-107, provides counties with instructions on how to assess for child safety during emergency response investigations, throughout a case, and how to appropriately monitor safety plans. In order for San Diego County to meet existing federal requirements and safety outcome measures, SWs must consistently and appropriately utilize safety assessments, safety plans, and risk assessments. This includes safety plans in SCPs homes such as placements with resource parents and NREFMs. Safety assessment and safety plans must be utilized when determining if a child may be maintained safely in their home or placement during the course of an investigation.

SCPs **do not include** licensed group homes, temporary shelter care facilities (i.e., PCC,.), residential care facilities, or short term residential therapeutic programs (STRTPs).

When investigating a referral for a child with an open case with allegations against a caregiver, who is residing with a SCP, the SW will complete a SCP Safety Assessment during the first contact and prior to leaving the child in the home. Safety threats on the SCP Safety Assessment are similar but not the same as safety threats on the SDM Safety Assessment tool since **standards of care are higher for SCPs**. SCPs must meet RFA written directive standards to be an approved placement. These considerations must be weighed when determining if it is appropriate to safety plan with a SCP.

When determining if a SCP Safety Assessment is appropriate the SW must:

- Consult with the Complaints Unit and/or the RFA SW (approval or granted). **Standby workers** are only required to consult with the Hotline PSS.
- Consult with the case carrying SW.
- Consider the severity of the safety threat identified on the SCP Safety Assessment tool.
- Consider any complicating factors present with the SCP or the youth.
- Consider the protective capacities of the SCP and network.
- Ensure all the requirements for safety planning are met.
- Consider previous trauma, current risk, and impact of a change of placement for the youth.
- Convene a CFTM and a CPCC or MDT case consultation if the plan is to extend the SCP safety plan past 7 days.

SCP safety plans have the additional requirements:

- SCP safety plans must have an end date within **seven business days**.
- Standby/After Hours SWs will notify the Complaints Unit and Standby RFA PSS and SW via e-mail the safety threat identified in the SCP home and that a safety plan was put in place. The SW will attach the safety plan to the e-mail.

NOTE: They will also notify the RFA granted worker when a child has been safety planned into an RFA home.

- Prior to the SCP safety plan expiring, the placement decision must be consulted on with the youth's Child and Family Team (CFT).
- It is recommended to convene a CFTM and consult on the referral at CPCC or MDT case consultation.
- The assigned RFA SW and PSS must be invited to the CFTM and case consultation.

Safety Planning in Congregate Care Facilities

[ACL 20-142](#) informs counties that if any immediate safety concern is identified for a child placed in a congregate care facility/STRTP, then the SW should consider whether a safety plan with protective interventions should be initiated to provide appropriate protection or if a placement change is required. For more information on investigations and safety assessments for youth placed in congregate care facilities, review the STRTP Investigations and Structure Decision Making (SDM) policies.

The SDM Congregate Care Safety Assessment expands the definition of caregiver to include group home and STRTP licensees, administrators, and staff members. It is the role of the investigating ER/OCI SW to assess the immediate safety of the youth involved in the allegation incident. SDM for congregate care will be utilized for youth placed in Short-Term Residential Therapeutic Programs (STRTPs); group homes, including enhanced behavioral support homes, minor-parent programs, and care for children under age 6; Transitional Housing Placement Programs (THPP); and Temporary Shelter Care Facilities (TSCFs).

The chart below describes a SW's steps when safety planning with a congregate care facility:

Step	Action
1	<p>When investigating referrals for abuse, neglect, and/or concerns for exploitation the investigating SW and the worker from the Institutions Evaluations Unit (IEU) will complete all necessary interviews. The investigating SW will interview the victim youth at the facility and IEU will interview necessary facility staff.</p> <p>Both workers will then meet to share the information from the interviews.</p> <p>NOTE: See ER Open Case Investigations (OCI), Institutions Evaluations Unit, and STRTP Investigations policies for investigation protocol.</p>
2	<p>The investigating SW will consult with their supervisor to identify any present safety threats for the victim youth using the SDM Congregate Care Safety Assessment. If a safety threat is present, go to Step 3.</p> <p>IEU will assess if the facility's actions in the reported allegation affect the safety of the other youth placed in the facility.</p> <p>If it is determined that other youth in the facility are at risk of abuse/neglect, reports to the placing agency SW and child abuse hotline are required.</p>
3	<p>The investigating SW will utilize the Congregate Care Safety Plan (04-277cc) in order to create a safety plan with the youth, facility staff, and facility administration. All parties will work together to develop action steps that will be taken to mitigate identified safety threats.</p>

**Safety Planning in
Congregate Care
Facilities (cont.)**

Step	Action
4	The investigating SW will: <ul style="list-style-type: none">• provide a copy of the safety plan to all parties• upload a copy of the safety plan into CWS/CMS.• inform the youth's case carrying social worker and treating mental health provider of the safety plan.
5	The investigating SW, IEU, and the case carrying social worker will work together to complete the follow up and monitoring as outlined in the safety plan.
6	<p>The referral is unable to close with an active safety plan, therefore a CFTM will be held to discuss long-term safety prior to the end date of the safety plan. The investigating social worker will complete and submit the CFTM referral. The investigating SW, case carrying SW, and IEU SW will attend the meeting together.</p> <p>NOTE: A new Congregate Care safety assessment is required prior to closing the referral if the initial assessment was Safe with Plan or Unsafe.</p>

**Safety Plans for
Infants (0-12
months) Affected by
Substance Use**

In order to be consistent with the federal Child Abuse Prevention and Treatment Act (CAPTA), California defined an "Infant born and identified as affected by substance abuse" in All County Letter (ACL) [No. 17-92](#) as, "an infant where substance exposure is indicated at birth, **AND** subsequent assessment identifies indicators of risk that may affect the infant's health and safety. To be in compliance with CAPTA and state regulations, when a safety plan is put in place for an infant identified as being affected by substance use at birth, that plan will also act as the plan of safe care. Indicators of risk that to the infant's health and safety that may be identified upon further assessment, include, but are not limited to:

- Special medical and/or physical problems of the infant
- Special care needs of the infant
- Infants experience of withdrawal symptoms
- Parent's lack of prenatal care
- Parent's history of drug/alcohol use
- Parent's emotional, developmental, and cognitive functioning and stability
- Parent's responsiveness to the infant, bonding/attachment, and parenting skills
- Parent's preparedness to care for the infant (e.g., adequate baby supplies)
- Parent's history of abuse or neglect of the other children
- Parent's history of family violence
- Parent's involvement in criminal activity or criminal activity in the household
- Lack of a family support and safety network
- Unsafe home conditions

**Safety Plans for
Infants Affected by
Substance Use
(cont.)**

Like any other safety plan, the need for a safety plan for an infant affected by prenatal exposure to drugs or alcohol is determined by the presence of a safety threat. It is important to refer to the SDM definition and indicators of imminent danger regarding infant exposure as explained in the SDM Safety Assessment definitions. SWs should be mindful that for mothers/parents receiving MAT (Medically Assisted Treatment) services such as methadone, as part of a stable recovery journey, the infant may be expected to have withdrawal symptoms. In the absence of any other safety concern and/or risks this “anticipated withdrawal” alone would not indicate a safety threat is present.

Unlike other safety plans, additional information is needed in safety plans for infants affected by prenatal exposure to legal or illegal substances when there is evidence that the mother used drugs or alcohol during pregnancy AND this created imminent danger to the infant.

Safety plans for infants affected by prenatal exposure to legal or illegal substances will meet the minimum criteria and monitoring as described in safety plan requirements and in addition, these plans will include:

- A description of the effects of the substance use on the infant (e.g. withdrawal symptoms, Fetal Alcohol Spectrum disorder, etc.) in the Danger Statement
- Protective action steps that address
 - the immediate safety needs of the infant;
 - ongoing treatment needs of the infant;
 - health and substance misuse treatment needs of affected family members/caregiver; these are protective action steps the caregiver will take to prevent their substance use from impacting their baby
 - referrals to services for the infant and affected caregiver (including primary, obstetrics and gynecology care for the mother/parent);
 - delivery of appropriate services for the infant and affected caregiver (in what manner are the services being provided).
- Monitoring to assure family member or caregiver is receiving the treatment and culturally appropriate services required to keep the infant safe. See Safety Plan Requirements section for more on crafting monitoring steps.

The SW must monitor this safety plan to ensure appropriate implementation and completion of the action steps. The safety plan will include the details of how the safety plan is to be monitored. See Safety Plan Requirements in this policy for more on how to monitor a safety plan. The information regarding the monitoring and completion of the actions steps will be documented and recorded in the Child Welfare Services/Case Management System (CWS/CMS) for information and reporting purposes (Refer to DG Letter 8.10 and 8.11).

NOTE: Like any other safety plan, a safety plan for drug or alcohol exposed infants must create immediate safety. This may include contact requirements to ensure the child(ren) are safe while the parent is visiting in the hospital, but hospital staff are not responsible for monitoring visitation or monitoring safety plans.

Safety Plan Procedures

The SW will follow these steps when one or more safety threats are identified in the parents' care.

Step	Action
1	<p>Consult with PSS and determine if the child(ren) can safely remain home with a safety plan in place.</p> <p>If YES, proceed to Step 2. If NO, consult with PSS regarding possible removal. See ER - Authority to Take Custody of Child.</p>
2	<p>Develop a safety plan with the family and network using safety plan form (04-277) before leaving the home and ensure each person understands all of their responsibilities.</p>
3	<p>Out of earshot of the family and network, call PSS to consult about the appropriateness of the proposed safety plan.</p>
4	<ul style="list-style-type: none">• Discuss with the family and network any changes made by the PSS and ensure everybody understands them.• Ask the parent(s), network members and any others to sign the safety plan.
5	<p>Leave a copy of the signed safety plan (yellow and/or pink) with the family and network.</p> <p>NOTE: If the copy is not legible ensure they receive a legible copy either by asking the parents to take a picture of it on their phone or providing them with a legible copy as soon as possible.</p>
6	<p>Have PSS review and sign the original (white) 04-277 or electronically sign it within one business day.</p> <p>NOTE: An SPSW is authorized to sign a safety plan however they must consult with a PSS prior agreeing to the safety plan. This consult will be documented in CWS/CMS.</p>

**Safety Plan
Procedures (cont.)**

Step	Action
7	Scan and import the signed safety plan into CWS/CMS within two business days.
8	Complete the online SDM Safety Assessment within two business days of contact with the family. In the comments section, note that a safety plan was developed.
9	Enter the safety action plan information into the CWS/CMS contact narrative.
10	Monitor the safety plan as noted on the safety plan form. Update the safety plan as needed, which may require completing a new safety plan form. NOTE: If the safety plan is being updated update your SDM Safety Assessment based on the date it was updated.
11	Ensure that a safety mapping/CFTM is held as agreed to on the safety plan and prior to the end date of the safety plan.
12	<ul style="list-style-type: none">• Update the SDM Safety Assessment if/when the safety plan expires and referral is closing (referrals closing must have a “Safe” safety assessment unless contact was lost with the family and the safety threat was not mitigated), OR• If an in-home Voluntary Service Case or Family Maintenance Case the safety assessment will be “Safe with plan,” OR• If out-of-home VS or FR case is opening the safety assessment must be “Unsafe.”

Safety must be continually monitored throughout the investigation. New information may become available and subsequent safety assessments may be necessary, including a new or revised safety plan being developed or possible exigent circumstances in which removal of the child(ren) may be necessary.

**When No Safety
Threat is Identified**

When no safety threat has been identified but worries, complicating factors, and risk factors are still be present, the SW will address these concerns with the family. This can be done verbally or through a Safety Mapping or other CFTM. However, a formal written safety plan **CANNOT** be used.

All discussions and/or Safety Mappings will be documented in a CWS/CMS contact, including details about how the family will address the identified concerns.

Documenting a Safety Plan

When a safety plan is created with a family, this information must be documented in a CWS/CMS contact narrative. The following elements must be clearly documented:

- The identified safety threat and reason for the safety plan
- The family's understanding about the need for a safety plan
- Each idea incorporated into the safety plan and who provided it
- If ideas were provided that were not incorporated, who provided those and why they were not included
- The PSS/SPSW who SW consulted with regarding the safety plan
- Family agreement with each item on the safety plan

Alignment with SET

The use of SDM and Safety planning aligns with our SET values and expectations. It also aligns with SET [Value 1](#) and the Agency practices of holding a clear understanding of the definition of safety and continuously focusing on how the abuse/neglect impacts the child/youth. The use of SDM is also in a Key Expectation: Comprehensive Assessments Enhanced by Agency Tools.
