The Safety Assessment and Management Process Reference Manual

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Table of Contents

Introduction

The Adoption and Safe Families Act (ASFA) was signed and became federal law on November 19, 1997. This law is tied to federal Title IV-B and Title IV-E funding, building on and amending the Adoption Assistance and Child Welfare Act of 1980. ASFA refocuses requirements to the issues of child safety, permanence, and well-being. In addition to ASFA, the Administration for Children and Families has focused greater attention toward improving outcomes for children and families involved with the child welfare system by developing specific outcome measures and indicators. Through the Child and Family Services Review, progress toward improving outcomes is assessed, evaluated, and monitored. Specifically, there are two outcome measures that address child safety:

> Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect; and
>
> Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Safety Outcome 1 speaks to assuring that investigations are conducted in a timely manner and preventing children from becoming victims of repeat maltreatment. Safety Outcome 2 speaks to determining if services were provided to the family to protect the child in the home and to prevent entry into foster care or re-entry after reunification. Safety Outcome 2 also speaks to assessing risk and safety concerns relating to the child in their own home or while in foster care.

In addition to the two CFSR safety outcome measures described above, safety is also a component of the outcome measures that address permanency and well-being for children:

> Permanency Outcome 1: Children and youth have permanency and stability in their living situations.
>
> Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Permanency Outcome 1 speaks to establishing timely and appropriate goals for children in out-of-home care, as well as County Children and Youth Agency processes supporting timely achievement of permanency for children. The Out-of-Home Care (OOHC) Safety Assessment and Management Process seeks to incorporate the basic tenets of both the Safety and Permanency Outcome Measures. This assures that the safety of children is assessed based upon their residence and/or contact with the caregiver(s) of origin. It also assures efforts are made to maintain children with their caregiver(s) of origin whenever possible, while assuring that when out-of-home placement is necessary this is done in a manner that assures children are placed in a safe setting, be it a formal or informal arrangement. Additionally, it makes certain that safety is continually assessed to 1) determine if the Safety Threats that warranted out-of-home care to occur have been mitigated in order for the child to return home with or

without a Safety Plan in place and 2) to assure that the out-of-home setting in which the child is currently residing continues to be a safe home and meets their needs. In addition to these federal safety and permanency outcomes, Pennsylvania's statutory and regulatory requirements provide the framework for safety assessment.

Since ASFA went into effect, the Commonwealth of Pennsylvania has worked toward prioritizing the tenets set forth by ASFA with safety maintaining its paramount status. When Pennsylvania participated in the federal Child and Family Services Review in 2002, safety was determined to be an area that would benefit from further study and improvement. As a result, the Risk Assessment Task Force reconvened and formed a sub-committee dedicated to conducting a local and national review of safety assessment instruments. More recently, the Department of Public Welfare (the Department) requested technical assistance from the National Resource Center on Child Protective Services (NRCCPS) in further refining Pennsylvania's Safety Assessment and Management Process. As a result of this technical assistance, the NRCCPS provided the Department with recommendations that would enhance the Safety Assessment and Management Process. Additional literature, which was developed by Action for Child Protection, Inc. was reviewed, incorporated, and led to the development of the process and tool that follows. Special thanks go to Emily Hutchinson and Wayne Holder for their knowledge, insight, and assistance. Assistance will continue to be sought from the NRCCPS as future efforts aimed at developing a process for assessing safety of youth placed in congregate care setting, as well as older youth in general occur.

Purpose and Discussion

Purpose

The purpose of the Safety Assessment and Management Process is to assure that each child in a family is protected and to enable caregivers to provide protection to the children for whom they are responsible.

This manual provides reference material regarding the Pennsylvania Safety Assessment and Management Process related to the in-home and out-of-home care processes to assist the transfer of knowledge gained from training to actual casework practice.

Discussion

Safety is the primary and essential focus that informs and guides all decisions made from intake through case closure, including removal and reunification decisions. For the purposes of the In-Home Safety Assessment and Management Process, the focus is on identifying Safety Threats, Present and/or Impending Danger, Protective Capacities, and working with caregivers to supplement Protective Capacities through safety intervention. The process leads to making informed decisions about safety planning and implementation of safety actions that will control identified threats. Safety assessment and management is not incident based and is not defined by determining the presence or absence of injuries or incidents. Safety analysis and decision making uses all

available information to conduct a thorough analysis to decide if a Safety Plan is needed and what specific actions are available and accessible to control identified threats. These safety actions are used to supplement the caregiver's Protective Capacities. The actions implemented may be in-home, out-of-home, or a combination of the two.

When safety actions cannot be put into place to supplement caregivers' Protective Capacities and a decision is made that a child must be placed in out-of-home care, then begins the process established in Section II of this manual. When a child enters out-of-home care, the In-Home Safety Assessment Worksheet must still be completed on the caregiver(s) of origin according to the established in-home intervals. This process assures that the ongoing assessment of the threats necessitating the child having to enter out-of-home care is conducted and that the child is returned home when the Safety Threats have either been mitigated entirely or done so enough that in-home safety actions can be put into place that would allow the child to return home with a Safety Plan in place. While continuing to assess safety using the in-home tool, the out-of-home care tool would also be used in assessing safety of the child in the out-of-home setting. This will assure that there is an ongoing assessment of the child's safety while in the out-of-home setting. Detailed processes have been outlined within Section II of this manual related to assessing safety in out-of-home care, which includes collaboration with private providers and the role they play in informing safety of children being served between public and private children and youth agencies.

Future efforts related to safety assessment will include a case review of children in congregate care settings to make recommendations for the development of a tool that can be used to assess the safety of children placed in these settings. Future efforts will also include requesting technical assistance from the NRCCPS on assessing the safety of older youth who are being served by the child welfare system.

A safety assessment and management system is reliant on competent child welfare practice and is congruent with family-centered and strength-based practice. The County Children and Youth Agency is responsible for making an independent judgment regarding the child's safety. The best conclusion on safety; however, cannot be reached simply by independent observation of the family. Family members hold information critical to making a sound safety decision. The County Children and Youth Agency, therefore,
must establish a relationship with the family that supports the disclosure of information from the family and engage the family to discover other relevant information.

Supervisors play a vital role in safety assessment and management and one of their primary functions is to assure the quality of work related to safety decision making and management.

The Relationship between Safety and Risk

Historically, safety assessment and risk assessment have been tied together in casework practice. As with most processes, safety and risk are intertwined and

dependent upon each other. To minimize one, the value and importance of both are diminished. Both are key elements in protecting children from harm.

Safety assessment and management and risk assessment are processes that often ask the same questions to make different decisions. Both are ***continuous, ongoing processes*** that a child welfare professional must undertake. The information gathered and the conclusions drawn from both processes become the basis for the development of the Family Service Plan. During the initial investigation stage of the casework process, the primary focus needs to be on child safety. Once the initial investigation is completed and the monitoring of ongoing safety occurs, safety and risk become a parallel process.

A ***Safety Assessment*** includes gathering necessary information to identify the presence of ***Present*** and ***Impending*** Danger Threats and Protective Capacities. In addition, an analysis of the information gathered becomes the basis for deciding whether present or impending danger exists and if a Safety Plan is needed. When Safety Threats are identified, the child welfare professional must first determine if Protective Capacities exist within the family to control the threats. If so, the child is safe and no plan is needed. If Protective Capacities do not exist or are not sufficient enough to control the threats then a Safety Plan is needed. The child welfare professional must engage the caregiver(s) in developing a Safety Plan that will address the threats by identifying and mobilizing or supplementing the caregiver's Protective Capacities with external safety actions. Present Danger exists when a threat is clearly observable and occurring now. An Immediate Preliminary Safety Plan must be developed to control the threats of harm. The determination of Impending Danger is concerned with specific, but less obvious, threatening family conditions, behaviors, attitudes, intent, motivation, and/or capacity. Impending Danger implies that a circumstance within the family can be reasonably anticipated to occur over the next hours, days, or weeks if protective measures are not taken.

On the other hand, a ***Risk Assessment*** evaluates ***future*** threats of harm to a child. It is a conclusion that is reached by analyzing what is happening generally in a family. Based upon the presence of risk influences, a determination is made that maltreatment is likely to occur or reoccur. It helps identify the factors that must be addressed to reduce future risk levels, the individuals who need to be served and how they will be served. The concept of risk is concerned with treating family conditions that are associated with and can lead to a child being maltreated. Risk assessment is concerned with the potential for future maltreatment, but the future is unspecified and can be the long-term future.

Risk Factors and Safety Threats are family conditions or dynamics that differ in quality, degree, presentation, and timing. All Safety Threats are Risk Factors, but not all Risk Factors are Safety Threats. Children who are at high risk of future maltreatment are likely to also be experiencing Safety Threats. When we talk about safety and risk related to children in out-of-home care there is the basic principle that a child should never remain in an out-of-home care setting where an active or Present Danger Safety Threat

is occurring hence why there are no Safety Thresholds for out-of-home care. Likewise, there should be attention paid to a safety indicator that is rated as a “concern” which would equate to a Risk Factor being identified. These would include situations in which a concern is present, but there are no active Safety Threats to the child that would warrant a “negative” rating and therefore removal of the child from the home. In these instances, serious consideration should be given to determine whether it is appropriate for a child to remain in the setting where a concerning Safety Indicator (*i.e.* risk factor) has been identified. If children remain in a home where concerning Safety Indicators have been identified, supports should be immediately put into place to resolve the areas of concern to prevent it from becoming an indicator that rises to the level of being rated as “negative.” Out-of-home caregivers are entrusted to provide care to children who cannot safely remain in their own homes and allowing children to be placed in or remain in a home where threats have been identified is contrary to the basic principles of child welfare.

Information Gathering

When conducting a safety assessment, or any other type of assessment, there are three methods of information gathering:

- Record review *e.g.* determining if there are any patterns or history of behaviors that would shed light on current Safety Threats
- Observation *e.g.* what is seen, heard, and felt, what ultimately guides what questions are asked.
- Interviews *e.g.* using Interactional Helping Skills and Strength-Based, Solution Focused techniques to ask questions, gain understanding of and perspective on the family; and, ultimately, gather information to inform decision-making.
    - Child welfare professionals gather information from the child(ren) and family as well as through collateral contacts. Releases of information would only be needed to share/provide information to collateral contacts, not to request/gather information.

Information gathering is the foundation of safety assessment. When conducting a safety assessment, child welfare professionals must strive to continually collect information related to child safety. The information gathered during a safety assessment is used to identify the presence of Safety Threats. Safety Threats are the conditions or actions within the child’s current living situation that represent the likelihood of imminent serious harm to the child. There are two types of Safety Threats, Present Danger Threats and Impending Danger Threats.

Present Danger is an immediate, significant, and clearly observable threat to a child occurring in the present. Identification of Present Danger to a child requires the least amount of information gathering because by definition it is danger that is happening now

and is clearly observable. Therefore, Present Danger can generally be observed by any reasonable person.

Impending Danger, on the other hand, refers to threatening conditions that are not immediately obvious or currently active but are out of control and likely to cause serious harm to a child in the near future. Impending Danger is subtle and requires the County Children and Youth Agency staff person to ask targeted questions. Impending Danger can be revealed when individual and family functioning and home life are examined carefully and thoroughly.

Six (6) Assessment Domains

Successful assessment relies on comprehensive information gathering. Further, it is important to understand not just the allegations made, but also the underlying causes behind the allegations. In order to do this, we must gain a robust understanding not only on the maltreatment but also how the family operates. There are six domains that are used to accomplish this: Type of Maltreatment, Nature of Maltreatment, Adult Functioning, Child Functioning, General Parenting, and Parenting Discipline. These domains are used in both the In-Home and Out-of-Home Care Safety Assessment and Management Processes. The identification of these six domains is the result of a process of research, evaluation, and extensive field experience that began in 1985. Construct validity research resulted in the identification of these domains as statistically associated with the determination about who should be served by children and youth. Further, gathering information on the six domains should occur throughout the life of the case and not just during the designated intervals which require additional documentation in the form of In-Home and Out-of-Home Care Safety Assessment Worksheets. When gathering information to inform Out-of-Home Care Safety Assessments, the majority of the information will be centralized around four of the six domains: Adult Functioning, Child Functioning, General Parenting, and Parenting Discipline. If a situation arises, however, that relates to Type and Nature of Maltreatment, the child welfare professional would capture that information using all six domains.

Each domain can be restated in the form of a question to guide the child welfare professional in determining if enough information has been collected in relationship to the domain.

TYPE OF MALTREATMENT

This is a straightforward information element concerned with facts and evidence which support the presence of maltreatment which comes from child welfare professional observation, interviews, and corroboration. This includes making a conclusion (substantiation) about the type of maltreatment (sexual abuse, lack of supervision, *etc.*) and the specific symptoms and facts (injuries/constant hitting) which are consistent with the maltreatment.

1. *What is the extent of the maltreatment?*

   This question is concerned with the maltreating behavior and the immediate physical effects on a child. It considers what is occurring or has occurred and the results. The answer to this question results in a determination that maltreatment has or has not occurred. This includes decisions regarding allegations of suspected child abuse and allegations regarding the need for General Protective Services as defined in the Child Protective Services Law (23 Pa. C.S., Chapter 63) and the Protective Services Regulations (55 PA Code, Chapter 3490). However, relying only on information from this question is inadequate for assessing safety.

   Information that answers this question includes:

   - Type of maltreatment
   - Severity of the maltreatment
   - History of the maltreatment
   - Description of specific events
   - Description of emotional and physical symptoms
   - Identification of the child and maltreating caregiver

NATURE OF THE MALTREATMENT: SURROUNDING CIRCUMSTANCES

This qualifies the maltreatment by placing it in a context or situation that 1) precedes or leads up to the maltreatment or 2) exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, the circumstances that accompany the maltreatment are important and are significant in themselves and qualify how serious the maltreatment is.

2. *What circumstances surround the maltreatment?*

   This question is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or has occurred.

   Information that answers this question includes:

   - The duration of the maltreatment
   - Caregiver intent concerning the maltreatment
   - Caregiver explanation for the maltreatment and family conditions
   - Caregiver acknowledgement and attitude about the maltreatment
   - Other problems occurring in association with the maltreatment

CHILD FUNCTIONING

This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the “normalcy” standard. So, it is critical that you have a working understanding of child development given that you will be considering how a child is functioning in respect to what is expected given the child's age. Among the areas you will consider in information collecting and "assessing" are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play, and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior. Additionally, you consider the child's physical capabilities including vulnerability and ability to make needs known.

3. *How do the children function, including their condition?*

   This question is concerned with a child’s general behavior, emotions, temperament, and physical capacity. It addresses how a child is from day to day rather than focusing on points in time.

   Information that answers this question includes:

   - Capacity for attachment
   - General mood and temperament
   - Intellectual functioning
   - Communication and social skills
   - Expression of emotions/feelings
   - Behavior
   - Peer relations
   - School performance
   - Independence
   - Motor skills
   - Physical and behavioral health
   - Functioning within cultural norms

ADULT FUNCTIONING

This information element has strictly to do with how adults (the caregivers) in a family are functioning personally and presently in their everyday lives. It is concerned with life management, social relationships, meeting needs, and problem solving. Among the things you would be concerned about in gathering information and assessing are behavior, communication, ability to relate to others, cognitive functioning, intellect, self-control, problem solving, coping, impulsiveness, and stress management. It also includes adult mental health and substance use. It is concerned with whether role

performance is influenced by mental health or substance abuse. It includes perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance, and coherence. Remember it is important that recent (adult related) history is captured here such as employment experiences, criminal history, previous relationships and so on. Note: recent, as referenced in the sentence above, is not related to recent as it is defined in the CPSL, and therefore no specific timeframes are associated with the term recent in this paragraph.

4. *How do the adults within the household function, including substance use and behavioral health?*

   This question is concerned with how the adults/caregivers in the family feel, think, and act on a daily basis. The question focuses on adult functioning separate from parenting. It is concerned with how the adults in the household function, regardless of whether they are parents or not.

   Information that answers this question includes:

   - Communication and social skills
   - Coping and stress management
   - Self-control and rationality
   - Judgment, problem solving and decision making
   - Independence
   - Home and financial management
   - Employment
   - Community involvement
   - Self-care and self-preservation
   - Substance use
   - Physical and behavioral health and capacity
   - Functioning within cultural norms

GENERAL PARENTING

When considering this information element, it is important to keep distinctively centered on the overall parenting that is occurring and not allow any maltreatment incident or discipline to shade your study. Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior, and parenting experiences.

5. *How do caregivers generally parent?*

   This question explores the general nature and approach to parenting which forms the basis for understanding caregiver-child interaction.

   Information that answers this question includes:

   - Reasons for being a caregiver
   - Satisfaction in being a caregiver
   - Caregiver knowledge and skill in parenting and child development
   - Caregiver expectations and empathy for a child
   - Decision making in parenting practices
   - Parenting style
   - History of parenting behavior
   - Protectiveness
   - Caregiver assures appropriate supervision in his/her absence
   - Whether another adult is undermining parental authority

PARENTING DISCIPLINE

This is another information element that focuses information collection into one area—discipline of children. Study here would include the parent's methods, the source of those methods, purpose, or reasons for, attitudes about, context of, expectations of discipline, understanding, relationship to child and child behavior, and meaning of discipline.

6. *How do the caregivers discipline the children?*

   This question is concerned with the manner in which caregivers approach discipline and child guidance. This question is broken out from general parenting because this aspect of family life is highly related to both Safety Threats and risk of maltreatment.

   Information that answers this question includes:

   - Disciplinary methods
   - Concept and purpose of discipline
   - Context in which discipline occurs
   - Cultural practices

These domains apply to all types of child welfare cases from intake and referral through case closure, regardless of whether the child is in the home or in a substitute care setting. Remember, the purpose of exploring the six domains is to understand how the family and specifically the caregivers function and protect the children in their care. This concept is universal regardless of the living situation. Although in some instances, *e.g.* a

placement setting where no allegations/instances of abuse/neglect have occurred, it may not be necessary to explore the nature of maltreatment or the circumstances surrounding the maltreatment because there are none present at that time.

The effectiveness of a safety assessment is dependent upon whether or not the information collected is *pertinent* and *relevant* to identifying the Safety Threats to the child and caregiver Protective Capacities, and whether *sufficient* information has been gathered to draw accurate conclusions about child safety. For safety actions and services to be relevant and effective, County Children and Youth Agency staff must systematically gather information and continuously evaluate family members' strengths and their ability to address their problems. This information is used to engage parents and caregivers in a culturally responsive, working relationship that builds on their strengths to resolve the problems that endanger their children and families.

Section I. In-Home Safety Assessment and Management

Safety assessment is an essential ingredient for appropriate and adequate intervention with families. The goal of safety assessment is to gather and analyze information related to Safety Threats and caregiver Protective Capacities that will support sound decision making regarding the safety, permanency, and well-being of children and to determine appropriate safety actions.

In-Home Safety Assessment Definitions

The definitions of the words and phrases below should be used within the context of the Safety Assessment and Management Process.

Safety Assessment and Management Process:

The ongoing method of assuring child safety. There are four phases to this process: Safety Assessment, Safety Analysis, Safety Decision, and Safety Plan and Management. This process can be applied to children who are in their own home or in a placement setting.

Safety Management:

The actions used to control Present and Impending Danger to a child. Actions may be in-home, out-of-home, or a combination of both.

Safety Definitions When the Child is In the Home of the Caregiver(s) of Origin

In-Home Safety Assessment: The continuous process of collecting information related to child safety in six domains to identify threats to safety and Protective Capacities to determine if the child remains safe in their own home, or, if the child is in a placement setting, to determine if reunification is possible.

- **Safety Threats:** The conditions or actions within the child's own home that represent the likelihood of imminent serious harm to the child. There are two types of Safety Threats:
  - **Present Danger** refers to an *immediate, significant, and clearly observable* family condition (severe harm or threat of severe harm) occurring to a child/youth in the present.
  - **Impending Danger** refers to threatening conditions that are not immediately obvious or currently active but are out of control and likely to cause serious harm to a child in the near future.
- **Safety Threshold:** The point when a caregiver's behaviors, attitudes, emotions, intent, or situations are manifested in such a way that they are

beyond being risk influences and have become an imminent threat to child safety. In order to reach the Safety Threshold, a condition must:

- **Have potential to cause Serious harm to a child – Serious harm** could include serious physical injury or untreated serious physical illness, significant pain, and suffering.

- **Be specific and Observable –** The condition must be **specific and observable** in the form of behavior, emotion, attitude, perception, intent, or situation. The existence of condition is based on more than a gut feeling. The condition is clearly identifiable.

- **Be Out of control –** When a condition is **out of control** there is no apparent natural, existing means within the family network that can assure control.

- **Affect a Vulnerable child –** A child's **vulnerability** is based on their emotional, behavioral, and cognitive functioning; health and ability to care for himself/herself. A vulnerable child is susceptible to the effects of danger and is unable to protect himself from the danger. Vulnerability is not based on age alone. A teenage youth with disabilities that affect or cognitive functioning may be more vulnerable to a threat of serious harm than a younger child without any disabilities.

- **Be Imminent – Imminent** means that serious harm could happen anytime within the near future; from later today, tomorrow or up to, but not exceeding 60 days.

- **Protective Capacity:** Protective Capacities are specific and explicit strengths that manage and control Safety Threats.

In-Home Safety Analysis: The process by which a County Children and Youth Agency staff person systematically evaluates the information gathered. The purpose of the Safety Decision is to identify and explain what is associated with or influences a Safety Threat or Protective Capacity. The results of the analysis lead to a Safety Decision.

Preliminary Safety Decision: A determination made that Present Danger exists based on information gathered prior to the completion of the assessment/investigation. Emergency action should be taken to assure child safety.

In-Home Safety Decisions: Determination related to the safety of a child in their own home, which is based on the conclusions of the safety analysis.

- **Safe:** Either caregiver's existing Protective Capacities sufficiently control each specific and identified Safety Threat or no Safety Threats exist. Child can

safely remain in the current living arrangement or with caregiver. Safety Plan is not required.

- **Safe with a Comprehensive Safety Plan:**
  - Either caregivers' existing Protective Capacities can be supplemented by safety actions to control each specific and identified Safety Threat; or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however, a Safety Plan is required.
  - If the child entered care through a Voluntary Placement Agreement (VPA) due to an identified Safety Threat, the VPA should be included as one component of the Safety Plan. The VPA cannot in and of itself be the Safety Plan.

- **Unsafe:** Caregivers' existing Protective Capacities cannot be sufficiently supplemented by safety actions to control specific and identified Safety Threats. Child cannot remain safely in the current living arrangement or with caregiver; caregivers can no longer retain custody, court involvement is required. Safety Plan is not required if the child has been removed from the home as a result of a safety threat. In these circumstances, the emergency order placing the child should be self-explanatory/sufficient. Information regarding the child's safety, the reasons for the child's removal and the identified safety threats should be documented in the structured case note.

Safety Plan: A written arrangement between caregivers, responsible persons and the County Children and Youth Agency that delineates the actions implemented to control Safety Threats identified in the In-Home Safety Assessment. Safety Plans are developed for the following in-home Safety Decision: Safe with a Comprehensive Safety Plan.

- **Immediate Preliminary Safety Plan:** A written arrangement between caregivers, responsible persons, and the County Children and Youth Agency designed to control Present Danger in order to allow the Child Protective Services (CPS) investigation, General Protective Services (GPS) assessment, and/or safety assessment to occur. An Immediate Preliminary Safety Plan is only used when Present Danger has been identified prior to the completion of the Safety Decision.

- **Responsible Persons:** Any individual(s) who has a role and responsibility to assure the child's safety for compliance with the plan. Safety actions identified in the Safety Plan must be immediate, specific, and measurable and be agreed upon by all of the identified, responsible persons prior to the plan going into effect.

Other Applicable Definitions:

Accept for Service: A decision made on the basis of the needs and problems of an

individual to admit or receive the individual as a client of the County Children and Youth Agency or as required by a court order transferring custody of a child to the County Children and Youth Agency under 42PaC.S. Sections 6301-6305 (relating to the Juvenile Act).

Caregiver(s) of Origin: The adult(s) who holds the primary responsibility for the child's care and safety (*i.e.* the child's birth parents). In addition to birth parents, a caregiver of origin may be another person who operates in that capacity (*i.e* stepparents, an adult companion of a child's parent, a grandparent, an uncle or aunt, *etc.*). The caregiver of origin resides with the child. This does not include people who care for a child temporarily, such as relatives caring for a child from time to time or care providers such as day care or other institutions, babysitters.

Risk Assessment: The process by which the child welfare professional assesses the current level of risk to a child to determine the likelihood of future harm, abuse, or neglect as prescribed by the Pennsylvania Risk Assessment Model.

In-Home Policy

Interval Policy:

Assessing and managing a child's safety as part of the casework process is done throughout the life of the case, at each and every contact. Safety must be assessed at each and every contact, regardless of the type of contact, since every contact has the potential to reveal safety related information. If the contact does not include the child or family members, careful attention must be made to determine if circumstances or new information suggests a change to the child's safety. Safety related information gathered at each contact must be documented in the structured case note. In addition, documenting safety assessment information using the In-Home Safety Assessment Worksheet is required at specific intervals. All workers that carry cases are responsible for completing safety assessments at every contact and completing the In-Home Safety Assessment Worksheet at the designated intervals below. As prescribed in Sections 3490.55 and 3490.232 of the Protective Services Regulations, documentation of safety related information shall be completed using the In-Home Safety Assessment Worksheet, with a minimum of one visit in the child's home, as per the intervals below.

NOTE: Regardless of whether the child is in an informal or formal placement, In-Home Safety Assessments must continue to be completed on the caregiver(s) of origin. The In-Home Safety Assessment would be conducted as if the family were intact to determine whether or not reunification is possible.

Note: In accordance with OCYF Policy Clarification regarding older youth and Safety Assessment 3130-08-01/3140-08-01 CCYAs are responsible for assuring the safety of those youth who are still in the care and custody of the CCYA. The safety assessment

would be conducted within the foster home setting as would the risk assessment and although these may not show any safety or risk concerns, they must be conducted at the required intervals.

<u>During the Assessment/Investigation (This applies to the assessments or investigations that occur prior to a case being open for ongoing services)</u>:

- Within three business days of the agency's first face-to-face contact with the identified child and/or caregiver(s) of origin;

- Within three business days of the identification of additional evidence, circumstances, or information that suggests a change in the child's safety. Note: a change in safety refers to a positive or negative change to Safety Threats and/or the Safety Decision;

- At the conclusion of the investigation/assessment, if there is not a change in the safety of the child, an additional worksheet does not need to be completed. However, information regarding the child's safety must be documented in the case record through a structured case note.

  If during the assessment or investigation period 30 consecutive days have passed since the child was last seen, it is required under the Safety Assessment and Management Process that face-to-face contact be made with the child and caregiver(s) of origin at least one additional time. This is necessary to determine whether the child remains safe or whether the circumstances have changed and additional efforts are needed to protect the child. The Department strongly recommends that this contact be made in the home, however the determination as to whether this contact can occur somewhere other than the home must be made based on the analysis of the information gathered throughout the assessment/investigation including, but not limited to, the Six Assessment Domains, Safety Threats and Protective Capacities.

  Note: When conducting the Preliminary Safety Assessment, if all household members are unable to be seen within the first three business days of the initial face-to-face contact, it will be necessary to document the reason they were not seen when completing the worksheet. Any subsequent information related to those household members should be documented in the structured case note unless the information gathered suggests a change in safety, either positive or negative, at which time a new worksheet must be completed according to the established intervals.

  Note: Please refer to page 21 of the Manual for direction regarding Bogus Referrals.

- Note: Information regarding the child's safety must be documented in the case record through a structured case note following each contact with the child. When considering the additional evidence, circumstances, or information that suggests a change in child safety interval, there may be times when a newly assigned child welfare professional would complete a new In-Home Safety Assessment Worksheet without additional evidence, circumstances, or information. This situation would arise when the newly assigned worker, after viewing a family through a different lens or considering information that the previous worker might not have considered, believes that different, fewer, or more threats should have been identified or through analysis concludes that the Safety Decision should be changed.

Cases Accepted for Services

Once the case has been accepted for ongoing services, documentation of safety related information shall be completed using the In-Home Safety Assessment Worksheet by the county agency at designated intervals. This would include new referrals that are received for cases that have already been accepted for services. The safety plan must also be continually reviewed and amended, if necessary, based on the gathered safety related information. The intervals for completing the In-Home Safety Assessment Worksheet are as follows:

- Within three business days of the identification of additional evidence, circumstances, or information that suggests a change in the child's safety. Note: a change in safety refers to a positive or negative change to Safety Threats and/or the Safety Decision;
- Within three business days of any unplanned return home from an informal or formal placement, along with risk assessment in accordance with 3490.321(h)(3)(ii).
- Within 30 days prior to case closure, along with risk assessment, in accordance with 3490.321(h)(4).

  Note: Information regarding the child's safety must be documented in the case record through a structured case note following each contact with the child. When considering the additional evidence, circumstances, or information that suggests a change in child safety interval, there may be times when a newly assigned child welfare professional would complete a new In-Home Safety Assessment Worksheet without additional evidence, circumstances, or information. This situation would arise when the newly assigned worker, after viewing a family through a different lens or considering information that the previous worker might not have considered, believes that different, fewer, or more threats should have been identified or through analysis concludes that the Safety Decision should be changed.

Exceptions:

Goal Changes:
The exceptions outlined below pertain to the permanency goals established for each

child that are approved by the Court.

- **Adoption:** When there has been a court approved goal change from reunification to adoption or parental rights are terminated, an In-Home Safety Assessment on the caregiver(s) of origin does not have to be completed. The Out-of-Home Care (OOHC) Safety Assessment Worksheet would need to be completed on the home in which the child is placed, as per the intervals established in the OOHC process.

- **Permanent Legal Custodianship (PLC):** When there has been a court approved goal change or when legal and physical custody of the child has formally been transferred to the permanent caregivers, an In-Home Safety Assessment on the caregiver(s) of origin no longer has to be completed.
- **Placement with a Fit and Willing Relative:** When there has been a court approved goal change from reunification to Placement with a Fit and Willing Relative, an In-Home Safety Assessment on the caregiver(s) of origin no longer has to be completed. For the period of time the case remains open, the Out-of-Home Care Safety Assessment Worksheet would need to be completed on the home in which the child is placed, as per the intervals established in the OOHC process.
- **Another Planned Permanent Living Arrangement (APPLA):** When there has been a court approved goal change from reunification to APPLA, an In-Home Safety Assessment on the caregiver(s) of origin no longer has to be completed. For the period of time the case remains open, the Out-of-Home Care Safety Assessment Worksheet would need to be completed on the home in which the child is placed, as per the intervals established in the OOHC process.
- If the situation arises that the court's decision in any of the above permanency goal change exceptions is appealed, it is not necessary to continue completion of the In-Home Safety Assessment during that appeal process.
- If there is a court decision to change the permanency goal back to reunification in any of the above scenarios, it will be necessary to resume completion of the In-Home Safety Assessment from the time of the goal change forward, following the established intervals.
- When permanency has been achieved through the transfer of custody, the caregivers to whom custody has been transferred are now considered the caregivers of origin for any subsequent referrals or involvement regarding that child.

<u>Court Ordered Terminations</u>:

- When court jurisdiction is terminated and the agency simultaneously closes the family's case, there is no expectation that the agency must return to the home within 30 days following the child's return home in order to complete a safety assessment as prescribed by the interval policy.

Other:

- One of the intervals for completing an In-Home Safety Assessment Worksheet is within three business days after the first face-to-face contact with the subject child and caregiver(s) of origin. This includes instances when the child and caregiver(s) of origin are not seen at the same time.

  If the caregiver and child have not been seen at the same time, the In-Home Safety Assessment Worksheet would be completed after these individuals have been seen. This, however, should not exceed the three business day timeframe. The three business day timeframe begins once the first face-to-face contact is completed, regardless of whether or not the contact is with the child or the caregiver.

A preliminary safety assessment must be made at the initial contact. There may be instances when a child welfare professional must make the immediate, preliminary assessment and Safety Decision without seeing both the child and the caregiver in order to assure the child's safety. This would lead to the development of an Immediate Preliminary Safety Plan.

Other Policy Implications:

- **Bogus or False Reports** – It is necessary to gather information to fully determine if the report is false, as the Safety Assessment and Management Process does not focus solely on the presence or absence of substantiated allegations.
  - If it is a new referral, the child welfare professional would still conduct a face-to-face contact and gather information related to the Six Assessment Domains. If it has been determined that the allegations were false, the child welfare professional would document their findings using the In-Home Safety Assessment Worksheet and indicate that no Safety Threats were present. Both the child welfare professional and his/her supervisor would still need to sign off on the worksheet. This would need to be completed within three business days of the first face-to-face contact. The case would then be closed. Any other documentation would be recorded in the structured case note, as needed.
  - If a new referral was received on a family already open with the County Children and Youth Agency, a child welfare professional would still need to explore the validity of the referral. If after gathering information, the referral was determined to be false, documentation would be made to that effect in the structured case note. A new In-Home Safety Assessment Worksheet would not be required and safety would continue to be formally assessed at the next designated interval.

- **Courtesy In-Home Safety Assessments:** There are limited situations or circumstances where one County Children and Youth Agency would be asked by another County Children and Youth Agency or Regional Office to complete an In-Home Safety Assessment (*e.g.* child is allegedly abused in one county but the

family resides in another county; or cases in which the County Children and Youth Agency does not have an open case but is providing an adoption subsidy.)

- If the receiving County Children and Youth Agency is not willing or able to conduct the courtesy assessment, the requesting County Children and Youth Agency must complete the assessment in accordance to the designated interval/visitation requirements.

- If the receiving County Children and Youth Agency is willing to conduct the courtesy assessment, they would be required to communicate the safety related information as follows:
  - If Safety Threats are identified during the courtesy assessment, the receiving County Children and Youth Agency must provide verbal communication to the requesting County Children and Youth Agency immediately. In addition, the discussion should also include the development and/or modification of a Safety Plan, as needed. The receiving County Children and Youth Agency would then provide written documentation to the requesting County Children and Youth Agency of the information gathered during the courtesy assessment, via a structured case note, within three business days.
  - If no additional Safety Threats were identified, the receiving County Children and Youth Agency would provide written documentation of the information gathered during the courtesy assessment via a structured case note to the requesting County Children and Youth Agency within three business days.
- The requesting County Children and Youth Agency would then use the information gathered by the receiving County Children and Youth Agency to inform their In-Home Safety Assessment in accordance with the intervals and develop and/or modify the Safety Plan, as needed.

- **Safety Plans** – When a child is determined to be unsafe as a result of an In-Home Safety Assessment, a Safety Plan must be developed. This plan would include any and all safety actions necessary to control the Safety Threats (*e.g.* visitation between child and the caregiver(s) of origin and supervision during visitation). However, safety plans are not required if the children are removed as the result of a safety threat. The emergency order should be self-explanatory/ sufficient. Information regarding the child's safety, the reasons for the child's removal and the identified safety threats should be documented in the structured case note.

- **Signature on In-Home Safety Assessment Worksheets** – The signature section of the In-Home Safety Assessment Worksheet is a critical component of the In-Home Safety Assessment and Management Process. The child welfare professional signature on the worksheet indicates that the child welfare professional has completed the Safety Assessment and Management Process, has reviewed and analyzed all of the gathered safety related information, and verifies that the information documented on the worksheet is accurate and

supports the Safety Decision. The supervisor's signature on the worksheet indicates that the supervisor has reviewed all of the information available on the worksheet and in the case record, and is in agreement with the information and Safety Decision documented on the worksheet.

Title 55, Pa. Code, Chapter 3490 (relating to protective service regulations), specifically Sections 3490.61(a) and 3490.235(e), require 10-day supervisory reviews during the investigation/assessment period. These reviews provide an opportunity for the supervisor and child welfare professional to have ongoing dialogue regarding the case in order to assure that the services are consistent with the level of risk, assuring safety and making a determination on the case. These reviews should include the review of the structured case notes, any completed In-Home Safety Assessment Worksheets, and developed Safety Plans. As part of the supervisory review, the supervisor should be documenting either in a separate log or in the case record that they have met with and provided support to the child welfare professional to review the information gathered. This process of reviewing the gathered information, supporting the child welfare professional, and approving/signing the In-Home Safety Assessment Worksheets should continue throughout the life of the case. While the 10-day supervisory reviews are not required beyond the Family Service Plan development once the case has been accepted for service, the supervisor should continue having ongoing dialogue with the child welfare professional throughout the life of the case.

Based on the above, supervisory signature (electronic signature is acceptable) on the In-Home Safety Assessment Worksheet should occur as soon as possible, but **no later than 10 business days** following each prescribed interval.

In addition, if an In-Home Safety Assessment completed by the child welfare professional results in the need to develop a Safety Plan, the supervisor should be providing verbal approval to the Safety Plan when it is developed to assure that it is sufficient to go into effect immediately. The supervisor is then required to review and sign the developed Safety Plan **by the next business day**.

- **Shared Case Management:** In accordance with Office of Children, Youth and Families (OCYF) Bulletin 3130-10-01 entitled "Shared Case Responsibility Policy and Procedures," youth determined to fall under the purview of the bulletin must be seen and safety documented monthly; however, it is the sole responsibility of the CCYA to perform formal safety assessments, in accordance with the Safety Assessment and Management Process interval policy, and to develop Safety Plans, if necessary. It is anticipated that when JPO visits a youth, JPO will alert the CCYA if any general safety concern is noted during a visit with the child or family. It will then be the CCYA's responsibility to do a formal assessment, if indicated. In practice, this requirement means that decisions in a youth's case must be based on consideration of the youth's safety at every step in the case. Documentation of the youth's safety should be addressed in any service plan,

during all face-to-face visits and at each permanency hearing, if applicable, for as long as the youth remains in placement. Ongoing documentation of required monthly contacts must be maintained in the CCYA case record, and must include the date of the contact, names of others present, and how the youth was determined to be safe in the setting.

- **Shared Custody and Other Non-Offending Caregiver Household Situations:** Engaging families is an important part of child welfare practice. As part of the engagement process, child welfare professionals gather information related to family strengths and challenges, resources available to the family, and ultimately whether or not the family members have the Protective Capacity to assure child safety. All of these concepts are equally important for not only primary households, but also for any other secondary households in which the child may reside on a part-time basis. This concept also applies to the efforts made by the CCYA to locate and work with absent parents. It is the responsibility of the CCYA to assure that information from the six domains is collected from all family members, including from those households in which the child resides on a part-time basis.

  If this part-time residence is the non-offending household, the information gathered should be documented in a structured case note unless active Safety Threats are identified. In those instances, a formal safety assessment must be completed on the part-time residence using the In-Home Safety Assessment Worksheet.

Voluntary Placement Agreements: If the child entered care on a Voluntary Placement Agreement due to an identified Safety Threat, the Safety Decision would be “Safe with a Comprehensive Safety Plan.” A comprehensive Safety Plan must be developed which should include the Voluntary Placement Agreement as one component. Voluntary Placement Agreements cannot in and of themselves be the Safety Plan. Actions on the Safety Plan should focus on actions that can be completed to assure child safety and promote reunification with their caregiver(s) of origin within 30 days. If the child enters into a court ordered placement, the court order is a sufficient safety plan.

Documentation:

Consistent with the Department of Human Services (DHS) regulations at Title 55 Pa. Code, Sections 3130.43(b)(5), 3490.55(e) and 3490.236(a), county agencies are required to document their contacts with families in the family case record. For purposes of the Safety Assessment and Management Process, this documentation of contact is referred to as the structured case note. As part of this structured case note, information should be included which documents and supports the Safety Assessment and Management Process, including the Safety Analysis and Safety Decision.

Documentation for In-Home Safety Assessments

Structured Case Note Guidelines:

Information regarding the child's safety must be documented in the case record through a structured case note following each contact with the child. The guidelines and template have been developed to guide the completion of a structured case note. It is important to note that the template is a suggested format and counties have the ability to make modifications that will support their specific county practices.

I. Contact Specific Information

   a. Information documented for contacts would remain the same as already outlined in Title 55 Pa Code, Section 3130.43. This information would include a record of service activity, including the dates of the contact with family members, the parties involved in the contact, the action taken, and the results of the actions.

   b. Counties are able to add any additional information that reflects their own county specific practice.

II. Safety Specific Information

NOTE: The following bullets have been identified to address all of the safety components that must be addressed in documentation. It is possible to address all of these bullets within the contact summary. If counties opt to document this information in one narrative paragraph, the child welfare professional and supervisor would need to assure that all of the following bullets have been addressed. If, however, the County Children and Youth Agency feels that using a template format similar to the template provided would be beneficial, this would also be acceptable.

a. Information Gathered for Safety Assessment

    i. In this section, documentation specific to the Six Assessment Domains should be included.

    ii. Every domain should be considered at each contact; however, information related to two of the domains, Type of Maltreatment and Nature of Maltreatment, may not have changed from contact to contact. Child welfare professionals may indicate that no new allegations or maltreatment has occurred since the last contact.

b. Changes to the Safety Assessment and/or Safety Plan

    i. In this section, documentation of whether or not the information gathered during this contact resulted in the completion of a new In-Home Safety Assessment Worksheet or a revision to the Safety Plan.

    ii. Reference the date of the completed In-Home Safety Assessment Worksheet or Safety Plan here.

Structured Case Note Format Example

Case Name:	Case Number:	Caseworker:
Date of Contact:	Time of Contact:	Contact Type:
Purpose of Contact:		
Participants:		
Contact Summary:		
Information Gathered for Safety Assessment		
Safety Domains:		
1. Type of Maltreatment: What is the extent of maltreatment? ▫ No new allegations of maltreatment ▫ Current Maltreatment (please describe):		
2. Nature of Maltreatment: What circumstances surround the maltreatment? ▫ No new maltreatment identified ▫ Circumstances surrounding current maltreatment (please describe):		
3. Child Functioning: How does the child(ren) function, including their condition?		
4. Adult Functioning: How do the adults within the household function, including substance use & behavioral health?		
5. General Parenting: How do caregivers generally parent (*i.e.* knowledge, skills, protectiveness, history)?		
6. Parenting Discipline: How do caregivers discipline the children?		
Changes to the Safety Assessment and/or Safety Plan		
Did the information gathered during this contact result in a new In-Home Safety Assessment Worksheet: ▫ Yes ▫ No If yes, list the date of that assessment		
Did the information gathered during this contact result in a new/revised Safety Plan: ▫ Yes ▫ No If yes, list the date of that Safety Plan		

Safety Assessment Information Recorded in Other Documents

In addition to the In-Home Safety Assessment Worksheet, the Safety Plan, and the structured case notes, safety related information is also documented on other forms. This is not a change to current practice; however, the content of information documented may change to reflect the new safety model of practice.

Family Service Plans

As part of the In-Home Safety Assessment, county child welfare professionals will be assessing for the presence of Protective Capacities. Protective Capacities, in addition to Risk Factors, must be addressed on the FSP. For any Protective Capacity that is determined to impact child safety and is diminished, behaviorally specific action steps must be developed. Caregiver progress in enhancing their diminished Protective Capacity must also be documented on the FSP. This progress, or lack thereof, impacts decision making related to reunification.

Child Permanency Plans

Safety related information related to the child should be considered when developing the Child Permanency Plans (CPP). Goals and services related to safety may need to be developed to support reunification or another permanent connection.

Individual Service Plans (ISP) and other documents which may address safety should continue to do so and should reflect goals and services developed for FSPs and CPPs.

Present Danger vs. Impending Danger Safety Threats

Safety Threats can occur either as Present Danger or Impending Danger. They can also occur simultaneously. One represents a threat to the child's safety in the here and now, and the other represents a threat to the child's safety in the approaching days or weeks. The reference to weeks means that the potential for the threat to occur prior to the child welfare professional's next visit is likely.

Present Danger – is an immediate, significant, and clearly observable threat to a child actively occurring in the present. It exists at the highest Safety Threshold. Present Danger is easier to detect because it is transparent and is occurring now. Present Danger can be identified at any time during the life of a case. If you observe Present Danger, then you conclude that the child is not safe. Present Danger requires immediate protective action.

The key words in this definition are:

- **Immediate** – This means that what is happening in the family is happening right before your eyes. You are in the midst of the danger the child is subject to. The threatening family condition is in operation. Its effects can result at any moment.

- **Significant** – Referring to a family condition, this means that the nature of what is out of control and immediately threatening to a child is onerous, vivid, impressive, and notable. The family condition exists as a dominant matter that must be dealt with.
- **Clearly Observable** – Present Danger family conditions are totally transparent. You see and experience them. There is no guess work. A rule of thumb is: If you have to interpret what is going on, then, it likely is not a present danger.

The following is a list of potential Present Danger Threats. If any of these situations occur, immediate protective action must take place. Note, while the following Present Danger Threats are not separate factors on the In-Home Safety Assessment Worksheet, there are direct connections between the Present Danger Threats listed here and the 14 in-home Safety Threats. The right hand column of the chart reflects how each Present Danger threat may likely be documented on the In-Home Safety Assessment Worksheet.

Present Danger Threat		In-Home Safety Threat #
Maltreatment		
Maltreating Now	The caregiver(s) of origins' mistreatment of the child is occurring right now. The maltreatment will typically be physical, verbal, or sexual in nature.	4 5
Face/Head	This includes bruises, cuts, abrasions, swelling, or any physical manifestation alleged to have occurred as a result of parental/caregiver maltreatment of the child.	1 5
Serious Physical Injury	Typically, this would include bone breaks, deep lacerations, burns, diagnosable malnutrition, *etc.* It also should consider multiple serious injuries to a single child, *i.e.* severe burn and broken arm.	1 5
Premeditated	There must be clear information that what has been alleged is associated with and a result of a deliberate, preconceived plan or thinking which the caregiver(s) of origin is/are responsible for and which preceded the maltreatment event. Examples include: a caregiver who puts water in a pan, waits for it to boil, and then places a child into the boiling water as a punishment.	1
Several Victims	This refers to the identification of more than one child who currently is being maltreated. There is no historical context here. For instances of several victims in a chronic neglect situation, the existence of multiple victims does not automatically mean Present Danger exists. Present Danger would be identified based on the acuity of the neglect.	*

Life Threatening Living Arrangements	This is based on specific information which indicates that a child's living situation is an immediate threat to his/her safety. This would include the most serious health circumstances: buildings capable of falling in, exposure to elements in bitter weather, fire hazards, electrical wiring exposed, weapons accessible and available, *etc.*	5 11
Unexplained Injuries	This refers to a serious injury which caregiver(s) of origin and others cannot or will not explain. Generally this information comes from the medical community or other professionals.	3
Bizarre Cruelty	This qualifies the maltreatment that has been alleged. Such things as locking up children, torture, exaggerated emotional abuse, tying children up, *etc.*	12
Sexual Abuse	Report of sexual abuse by a caretaker, and the alleged maltreater has current or immediate access to the child.	4
Child		
Caregiver's Viewpoint Of Child Is Bizarre	This is the extreme, not just a negative attitude toward the child. It is consistent with seeing the child as possessed with the devil and this perception is clearly inaccurate.	12
Vulnerable Child Is Unsupervised or Alone for Extended Period	This Present Danger Threat only applies if the child is truly without care. The selection of this Present Danger Threat must consider the child's age, ability to care for themselves, and developmental level. It does not apply if the caregiver(s) of origin has arranged for care of the child and has not returned at the agreed upon time. It has to be occurring now (not in the past).	8 9
Child Fearful	This does not refer to generalized fear. Children who are described as being obviously afraid of: their present circumstance, the home situation, or a person because of a concern of personal threat would fit this threat.	14
Child Needs Medical Attention	To be a Present Danger Threat, the medical care required must be significant enough that its absence could seriously affect the child's health and well-being. In other words, if children are not being given routine medical care, it would not constitute a Present Danger situation. It should have an emergent quality.	8
Caregiver		
Caregivers Are Unable to Perform Parental Responsibilities	This only refers to those caregiver duties and responsibilities consistent with basic care or assuring safety. This is not associated with whether caregiver(s) of origin are effective caregivers generally, but whether their inability to provide basic duties leaves the child in a threatened state.	9 10 11
Caregiver(s) of Origin Described As Dangerous	Information would be considered Present Danger here when caregivers of origin are described as physically/verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways, *etc.*	5

Caregiver of Origin is Out of Control	This threat may include aspects of the preceding threat. However, this allows for capturing emotionally upset or depressed people who cannot focus themselves or manage their behavior in ways to properly perform their caregiver responsibilities. Their actions or lack of actions may not be directed at the children, but may affect them in dangerous ways.	6
Caregiver of Origin is Intoxicated	Applying the present time context, this refers to a caregiver of origin who is drunk now or strung out on drugs now. The state of the caregiver of origin's condition is more important than the use of a substance (drinking compared to drunk). The caregiver of origin's incapacity has a direct effect on the child's safety.	6
Spouse/Partner Abuse Present	This considers family situations in which both child maltreatment and spouse/partner abuse are reported to be occurring in the present time.	9
Family Will Flee	This may require some interpretation. Transient families, homes which are not established, families with limited possessions, *etc.* are included.	13

* There is not a Safety Threat listed on the In-Home Safety Assessment Worksheet that relates to multiple victims. To document this Present Danger Threat, record the identifying information for all of the victims and then select the type of threat the victims experienced *e.g.* if they were victims of sexual abuse all of the children would be listed under factor 4 and specific information would be recorded with that factor.

Whenever a Present Danger Threat is identified, the child welfare professional must work immediately to assure the safety of the child. This intervention is called an Immediate Preliminary Safety Plan. (See page 74 for more information) The Immediate Preliminary Safety Plan is directly related to the Present Danger that has been encountered. The Immediate Preliminary Safety Plan employs the family's resources in so far as they are possible and appropriate. The Immediate Preliminary Safety Plan takes into account the family and caregiver(s) of origin's disposition concerning planning and cooperating.

Impending Danger –
Refers to threatening conditions that are not immediately obvious or currently active, or occurring now but are out of control and likely to cause serious harm to a child in the near future.

Impending Danger has distinct features. While Present Danger is overt, Impending Danger is covert. Impending Danger is a threat that can be reasonably expected to result in serious harm if safety action(s) are not implemented and/or is/are not sustained. These threats may or may not be identified at the onset of intervention, but are understood upon a more complete evaluation and understanding of the individual and family conditions/functioning. This understanding results in a reasonable and

prudent conclusion that without safety action there is a probability for severe harm in the near future. The threat may become active at any time.

Impending Danger is concealed or hidden with general family functioning. Caregivers of origin may be reluctant to reveal information about themselves or to disclose what is happening in the family. If a threat to safety is not obvious and currently occurring it will take time and effort to gather information to properly assess and analyze Impending Danger. Impending Danger is identified through careful and thorough information gathering and engagement of the caregivers of origin and family members.

To determine if a family condition is an Impending Danger, a person should be able to:

- Identify the behavior, motive, attitude, emotion, perception, lack of capacity, or family situation that is out of control. This is the threat of danger.
- Describe the threat of danger in detail.
- Indicate how the behavior, motive, attitude, emotion, perception, lack of capacity, or family condition is dangerous to a child.
- Determine the duration of the threat of danger.
- Describe how and when the threat of danger occurs.
- Determine the frequency of the threat of danger.
- Describe the circumstances that prevail when the threat of danger is active.
- Describe anything that stimulates or influences the threat of danger.

One must have a good understanding of how a family operates in order to have confidence in drawing conclusions about Impending Danger. The more you know about the caregiver(s) of origin and family, the more you are able to effectively identify Impending Danger. That is why information collection is so crucial in safety intervention.

Safety Threshold

When conducting an In-Home Safety Assessment it is important to remember that, in order to be classified as a Safety Threat, a situation, condition, or behavior must meet the Safety Threshold. The Safety Threshold is the point when a caregiver of origin's behaviors, attitudes, emotions, intent, situations, *etc.* are manifested in such a way that they are beyond being risk influences (future maltreatment) and have become an Impending Danger Threat to child safety. These conditions could reasonably result in the harsh and unacceptable pain and suffering for a vulnerable child.

Safety Threshold: In order to reach the Safety Threshold, a condition must meet all of the following criteria (SOOVI):

- Have potential to cause **Serious** harm to a child
- Be specific and **O**bservable;
- Be **O**ut of control;

- Affect a **V**ulnerable child; and
- Be **I**mminent.

For children in the home, **serious harm** could include serious physical injury, significant pain and suffering.

The condition must be **specific and observable** in the form of behavior, emotion, attitude, perception, intent, or situation. The existence of condition is based on more than a gut feeling. The condition is clearly identifiable.

When a condition is **out of control** there is no apparent natural, existing means within the family network that can assure control.

A child's **vulnerability** is based on their emotional, behavioral, and cognitive functioning; health and ability to care for himself/herself. A vulnerable child is susceptible to the effects of danger and is unable to protect himself from the danger. Vulnerability is not based on age alone. A teenage youth with disabilities that affect his emotional, behavioral, or cognitive functioning may be more vulnerable to a threat of serious harm than a younger child without any disabilities.

Imminent means that serious harm could happen anytime within the near future; from later today, tomorrow or up to, but not exceeding 60 days.

When applying the Safety Threshold there is no substitute for sufficient information. The more information that is obtained to sufficiently answer these questions, the better equipped the child welfare professional is to apply the Safety Threshold to identify Safety Threats. The existence of Safety Threats are contained within or related to the answers to six questions. These questions and the information needed to answer these questions are discussed in detail in the *Information Gathering* section of this manual.

It is important to remember that all Safety Threats are Risk Factors, but not all risk factors are Safety Threats. The Safety Threshold is on a continuum with safety on one side and risk on the other side. If caregivers of origin's behaviors, attitudes, emotions, intent, situations, etc. do not cross the Safety Threshold, it does not mean that there is no reason for concern, as they may still be on the risk side of the continuum. It remains necessary to complete risk assessments at appropriate intervals to assess for potential Risk Factors.

Pennsylvania In-Home Safety Threats

The Pennsylvania In-Home Safety Assessment and Management Process includes 14 Safety Threats that may occur when the child is in the home. These Safety Threats were selected based on research conducted by the National Resource Center for Child Protection and Action for Child Protection. County Children and Youth Agency caseworkers use the Six Assessment Domains to gather information to determine the presence of any of these Safety Threats.

1) Caregiver(s) intended to cause serious physical harm to the child.

In order to meet this criterion, a judgment must be made that the acts were intentional; the objective was to cause pain and suffering; nothing or no one in the household could stop the behavior; or there is no remorse. The incident was planned or had an element of premeditation. Before or during the incident the caregiver of origin's conscious purpose was to hurt the child. The focus was about causing the child pain.

Caregivers of origin who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. The crux of this Safety Threat is pain and suffering which is consistent with serious harm. It is reasonable to conclude that a caregiver of origin who has such feelings toward a child could act on those feelings soon.

This threat includes both behaviors and emotions as explained below:

- Caregiver(s) of origin wants to inflict pain and/or injury to teach the child a lesson; discipline is not the primary reason.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (*e.g.,* cigarette burns).
- Caregiver(s) of origin does not acknowledge any guilt or wrongdoing and they intended to harm the child.
- Caregiver(s) of origin may feel justified, may express the child deserved it, and they intended to hurt the child.
- Caregiver(s) of origin can reasonably be assumed to have had some awareness of what the result would be prior to the incident.

2) Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.

This threat refers to caregivers of origin who are directing threats of harm toward a child. Their intentions are hostile, menacing, and sufficiently believable to conclude serious concern for a child's safety. The threat to severely harm or expressed anxiety is sufficient to conclude that the caregiver(s) of origin might react toward the child at any time and it could be in the near future. The caregiver(s) of origin is or feels out of control.

- Caregiver(s) of origin states they will maltreat.
- Caregiver(s) of origin's threats are plausible, believable; may be related to specific provocative child behavior.
- Caregiver(s) of origin talks about being worried about, fearful of, or preoccupied with maltreating the child.

- Caregiver(s) of origin is distressed or “at the end of their rope,” and is asking for some relief in either specific (*e.g.,* “take the child”) or general (*e.g.,* “please help me before something awful happens”) terms.
- Caregiver(s) of origin describes disciplinary incidents that were out of control and are threatening or fearful that this behavior will be repeated.

3) Caregiver(s) cannot or will not explain the injuries to a child.

Caregiver(s) of origin is unable or unwilling to explain maltreating conditions or injuries or their explanation is inconsistent with facts. An unexplained serious injury or condition is a Present Danger. A situation in which a child is seriously injured without a reasonable explanation is out of control. An injury or condition that cannot be explained or explained adequately is a threat that cannot be controlled.

This Safety Threat typically occurs in connection with a serious injury which speaks to the level of severity. Research, such as that associated with Battered Child Syndrome, supports a conclusion that one serious unexplained or non-accidental injury reasonably may occur again. When the cause of an injury or condition is not known, what might be occurring could result in another injury in the near future.

- Caregiver(s) of origin acknowledges the presence of injuries and/or conditions but pleads ignorant as to how they occurred.
- Caregiver(s) of origin expresses concern for the child’s condition but is unable to explain it.
- Caregiver(s) of origin accepts the presence of injuries and conditions but does not explain them or seem concerned.
- History and circumstantial information are inconsistent with the caregiver(s) of origins’ explanation of the injuries and conditions.
- Caregiver(s) of origins’ verbal expressions do not match their emotional responses and there is not a believable explanation.
- Facts related to the incident, injury, and/or conditions contradict the caregiver(s) of origins’ explanations.

4) Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.

Child sexual abuse always presents serious harm to the child. Behaviors, attitudes, emotions, intents, and situations that are occurring are often disguised as having a positive intent (grooming practices) or are ignored to avoid the reality that sexual abuse is occurring. The safety concern relates to whether or not the sexual abuse is imminent. Child welfare professionals should be exploring for the presence of sexual abuse, regardless of whether or not there has been a specific allegation of sexual abuse as part of their safety assessment. A child welfare professional would accomplish this by gathering comprehensive information related to all six

assessment domains. If issues are presented, or arise, during the course of gathering information that would indicate concerns regarding the possible sexual abuse of the child, that area should be fully explored and assessed.

- Caregiver(s) of origin does not believe the child's disclosure of sexual abuse even when there is a preponderance of evidence and this affects the child's safety.
- Sexual abuse has occurred in which family circumstances, including opportunity, may be consistent with sexual abuse.
- Caregiver(s) of origin denies the abuse, blames the child, or offers no explanation or an explanation that is unbelievable.
- Child sexual abuse is suspected and circumstances suggest continued abuse is likely to occur.
- Alleged perpetrator or perpetrator has access to child.
- Caregiver(s) of origin or others with access to the child have forced or encouraged child to engage in sexual activities.
- Non-offending caregiver of origin is unable or unwilling to prevent the alleged perpetrator, perpetrator, or known sexual offender from having access to the child.
- Caregiver(s) of origin cannot control their sexual impulses.

5) Caregiver(s) are violent and/or acting dangerously.

This threat includes both behaviors and emotions which may be immediately observable, frequently occurring, or may occur in the future.

- Violence includes hitting, beating, physically or verbally assaulting a child, or other family member.
- Violence includes acting dangerously toward a child or others including throwing things, taunting with weapons, driving recklessly, aggressively intimidating, and terrorizing.
- Presence of domestic violence whereby violence involves physical and verbal assault on an adult caregiver in the household in the presence of a child; the child's exposure to the presence of domestic violence causes fear for self and/or others.
- Family violence is occurring and a child is assaulted; attempting to intervene; and/or inadvertently harmed even though the child may not be the actual target of the violence.
- Caregiver(s) of origin is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (*e.g.,* throwing things).

- Caregiver(s) of origin's behavior outside of the home (*e.g.,* drugs, violence, aggressiveness, and hostility) creates an environment within the home which threatens child safety (*e.g.,* drug parties, drive-by shootings).

6) Caregiver(s) will not or cannot control their behavior.

This threat is concerned with the lack of caregiver of origin self-control which jeopardizes the safety of the child. This threat includes caregivers who cannot control their emotions resulting in sudden explosive outbursts or impulsive uncontrolled reactions or actions.

Severity should be considered from two perspectives. The lack of control is significant. It has moved beyond the caregiver of origin's ability to manage it regardless of self-awareness and the lack of control could result in serious harm. This threat includes behaviors other than aggression or emotion that affect child safety.

- Caregiver(s) of origin is acting bizarrely, delusional, and/or experiencing hallucinations.
- Caregiver(s) of origin is under the influence of some substance or is chemically dependent and unable to control the effects of the addiction.
- Caregiver(s) of origin is seriously depressed or unable to control emotions or behaviors and is functionally unable to meet the child's basic needs.
- Caregiver(s) of origin makes impulsive decisions and plans which leave the child in unsafe situations (*e.g.,* unsupervised, supervised by an unreliable caregiver).
- Caregiver(s) of origin is emotionally immobilized, chronically or situationally (*e.g.* paralyzed by fear as a result of domestic violence relationships).
- Caregiver(s) of origin has addictive patterns or behaviors (*e.g.,* addiction to substances, gambling, or computers) that are uncontrolled and leave the child in unsafe situations (*e.g.,* failure to supervise or provide other basic care).

7) Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior.

Caregiver(s) of origin can be so provoked by the child's behavior that they react dangerously. The child's behavior is so out of control that the caregiver(s) cannot safely manage it. The caregiver(s) of origin are aggravated by the child's behavior to the point that they are not able or willing to control their reaction to the child. The child's behavior is unmanageable and the caregiver(s) of origin's severe reaction may cause the child serious harm making the situation unpredictable and most likely imminent.

- Child is confrontational, insulting or challenging; highly aggressive and acting out repeatedly; threatens to run away; abuses substances; so that caregiver(s) loses

patience, impulsively strikes out at the child, isolates the child, or totally avoids the child in an extreme manner.

8) Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.

The needs of the child are acute and require immediate and constant attention by the caregiver(s) of origin. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects would be immediate.

The caregiver(s) of origin's ability and/or attitude is what is out of control. If a caregiver of origin is not doing what is required to assure needs are being met then no one within the family is assuring control.

- Caregiver(s) of origin does not seek or follow recommended treatment for child's immediate and dangerous medical conditions.
- Caregiver(s) of origins' failure to give prescribed medication endangers the child's life or causes their conditions to worsen.
- Child complains of extreme pain and the caregiver(s) of origin does not seek medical or dental attention.
- Child is suicidal, is self-mutilating, or is exhibiting other harmful behaviors (*e.g.* substance abuse), but the caregiver(s) of origin will not take protective action.
- Caregiver(s) of origin's expectations of the child are totally unrealistic in view of the child's condition.
- Child is a physical danger to others.
- Child's basic needs exceed normal expectations because of unusual conditions (*e.g.,* disabled child) and the family is unable to adequately address the needs.

9) Caregiver(s) in the home is not performing duties and responsibilities that assure child safety.

This refers only to adults (not children) in a caregiving role. Duties and responsibilities are at a critical level that, if not addressed, represent a specific danger or threat to a vulnerable child. The lack of fulfilling these basic duties and responsibilities could result in a child being seriously injured, neglected, seriously ill, or even dying.

This threat includes caregivers of origin whose whereabouts are unknown. The immediacy of the severe effects is based on an understanding of the circumstances associated with a caregiver's absence or incapacity, the home condition, and the lack of other adult supervisory supports.

This threat includes both behaviors and emotions explained below:

- Caregiver(s) of origin is unable to perform basic care, duties, or fulfill essential protective duties.
- Caregiver(s) of origin is incapacitated, incarcerated, hospitalized, on vacation, absent from home, or current whereabouts are unknown.
- Caregiver(s) of origin does not attend to the child; the need for care goes unnoticed or unmet (*e.g.,* child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards).
- Caregiver(s) of origin leaves child alone, not considering length of time alone and child's age/development.
- Caregiver(s) of origin leaves child with other inadequate and/or inappropriate caregivers.
- Caregiver(s) of origin is unable to care for the child due to trauma of recent assault or repeated incidents of violence, including domestic violence.
- Caregiver(s) of origin has abandoned the child.

10) Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.

This refers to basic parenting that directly affects a child's safety. This extreme inability and/or unwillingness to meet basic needs creates child safety concerns. Caregiver(s) of origin may be hampered by cognitive, social, or emotional conditions. The situation is out of control based on the behavior of the caregiver(s) of origin and the absence of any controls within the family.

- Caregiver(s) of origin does not know what basic care is or how to provide it (*e.g.,* how to feed or diaper, how to protect or supervise according to the child's age).
- Caregiver(s) of origin's expectations of the child are unrealistic and far exceed the child's capacity thereby placing the child in unsafe situations.
- Caregiver(s) of origin avoids parenting and basic care responsibilities.
- Caregiver(s) of origin does not know or does not apply basic safety measures (*e.g.,* keeping medications, sharp objects, or household cleaners out of reach of small children).
- Caregiver(s) of origin places their own needs above the child's needs thereby affecting the child's safety.
- Living conditions severely endanger the child.

11) Caregiver(s) does not have or does not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.

Basic needs refer to the family's lack of minimal resources to provide shelter, food and clothing or their unwillingness and/or inability to use resources if they were available.

The lack of resources must be so acute that their absence could have an imminent severe effect on a child. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is ascertained by context such as extreme weather conditions or sustained absence of food. It is influenced by the vulnerability of the child (*e.g.* infant, ill, fragile, *etc.*).

- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs (*e.g.* medical care) that, if unmet, could result in a threat to child safety.
- Family is routinely using their resources for things (*e.g.,* drugs, electronics, vacations) other than basic care and support thereby leaving them without basic needs being adequately met.

12) Caregiver(s) perceives child in extremely negative terms.

"Extremely" is meant to suggest a perception which is so negative that, when present, creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and must be inaccurate and exaggerated. No one inside or outside the family has much influence on changing or altering the caregiver of origin's perception.

The extreme perception is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the child's or caregiver of origin's presence in the household. Anything occurring in association with the perception could trigger the caregiver of origin to react aggressively or totally withdraw at any time.

- Child is perceived to be the devil, demon-possessed, or evil.
- Caregiver(s) of origin's perception of the child is extremely negative *e.g.* deformed, ugly, deficient, or embarrassing.
- Caregiver(s) of origin perceives the child as having taken on the same identity as someone the parent/caregiver hates, is fearful of, or hostile towards; and the parent/caregiver transfers feelings and perceptions of the person to the child.

- Child is considered by the caregiver(s) of origin to be punishing or torturing them.
- Caregiver(s) of origin is jealous of the child and believes the child is a detriment or threat to the caregiver's relationship and stands in the way of their best interests.
- Caregiver(s) of origin sees child as an undesirable extension of self who needs purging or punishing.
- Caregiver(s) of origin sees the child as responsible and accountable for the caregiver's problems; blames the child; perceives, behaves, or acts out toward the child as a result based on a lack of reality or appropriateness because of their own needs or issues.

13) Caregiver(s) overtly rejects County Children and Youth Agency intervention; refuses access to a child; and/or there is some indication that the caregiver(s) will flee.

The rejection is far more than a failure to cooperate, open anger, or hostility about County Children and Youth Agency involvement or other signs of general resistance or reluctance. This Safety Threat applies also when there are indications that a family will change residences, leave the jurisdiction, or refuse access to the child. Overt rejection of intervention immediately results in no access to the child and no opportunity to determine if the child is safe.

- Caregiver(s) of origin refuses to allow County Children and Youth Agency in the home or access to certain parts of the home.
- Caregiver(s) of origin refuses to allow County Children and Youth Agency to see or speak with a child; do not inform County Children and Youth Agency where the child is located.
- Family is highly transient, family has few attachments (*e.g.,* job, home, property, extended family) and/or there are other circumstances prompting flight (*e.g.,* warrants, false identities uncovered, criminal convictions, financial debt) and behaviors suggest flight for the purpose of avoiding County Children and Youth Agency involvement.
- Caregiver(s) of origin has demonstrated behaviors of avoidance and/or flight.
- Caregiver(s) of origin's overt behavior prevents child welfare professionals from assessing child's living condition. These behaviors include but are not limited to: refusing to talk to County Children and Youth Agency, avoiding contact with County Children and Youth Agency, making excuses for not participating, missing appointments, or other evasive, manipulative, or suspicious behavior.

14) Child is fearful of the home situation, including people living in or having access to the home.

The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. The home situation includes specific family members and other conditions in the living situation. Other people in the home refers to those either living in the home or frequenting the home so often the child would expect that person would likely be there. If the level of fear is consistent with the Safety Threat, it is reasonable to believe that the child's terror is founded in something occurring in the home that is extreme. It is reasonable to believe that the source of the child's fear could result in serious harm.

Whatever is causing the child's fear is active and an immediate concern of the child. Imminence applies.

- Child demonstrates extreme emotional and/or physical responses (*e.g.,* post-traumatic stress disorder, crying, inability to focus, nervousness, withdrawal, fear of going home) indicating fear of the living situation or of people within the home.
- Child expresses fear and describes people and circumstances which are an obvious and/or serious threat.
- Child recounts experiences which form the basis for fear.
- Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.
- Child describes personal threats which seem clear, serious, and believable.

Pennsylvania Safety Threats

	Safety Threats	Explanation	Criteria
1	Caregiver(s) intended to cause serious physical harm to the child.	In order to meet this criterion, a judgment must be made that the acts were intentional; the objective was to cause pain and suffering; nothing or no one in the household could stop the behavior; or there is no remorse.	˅ Caregiver(s) of origin wants to inflict pain and/or injury to teach the child a lesson; discipline is not the primary reason. ˅ The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (*e.g.*, cigarette burns). ˅ Caregiver(s) of origin does not acknowledge any guilt or wrongdoing and they intended to harm the child. ˅ Caregiver(s) of origin may feel justified, may express the child deserved it, and they intended to hurt the child. ˅ Caregiver(s) of origin can reasonably be assumed to have had some awareness of what the result would be prior to the incident.
2	Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.	The threat to severely harm or expressed anxiety is sufficient to conclude that the caregiver(s) of origin might react toward the child at any time and it could be in the near future.	˅ Caregiver(s) of origin states they will maltreat. ˅ Caregiver(s) of origin's threats are plausible, believable; may be related to specific provocative child behavior. ˅ Caregiver(s) of origin talks about being worried about, fearful of, or preoccupied with maltreating the child. ˅ Caregiver(s) of origin is distressed or "at the end of their rope," and is asking for some relief in either specific (*e.g.*, "take the child") or general (*e.g.*, "please help me before something awful happens") terms. ˅ Caregiver(s) of origin describes disciplinary incidents that were out of control and are threatening or fearful that this behavior will be repeated.
3	Caregiver(s) cannot or will not explain the injuries to a child.	Caregiver(s) of origin is unable or unwilling to explain maltreating conditions or injuries or their explanation is inconsistent with facts. An unexplained serious injury or condition is a Present Danger.	˅ Caregiver(s) of origin acknowledges the presence of injuries and/or conditions but pleads ignorant as to how they occurred. ˅ Caregiver(s) of origin expresses concern for the child's condition but is unable to explain it. ˅ Caregiver(s) of origin accepts the presence of injuries and conditions but does not explain them or seem concerned. ˅ History and circumstantial information are inconsistent with the caregiver(s) of origins' explanation of the injuries and conditions. ˅ Caregiver(s) of origins' verbal expressions do not match their emotional responses and there is not a believable explanation. ˅ Facts related to the incident, injury, and/or conditions contradict the caregiver(s) of origins' explanations.
4	Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.	Child sexual abuse always presents serious harm to the child. The safety concern relates to whether or not the sexual abuse is imminent.	˅ Caregiver(s) of origin does not believe the child's disclosure of sexual abuse even when there is a preponderance of evidence and this affects the child's safety. ˅ Sexual abuse has occurred in which family circumstances, including opportunity, may be consistent with sexual abuse. ˅ Caregiver(s) of origin denies the abuse, blames the child, or offers no explanation or an explanation that is unbelievable. ˅ Child sexual abuse is suspected and circumstances suggest continued abuse is likely to occur. ˅ Alleged perpetrator or perpetrator has access to child. ˅ Caregiver(s) of origin or others with access to the child have forced or encouraged child to engage in sexual activities. ˅ Non-offending caregiver of origin is unable or unwilling to prevent the alleged perpetrator, perpetrator, or known sexual offender from having access to the child. ˅ Caregiver(s) of origin cannot control their sexual impulses.

Pennsylvania Safety Threats

5	Caregiver(s) are violent and/or acting dangerously.	This threat includes both behaviors and emotions which may be immediately observable, frequently occurring, or may occur in the future.	˅ Violence includes hitting, beating, physically or verbally assaulting a child, or other family member. ˅ Violence includes acting dangerously toward a child or others including throwing things, taunting with weapons, driving recklessly, aggressively intimidating, and terrorizing. ˅ Presence of domestic violence whereby violence involves physical and verbal assault on an adult caregiver in the household in the presence of a child; the child's exposure to the presence of domestic violence causes fear for self and/or others. ˅ Family violence is occurring and a child is assaulted; attempting to intervene; and/or inadvertently harmed even though the child may not be the actual target of the violence. ˅ Caregiver(s) of origin is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (*e.g.,* throwing things). ˅ Caregiver(s) of origin's behavior outside of the home (*e.g.*, drugs, violence, aggressiveness, and hostility) creates an environment within the home which threatens child safety (*e.g.*, drug parties, drive-by shootings).
6	Caregiver(s) will not or cannot control their behavior.	This threat is concerned with the lack of caregiver of origin self-control which jeopardizes the safety of the child.	˅ Caregiver(s) of origin is acting bizarrely, delusional, and/or experiencing hallucinations ˅ Caregiver(s) of origin is under the influence of some substance or is chemically dependent and unable to control the effects of the addiction. ˅ Caregiver(s) of origin is seriously depressed or unable to control emotions or behaviors and is functionally unable to meet the child's basic needs. ˅ Caregiver(s) of origin makes impulsive decisions and plans which leave the child in unsafe situations (*e.g.*, unsupervised, supervised by an unreliable caregiver). ˅ Caregiver(s) of origin is emotionally immobilized, chronically or situationally (e.g. paralyzed by fear as a result of domestic violence relationships). ˅ Caregiver(s) of origin has addictive patterns or behaviors (*e.g.*, addiction to substances, gambling, or computers) that are uncontrolled and leave the child in unsafe situations (*e.g.*, failure to supervise or provide other basic care).
7	Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior.	Caregiver(s) of origin can be so provoked by the child's behavior that they react dangerously. The child's behavior is so out of control that the caregiver(s) cannot safely manage it.	˅ Child is… o confrontational, insulting or challenging, o highly aggressive and acting out repeatedly, o threatens to run away, o abuses substances… so that caregiver(s) of origin loses patience, impulsively strike out at the child, isolate the child, or totally avoid the child in an extreme manner.
8	Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.	The needs of the child are acute and require immediate and constant attention by the caregiver(s) of origin. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects would be immediate.	˅ Caregiver(s) of origin does not seek or follow recommended treatment for child's immediate and dangerous medical conditions. ˅ Caregiver(s) of origins' failure to give prescribed medication endangers the child's life or causes their conditions to worsen. ˅ Child complains of extreme pain and the caregiver(s) of origin does not seek medical or dental attention. ˅ Child is suicidal, is self-mutilating, or is exhibiting other harmful behaviors (e.g. substance abuse), but the caregiver(s) of origin will not take protective action. ˅ Caregiver(s) of origin's expectations of the child are totally unrealistic in view of the child's condition. ˅ Child is a physical danger to others. ˅ Child's basic needs exceed normal expectations because of unusual conditions (*e.g.*, disabled child) and the family is unable to adequately address the needs.

Pennsylvania Safety Threats

9	Caregiver(s) in the home is not performing duties and responsibilities that assure child safety.	This refers only to adults (not children) in a caregiving role. Duties and responsibilities are at a critical level that, if not addressed, represent a specific danger or threat to a vulnerable child. The lack of fulfilling these basic duties and responsibilities could result in a child being seriously injured, neglected, seriously ill, or even dying.	˅ Caregiver(s) of origin is unable to perform basic care, duties, or fulfill essential protective duties. ˅ Caregiver(s) of origin is incapacitated, incarcerated, hospitalized, on vacation, absent from home, or current whereabouts are unknown. ˅ Caregiver(s) of origin does not attend to the child; the need for care goes unnoticed or unmet (*e.g.*, child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards). ˅ Caregiver(s) of origin leaves child alone, not considering length of time alone and child's age/development. ˅ Caregiver(s) of origin leaves child with other inadequate and/or inappropriate caregivers. ˅ Caregiver(s) of origin is unable to care for the child due to trauma of recent assault or repeated incidents of violence, including domestic violence. ˅ Caregiver(s) of origin has abandoned the child.
10	Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.	This refers to basic parenting that directly affects a child's safety. This extreme inability and/or unwillingness to meet basic needs creates child safety concerns.	˅ Caregiver(s) of origin does not know what basic care is or how to provide it (*e.g.*, how to feed or diaper, how to protect or supervise according to the child's age). ˅ Caregiver(s) of origin's expectations of the child are unrealistic and far exceed the child's capacity thereby placing the child in unsafe situations. ˅ Caregiver(s) of origin avoids parenting and basic care responsibilities. ˅ Caregiver(s) of origin does not know or does not apply basic safety measures (*e.g.*, keeping medications, sharp objects, or household cleaners out of reach of small children). ˅ Caregiver(s) of origin places their own needs above the child's needs thereby affecting the child's safety. ˅ Living conditions severely endanger the child.
11	Caregiver(s) does not have or does not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.	The lack of resources must be so acute that their absence could have an imminent severe effect on a child. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.	˅ Family has no food, clothing, or shelter. ˅ Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety. ˅ Family is routinely using their resources for things (*e.g.*, drugs, electronics, vacations) other than basic care and support thereby leaving them without basic needs being adequately met.

Pennsylvania Safety Threats

12	Caregiver(s) perceives child in extremely negative terms.	"Extremely" is meant to suggest a perception which is so negative that, when present, creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and must be inaccurate and exaggerated.	˅ Child is perceived to be the devil, demon-possessed, or evil. ˅ Caregiver(s) of origin's perception of the child is extremely negative e.g. deformed, ugly, deficient, or embarrassing. ˅ Caregiver(s) of origin perceives the child as having taken on the same identity as someone the parent/caregiver hates, is fearful of, or hostile towards; and the parent/caregiver transfers feelings and perceptions of the person to the child. ˅ Child is considered by the caregiver(s) of origin to be punishing or torturing them. ˅ Caregiver(s) of origin is jealous of the child and believes the child is a detriment or threat to the caregiver's relationship and stands in the way of their best interests. ˅ Caregiver(s) of origin sees child as an undesirable extension of self who needs purging or punishing. ˅ Caregiver(s) of origin sees the child as responsible and accountable for the caregiver's problems; blames the child; perceives, behaves, or acts out toward the child as a result based on a lack of reality or appropriateness because of their own needs or issues.
13	Caregiver(s) overtly rejects County Children and Youth Agency intervention; refuses access to a child; and/or there is some indication that the caregiver(s) will flee.	The rejection is far more than a failure to cooperate, open anger, or hostility about County Children and Youth Agency involvement or other signs of general resistance or reluctance. This Safety Threat applies also when there are indications that a family will change residences, leave the jurisdiction, or refuse access to the child.	˅ Caregiver(s) of origin refuses to allow County Children and Youth Agency in the home or access to certain parts of the home. ˅ Caregiver(s) of origin refuses to allow County Children and Youth Agency to see or speak with a child; do not inform County Children and Youth Agency where the child is located. ˅ Family is highly transient, family has few attachments (*e.g.*, job, home, property, extended family) and/or there are other circumstances prompting flight (*e.g.*, warrants, false identities uncovered, criminal convictions, financial debt) and behaviors suggest flight for the purpose of avoiding County Children and Youth Agency involvement. ˅ Caregiver(s) of origin has demonstrated behaviors of avoidance and/or flight. ˅ Caregiver(s) of origin's overt behavior prevents child welfare professionals from assessing child's living condition. These behaviors include but are not limited to: refusing to talk to County Children and Youth Agency, avoiding contact with County Children and Youth Agency, making excuses for not participating, missing appointments, or other evasive, manipulative, or suspicious behavior.
14	Child is fearful of the home situation, including people living in or having access to the home.	The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. Whatever is causing the child's fear is active and an immediate concern of the child. Imminence applies.	˅ Child demonstrates extreme emotional and/or physical responses (*e.g.*, post-traumatic stress disorder, crying, inability to focus, nervousness, withdrawal, fear of going home) indicating fear of the living situation or of people within the home. ˅ Child expresses fear and describes people and circumstances which are an obvious and/or serious threat. ˅ Child recounts experiences which form the basis for fear. ˅ Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents. ˅ Child describes personal threats which seem clear, serious, and believable.

Protective Capacity

Caregiver(s) of origin's Protective Capacity is a concept that applies specifically to the adult(s) who lives with a child and is responsible for the primary care of a child. In particular, we refer to the adult who holds the primary responsibility for the child's safety. Normally we are thinking of the child's parent or a person who operates in that capacity in relation to a child. So, this includes birth parents, stepparents, an adult companion of a child's parent, a grandparent, an uncle, or aunt. The caregiver(s) of origin resides with the child; they live in the same household. Another distinction is that the caregiver(s) of origin – child relationship is expected to be a continuing one. The caregiver(s) of origin is going to remain in the child's life and will maintain responsibility for the child's safety. This does not include people who care for a child temporarily such as relatives caring for a child from time to time, care providers such as daycare or other institutions, babysitters, and so on.

A Protective Capacity is a specific quality that can be observed and understood to be part of the way a caregiver of origin thinks, feels, and acts that makes him or her protective. Protective Capacities impact decisions to increase or decrease the level of safety interventions, decisions to reunify a placed child with his/her birth family, decisions to terminate parental rights, and decisions whether or not to close a case, *etc.* The concept of Protective Capacities plays an important role in safety assessment and management as well as family service planning.

Why are caregiver of origins' Protective Capacities, as covered here, so important to County Children and Youth Agency (CCYA) intervention? We mentioned above that this concept actually is the defining concept for CCYA intervention. Fundamentally, CCYAs exist because caregivers within our communities are not protective—they lack Protective Capacities, or their Protective Capacities are sufficiently diminished so that their children are not being protected from danger. When can child protective services be closed? A case can be considered to no longer require CCYA intervention when a caregiver possesses and demonstrates sufficient Protective Capacities to assure that his or her child is safe.

Using this concept, the CCYA conducts assessments to identify threats to safety and evaluate caregiver Protective Capacities; the CCYA opens cases for ongoing services because caregiver Protective Capacities are diminished or risk of future harm to a child exists; the CCYA assesses and develops case plans with caregivers designed to enhance diminished caregiver Protective Capacities and alleviate risk of future harm to a child; the CCYA evaluates progress and enhancement of caregiver Protective Capacities and reduction of threats/risks to child safety; then the CCYA closes cases when caregiver Protective Capacities are sufficient to protect the child and risk of future harm to a child is alleviated, and caregivers are restored to their protective role and responsibilities.

In terms of safety assessment and management, when a child is in their own home, Protective Capacities must be assessed in order to determine a caregiver of origin's

ability to protect a child in direct relation to a Safety Threat. Protective Capacities can either be:

- **Enhanced** – the caregiver(s) of origin has the capacity and is actively using that capacity to protect their children.
- **Diminished** – the caregiver(s) of origin has the capacity but is not using it, due to life circumstances or other reasons, to protect their children.
- **Absent** – the caregiver(s) of origin does not have the capacity at all.

No one person will ever have all of these Protective Capacities at once. Moreover, a caregiver of origin may have several Protective Capacities, but they are not operating to mitigate the Safety Threat. In order to be protective, a caregiver of origin must have an enhanced Protective Capacity that directly mitigates the Safety Threat.

If a caregiver of origin possesses an enhanced Protective Capacity that actively controls a particular threat of harm to a child, the child is considered safe from that threat of harm. Conversely, any gaps or limitations in the caregiver of origin's Protective Capacities directly related to a Safety Threat must be addressed in terms of safety actions in the Safety Plan to substitute for what a caregiver of origin cannot or is unable to do when a Safety Threat exists. The gaps or limitations are referred to as diminished Protective Capacities.

If a caregiver's Protective Capacity is determined to be diminished, it does not necessarily mean that the capacity is absent. It may be turned down or turned off. Caregivers of origin get tired; their abilities are reduced or lessened. They can be in a weakened state due to influences such as stress, substance abuse, or controlling behaviors of others. Safety actions must supplement diminished Protective Capacities to externally control the threat of harm.

A thorough Protective Capacity assessment builds confidence in the decision to have a caregiver of origin remain responsible for the safety of a child and what safety actions may be necessary to control the threat of harm. Gathering information to identify potential Protective Capacities of a caregiver of origin must go beyond the caregiver of origin's statement about their capability or intent. Others who know the caregiver of origin can confirm what is learned from them. Observation of caregiver of origin's and others' behaviors and actions can validate or contradict the information that has been gathered. Attempt to establish proof of Protective Capacities as much as possible.

When gathering information regarding potential Protective Capacities, it is important to keep the following in mind.

- Involvement with a County Children and Youth Agency is a highly stressful time for a caregiver of origin. They may be in an emotional state that could include anger, shock, denial, confusion, dismay, or distrust. A person operating primarily from emotions may be more likely to be self-revealing. A caregiver of origin's emotion and behavior may reflect indications of their Protective Capacities and could be indicative of their natural reflex and instinct.

- A non-offending caregiver of origin is an important source of information. A non-offending caregiver of origin may intentionally or unintentionally reveal information specifically related to thinking, feeling, or behaving that is relevant to protectiveness.
- A history of being protective is a significant indicator. Although every safety and protection situation must be examined in its current state, what a caregiver of origin has done and how they had behaved in the past exists as an indication of what they may be able or willing to do in the present. It is extremely important to balance past behavior with the fact that something in the current situation could alter a caregiver of origin's standard reaction or action.
- Examine with whom the non-offending caregiver of origin is allied. If alliance is unclear, confused, conflicted, or competitive, the caregiver's ability to protect may be compromised.
- The caregiver of origin's attitude toward the current situation, the threat to safety, and the vulnerability of the child is an important indicator of protectiveness. This must also be balanced with a caregiver of origin's initial reaction which may be viewed as righteous indignation at the onset of county children and youth involvement but diminishes as time goes on.
- Asking a caregiver of origin what their plan is to protect the child can reveal information regarding Protective Capacities. A reasonable and workable plan is a good sign of Protective Capacity and increases confidence regarding their maintaining responsibility for providing protection.
- Others who know a caregiver of origin can confirm information regarding the caregiver's Protective Capacities. Any information provided must be weighed for reliability.

Caregiver of origin Protective Capacities are grouped into three areas of functioning (cognitive, emotional, and behavioral). People vary in terms of the capacity they possess. It is hard to think about someone who does not demonstrate some, even if a few, enhanced capacities. Very challenged or troubled caregivers of origin may have limits in a large number of capacities, while some caregivers of origin can be having just as hard a time because a limited number of capacities (or even one) are seriously diminished. Protective Capacities are considered in relation to how they contribute to empowering and enabling a parent – the caregiver of origin to keep his or her vulnerable children safe. These are not family characteristics; these are individual characteristics.

Cognitive Protective Capacity (Thinking)
Does the caregiver of origin have the specific knowledge, understanding, and perceptions to protect the child?

Emotional Protective Capacity (Feelings)
Does the caregiver of origin have the specific feelings, attitudes, and identification with the child and motivation to protect the child?

Behavioral Protective Capacity (Action)
Does the caregiver of origin behave in a manner that is consistent with protecting the child?

The following chart further explains Protective Capacities.

Behavioral Protective Capacities: Behavioral Protective Capacities are observable. We can see tangible behaviors and can describe when they occur in the present and when they have occurred in the past. Information of past behaviors provides us with information that a caregiver of origin has the ability and focuses our attention on what is precluding that behavior from happening. Use of exception finding questions are critical with this concept. What was different about two months ago when you were successfully supervising your child? Behavior Protective Capacities also focus on actions and a caregiver of origins' ability to control their actions (impulses).		
1.	The caregiver has a history of protecting.	This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples might include: ⌄ People who have raised children (now older) with no evidence of maltreatment or exposure to danger. ⌄ People who have protected their children in demonstrative ways by separating them from danger; seeking assistance from others; or similar clear evidence. ⌄ Caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.
2.	The caregiver takes action.	This refers to a person who is action-oriented as a human being, not just a caregiver. ⌄ People who perform when necessary. ⌄ People who proceed with a course of action. ⌄ People who take necessary steps. ⌄ People who are expedient and timely in doing things. ⌄ People who execute their duties.
3.	The caregiver demonstrates impulse control.	This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways. ⌄ People who do not act on their urges or desires. ⌄ People that do not behave as a result of outside stimulation. ⌄ People who avoid whimsical responses. ⌄ People who think before they act. ⌄ People who are planful.
4.	The caregiver is physically able.	This refers to people who are sufficiently healthy, mobile, and strong. ⌄ People who can chase down children. ⌄ People who can lift children. ⌄ People who are able to restrain children. ⌄ People with physical abilities to effectively deal with dangers like fires or physical threats.

5.	The caregiver has/ demonstrates adequate skill to fulfill caregiving responsibilities.	This refers to the possession and use of skills that are related to being protective. • People who can feed, care for, supervise children according to their basic needs. • People who can handle, manage, oversee as related to protectiveness. • People who can cook, clean, maintain, guide, and shelter as related to protectiveness.
6.	The caregiver possesses adequate energy.	This refers to the personal sustenance necessary to be ready and on the job of being protective. • People who are alert and focused. • People who can move; are on the move; ready to move; will move in a timely way. • People who are motivated and have the capacity to work and be active. • People who express force and power in their action and activity. • People who are not lazy or lethargic. • People who are rested or able to overcome being tired.
7.	The caregiver sets aside her/his needs in favor of a child.	This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own. • People who do for themselves after they've done for their children. • People who sacrifice for their children. • People who can wait to be satisfied. • People who seek ways to satisfy their children's needs as the priority.
8.	The caregiver is adaptive as a caregiver.	This refers to people who adjust and make the best of whatever caregiving situation occurs. • People who are flexible and adjustable. • People who accept things and can move with them. • People who are creative about caregiving. • People who come up with solutions and ways of behaving that may be new, needed, and unfamiliar but more fitting.
9.	The caregiver is assertive as a caregiver.	This refers to being positive and persistent. • People who are firm and convicted. • People who are self-confident and self-assured. • People who are secure with themselves and their ways. • People who are poised and certain of themselves. • People who are forceful and forward.
10.	The caregiver uses resources necessary to meet the child's basic needs.	This refers to knowing what is needed, getting it, and using it to keep a child safe. • People who get people to help them and their children. • People who use community public and private organizations. • People who will call on police or access the courts to help them. • People who use basic services such as food and shelter.

11.	The caregiver supports the child.	This refers to actual, observable sustaining, encouraging, and maintaining a child's psychological, physical, and social well-being. ⌄ People who spend considerable time with a child filled with positive regard. ⌄ People who take action to assure that children are encouraged and reassured. ⌄ People who take an obvious stand on behalf of a child.
Cognitive Protective Capacities: Cognitive Protective Capacities explore how the caregiver of origin is thinking. While not as obvious as behavioral Protective Capacities, we should still be able to make observations about and to be able to describe cognitive processes. How a person thinks often translates into how they act, and their verbal and nonverbal expressions. Particular emphasis should be placed on mental operations that empower a person to act or to take responsibility for their actions (or lack of action). Another facet of cognitive Protective Capacities is a caregiver of origins' perception of reality and their understanding of what is dangerous to a child.		
12.	The caregiver plans and articulates a plan to protect the child.	This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan. ⌄ People who are realistic in their idea and arrangements about what is needed to protect a child. ⌄ People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child. ⌄ People who are aware and show a conscious focused process for thinking that results in an acceptable plan. ⌄ People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.
13.	The caregiver is aligned with the child.	This refers to a mental state or an identity with a child. ⌄ People who strongly think of themselves as closely related to or associated with a child. ⌄ People who think that they are highly connected to a child and therefore, responsible for a child's well-being and safety. ⌄ People who consider their relationship with a child as the highest priority.
14.	The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.	This refers to information and personal knowledge that is specific to caregiving that is associated with protection. ⌄ People who know enough about child development to keep kids safe. ⌄ People who have information related to what is needed to keep a child safe. ⌄ People who know how to provide basic care which assures that children are safe.

15.	The caregiver is reality oriented; perceives reality accurately.	This refers to mental awareness and accuracy about one's surroundings; correct perceptions of what is happening; and the viability and appropriateness of responses to what is real and factual. ⌄ People who describe life circumstances accurately. ⌄ People who recognize threatening situations and people. ⌄ People who do not deny reality or operate in unrealistic ways. ⌄ People who are alert to danger within persons and the environment. ⌄ People who are able to distinguish threats to child safety.
16.	The caregiver has accurate perceptions of the child.	This refers to seeing and understanding a child's capabilities, needs and limitations correctly. ⌄ People who know what children of certain age or with particular characteristics are capable of. ⌄ People who respect uniqueness in others. ⌄ People who see a child exactly as the child is and as others see the child. ⌄ People who recognize the child's needs, strengths and limitations. ⌄ People who can explain what a child requires, generally, for protection and why. ⌄ People who see and value the capabilities of a child and are sensitive to difficulties a child experiences. ⌄ People who appreciate uniqueness and difference. ⌄ People who are accepting and understanding.
17.	The caregiver understands his/her protective role.	This refers to awareness…knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child. ⌄ People who possess an internal sense and appreciation for their protective role. ⌄ People who can explain what the "protective role" means and involves and why it is so important. ⌄ People who recognize the accountability and stakes associated with the role. ⌄ People who value and believe it is his/her primary responsibility to protect the child.
18.	The caregiver is self-aware as a caregiver.	This refers to sensitivity to one's thinking and actions and their effects on others – on a child. ⌄ People who understand the cause – effect relationship between their own actions and results for their children ⌄ People who are open to who they are, to what they do, and to the effects of what they do. ⌄ People who think about themselves and judge the quality of their thoughts, emotions, and behavior. ⌄ People who see that the part of them that is a caregiver is unique and requires different things from them.

	Emotional Protective Capacities: Emotional Protective Capacities explore the emotional bond and attachment between a caregiver of origin and his/her child. It is this bond that might drive some caregivers of origin to be overly protective and some to be passive. Emotional Protective Capacity, however, goes beyond the expression of love for a child to explore how that love is a motivating force to protect the child from harm. This category of capacity would also include a caregiver of origin's ability and willingness to cope with a situation.	
19.	The caregiver is able to meet his/her own emotional needs.	This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children. ⌄ People who use personal and social means for feeling well and happy that are acceptable, sensible, and practical. ⌄ People who employ mature, adult-like ways of satisfying their feelings and emotional needs. ⌄ People who understand and accept that their feelings and gratification of those feelings are separate from their child.
20.	The caregiver is emotionally able to intervene to protect the child.	This refers to mental health, emotional energy, and emotional stability. ⌄ People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately. ⌄ People who are not consumed with their own feelings and anxieties. ⌄ People who are mentally alert, in touch with reality. ⌄ People who are motivated as a caregiver and with respect to protectiveness.
21.	The caregiver is resilient as a caregiver.	This refers to responsiveness and being able and ready to act promptly. ⌄ People who recover quickly from setbacks or being upset. ⌄ People who spring into action. ⌄ People who can withstand. ⌄ People who are effective at coping as a caregiver.
22.	The caregiver is tolerant as a caregiver.	This refers to acceptance, allowing and understanding, and respect. ⌄ People who can let things pass. ⌄ People who have a big picture attitude, who don't over react to mistakes and accidents. ⌄ People who value how others feel and what they think.
23.	The caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.	This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure. ⌄ People who show compassion through sheltering and soothing a child. ⌄ People who can calm, pacify, and appease a child. ⌄ People who physically take action or provide physical responses that reassure a child, that generate security.

24.	The caregiver and child have a strong bond and the caregiver is clear that the number one priority is the well-being of the child.	This refers to a strong attachment that places a child's interest above all else. ⌄ People who act on behalf of a child because of the closeness and identity the person feels for the child. ⌄ People who order their lives according to what is best for their children because of the special connection and attachment that exists between them. ⌄ People whose closeness with a child exceeds other relationships. ⌄ People who are properly attached to a child.
25.	The caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.	This refers to active affection, compassion, warmth, and sympathy. ⌄ People who fully relate to, can explain, and feel what a child feels, thinks, and goes through. ⌄ People who relate to a child with expressed positive regard and feeling and physical touching. ⌄ People who are understanding of children and their life situation.

Once understanding what Protective Capacities are, focus must shift to the process of assessing for the presence of Protective Capacities. The critical questions that remain are:

- How do we know what Protective Capacities need to be in place to mitigate a Safety Threat;
- How do we determine what level of capacity a caregiver of origin currently has with that Protective Capacity; and
- How can we bring about change within a caregiver of origin?

Knowing whether or not a Protective Capacity is present rests on our ability to gather information. It is a judgment made by the child welfare professional, through observations and interviews (information gathering), and his/her supervisor. The hope is that through information gathering (both from the caregivers of origin and other persons involved with the family) we will begin to see patterns of behaviors consistent, or perhaps inconsistent, with what a caregiver of origin is saying they are able to do. This information is what guides us to make the judgment as to whether or not the Protective Capacity is enhanced.

It is also important to reflect on how the Safety Threat is in operation. What is it about the threat that needs to change?

- Is the Safety Threat occurring due to a lack of knowledge? If this is the situation, our focus would be on the cognitive Protective Capacities.

- What if the caregiver of origin has the knowledge, but the threat is occurring because they are not using knowledge? If this is the situation, our focus would be on the behavioral Protective Capacities.
- Or, if the threat is occurring due to a gap/deficit in the emotional alignment or attachment to the child, our focus would be on the emotional Protective Capacities.

In some instances, a caregiver of origin may need to focus on all three types of Protective Capacities. The key questions that child welfare professionals and caregivers of origin must be able to answer together are:

- What is going on now?

  This question refers both to Safety Threats, current absent/enhanced/diminished Protective Capacities, and whether or not existing Protective Capacities are mitigating the Safety Threat.

- What must change?

  This question refers to the reduction or elimination of Safety Threats, the development or enhancement of Protective Capacities, changes within the home or family dynamic (*e.g.* removal of the perpetrator, the addition of other caregivers with enhanced Protective Capacities, *etc.*), and changes in the behavior of the caregiver of origin (*e.g.* recovery from addiction, stabilization of mental health, acquisition of parenting skills, *etc.*).

- What must eventually exist?

  This question refers to the development of a home that is safe for the child. In other words, a home where the caregivers of origin have enhanced Protective Capacities and there is no longer a need for the CCYA to provide external actions to control a Safety Threat.

After the Protective Capacities have been assessed and specific Protective Capacities are identified that must be enhanced to mitigate a Safety Threat, a child welfare professional must then work to develop a Family Service Plan (FSP) with the family that identifies services that would foster Protective Capacity enhancement.

Family Service Plans must link Safety Threats to diminished Protective Capacities that allow the threats to exist. The FSP must work to build diminished Protective Capacities by bringing about internal change in the caregivers of origin or sustainable external or environmental changes so that the caregiver of origin's Protective Capacity protects the child from the threat of harm. In terms of family service planning, the conclusions drawn from a thorough appraisal of a caregiver of origin's overall Protective Capacities, along with conclusions drawn from the Risk Assessment, lead to the goals, objectives, and actions in a Family Service Plan.

Controlling the threat by safety actions in the Safety Plan without building caregiver Protective Capacities in the Family Service Plan cannot assure that a similar or new

threat will not put the child in danger of serious harm again in the future. Measuring the degree of a caregiver of origin's Protective Capacities in conjunction with the Risk Assessment process helps to assure that the level and intensity of services provided are appropriate. The purpose of the goals, objectives, and actions in the Family Service Plan is to reduce the future risk of harm and build the caregiver of origin's Protective Capacities in order to provide the child with a safe and permanent home.

Safety Analysis

Safety Analysis is the process by which a child welfare professional systematically evaluates the information gathered related to Safety Threats and Protective Capacities. The purpose of the Safety Decision is to identify and explain what is associated with or influences a Safety Threat or Protective Capacity.

A knowledgeable Safety Decision is dependent upon the quality of information gathered and the accuracy of identifying Safety Threats and Protective Capacities during assessment. The Safety Decision provides:

- Details of how negative family and caregiver of origin conditions are Safety Threats;
- Details of how the Protective Capacities serve to protect the child from a threat of harm;
- Frequency and predictability of Safety Threats and Protective Capacities in terms of when they are active;
- Explanation of the extent of the Safety Threats' and Protective Capacities' presence and how they affect family life and functioning;
- Explanation of factors associated with a Safety Threat or a Protective Capacity; and
- Rationale and justification for the conclusions which lead to the Safety Decision.

The Safety Analysis leads to a determination of whether a Safety Plan is needed by evaluating the Safety Threats and Protective Capacities. The Safety Analysis also provides the bridge between identifying Safety Threats and developing actions that will control them. Without examination of the nature and manifestation of Safety Threats and how caregiver of origin Protective Capacities are diminished or functioning, reliance may be placed in Safety Plans that do not take into account the details of how a Safety Threat may be occurring.

A Safety Decision occurs after the assessment and is the responsibility of the County Children and Youth Agency child welfare professional and supervisor. The supervisor provides oversight and guidance to the process. The Safety Analysis is completed after sufficient information has been gathered to understand the nature, extent, function, and interrelationship of a Safety Threat. Both Present Danger and Impending Danger

Threats are evaluated in the safety analysis process. The conclusions reached as a result of the Safety Analysis give direction to what a Safety Plan must achieve. The Safety Plan is dependent upon the conclusions reached regarding how and why the threats are happening and what caregiver Protective Capacities are diminished.

The result of analyzing Safety Threats and Protective Capacities is a better understanding of what is causing present and impending danger and what is needed to protect the child from serious harm. This process is best achieved with several opportunities to work face-to-face with the caregivers. Thought should be given to the setting where the contacts occur, how to initiate and conduct the conversations, how to respond to caregivers' concerns, and who else should be involved in the process.

The relationship between Safety Threats and Protective Capacities may be direct or indirect. In a direct relationship, the Protective Capacity would prevent the Safety Threat from actually occurring. In an indirect relationship, the Protective Capacity and the Safety Threat come from different caregivers, protecting the child from an occurring Safety Threat.

How Safety Threats and Protective Capacities are occurring can be understood by breaking down the conditions associated with a threat into parts. The parts are then examined to determine how they relate to each other and how they reveal the manner in which the threats are manifested. The direct impact of conditions on the child and conditions weakening Protective Capacities of the caregiver(s) of origin can influence the potential for serious harm to the child. The following questions assist in breaking down the threats:

1) How long have family and caregiver of origin conditions posed a Safety Threat?
2) How frequent do the conditions pose a Safety Threat?
3) How predictable is the Safety Threat? Are there occasions when the threat is more likely to be active?
4) How predictable is the Protective Capacity? Are there occasions when it is less likely to be active?
5) Are there specific times (day, evening, nights, weekends) that might require "special attention" due to the way in which a Safety Threat is manifested?
6) How does the Safety Threat affect overall family functioning?
7) Do Safety Threats prevent a caregiver of origin from adequately functioning in primary roles (*i.e.,* Individual life management, parenting, *etc.*)?
8) Does the Protective Capacity have a negative or a positive impact the caregiver of origin's functioning?
9) What is associated with, occurs at the same time, stimulates, or influences the Safety Threat?
10) Are the Safety Threats likely to continue?

11) Is the severity likely to increase?

12) Are the Protective Capacities likely to diminish?

13) What may cause the Protective Capacities to diminish?

14) What allows the caregiver of origin to maintain the Protective Capacity?

15) What are the characteristics of the child's vulnerability?

16) Which of the caregiver of origin's Protective Capacities might be diminished?

Once an understanding of how the Safety Threats and Protective Capacities are occurring, a decision regarding safety can be made.

There are several essential analysis questions that must be analyzed in order for the CCYA to have heightened confidence in the sufficiency of the Safety Plan. The safety intervention analysis questions are as follows:

First Analysis Question: *How are Safety Threats manifested in the family?*

1. How long have conditions in the family posed a Safety Threat?
2. How frequent or often does the family condition pose a Safety Threat?
3. How predictable is the Safety Threat? Are there occasions when the Safety Threat is more likely to be an active influence?
4. Are there specific times during the day, evening, night, *etc.* that might require "special attention" due to the way in which the Safety Threat is manifested?
5. Do Safety Threats prevent a caregiver of origin from adequately functioning in primary roles (*i.e.,* individual life management and parenting)?

❑ It must be clear how Safety Threats are occurring and operating in the family before a determination can be made regarding the elements of Safety Plan required.

❑ If indications are that Safety Threats are constantly and totally incapacitating with respect to caregiver of origin functioning, then an informal, temporary out-of-home Safety Plan is suggested. If that does not work upon further safety intervention analysis, then formal placement is suggested.

Second Analysis Question: **Can an able, motivated, responsible adult caregiver of origin adequately manage and control for the child's safety without direct assistance from the CCYA?**

1. Is there a non-maltreating caregiver of origin residing in the home?
2. Does the non-maltreating caregiver of origin have sufficient Protective Capacities (strengths) and demonstrate a willingness to protect?

    ❑ Has demonstrated ability to protect in the past?

- ❑ Has a specific plan for protection?
- ❑ Physically and emotionally able to intervene and protect?
- ❑ Clearly understands specific threats to safety?
- ❑ Properly attached?
- ❑ Empathetic and believes the child?
- ❑ Cooperating and properly aligned with the CCYA?

3. Does the non-maltreating caregiver of origin in the home have sufficient personal and family resources (as needed) including family network support and access which empower him/her to assist in safety planning? Fulfill protective responsibilities?

❑ This is an extremely important judgment in safety decision making. It is crucial that the judgment is fully justified and supported by verifiable facts about the caregiver of origin as evidenced through history, current behavior, expressed intent, demonstrated capacity, and assertive willfulness. If you are not certain if the caregiver of origin is able, willing, motivated, and resolute about doing whatever is necessary to protect the child, that caregiver should not be made responsible for assuring the safety of the child.

Third Analysis Question: *Is an in-home CCYA managed Safety Plan an appropriate response for this family?*

This question refers to whether or not a CCYA managed comprehensive Safety Plan is an option for this family (*e.g.* residing with the caregiver(s) of origin or in an alternate informal living arrangement.)

1. Are caregivers of origin residing in the home?
2. Is the home environment calm and consistent enough at a minimal level so as to assure that a sufficient CCYA managed safety response can be provided in the home?
3. Are the caregiver(s) of origin willing for safety actions, tasks, or safety services to be provided and accept and cooperate with an in-home Safety Plan response?
4. Are there sufficient resources within the family or community to perform the safety actions, tasks, or services necessary to manage the identified Safety Threats?

❑ Rigor should be applied in considering the least intrusive measures possible to assure child safety. That requires the CCYA to be able to fully justify any “no” answer to the questions concerned with considering in-home safety management as an option.

- ❑ Question 4 is a general consideration of family and community resources that is considered in more depth if the answer is yes. To answer this question no, it must be well established that resources are so deficient that it is commonly known that some Safety Threats (as analyzed) cannot be managed because of the absence of family or community resources.
    - ❑ **If the answer to any of the questions listed above is NO:** Determine the most appropriate placement for the child outside the home.
        - For children who enter care through a court order, a Safety Plan is not required. The emergency order placing the child should be self-explanatory/sufficient. Information regarding the child's safety, the reasons for the child's removal and the identified safety threats should be documented in the structured case note.
        - For children who enter care through a Voluntary Placement Agreement (VPA) due to an identified Safety Threat, the decision is "Safe with a Comprehensive Safety Plan." The VPA should be included as one component of the Safety Plan. The VPA cannot in and of itself be the Safety Plan.
        - Analysis question 4 does not need to be completed.
- ❑ **If the answer to all of the questions above is YES:** Proceed to the next safety intervention analysis question.

Fourth Analysis Question: ***What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage Safety Threats?***

This question looks at safety actions that could be put into place to maintain the child with the caregiver(s) of origin or in an alternate informal living arrangement to support the decision of Safe with a Comprehensive Safety Plan.

1. Considering how Safety Threats are manifested, what specific safety responses/services are necessary (an effective match) for controlling Safety Threats?

2. How are the selected safety actions intended to control the identified Safety Threats? How are safety responses/services going to work?

3. What is the level of effort needed from safety service providers to adequately control and manage Safety Threats?
    a. How much of a response seems reasonable in order to assure child safety?
    b. How often during the week will the family require assistance and supervision in order to assure child safety?
    c. How long and what intervals seem necessary?
    d. Are there special periods of time that require specific attention?

4. Who can and will assure effective implementation of the comprehensive Safety Plan?
    a. What natural supports and/or community resources has the family identified as being able to potentially assist in the safety response?
    b. What community/service oriented resources are known to the County Children and Youth Agency that could potentially be used as a safety response?

5. Are potential providers suitable to participate in the comprehensive Safety Plan?
    a. Protective Capacities
    b. Trustworthy
    c. Committed
    d. Properly aligned with the CCYA
    e. Supportive and encouraging
    f. Flexible access
    g. Promptly available

6. Are necessary safety planning resources available and accessible to the family at the level of effort, frequency, and amount required to assure child protection? Given the nature and intensity of the Impending Danger, are there sufficient lay or professional resources within the family and community to perform safety actions, tasks, or safety services necessary to manage the identified Safety Threats—existing Impending Danger**.**

❑ **If the answer to questions 5 or 6 is NO,** the analysis does not support the use of a CCYA managed comprehensive Safety Plan (either maintaining the child with the caregiver(s) of origin, **in an alternate informal living arrangement, or placement through a VPA**). Proceed with formal out-of-home placement of the child. No Safety Plan is required. The emergency order placing the child should be self-explanatory/sufficient. Information regarding the child's safety, the reasons for the child's removal and the identified safety threats should be documented in the structured case note.

Connecting Safety Analysis Questions to Safety Decisions:
If there <u>are no Safety Threats</u>, the Safety Analysis would not need to be documented on the In-Home Safety Assessment Worksheet. Counties may elect to have their staff write "no Safety Threats" or N/A on the worksheet; however, this is not a requirement. Child(ren) would be determined to be **Safe**.

If there <u>are Safety Threats</u>, child welfare professionals need to use the analysis process to guide their determination as to whether or not a child is Safe, Safe with a Comprehensive Safety Plan, or Unsafe.

- After completing analysis questions 1 and 2, if the determination is that existing Protective Capacities are already in place to offset all Safety Threats then the Safety Decision is that the child(ren) is/are **Safe**. There is no need to proceed to analysis questions 3 and 4.

If the Protective Capacities do not offset all Safety Threats, proceed to Safety Analysis question 3.

- After completing analysis question 3, if the determination is that a CCYA managed comprehensive Safety Plan is not an option, the Safety Decision is that the child(ren) is/are **Unsafe**. The CCYA must petition the court to have the child placed in a substitute/congregate care setting. There is no need to proceed to analysis question 4.

  If the determination is that a CCYA managed comprehensive Safety Plan is an option either maintaining the child with the caregiver(s) of origin or in an alternate informal living arrangement; or through execution of a Voluntary Placement Agreement (VPA), proceed to analysis question 4.

- After completing analysis question 4, if the determination is that a CCYA managed comprehensive Safety Plan cannot be implemented while maintaining the child with the caregiver(s) of origin or in an alternate informal living arrangement, or through execution of a VPA, the Safety Decision is that the child(ren) is/are **Unsafe**. The CCYA must petition the court to have the child placed in a substitute/congregate care setting.

If the determination is that a CCYA managed comprehensive Safety Plan is the least intrusive option that will assure the child(ren)'s safety then the Safety Decision is **Safe with a Comprehensive Safety Plan**. This would include all plans put in place while maintaining the child with the caregiver(s) of origin, in an alternate informal living arrangement, or placement through a VPA.

In-Home Safety Decisions

The Safety Decisions for the In-Home Safety Assessment and Management Process are:

Safe: Either the caregiver(s) of origin's existing Protective Capacities sufficiently control each specific and identified Safety Threat, or no Safety Threats exist. Child can safely remain in the current living arrangement or with the caregiver(s) of origin. Safety Plan is not required.

Safe with a Comprehensive Safety Plan: Either the caregiver(s) of origin's existing Protective Capacities can be supplemented by safety actions to control each specific and identified Safety Threat, the child must temporarily reside in an alternate informal living arrangement, or the child is placed through a Voluntary Placement Agreement (VPA). No court involvement is necessary; however a Safety Plan is required.

Unsafe: Caregiver(s) of origin's existing Protective Capacities cannot be sufficiently supplemented by safety actions to control specific and identified Safety Threats. Child cannot remain safely in the current living arrangement or with the caregiver(s) of origin; County Children and Youth Agency must petition for custody of the child. A Safety Plan is not required. The emergency order placing the child should be self-explanatory/sufficient. Information regarding the

child's safety, the reasons for the child's removal and the identified safety threats should be documented in the structured case note.

Effective safety decision making must involve the caregiver(s) of origin, not only as a component of the assessment but as part of the decision-making process. Caregivers who are part of the process are more likely to be motivated and committed to the safety actions and Family Service Plan. A decision as to whether a Safety Plan is needed due to family conditions, behavior, emotion, attitudes, perceptions, motives, or situations should be reached mutually, but is ultimately the County Children and Youth Agency's decision.

Additionally, while the county children and youth child welfare professional recommends Safety Plans, the child welfare professional is not the sole person responsible for safety decision making. Child welfare professionals should also include information gathered from the referral source, all collateral contacts, private providers, primary health care providers, in addition to family member information. The supervisor's role in the decision making process involves discussion with the child welfare professional regarding his or her assessment and recommendations, as well as the final approval to agree with, alter, endorse, and/or collaborate on the child welfare professional's recommendation and implementation of a Safety Plan.

Safety Assessment Worksheet – In-Home

Date of Safety Assessment:	**Type of Assessment:**

I.	**Family Name:**	**Case number:**	**Caseworker Name:**

Suf	Child's Name	Age	Suf	Child's Name	Age

Caregiver of Origin's Name	Rel	Date Seen	Caregiver of Origin's Name	Rel	Date Seen

II. Identify Safety Threats Below		List each child by name or suffix in the column. Note: only select Yes if the Safety Threshold was met					Explain how Safety Threshold was met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)
Date of Face-to-Face Contact:							
1. Caregiver(s) intended to cause serious physical harm to the child.	Y						
	N						
2. Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.	Y						
	N						
3. Caregiver(s) cannot or will not explain the injuries to a child.	Y						
	N						
4. Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.	Y						
	N						
5. Caregiver(s) are violent and/or acting dangerously.	Y						
	N						
6. Caregiver(s) cannot or will not control their behavior.	Y						
	N						
7. Caregiver(s) react dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior.	Y						
	N						
8. Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.	Y						
	N						
9. Caregiver(s) in the home are not performing duties and responsibilities that assure child safety.	Y						
	N						
10. Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.	Y						
	N						
11. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.	Y						
	N						
12. Caregiver(s) perceive child in extremely negative terms.	Y						
	N						
13. Caregiver(s) overtly rejects CPS/GPS intervention; refuses access to a child; and/or there is some indication that the caregivers will flee.	Y						
	N						
14. Child is fearful of the home situation, including people living in or having access to the home.	Y						
	N						

III. Are Safety Threats Present? ☐ Yes? ☐ No? If Yes, complete the following**:**

Protective Capacities: A Protective Capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has Protective Capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified Safety Threat. What Protective Capacity must be enhanced and in operation to mitigate that threat? For enhanced Protective Capacities, describe specifically how that Protective Capacity would prevent the Safety Threat from reoccurring in the near future.

Caregiver of Origin's Name	Safety Threat By #	Child Suffix/ Name	List the caregiver(s) of origin's Protective Capacities which, when enhanced AND used, would mitigate the Safety Threat.	Indicate if the Protective Capacity is enhanced, diminished, or absent. For enhanced Protective Capacities describe how the selected capacity prepares, enables, or empowers the caregiver(s) of origin to be protective. Will the caregiver(s) be able to put the Protective Capacity into action?

IV. Safety Analysis: As part of your analysis, respond to the following four questions:

How are Safety Threats manifested in the family?

Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CCYA?

Is an in-home CCYA managed Safety Plan an appropriate response for this family?

What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage Safety Threats?

V. Caregiver(s) of Origin and Children Who Were Not Seen: Every effort should be made to see each caregiver of origin and child in the family face-to-face to determine if the child(ren) is/are safe. If there is a caregiver of origin or child in the family that was not seen (*e.g.* child runaway or adult caregiver of origin out of town), list their name, age, role within the family, and provide justification as to why they were not seen, how long it has been since someone has seen them, and the plan identified to see/locate them and to assure that child's safety.

Individuals Not Seen	Age	Family Role	Justification

VI. Safety Decision	List each child by name or suffix					
Decision Date:						
Safe: Either the caregiver(s) of origin's existing Protective Capacities sufficiently control each specific and identified Safety Threat, or no Safety Threats exist. Child can safely remain in the current living arrangement or with the caregiver(s) of origin. Safety Plan is not required.						
Safe with a Comprehensive Safety Plan: Either the caregiver(s) of origin's existing Protective Capacities can be supplemented by safety actions to control each specific and identified Safety Threat or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a Safety Plan is required.						
Unsafe: Caregiver(s) of origin's existing Protective Capacities cannot be sufficiently supplemented by safety actions to control specific and identified Safety Threats. Child cannot remain safely in the current living arrangement or with the caregiver(s) of origin; County Children and Youth Agency must petition for custody of the child. A Safety Plan is not required if the child is removed by court order as a result of the safety threat(s).						

VII. Signatures of Approval (Requires Supervisory Discussion)			
	Caseworker Name	**Signature**	**Date**
	Supervisor Name	**Signature**	**Date**

Instructions for Completion of the In-Home Safety Assessment Worksheet

Date of Safety Assessment: Enter the date the form is completed

Type of Assessment:
Enter the type of Safety Assessment you are completing from the following listing. Note: these listings are based on the intervals defined in the In-Home Policy section.

Within three business days of the agency's first face-to-face contact with the identified child and/or caregiver(s) of origin;

At the conclusion of the investigation/assessment, if there is not a change in the safety of the child, an additional worksheet does not need to be completed. However, information regarding the child's safety must be documented in the case record through a structured case note.

Within three business days of the identification of additional evidence, circumstances, or information that suggests a change in the child's safety. Note: a change in safety refers to a positive or negative change to Safety Threats and/or the Safety Decision;

Within three business days of any unplanned return home from an informal or formal placement, along with risk assessment in accordance with 3490.321(h)(3)(ii).

Within 30 days prior to case closure, along with risk assessment, in accordance with 3490.321(h)(4).

Section I: Identifying Information
The following fields are found in this section of the In-Home Safety Assessment Worksheet and are to be completed on the individuals for whom the CCYA has assigned the case for assessment/investigation and/or ongoing services:

- **Family Name:** Enter the Family Name/Case Name;
- **Case Number:** Enter the Case Number that is assigned to the family;
- **Caseworker Name:** Enter the name of the child welfare professional completing the Safety Assessment;
- **Suffix, Child's Name, and Child's Age:** Enter the suffix your County Children and Youth Agency has assigned to each individual child under suffix. (If your County Children and Youth Agency does not utilize suffixes, leave this section blank and just list the child's name). Enter the name and age of each child in the family of origin residing in the household; and
- **Caregiver Name, Relationship, Date Seen:** Enter the name of each caregiver of origin residing in the home and their relationship to the child. The focus of the Safety Assessment and Management Process is on the how the caregivers of origin assure the safety of the child. Therefore only caregivers of origin are listed on the worksheet. For household members and other children visiting the home, one would still gather information to determine how those individuals are either supporting or detracting from a caregiver of origin's ability to protect their children from harm. This information would be documented on the structured case note.

Section II: Assessment of Safety Threats

This section documents both Present and Impending Danger Threats. This section is to be completed using information gathered in relation to the Six Assessment Domains.

The following columns/fields are found in this section of the In-Home Safety Assessment Worksheet:

- **Identify Safety Threats Below (Column):** This column is the listing of the 14 Safety Threats.
- **List Each Child (Column):** This column is where the child welfare professional would document the date of the face-to-face contact(s) with the child AND indicate the presence or absence of a Safety Threat.
  - Enter the date of face-to-face contact (field) with the child.
    - This field could include individual dates of contact or a range of dates representing when each child was seen.

II. Identify Safety Threats Below		List each child by name or suffix in the column. Note: only select Yes if the Safety Threshold was met.					Explain how Safety Threshold was met (Safety Threshold: Vulnerable child, Specific, Out of control, Imminent, and Serious harm likely)
Date of Face-to-Face Contact:		1/1/08	1/1/08 — 3/9/08				
1. Caregiver(s) intended to cause serious physical harm to the child	Y		B				
	N	A					

- List each individual child by their suffix in the columns provided. Each column represents one child. If your County Children and Youth Agency does not utilize suffixes, place the child's name (or initials) in this column.
- "Y"- threat is present and meets the Safety Threshold; "N"-threat does not exist or does not meet the Safety Threshold.

II. Identify Safety Threats Below		List each child by name or suffix in the column. Note: only select Yes if the Safety Threshold was met.					Explain how Safety Threshold was met (Safety Threshold: Vulnerable child, Specific, Out of control, Imminent, and Serious harm likely)
Date of Face-to-Face Contact:		1/1/08	1/1/08 — 3/9/08				
1. Caregiver(s) intended to cause serious physical harm to the child	Y		B				
	N	A					

- **Explain how the Safety Threshold was met (column):** This column is where child welfare professional would describe how the Safety Threshold was met (*e.g.* there is an active Safety Threat). Child welfare

professionals should provide enough explanation so that the supervisor or other individual reading the case file would get a clear understanding of how the threat was in operation. This description would include information related to whether or not the primary caregivers caused the threat to occur or failed to protect the child from harm from another individual. No justification is required if the safety threshold was not met.

- Preliminary Assessments: Preliminary assessments are often completed with limited information. It is still important to document what information is known. For identified Safety Threats, child welfare professionals should still indicate the presence of that threat by recording the child's suffix or name in the "Y" line. For the remaining Safety Threats, it is permissible to record the child's name or suffix in the "no" line.

- For all other assessments after the preliminary assessment, an explanation must be provided for every identified Safety Threat as to how the Safety Threshold was met. No justification is required if the threshold was not met for the Safety Threat. Do not state that any Safety Threat is N/A.

II. Identify Safety Threats Below		List each child by name or suffix in the column. Note: only select Yes if the Safety Threshold was met.					Explain how Safety Threshold was met (Safety Threshold: Vulnerable child, Specific, Out of control, Imminent, and Serious harm likely)
Date of Face-to-Face Contact:		1/1/08	1/1/08 — 3/9/08				
1. Caregiver(s) intended to cause serious physical harm to the child	Y		B				
	N	A					

Section III: Protective Capacity: This section documents the current status of the caregiver(S) of origin's Protective Capacities. Protective Capacities can be absent, diminished, or enhanced. When the family first becomes involved with the CCYA, they may have several capacities which are absent or diminished. Over time, the child welfare professional will be able to document caregiver progress in the development or use of Protective Capacities.

- **Are Safety Threats Present (Check Box)?** The purpose of this checkbox is to link the information related to the identified Safety Threats.
  - Check "yes" or "no" depending on whether any Safety Threats were found. If, at any time a child welfare professional is conducting a safety assessment and no Safety Threats are present the Protective Capacity section is not required. This may occur at the beginning of the casework process when it is determined that an assessment/investigation is not necessary or at the end of the casework process when you are getting ready to close the case.

If any Safety Threats are present, continue completing this section to determine which caregiver of origin Protective Capacities are enhanced, absent, or diminished that directly impact the Safety Threat.

III. Are Safety Threats Present? ☐ Yes? ☐ No? If Yes, complete the following**:**

Protective Capacities: A Protective Capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has Protective Capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced, or diminished. Consider each identified Safety Threat. What Protective Capacity must be enhanced and in operation to mitigate that threat? For enhanced Protective Capacities, describe specifically how that Protective Capacity would prevent the Safety Threat from reoccurring in the near future.

Caregiver of Origin's Name	Safety Threat By #	Child Suffix/ Name	List the caregiver(s) of origin's Protective Capacities which, when enhanced AND used, would mitigate the Safety Threat.	Indicate if the Protective Capacity is enhanced, diminished, or absent. For enhanced Protective Capacities describe how the selected capacity prepares, enables, or empowers the caregiver(s) of origin to be protective. Will the caregiver(s) be able to put the Protective Capacity into action?

The next set of fields (**column name, Safety Threat by number, and child suffix/name**) are all interrelated. We are looking at how a caregiver of origin caused or failed to prevent a specific Safety Threat to a specific child. The child welfare professional must then determine the relationship between the threat and what Protective Capacities need to be put into place or enhanced to prevent the Safety Threat from reoccurring. There may be situations where multiple threats could be mitigated by a specific Protective Capacity. If this is the case, one may list multiple caregivers, threats, and children on one row in this section of the form.

III. Are Safety Threats Present? ☐ Yes? ☐ No? If Yes, complete the following**:**

Protective Capacities: A Protective Capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has Protective Capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced, or diminished. Consider each identified Safety Threat. What Protective Capacity must be enhanced and in operation to mitigate that threat? For enhanced Protective Capacities, describe specifically how that Protective Capacity would prevent the Safety Threat from reoccurring in the near future.

Caregiver of Origin's Name	Safety Threat By #	Child Suffix/ Name	List the caregiver(s) of origin's Protective Capacities which, when enhanced AND used, would mitigate the Safety Threat.	Indicate if the Protective Capacity is enhanced, diminished, or absent. For enhanced Protective Capacities describe how the selected capacity prepares, enables, or empowers the caregiver(s) of origin to be protective. Will the caregiver(s) be able to put the Protective Capacity into action?

- **List the caregiver Protective Capacities (column):** Select the Protective Capacities that, when enhanced and in operation, would mitigate the Safety Threat from the listing of Protective Capacities provided in the Safety Assessment and Management Process Reference Manual.

III. Are Safety Threats Present? ☐ Yes? ☐ No? If Yes, complete the following**:**

Protective Capacities: A Protective Capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has Protective Capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced, or diminished. Consider each identified Safety Threat. What Protective Capacity must be enhanced and in operation to mitigate that threat? For enhanced Protective Capacities, describe specifically how that Protective Capacity would prevent the Safety Threat from reoccurring in the near future.

Caregiver of Origin's Name	Safety Threat By #	Child Suffix/ Name	List the caregiver(s) of origin's Protective Capacities which, when enhanced AND used, would mitigate the Safety Threat.	Indicate if the Protective Capacity is enhanced, diminished, or absent. For enhanced Protective Capacities describe how the selected capacity prepares, enables, or empowers the caregiver(s) of origin to be protective. Will the caregiver(s) be able to put the Protective Capacity into action?

- **Description of Protective Capacity (column):** This column is provided for the child welfare professional to provide specific information about how a Protective Capacity is enhanced, diminished, or absent. Child welfare professionals should begin by identifying the status of the Protective Capacity and then provide specific information as to how that determination was made. For instance, if a caregiver of origin has a Protective Capacity but it is diminished, when is it diminished, under what circumstances, what did the Protective Capacity look like when it was enhanced? What would need to happen to enhance that Protective Capacity enough that the caregiver of origin could prevent the Safety Threat from reoccurring? How would you know, *etc.*?
  - Child welfare professionals must select from the listing of Protective Capacities provided in the Protective Capacity Section of the manual.

III. Are Safety Threats Present? ☐ Yes? ☐ No? If Yes, complete the following**:**

Protective Capacities: A Protective Capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has Protective Capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced, or diminished. Consider each identified Safety Threat. What Protective Capacity must be enhanced and in operation to mitigate that threat? For enhanced Protective Capacities, describe specifically how that Protective Capacity would prevent the Safety Threat from reoccurring in the near future.

Caregiver of Origin's Name	Safety Threat By #	Child Suffix/ Name	List the caregiver(s) of origin's Protective Capacities which, when enhanced AND used, would mitigate the Safety Threat.	Indicate if the Protective Capacity is enhanced, diminished, or absent. For enhanced Protective Capacities describe how the selected capacity prepares, enables, or empowers the caregiver(s) of origin to be protective. Will the caregiver(s) be able to put the Protective Capacity into action?

Section IV: Safety Analysis: This section asks four questions that will guide the child welfare professional in considering options for family safety planning, as well as the potential of in-home safety planning. This analysis will also help inform whether the child needs to be removed from the home. This section should be used to help document the information obtained through the casework process to help support your resulting Safety Decision.

- **Response to Analysis Questions:** Child welfare professionals must respond to each of the four analysis questions. The questions help to summarize the information learned about the identified Safety Threats and caregiver Protective Capacities, and helps determine what type of plan is necessary in home, out of home, or combination of the two. This information also guides the Safety Decision.

IV. Safety Analysis: As part of your analysis, respond to the following four questions:

How are Safety Threats manifested in the family?

Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from the CCYA?

Is an in-home CCYA managed Safety Plan an appropriate response for this family?

What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage Safety Threats?

Section V: Caregiver(s) of Origin and Children Who Were Not Seen: This section identifies which caregiver(s) of origin and children were not able to be seen at the time the Safety Assessment was conducted.

- The individual(s)' name, their age, their role in the family (*e.g.,* child, mother, father, *etc.*), and the justification as to why the individual(s) was not seen should to be listed. Efforts to see them, the date the individual(s) was last seen, and the plan to locate or see the individual(s) should be documented here as well.

V. Caregiver(s) of Origin and Children Who Were Not Seen: Every effort should be made to see each caregiver of origin and child in the family face-to-face to determine if the child(ren) is safe. If there is a caregiver of origin or child in the family that was not seen (*e.g.* child runaway or adult caregiver of origin out of town), list their name, age, role within the family, and provide justification as to why they were not seen, how long it has been since someone has seen them, and the plan identified to see/locate them and to assure that child's safety.

Individuals Not Seen	Age	Family Role	Justification

Section VI: Safety Decision: Based on all of the information gathered and the Safety Analysis a Safety Decision is made. This decision should reflect the level and/or amount of safety action and the degree of intrusiveness needed to control the Safety Threat.

- The date the decision was made should be documented under "Decision Date."
- Each child in the home should be listed by suffix or name in this section.
- This section will determine whether each individual child is:
    - Safe;
    - Safe with a Comprehensive Safety Plan; or
    - Unsafe.
- To indicate a Safety Decision, record the child's suffix or name in the corresponding line. Each child should have their own Safety Decision. Several columns have been provided so that multiple children could be listed.

VI. Safety Decision - Decision Date:	List each child by name or suffix				
Safe: Either the caregiver(s) of origin's existing Protective Capacities sufficiently control each specific and identified Safety Threat, or no Safety Threats exist. Child can safely remain in the current living arrangement or with the caregiver(s) of origin. Safety Plan is not required.				D	
Safe with a Comprehensive Safety Plan: Either the caregiver(s) of origin's existing Protective Capacities can be supplemented by safety actions to control each specific and identified Safety Threat or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a Safety Plan is required.	A	 C			E
Unsafe: Caregiver(s) of origin's existing Protective Capacities cannot be sufficiently supplemented by safety actions to control specific and identified Safety Threats. Child cannot remain safely in the current living arrangement or with the caregiver(s) of origin; County Children and Youth Agency must petition for custody of the child. A Safety Plan is required.		B			

Section VII Signature of Approval: This section indicates child welfare professional and supervisor approval of the safety assessment.

- The child welfare professional should only sign the worksheet after supervisory discussion and concurrence has been reached.
- Child welfare professional name should be printed on the line above "Caseworker Name." Child welfare professional should sign the document above "Caseworker Signature." The form should be dated with the date on which it was signed. The supervisor also includes their printed name, signature, and the date of when the In-Home Safety Assessment Worksheet is signed. Electronic signatures are permissible.
- If the supervisor instructs the child welfare professional to make revisions or modifications of the documentation contained on the In-Home Safety Assessment Worksheet, those changes should be made prior to either person signing the form. This type of revision is not considered to be a "new" safety assessment.

VII. Signatures of Approval **(Requires Supervisory Discussion)**			
	Caseworker Name	**Signature**	**Date**
	Supervisor Name	**Signature**	**Date**

Safety Plan Management

Safety planning is the process that occurs at any point during the life of the case when a child's safety is threatened and Protective Capacities cannot manage the threat of serious harm. During this process, when a Present or Impending Danger Threat exists in a family, immediate action must be taken to assure the child's safety. A Safety Plan must:

1. Be immediate so that it is capable of being in operation the same day it is created;
2. Contain actions that are specific and measurable; and
3. Be sufficient to manage safety.

A child welfare professional must develop a Safety Plan when there are Present Danger or Impending Danger Threats identified and these threats cannot be managed by the caregiver of origin's Protective Capacities. A child welfare professional would not need to develop a Safety Plan when there are not any Present Danger or Impending Danger Threats, or the Protective Capacities in the family can adequately manage foreseeable Safety Threats.

The Safety Plan is initially developed based on the results of the In-Home Safety Assessment and analysis of the information gathered during the safety assessment. The results of the in-home Safety Analysis lead to a determination of Safe, Safe with a Comprehensive Safety Plan, or Unsafe. A Safety Plan must be developed for **ALL** children determined to be Safe with a Comprehensive Safety Plan. Safety Plans are not required children who enter a court ordered placement, the emergency order placing the child should be self-explanatory/sufficient. Information regarding the child's safety, the reasons for the child's removal and the identified safety threats should be documented in the structured case note.

For children determined to be Safe with a Comprehensive Safety Plan, the developed Safety Plan can include an informal living arrangement or a Voluntary Placement Agreement (VPA) as a safety action. These actions, as is the case with all safety actions, are intended to be short-term and is designed to assure the safety of the child when Safety Threats are identified either while an investigation and/or assessment are being completed; or identified during the course of an open case. These arrangements are made without court involvement. If it is determined that the informal living arrangement needs to continue beyond a 60-day period, or the VPA needs to continue beyond a 30-day period, the following should be considered and documented in the case record:

- Are there dependency issues that necessitate the filing of a dependency petition?
- Do/Does the informal living arrangement caregiver(s) wish to be approved as a resource family?
- Considering the definition of "informal care," is the intent that the informal living arrangement becomes a permanent arrangement? If so, is the caregiver now considered the "caregiver of origin"?

- Are there sufficient supports for the informal living arrangement caregiver to maintain the placement on a longer basis (*e.g.* childcare, financial support, *etc.*)?
- Do/Does the informal living arrangement caregiver(s) have the legal authority to make medical and educational decisions regarding the child?

NOTE: Informal arrangements lasting beyond 60 days should only occur with exceptional circumstances.

Preliminary Safety Decisions and Immediate Preliminary Safety Plans

The primary purpose of the Preliminary Safety Assessment is to identify Safety Threats at the first contact with the family. That information is then documented on the Preliminary Safety Assessment and addressed on the Immediate Preliminary Safety Plan. Present Danger threats identified throughout the casework process require an immediate response on the part the county child welfare professional to assure safety. Often this decision must be made prior to the completion of the GPS assessment/CPS investigation and, in some instances, prior to conducting face-to-face interviews with all of the caregivers and/or family members. In many instances, the protective action is to take the child into emergency custody. The reason for this is that there is not enough time to conduct a comprehensive assessment of caregiver of origin Protective Capacities and family resources. Once the immediate safety of the child can be assured, the county child welfare professional may then proceed to complete their assessment/investigation.

While Present Danger may be identified during the initial contacts, Impending Danger is identified following the initial contacts (*i.e.*, within three business days of the first face-to-face contact) when the initial In-Home Safety Assessment Worksheet is completed. If Present Danger is identified during the initial contacts, an Immediate Preliminary Safety Plan must be developed to control the threats. An Immediate Preliminary Safety Plan is short-term. It must assure child's safety while the investigation or assessment continues. An Immediate Preliminary Safety Plan is specific and tied to a particular Present Danger Safety Threat(s). The actions of the Safety Plan must control those threats until sufficient information can be gathered and analyzed to determine a Safety Decision and possible need for a Safety Plan.

When developing Immediate Preliminary Safety Plans it is important to keep several criteria in mind: while caregivers of origin are to be involved in considering action to be taken, given the immediate consequences of Present Danger, the Immediate Preliminary Safety Plan should include other responsible people. One should not rely on the caregiver(s) of origin to be responsible for assuring the Immediate Preliminary Safety Plan works**.** When using relatives as caregivers in providing the Immediate Preliminary Safety Plan, be certain about who they are allied with—the caregiver(s) of origin, the child, or the CCYA.

Keep in mind the Immediate Preliminary Safety Plan needs only last as long as it takes to complete the intake process or investigation, and, when an Immediate Preliminary Safety Plan is needed, staff should work expeditiously to complete the intake

(investigation) assessment as soon as possible. An Immediate Preliminary Safety Plan should only be in place for a brief period of time. Attempts should be made to gather sufficient information for concluding the intake process and decision making promptly.

Since this is a short-term measure and as minimally intrusive as possible, keep it simple, and as close to the family and within the family network as possible.
Once the plan is developed it must be confirmed with the family/responsible persons and enacted the same day that the present danger is identified.

Safety Planning

The Safety Plan is developed with a specific child in mind; the focus can be broadened to encompass sibling groups. The Safety Plan must identify under what conditions a child will remain safe in their home, in an informal placement setting, or placed through a Voluntary Placement Agreement (VPA). When children are determined to be unsafe in their own home and court ordered placement is necessary, the development of a Safety Plan is not required. The emergency order placing the child should be self-explanatory/sufficient. Information regarding the child's safety, the reasons for the child's removal and the identified safety threats should be documented in the structured case note. A Safety Plan should include the following:

- An analysis of the Present and/or Impending Danger Threats.

  This analysis is critical because it establishes what must be controlled. That is what are the threats, when do they occur?

- How Present and/or Impending Danger Threats will be managed; including by whom, under what circumstances and agreements, and in accordance with specification of time requirements, availability, accessibility, and suitability of those involved.

- Consideration of caregiver of origin awareness and acknowledgement of Safety Threats.

- Consideration of caregiver of origin acceptance and willingness for the plan to be implemented.

- A plan for CPS oversight.

Ultimately a Safety Plan must:

- **Control or manage Present and/or Impending Danger Safety Threats**

  The single purpose of the Safety Plan is to control or manage Present and/or Impending Danger. If any other purpose is included, it may not be a Safety Plan.

- **Have an immediate effect**

  The Safety Plan is created because you have identified Present and/or Impending Danger. The definition for Present Danger is that it is happening now and Impending Danger is that it is imminent. That means serious harm is going to happen anytime within the near future; from later today, tomorrow or up to, but not exceeding 60 days. Therefore, the Safety Plan must be established and

implemented at the point the Present and/or Impending Danger is identified and do what it is supposed to do the very day it is set up, *e.g.* manage Present and/or Impending Danger.

- **Be immediately accessible and available**

  Available means the provider has sufficient time and capacity to do what is expected. Accessible means the provider will be in place, readily responsive and close enough to the family to meet the demands of the plan.

- **Contain safety services and actions only**

  Actions and services contained within the Safety Plan are designated specifically for the purpose of controlling or managing Present and/or Impending Danger. Safety services must have an immediate effect. A safety service must achieve its purpose fully each time it is delivered.

- **Not contain promissory commitments**
  When determining that a Safety Threat exists via application of the Safety Threshold, one determines that the situation is "out of control". The decision has been made that the caregiver of origin is unable to act in a protective manner. It should be assumed that if the caregiver of origin was able to act in a protective manner, they would have done so. A "pinky promise" will not change the lack of ability.

Action steps identified in the Safety Plan must be specific and measurable and must have an immediate positive impact on controlling the Safety Threat to the child. To identify action steps, the child welfare professional should consider any and all Protective Capacities in operation within the family and their support system. Whenever possible, the identified Protective Capacities should be used to control Safety Threats, if and only if the child welfare professional can clearly justify how the Protective Capacities will truly control the threats.

Actions within Safety Plans

Safety Management

Safety management is the intervention used to control Present and Impending Danger Threats to a child. Safety management includes in-home, out-of-home, or a combination of in-home/out-of-home actions. Safety actions should always be viewed on the continuum of response alternatives, from least to most intrusive, with the most severe safety action being placement of the child. These safety actions can take place in the home or out of the home, and can be either formal (professional services) or informal activities (relatives, kin, and neighbors).

Safety management must be:

1. **Capable of having an immediate effect;**
2. **Immediately available;**

3. **Always accessible; and**
4. **Sufficient to control the danger or threat of danger.**

Safety management is concerned with *controlling* danger and threats of danger only – not changing caregiver of origin behavior.

To be effective, safety management must be responsive to how safety issues change throughout the course of County Children and Youth Agency intervention. Safety management must be able to respond to new or changing threats of Present or Impending Danger, as well as the Protective Capacities of the caregiver(s) of origin. Safety Decisions can be modified as a result of those changes. When changes occur in the family situation, safety actions should be reviewed to determine whether or not they are still appropriate based on the Present or Impending Danger Threats to the child's safety. At this time, additional safety actions may need to be implemented if the Present or Impending Danger Threats to a child's safety have increased and Protective Capacities within the family are insufficient to control the threats. If the threats to a child's safety have decreased, safety actions may be able to be decreased. The process by which safety actions and caregiver(s) of origin 's Protective Capacities are assessed should directly relate back to the Safety Analysis and resulting decisions.

Safety management is focused on behavior, emotion, attitude, motive, intent, or situations that are associated with Present or Impending Danger Threats to child safety. Safety management must have influence over specific threats to a child's safety and must change and adjust to differences in threats to safety and caregiver of origin Protective Capacities.

Safety management includes five safety management actions that can be applied alone or in combination.

Safety Actions

Safety actions may include formal or informal services or activities and may be provided by professionals, non-professionals, and the family network.

Separation

Separation is a safety action concerned with threats related to stress, caregiver of origin reactions, child-care responsibility, and caregiver of origin-child access. Separation provides respite for both caregivers of origin and children. The separation action creates alternatives to family routine, scheduling, demand, and daily pressure. Additionally, separation can have a supervisory/oversight function concerning the climate of the home and what is happening. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action which can occur frequently during a week or for short periods of time. Separation may involve any period of time from one hour to a weekend to several days in a row. Separation may involve professional and non-professional options. Separation may involve anything from

babysitting to temporary out-of-home placement of a child, or combinations. Activities and services that fit this action include:

- Planned absence of caregiver(s) of origin from the home
- Respite care
- Daycare
- After school care
- Planned activities for the children
- Child placement: short-term; weekends; several days; or a few weeks

Examples of this type of safety action:

- The paramour will voluntarily leave the residence and have no contact with the child while the investigation is completed;
- On Wednesdays and Thursdays, when the father works the second shift, the children will stay with their aunt in her home;
- The child will attend daycare from 8 am to noon, Monday through Friday when mother is at work;
- The youth will stay in the schools' after class activities until 4:30 pm on Mondays and Tuesdays until the mother gets home from work;
- The child will attend the YMCA's Latchkey Program Monday through Friday until picked up by the father at 5 pm; and
- The child(ren) will stay with the maternal grandmother in her home while the mother completes her in-patient detoxification program.

Crisis Management

Crisis management is specifically concerned with intervening to bring a halt to a crisis and to mobilize problem solving to return a family to a state of calm. For this action to apply there must be a sudden precipitating event or onset of conditions that immobilize caregiver(s) of origin's ability to solve their problems and manage their lives, thus reducing their Protective Capacities to provide protection and basic care. The purpose of crisis management is crisis resolution and immediate problem solving in order to control the threat to child safety. Activities or services that are consistent with this safety action must specifically address the crisis and may include:

- Crisis intervention;
- Entering into a domestic violence shelter;
- Entering a detoxification program for drug/alcohol treatment;
- Emergency medical care; or
- Immediate mental health commitment (voluntary or involuntary).

It is likely that crisis management will be applied in conjunction with other safety actions.

Examples of this type of safety action:

- If the mother leaves the child in the home without supervision, the child will immediately contact her aunt, who lives next door, and the aunt will come to the home and stay with the child until the mother returns home. If the child cannot reach the aunt, she will contact the child welfare professional;
- Mother and child have checked in with the Women's Shelter and will not reveal this action or their location to the paramour;
- The father has been involuntarily committed to a mental health facility while mother maintains supervision and care of the children;
- The father will enter a five day, in-patient detoxification program; and
- The child welfare professional will travel with the mother to take the child to the emergency room of the local hospital for an examination and assessment of the injuries.

Social Support

Social support is an action that reduces social isolation and seeks to provide social support. This action is versatile in the sense that it may be used alone or in combination with other actions in order to reinforce and support caregiver(s) of origin efforts. Keeping an eye on how the family is doing is a secondary value of social connection. Keeping the Safety Threshold in mind, this action may be useful with those who are failing to meet basic protective parenting responsibilities such as young, inexperienced parents; those who are anxious or immobilized emotionally; those who need encouragement and support; those who are overwhelmed with parenting responsibilities; and those who are developmentally disabled. Activities or services that are consistent with this safety action include:

- Basic parenting assistance
- Homemaker services to address environmental concerns
- Supervision and monitoring
- In-home babysitting

Examples of this type of safety action:

- The youth will continue to take care of her child with her mother's (baby's maternal grandmother) supervision and daily mentoring on how to properly feed an infant;
- The CCYA Homemaker will visit daily with the family at their home to assess the conditions of the home, discuss potential hazards, and correct any dangerous conditions;

- On days when the father works evenings, his sister (child's aunt) will stay with the child and mother to assure proper supervision of the child and monitoring of the mother's activities; and
- On Wednesday evenings, when the mother has her ladies' night out, her 19-year-old neighbor's daughter will babysit with the children in their home.

Resource Support

Resource support refers to a safety action that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety. Activities and services that constitute resource support used to manage threats to child safety include:

- Resource acquisition (*i.e.* getting heat, water, electricity, food, *etc.*)
- Transportation services (particularly in reference to an issue associated with a SafetyThreat)
- Housing assistance

Examples of this type of safety action:

- The child welfare professional will take the mother to the church's food pantry every three days to restock her food inventory until her monthly food stamp allocation is received;
- The County Children and Youth Agency will supply the father with bus passes to take the child to her weekly physical therapy sessions; and
- The child welfare professional helps the family to enter the County's 30 Day Transitional Housing Program following their eviction.

Differences between Safety Actions and Family Service Plan Actions

Safety actions, as prescribed in the Safety Plan, focus on controlling the threat of harm to a child; while actions in the Family Service Plan focus on eliminating the conditions causing and sustaining the threats of harm and strengthening Protective Capacities.

Crosswalk between Safety and Service Plans	
Safety Plan	**Service Plan**
The purpose is to control	The purpose is to change
Limited to imminent Safety Threats	Addresses a wide range of family needs
Put into place immediately upon identifying imminent Safety Threats	Put into place following further assessment and when the family is ready
There are many activities and services within the Safety Plan, which are occurring simultaneously.	Activity and services can be spread out occurring intermittently over a long period of time
Must have an immediate effect. This means it must work the day it is set in place	Is expected to have long-term effects achieved over time

The provider's role and responsibility in the Safety Plan is exact and focused on the Safety Threats	The provider's role and responsibility vary according to client need

An example of the services that would be established on the service plan might include mental health or substance abuse counseling, parenting education, or anger management. These treatment services would not be appropriate to include in the Safety Plan, as they do not exert an external control to offset the immediate Safety Threat. However, the caregiver(s) of origin's participation in such services may result in their internalizing changes that would control future risks of harm. Ultimately, these services will have a greater long-term impact on the safety and well-being of the child, but would not assure the child's immediate safety.

Safety actions should be assessed as part of the ongoing casework process in order to determine that the actions put into place are adequate and remain consistent with the needs of the family to control the threats to the child. If there is evidence, circumstances, or new information that suggests a change in the family situation and ultimately poses threats to the child's safety, the analysis of the current safety actions needs to be reviewed in order to determine why threats are occurring. The review of the analysis may determine that the safety actions put into place were not appropriate, or that the changes in the family situation require different actions.

Implementing the Safety Plan

A Safety Plan is contingent upon the plan being followed as outlined and agreed upon by all responsible persons. The most important part of the Safety Plan is the people who participate in it. Focus should be placed upon collaborating with all responsible persons in order to develop the most comprehensive and effective Safety Plan. People who participate in the safety action must be capable and willing to provide a safe environment for the child, which means that they must have Protective Capacities which enable them to assure the child's safety. A responsible person is any individual(s) who has/have a role and responsibility to assure the child's safety for compliance with the plan; types of responsible persons could include caregivers of origin, kin, household members, service providers, County Children and Youth Agency staff, and/or other identified resources. All responsible persons identified in the Safety Plan must be actively and effectively engaged in safety assessment and safety planning. They must understand and agree that the threats to the child's safety exist and that the child is unsafe. They must also understand that the purpose of safety actions is to control the threat of serious harm to the child. They must be not only available, but also able to successfully perform the actions.

Collaborating with and obtaining agreement from the caregiver(s) of origin, family members, and/or other persons involved with the child to act as responsible persons for the actions that will be taken as a part of a Safety Plan is a critical component of safety planning. A family knows their resources better than anyone. Engaging the family in the safety planning process is essential to identifying the most effective resources and actions to assure the development and implementation of a successful plan. If all

options are not explored, the possibility exists that the most effective options are not considered, potentially resulting in the establishment of barriers to the work that needs to occur or in the establishment of an ineffective plan that places a child in danger.

The previous section of the manual titled *Safety Actions* explored four possible categories of safety actions including separation, crisis management, social support, and resource support, all of which family members can either provide or support. While professional services can certainly help in the present and near future, they cannot be in place forever. On the other hand, family supports can remain forever. Those involved in the Safety Plan can also play a role in the more long-term change process (*i.e.,* enhancement of Protective Capacities) and remain in place beyond CCYA involvement, helping to assure sustained success when agency involvement is concluded.

A Safety Plan becomes effective when all responsible persons have agreed to the conditions outlined in the Safety Plan. This effective date should be included in documentation within the case record and on the In-Home Safety Assessment Worksheet.

Characteristics of an effective Safety Plan are usually dependent on one or more of the variables listed below:

1. Responsiveness of action to safety needs;
2. Actions are based on the family's input;
3. Willingness of the family to implement actions;
4. History of past behavior and/or effectiveness of similar actions;
5. Effectiveness of actions to mitigate Safety Threats;
6. Selection, availability, and accessibility of actions;
7. Immediate implementation of actions;
8. Required frequency of actions; or
9. Intensity of actions required to control Safety Threats.

Ongoing Monitoring and Management of the Safety Plan

Once a Safety Plan is developed, a method for monitoring compliance with the Safety Plan must be put into place. An example of monitoring might be: the child welfare professional will call or visit with the maternal grandmother weekly to check and assess her ability to continue in her role as a responsible person on the Safety Plan. While monitoring compliance of the Safety Plan is ultimately the responsibility of the County Children and Youth Agency, responsible caregivers identified in the Safety Plan also aid in the monitoring of the Safety Plan. This means that not only is it the County Children and Youth Agency's responsibility to monitor compliance with the plan, but it is imperative that there is communication with other persons, professionals, and agencies that are involved with the family and that they all have an interest in assuring the child's safety, which ultimately leads to compliance with the plan.

There are three main questions to help guide Safety Plan monitoring and management. These questions do not require formal documentation, rather are intended to help guide thinking surrounding monitoring and management. The three questions include:

- Are responsible parties able and willing to fulfill their responsibilities as agreed upon and stated in the Safety Plan?
    - There may be times when responsible parties are no longer able to fulfill their obligations. This may occur for a variety of reasons that may be or may not be within the control of the responsible party. Situations outside of their control may include, but are not limited to:
        - Health problems (personal or familial);
        - Financial problems;
        - Change in household (divorce, death, new household member(s), *etc.*);
        - Becoming overwhelmed with their role and responsibilities; or
        - Pressure by caregiver(s) of origin to not follow the Safety Plan.
    - Situations within their control may include, but are not limited to:
        - Failure to follow the Safety Plan;
        - Safety concerns within the home of the responsible party; or
        - Lack of alignment with the County Children and Youth Agency and child.

  If the answer to this question is no, a new Safety Plan may need to be developed immediately to assure child safety. This may or may not result in the need to complete a new In-Home Safety Assessment Worksheet. A new worksheet would be completed if there is a change (either positive or negative) in the child's safety.

  If another resource is willing and able to take on the responsibilities as they exist in the current Safety Plan, the Safety Decision will likely not change. In this situation, the Safety Plan would need to be updated (including signatures from all responsible parties) however a new worksheet would not be required.

  If there is a change in safety (*e.g.,* there are no other resources available to fulfill the outstanding safety actions), a new worksheet needs to be completed and the determination may be that the child is Unsafe and needs to be placed in out-of-home care, as an in-home managed Safety Plan is likely not a viable option. In this circumstance, the development of a new safety plan would not be needed. The emergency order placing the child should be self-explanatory/sufficient. Information regarding the child's safety, the reasons for the child's removal and the identified safety threats should be documented in the structured case note.

- Are the safety actions stated in the Safety Plan adequately assuring child safety?

- This question simply considers whether the identified safety actions are sufficient.

If the answer to this question is no, a new In-Home Safety Assessment Worksheet may need to be completed, as this would likely suggest a change in child safety (either positive or negative) and child safety would need to be assured.

Do the safety actions stated in the Safety Plan need to remain in place?

- This question is intended to consider Protective Capacities. Specifically, have those Protective Capacities that were identified as necessary to mitigate identified Safety Threats been enhanced. If they have been enhanced,
  - Are the Protective Capacities enhanced enough to remove any safety actions from the Safety Plan?
  - Are the Protective Capacities enhanced enough that the child can return to their caregiver(s) of origin with a Safety Plan in place?
  - Are the Protective Capacities enhanced to the point that a Safety Plan is no longer needed?
- If they have not been enhanced,
  - Have the correct goals and objectives been identified in the Family Service Plan?
  - Are the goals and objectives in the Family Service Plan realistic and reasonable?
  - Have the correct Protective Capacities been identified?

These three questions are answered through dedicated information gathering. Developing and maintaining a Safety Plan is the primary responsibility of the County Children and Youth Agency which is informed by the family, any and all private providers, and collaterals involved with the child. As such, it is critical that the County Children and Youth Agency work closely with all parties in order to monitor and manage the Safety Plan. The responsibility also lies with the County Children and Youth Agency to communicate any changes to the Safety Plan.

If change in the Safety Plan needs to occur, it should be done so by collaborating with and engaging all parties involved in the current Safety Plan and any parties who may be involved in the updated Safety Plan. As stated previously, it is imperative that all possible options are explored to assure the most effective possible plan is developed. All parties must be informed of the new Safety Plan and new signatures are required, affirming that each party is fully aware of, capable of fulfilling, and willing to fulfill their role in the Safety Plan.

The Role of Providers in Helping to Monitor the Safety Plan

County Children and Youth Agencies are required to complete the appropriate Safety

Assessment Worksheet and make safety assessment decisions. Private providers who provide services to families on behalf of the County Children and Youth Agency are expected to provide information to the County Children and Youth Agency which will inform the Safety Decision made.

Providers who provide services on behalf of the County Children and Youth Agency are responsible for assessing for Present and Impending Danger at every contact and immediately contacting the County Children and Youth Agency child welfare professional with information about any threats to the child's safety. The provider worker must assure that this information is received by the County Children and Youth Agency child welfare professional. If the County Children and Youth Agency child welfare professional is not available at that time, the provider child welfare professional must assure that a supervisor or someone at a higher level at the County Children and Youth Agency is aware of the information.

Provider workers should also assure that conditions related to child safety are described in required reports, such as ISPs. Intervention and services must be provided to aid in enhancing Protective Capacities, and address the emergence of Safety Threats.

Safety Plan

I.	Family Name:	Case Number:	Children's Names or Suffixes:	Date of Safety Plan:

II. Safety Plan:

Identify the Safety Threat, the person responsible for ensuring that the safety action is completed, the safety action, and the child (by name and suffix).
Note: for in-home Safety Plans, it is agreed that these actions are necessary to maintain the child(ren) safely in their own home. If these actions are not achieved, do not provide for the safety of the child, and/or additional Safety Threats are identified which make the child Unsafe in their own home, consideration will be made for the removal and placement of the child(ren) to assure safety.

Safety Threat By #	Child Suffix	Responsible Person	Safety Action	Time Period	How Monitored

III. Plan Agreement:

Signature on the Safety Plan indicates that the responsible person agrees to follow the Safety Plan as prescribed. The responsible person also agrees to notify the County Children and Youth Agency child welfare professional and/or private provider staff if they are in need of assistance, unable to fulfill their responsibilities as detailed in the plan, and/or if other individuals attempt to have unapproved contact with the child.

Responsible Persons **Print Name/ Address**	**Signature**	**Relationship to Children**	**Date**

County Children and Youth Agency Representatives:

Caseworker		Phone:	
Supervisor		Phone:	

IV. Parental / Legal Custodian Waiver (Sign Below):

"I authorize the release of all information on the Safety Assessment and Plan to all participants in the Safety Plan, for the purpose of providing information about their role in enforcing the Safety Plan. I understand that in the event of safety threats being identified warranting a potential need for my child to enter an informal living arrangement, I have the right to leave the home to prevent the informal care arrangement from having to occur or I consent to the plan of informal care and understand at any time I can revoke my consent and request court action be taken. I hereby waive any rights to confidentiality that I may otherwise have concerning the information on the Safety Plan."

Parent or legal custodian name	Signature	Phone:	
Parent or legal custodian name	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Other Name	Signature	Phone:	

Instructions for Completing the Safety Plan

Section I Demographic Information:

- **Family Name:** Enter the family name which is on the In-Home Safety Assessment Worksheet.
- **Case Number:** Enter the case number which is assigned to the family.
- **Children's Names/Suffixes:** Enter the children's name or suffixes as they are documented on the In-Home Safety Assessment Worksheet.
- **Date of Safety Plan:** Enter the date the Safety Plan is completed.

Section II Safety Plan: This is the section where the safety actions would be recorded. Safety actions are actions which can take place immediately and have an immediate effect.

- **Safety Threat by #:** In this column, list the corresponding number of the Safety Threat to be addressed (from the In-Home Safety Assessment Worksheet).
- **Child Suffix:** In this column, list the name or suffix of the child for whom a safety action is being developed.
- **Responsible Person:** In this column, the person who is responsible for the safety action is listed.
- **Safety Action:** In this column, the specific details of the safety action are documented.
- **Time Period:** The expected duration of the specific safety action is documented in this column.
- **How Monitored:** The method by which the safety action will be monitored is documented in this column. The person responsible for monitoring, and the frequency of contact for monitoring should also be detailed in this column.

Section III Plan Agreement: Signatures on this section of the plan indicate that the responsible persons agree to their portion of the plan and are willing and able to carry out their responsibilities.

- **Responsible Persons:** Each person who has a responsibility in the implementation of the service is listed in this column, including their address.
- **Signature:** Each responsible person is required to sign their agreement to the Safety Plan. The signature of each person constitutes their complete agreement with the Safety Plan and their role with the plan.
- **Relationship to Children:** Each responsible person's relationship to the children should be listed here.
- **Date:** This is the date each responsible person reviewed and signed the Safety Plan, not the date the Safety Plan was written.

- **County Children and Youth Agency Representatives:** This section contains the signature of the County Children and Youth Agency child welfare professional and their supervisor, as well as their phone numbers.

Section IV Parental/Legal Custodian Waiver & Signatures: This section is where the parent(s)/legal custodian indicates their understanding and agreement to the Safety Plan. There may be instances where the parent(s)/legal custodian refuses to sign the plan. Child welfare professionals should document their explanation of the Safety Plan to the parent(s)/legal custodian and document that they were unwilling to sign.

- **Parent or Legal Custodian Name:** This section includes the printed name(s) and signature of the parent or legal custodian, and their respective phone numbers.
- **Child Name:** In addition, any child 14 years or older is required to sign.
- **Other Name:** The “other” signature line would be utilized by any other household member (*i.e.* paramour, step parent, grandparent, *etc.*) who would not technically be considered a parent or legal custodian but has a significant role in the family.

These signatures authorize the release of information contained in the In-Home Safety Assessment Worksheet and Safety Plan to persons who are responsible for safety actions. All parties who have a role in the Safety Plan and the caregiver(s) of origin must receive a copy of the plan. Best practice would dictate that each responsible party receive a copy of the plan prior to that plan going into effect, however, all parties must have the plan at the time the plan goes into effect. There may be instances especially in cases of Present Danger when the responsible person would receive a copy of the plan without all of the signatures. In these instances, the child welfare professional should provide a “formal” copy of the plan once all of the signatures have been obtained.

Section II. Out-of-Home Care Safety Assessment and Management

Out-of-Home Care Definitions

The following terms and phrases below should be used within the context of the Out-of-Home Care (OOHC) Safety Assessment and Management Process. They have been developed to provide clarification for individuals/agencies that may use the same term in a different context.

Primary Definitions:

Out-of-Home Care: 24-hour care and supervision of a child outside of the home from which the child was removed; 'out-of-home' care includes both informal and formal care arrangements.

Out-of-Home Caregiver: for the purposes of the Out-of-Home Care Safety Assessment and Management Process, this term refers to the individual providing care to the child in all situations of formal and informal care.

Formal Care: required in situations in which the County Children and Youth Agency has legal and physical custody of the child and places the child in an emergency caregiver's home that has temporary approval from a State-licensed foster care agency, or in a resource home fully approved by a State-licensed foster care or adoption agency.

Informal Care: situations in which a child who is not in County Children and Youth Agency custody goes to live with an alternate caregiver on a temporary basis when Safety Threats are present and the child is unable to continue residing with the caregiver(s) of origin. These arrangements include those 1) made by parents/guardians prior to County Children and Youth Agency involvement or 2) agreed upon jointly between the parents/guardians and the County Children and Youth Agency when the situation occurs during the course of County Children and Youth Agency involvement.

It is the intent that these arrangements be temporary and that the child is to return to the home of the caregiver(s) of origin when the presenting issues are addressed and it is safe for the child to return home. Regardless of whether the arrangements were made **(prior to or after County Children and Youth Agency involvement)**, the OOHC Worksheet should be used to assess the child(ren)'s safety in the out-of-home care setting and the In-Home Safety Assessment would also continue to be conducted on the caregiver(s) of origin to determine when it is safe for the child to return home or to modify the Safety Plan.

The term "temporary" is a subjective term that can be open to interpretation, but it is the position of the Department that these informal arrangements should not exceed 60 days

unless there is an exceptional circumstance that is sufficiently documented in the case record. The intention is that the County Children and Youth Agency/child welfare professional make the distinction between “temporary” and “not temporary” based on intent. For example, if it is the intent that efforts be made toward reunification or that the child remain with the alternate caregiver until other arrangements can be made, the arrangement can be considered temporary. If the intent is that the child resides with the alternate caregiver(s) long-term, the intent is not temporary. As time and circumstances progress, the possibility exists that the situation might change. This will need to be assessed on an ongoing basis. If it is determined that the informal living arrangement needs to continue beyond a 60-day period, the following should be considered and documented in the case record:

- Are there dependency issues that necessitate the filing of a dependency petition?
- Does the informal living arrangement caregiver(s) wish to be approved as a resource family?
- Considering the definition of “informal care,” is the intent that the informal living arrangement becomes a permanent arrangement? If so, is/are the caregiver(s) now considered the “caregiver(s) of origin”?
- Are there sufficient supports for the informal living arrangement caregiver to maintain the placement on a longer basis (*e.g.* childcare, financial support, *etc.*)?
- Does the informal living arrangement caregiver(s) have the legal authority to make medical and educational decisions regarding the child?

The term “prior to” refers to situations where the caregiver(s) of origin elected to move the subject child(ren) on their own accord prior to the County Children and Youth Agency becoming involved with the family, for which the trigger is the decision to accept the case for assessment or investigation.

The term “involvement” refers to cases that have been accepted for a CPS investigation, GPS assessment, or accepted for service.

Present Danger: An *immediate, significant, and clearly observable* family condition (severe harm or threat of severe harm) occurring to a child/youth in the present tense, endangering or threatening to endanger a child and therefore requiring prompt response.

Secondary Definitions:

Pennsylvania Standard of Care: All out-of-home care settings will be evaluated using the same criteria and expectations, regardless of the setting. Kinship care (formal and informal) and foster care homes will be assessed using the same standards and Safety Decisions/responses to the assessment will be the same.

Qualified Caseworker: A person with case management or case visitation responsibilities for a particular case, *e.g.* monthly face-to-face visits by:

- The County Children and Youth Agency child welfare professional;
- The juvenile probation officer;
- The private provider agency with which the County Children and Youth Agency has an agreement to provide services, including visitation management;
- The foster care facility case manager with global case management responsibilities, including visitation and service coordination; and/or
- In out-of-state placement cases, a counterpart of these same legal entities.

Individuals who see the child, but who do not have case management or case visitation responsibility, would not qualify for the required monthly face-to-face visit with the child in foster care. These individuals include:

- General service providers;
- Court Appointed Special Advocates (CASAs);
- Guardians *ad litem* (GALs);
- Volunteers;
- Case aides;
- Resource parents;
- Direct care staff within congregate care settings; or
- Anyone without case management or case visitation responsibilities.

Caregiver of Origin: The adult(s) who hold(s) the primary responsibility for the child's care and safety (*i.e.* the child's birth parent). In addition to birth parents, a caregiver of origin may be another person who operates in that capacity (*i.e.* stepparents, an adult companion of a child's parent, a grandparent, an uncle or aunt, *etc.*). The caregiver(s) of origin resides with the child. This does not include people who care for a child temporarily, such as relatives caring for a child from time to time or care providers such as daycare or other institutions, babysitters.

Resource Family: A family which provides temporary foster or kinship care for children who need out-of-home placement and may eventually provide permanency for those children, including an adoptive family.

Kinship Care: The full-time nurturing and protection by kin, through informal or formal means, of a child who is separated from his/her caregiver(s) of origin.

Kin: An individual with an existing relationship with a child and/or a child's family by virtue of being:

- A relative of the child through blood or marriage;
- A god-parent of the child as recognized by an organized church;
- A member of the child's tribe or clan; or
- Someone with a significant positive relationship with the child or the child's family.

Relative: Any relation by blood, marriage, or adoption who is within the fifth degree of kinship to the child; the fifth degree includes great-great-great grandparents and first cousins once removed.

Safety in Out-of-Home Care: A family and home situation where there is an absence of perceived or actual threats, a refuge exists and is experienced, family members have perceptions and feelings of security and there is confidence in consistency.

Out-of-Home Care Policy

While Pennsylvania requires assessment of safety in out-of-home care settings (either formal or informal) at every contact, there are specific intervals at which formal documentation must occur. This section of the manual outlines policy surrounding the formal documentation intervals related to completion of the Out-of-Home Care Safety Assessment Worksheet.

Out-of-Home Care Safety Assessment Worksheet Intervals – For children in out-of-home care, including those in informal or formal placements, the Out-of-Home Care Safety Assessment Worksheet must be completed at the intervals designated below. When a child is moved to a different placement setting, the process begins again from the first interval, as the Out-of-Home Care Safety Assessment and Management Process focuses on the safety of the child within a particular family. If a child is moved to a different placement setting due to safety concerns, it is necessary to complete the Out-of-Home Care Safety Assessment Worksheet on the home from which the child was removed, to document the concerns that led to the removal of the child.

NOTE: Regardless of whether the child is in an informal or formal placement, In-Home Safety Assessments must continue to be completed on the caregiver(s) of origin. The In-Home Safety Assessment would be conducted as if the family were intact to determine whether or not reunification is possible.

The Out-of-Home Care Safety Assessment Worksheet must be completed at the following intervals:

- Within 60 days, or two months, from the date of placement in the current setting;
- Within 180 days, or six months, from the previously completed worksheet; and

- Within 72 hours upon the identification of evidence, circumstances, or information that suggests a negative change in the Safety Indicators yet the child remains in the home.

  Note: When considering the evidence, circumstances, or information that suggests a negative change in a safety indicator, one often thinks of overt actions by household members including caregivers and other children in the home, mental health concerns, or a significant loss/change in the household such as separation, divorce, serious illness, or death. While these examples certainly represent circumstances or information that may result in a negative change in safety, there are circumstances perceived by most as positive that can have a negative impact on child safety as well. Several examples include marriage, a new baby, addition of a household member, or a new home. While all of these examples are considered positive, they result in new roles, responsibilities, finances, schedules, stress, *etc.,* each of which have the ability to affect every household member in different ways.

  There may also be times when a newly assigned child welfare professional would complete a new Out-of-Home Care Safety Assessment Worksheet according to this interval, without additional evidence, circumstances, or information. This situation would arise when the newly assigned child welfare professional, after viewing a family through a different lens or considering information that the previous child welfare professional might not have considered, believes that indicators should be rated differently, or through analysis concludes that the Safety Decision should be changed.

Other Documentation:

In addition to the Out-of-Home Care Safety Assessment Worksheet, documentation must occur in the form of a structured case note.

As with the In-Home Safety Assessment and Management Process, county child welfare professionals will be required to document safety related information gathered at each contact in the family case record. This is consistent with the Department of Public Welfare (DPW) regulations Title 55 Pa. Code, Sections 3130.43(b)(5), 3490.55(e) and 3490.236(a), which requires county agencies to document their contacts with families in the family case record. This documentation may be referred to as the structured case note, running dictation, case dictation, *etc.*

In addition, private provider workers will also be required to gather safety related information and provide it to the assigned county child welfare professional.

As part of this documentation, information should be included which documents and supports the Safety Assessment and Management Process, including the Safety Analysis and Safety Decision.

All of the identified elements from the Out-of-Home Care Safety Assessment Worksheet should be considered and documented, as necessary, in the family case record. Elements to consider are:

1. Information gathered related to the Six Assessment Domains and any or all of the 10 Safety Indicators;
2. The Safety Decision and Analysis for that decision;
3. Supports put into place to address concerns (not a Safety Plan); and
4. If the decision was made that the child is unsafe but the child is court ordered to remain in the placement, documentation should be included to reflect how child safety will be assured. This would be considered a Safety Plan.

Note that two of the domains, Type and Nature of Maltreatment, would only need to be documented in the structured case note if the information gathered suggests that maltreatment has occurred.

Also documented within the family case record should be:

1. Judgments about changes within the family that reflect on safety;
2. The status of child safety; and
3. Changes to the out-of-home caregivers' ability to provide a safe home for the placed child.

As part of ongoing safety management, documentation should continue to reflect not only that the child is safe or unsafe, but the criteria used to determine this, including all information obtained during the continuing assessment process.

Private providers should be documenting information related to their contacts and, in particular, the information they have gathered related to the 10 Safety Indicators. This would include specific characteristics, positive, concerning or negative, that they have identified in their interactions with the out-of-home caregivers/family and placed children.

Requirements for Interviewing

As with the In-Home Safety Assessment and Management Process, child welfare professionals are required to conduct face-to-face interviews with the identified child and primary out-of-home caregiver(s) in order to complete a safety assessment.

In addition to this requirement, child welfare professionals must see all of the household members, including other children living in the home, once every six (6) months, at a minimum (*e.g.* once every one hundred and eighty (180) calendar days). This does not mean that all of the household members must be seen at the same time, nor does it mean that each person must be interviewed individually.

The purpose of this requirement is to understand how the other household members interact with one another; to determine whether or not they support the out-of-home caregivers' role as caregivers; and to determine their impact (positively or negatively) on the safety of the identified child. It also gives perspective on whether or not the identified child has been accepted into the home. We are looking to see if the children are treated differently, how all of the household members function, do the adults support the placement, *etc.*

Counties may elect to have the identified child welfare professional conduct all of these face-to-face visits or select another qualified county child welfare professional to assist with these visits in accordance with the requirements identified in OCYF Bulletin 3490-08-05 entitled "Frequency and Tracking of Caseworker Visits to Children in Federally Defined Foster Care." The face-to-face contacts must occur in the out-of-home setting, and not in another location. Ultimately, the identified child welfare professional is responsible for including the information gathered at each of these contacts on the Out-of-Home Care Safety Assessment Worksheet.

Other Policy Implications:

- **Signature on Out-of-Home Care Safety Assessment Worksheet** – The signature section of the Out-of-Home Care Safety Assessment Worksheet is a critical component of the Out-of-Home Care Safety Assessment and Management Process. The child welfare professional signature on the worksheet indicates that the child welfare professional has completed the safety assessment process, has reviewed and analyzed all of the gathered safety related information, and verifies that the information documented on the worksheet is accurate and supports the Safety Decision. The supervisor signature on the worksheet indicates that the supervisor has reviewed all of the information available on the worksheet and in the case record and is in agreement with the information and Safety Decision documented on the worksheet.

  The process of supervisor signature/approval in the out-of-home care portion of the Safety Assessment and Management Process is the same as in the in-home portion. Title 55, Pa. Code, Chapter 3490 (relating to protective service regulations), specifically Sections 3490.61(a) and 3490.235(e) require 10-day supervisory reviews during the investigation/assessment period. While the 10-day supervisory reviews are not required beyond the Family Service Plan development once the case has been accepted for service, the supervisor should continue having ongoing dialogue with the child welfare professional throughout the life of the case. This dialogue should consist of reviewing all of the information gathered related to the Safety Indicators, including any information provided by private provider agencies. The supervisor should also review any supports that have been put into place as identified on the Out-of-Home Care Safety Assessment Worksheet.

Based on the above, supervisory signature on the Out-of-Home Care Safety Assessment Worksheet should occur as soon as possible, but **no later than 10 business days** following each prescribed interval.

As part of the supervisory review, the supervisor should document in the case record that they have met with and provided support to the child welfare professional to review the information gathered. This process of reviewing the gathered information, supporting the child welfare professional, and approving/signing the Out-of-Home Care Safety Assessment Worksheets should continue throughout the duration that the child is in out-of-home care.

- **Court Related Matters:** In situations where a child is court ordered into a specific out-of-home setting (for either CCYA only or Shared Case Management cases) and the County Children and Youth Agency determines that setting to be Unsafe; the County Children and Youth Agency would document their Unsafe Safety Decision using the Out-of-Home Care Safety Assessment Worksheet. The County Children and Youth Agency would then implement a Safety Plan and continue to monitor the safety of the child in the setting, documenting all of the information in the case record. The County Children and Youth Agency also maintains the right to appeal the court decision.

Assessing for Present Danger

Present Danger refers to danger or threats of danger that exist right in front of you. They are active and in process the very minute you encounter the family. Present Danger can have immediate consequences. These are transparent, easily observed family behaviors, conditions, or situations which create danger to a child. They are obvious because they occur right before the observer. The facts and evidence of danger are being displayed in vivid and understandable ways. One generally needs no more information than what is before him or her when evaluating Present Danger.

The concept of Present Danger Threats was first introduced in the in-home portion of the Safety Assessment and Management Process. It is possible that Present Danger can exist in out-of-home settings, regardless of whether or not they are a formally licensed home. No family remains static, they are ever changing and are impacted by a host of events that can strengthen or challenge them. Just because a family has been approved as a foster home does not mean they are immune from the challenges that all families face. Child welfare professionals need to see each potential placement setting with fresh eyes and with a neutral approach, controlling for biases, whether they be positive or negative. Through this approach we have a greater opportunity to assess from an objective point of view whether a potential placement is suitable and safe for each particular child.

In addition, it is important to recognize that each child is different and unique. What may be a safe placement for one child may not be for another. While the realities of emergency placement and lack of resources in terms of placement options affect our

decision making and options, this is not an excuse to place a child in a home that we know is a poor match. When we do this, we are just delaying the inevitable, but even more concerning is that we are subjecting the child to a potentially unsafe environment or, at the minimum, another trauma through disruption.

When a child welfare professional first meets an out-of-home family, certain things are likely true. With emergency placements and informal kinship arrangements, knowledge of the caregiver(s) and their abilities are very limited. In foster care, the child welfare professional may have a history of working with the family, may only know what is documented in the foster family files, or may have no knowledge of the family at all. Therefore, assessing safety prior to or at the time of placement is based on observations or information collected through interviews with the family members or with others that know the family well and that can be trusted.

When assessing for Present Danger, child welfare professionals should:

- Identify current danger;
- Identify immediate threat of danger;
- Confirm current danger or threats of danger, as necessary, by fully exploring and understanding the nature of the harm or threat of harm; and
- If, after exploration, you determine that Present Danger exists, respond/take action accordingly; *e.g.* address the threat, avoid the home as a placement, or relocate the child to another home (if the child is already placed).

For example, one could observe that the caregiver is inebriated or incapacitated by substances, there are life threatening living arrangements, or you arrive and the caregiver(s) is/are not home and their own younger children are alone. These are obvious examples of Present Danger that is current, that is, happening now. But what if one encounters a situation where the out-of-home caregiver(s) acknowledge the caregiver(s) of origin's problems but make excuses for them or justify their action based on the child's behavior, or the out-of-home caregiver(s) believes that the CCYA is overreacting to what happened in the child's home.

Even though the child is not being harmed by this now, these attitudes or perceptions tell us that this/these caregiver(s) cannot keep the child safe, therefore, there is a threat of immediate danger. When we leave the home there is no guarantee that this out-of-home caregiver(s) will protect this child. They are likely to allow unauthorized access to the child by those who created the Safety Threats. In these situations, Present Danger exists because the child will be living in this state all of the time.

The impression one has about these Present Dangers should compel an immediate action. When Present Danger is apparent, the CCYA should first respond by fully understanding the nature and quality of the danger. Based on that understanding, which involves identifying and examining Safety Threats, the child welfare professional would take appropriate action to:

- address the Present Danger or threat of Present Danger (if it is immediately remediable, perhaps like an environmental change, securing needed medical supplies for example) or
- avoid using the home for placement.

Identifying and understanding Present Danger is based on interviews, conversations, observations and data collected from reliable family members or others familiar with the family. During the first encounter (*i.e.,* the hours beginning with the first contact proceeding to the point when the placement decision has been confirmed), information collection should occur with all persons who reside in the home or frequent the home regularly.

Information collection can effectively be guided by a standard set of Present Danger Safety Threats. These Safety Threats alert child welfare professionals to the potential for Present Danger. If one concludes that a child is in Present Danger, from either a current or an immediate threat, when you first encountered a placement home and family, the child should not be placed in that setting.

Assessment and Documentation for Present Danger

Through the Safety Assessment and Management Process, assessing for Present Danger should be integrated into a child welfare professional's daily casework practice. Child welfare professionals must be assessing for Present Danger every contact they have with a child regardless of the setting – with their caregiver(s) of origin, with a relative, in a foster home, or in an adoptive home. The child welfare professional should be observant of and assessing the environment in which the child is presently located.

There are key transition points where the child welfare professional must assure that the setting in which the child is being placed is a safe environment. Those two key transition points are 1) at the time of the initial placement and 2) at the time of any subsequent placement changes.

The county worker, a qualified worker, or the private provider worker is required to conduct a Present Danger Assessment prior to or at the time of the initial placement as well as at the time of any subsequent placement changes. It is important to stress that best practice requires that a child welfare professional accompany the child to the placement setting to help assure continuity and a more comfortable and smooth transition for the child. It is recognized that circumstances do not always allow for this to take place.

As in all circumstances, the child welfare professional must gather and document in the case record sufficient information from the appropriate sources to determine whether Present Danger exists. Assessment of Present Danger would align with the Six Assessment Domains and documentation of any identified concerns would be made within the structured case note format currently being utilized by CCYAs. These concerns would include the documentation of a decision to not place a child in an

identified home, or to remove a child from their current placement setting. Ultimately, documentation should clearly illustrate how the child welfare professional reached their conclusion(s) surrounding the existence or lack of existence of Present Danger.

Note: County agencies should establish expectations surrounding situations in which the child's identified worker is unable to personally place the child.

Note: The option now exists for child welfare professionals to document their assessment at these key transition points via *Appendix 1: Present Danger Assessment: Out-of-Home Care Settings Worksheet* of this manual, which is the state provided Present Danger Assessment Worksheet (or comparable tool that includes all of the Present Danger components) **OR** structured case note.

Assessing for Present Danger: Definitions

Most of the family conditions, behaviors, or situations that represent Present Danger in a child's own home are different than what might be observed in an out-of-home care setting. For instance, it is not likely that the CCYA will observe an out-of-home caregiver hitting a child or depriving a child of immediate medical care for an acute condition. These circumstances which are sometimes apparent related to a child's own home just do not fit with the reality of an out-of-home situation, particularly at first encounter. Present Danger concerns that are more likely to be observed in out-of-home settings at first encounter are:

- Life threatening living arrangements (concerned with the home setting) exist;
- The out-of-home caregiver's viewpoint of the child is extreme or bizarre;
- The placed child is alone, unsupervised;
- The child is uncommonly fearful or anxious of the kin or foster home situation;
- Out-of-home caregiver(s) is/are incapacitated or somehow unable or unwilling to provide protection to the child;
- An out-of-home caregiver is acting in bizarre ways at the first encounter;
- An out-of-home caregiver is out of control or dangerous at the first encounter;
- An out-of-home caregiver is inebriated or incapacitated by substances at the first encounter;
- Questionable concerns about the suitability of the placement exist, and the kin or foster family is socially or geographically isolated; and
- There is reason to believe that the out-of-home caregiver(s) is/are attempting to make the child inaccessible to outsiders.

Note: It is expected that a record check will have occurred to ascertain current and historical information about the criminal and CCYA background of the out-of-home care providers. Such information could reveal questions of suitability that preclude continuing

the out-of-home care living arrangement or could require immediate observation and inquiry into the suitability of the home.

Moving away from the traditional list of Present Danger family conditions used in In-Home Safety Assessment, the following represents a more fully developed list with definitions and examples. These Present Danger concerns are drawn from threats to safety generally apparent in safety models throughout the country. They have been tailored in consideration of assessing for present danger in placement homes. The presence of any of these examples, if confirmed, means the child is unsafe.

1. **Out-of-home caregiver(s) *or others in the home* are acting violently or out of control.**

   For use in assessing safety in out-of-home care, naturally "caregivers" refers to out-of-home caregivers. *Or others in the home* have been added to this safety concern to capture the need to consider children and others in the household who may be a threat to a placed child. Dangerous people within the household may be behaving in bizarre ways; however, this is intended to capture a more specific type of behavior or what is told or known about people within the household. This refers to people who are imposing or threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking, aggressive ways. This considers information provided by others or from records, or from direct observation of violence or violent tendencies that are anticipated and somehow observed at the first encounter. Here we are looking for unacceptable to unrestrained aggression, hostility and acting out toward others and specifically toward the CCYA. It should be emphasized that this Present Danger Threat refers to any adults or children, related or not, who frequent the home or are living in the home. Domestic violence situations are covered in another safety concern that follows.

2. **Out-of-home caregiver(s) describe(s) or acts toward the child in predominantly negative terms or has extremely unrealistic expectations.**

   The word "predominantly" is meant to suggest perceptions which are so negative they would, if present, create a threat to a child. These types of perceptions must be present, observable, but are inaccurate with respect to the child. Although the reference to caregivers includes kin or resource parents, it is more likely that this will apply primarily to those who are familiar with a child, like kin.

3. **The out-of-home caregiver(s) communicate(s) or behave(s) in ways that suggest that they may fail to protect child(ren) from serious harm or threatened harm by other family members, other household members, or others having regular access to the child(ren).**

   It is likely that the only way this concern applies as a Present Danger in a placement situation is if, after a child has been placed, the out-of-home caregiver(s) would allow the child to be maltreated by the child's own caregiver(s) of origin, parents, or others who frequent the placement home.

4. **The out-of-home caregiver(s)/family refuses access to the child, or there is reason to believe that the family is about to flee.**

   Primarily applying to kinship placements, this includes families who have a history of physically moving from place to place; have many jobs for brief periods of time; or have limited property that would tie them down. This refers to specific and observable behavior, emotions, and communication for the purpose of avoiding CCYA involvement expressed in either obvious terms or suggesting intent.

5. **Out-of-home caregiver(s) is/are unwilling or unable to meet the child's immediate needs for food, clothing, or shelter.**

   When assessing placement situations, it may be necessary to speculate about the potential for meeting a placed child's basic needs. So, beyond an out-of-home caregiver(s)' intent or ability, one would examine availability and accessibility of necessary resources. Following placement, evidence of not meeting basic needs may become more apparent.

6. **Out-of-home caregiver(s) is/are unwilling or unable to meet medical needs including their own, other placed children, or children to be placed.**

   At the point a child is to be placed, this safety concern may apply with respect to indications of disbelief by caregivers of the need for medical care for the placed child. Out-of-home caregivers may communicate reluctance to seek out and use medical care. After placement has occurred, there may be specific evidence of failing to meet a placed child's medical needs. There may be some evidence of out-of-home caregivers not meeting the medical needs of children who are already placed or living with them.

7. **Out-of-home caregiver(s) has/have not, will not, or is unable to provide supervision necessary to protect child from potentially serious harm.**

   This refers to out-of-home caregivers who are being considered or have been designated to provide care. If other adults in the home are providing care as strictly a temporary measure which will allow the caregivers to return to their responsibility, then it is possible no threat exists. This also includes the continuing need for supervision following placement, and therefore goes beyond the concern related to caregivers who are not able to provide care at the first encounter. Given that various demands may occur related to the availability of adult care of children following placement, this concern seeks to identify situations in which a reasonable question can be raised about the availability of adult supervision over time, which may include the caregivers or other responsible adults.

8. **Child is unusually fearful/anxious of home situation.**

   This does not refer to general fear or anxiety. For assessing safety in out-of-home care – Present Danger, this does refer to kinship or foster families. It should be noted that most children entering foster care are anxious about the unknown circumstances. That sort of emotional state does not apply here. This refers to children who have familiarity with the potential placement family and are obviously afraid of being placed there. The anxiety or fear may be person specific because of the child's concern for personal threat. Information would likely describe actual communication or emotional/physical manifestations from the child's knowledge or perception of his or her impending situation (joining the placement family household).

9. **Out-of-home caregiver(s) has/have previously maltreated a child, and the severity of the maltreatment or the caregiver's response to the previous incident(s) suggests that safety may be an immediate concern.**

   If it is known that the out-of-home caregiver(s) has/have previously severely maltreated a child, then certain decisions are necessary: 1) do not place a child with the caregiver(s) or 2) remove the child if the child has already been placed prior to the knowledge of the previous abuse. This safety concern, when applied while assessing safety in out-of-home care, is applied with respect to the caregiver(s)' own children or other children who have lived or are living with the caregiver(s) when placement is being considered.

10. **The physical living conditions are hazardous and immediately threatening.**

    When assessing for safety in out-of-home care, this safety concern applies only to the kinship or foster home. It should be noted that this safety concern applies only when living conditions exist as an immediate threat, having serious health and life implications. Unkempt and dirty homes do not meet this criterion.

11. **The out-of-home caregiver(s)' drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.**

    This refers to those who, because of the use of substances, are out of control, are acting unpredictable, incoherent, drunk/high, and are not able to provide protection or act responsibly. This would be evidenced at the first encounter or known from other sources. A Present Danger observation would be consistent with finding the out-of-home caregiver(s) under the influence at the time of the first encounter.

12. **Out-of-home caregiver(s)' emotional instability or developmental delay affects ability to currently supervise, protect, or care for the child.**

    This refers to kinship and foster care caregivers that possess mental disorders or mental limitations that affect their physical, emotional, and/or cognitive capacity with

respect to child safety. They may make poor judgments, cannot effectively problem solve, have deficient reality testing and perception, are ineffective planners and unable to adequately protect.

13. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child(ren).

This safety concern can be applied in assessing safety when considering a family for placement or during a placement. It is relevant with respect to knowledge of a history of domestic violence, current records of active violence in the home, or common knowledge of domestic violence problems as reported by reliable sources such as family members, neighbors, friends, or professionals. Knowledge of domestic violence or tendencies toward violence in the home should raise concern about placing a child in such a home. The children referred to in the examples are those who have resided in the home rather than the child being considered for placement.

14. Child has exceptional needs or behavior which the out-of-home caregiver(s) cannot/will not meet or manage.

"Exceptional" refers specifically to child conditions which are either organic or naturally induced (as opposed to caregiver) such as retardation, blindness, physical handicap, acute medical needs, *etc.* This includes serious physical, emotional, or behavioral effects from child maltreatment. The key word here is "serious." Serious suggests that the child's condition has immediate implications for immediate and effective caregiver(s) response such as suicide prevention or other child management skills. This threat can include the child being a threat to him or herself. The key here is that the out-of-home caregiver(s) will not/cannot meet the child's needs or manage the child's behavior.

15. Child is seen by either out-of-home caregiver as responsible for the child's caregiver(s) of origin's problems, or for problems that the out-of-home caregiver(s) is/are experiencing or may experience.

This refers to caregivers who blame the child and consider the child as the cause of the problems of the child's caregiver(s) of origin. Caregiver(s) blame(s) the child for problems that they are experiencing themselves. This includes caregivers who give evidence of anticipating problems with the child.

16. One or both of the out-of-home caregiver(s) are sympathetic toward the child's caregiver(s) of origin, justify the caregiver(s) of origin's behavior, believe the caregiver(s) of origin rather than the CCYA, and/or are supportive of the child's caregiver(s) of origin's point of view.

This refers to situations in which the caregiver(s) is/are inclined to favor the caregiver(s) of origin's side. Out-of-home caregiver(s) believe the caregiver(s) of origin's accounts of family problems and maltreatment and justify the caregiver(s) of

origin's positions no matter whether they are consistent with the CCYA or accurate in terms of what has occurred that has brought about the need for placement. This indicates a lack of empathy for the child. This refers to out-of-home caregiver(s) who is aligned with the child's caregiver(s) of origin and tend to take their side with respect to what precipitated the placement and CCYA involvement in the case.

17. One or both of the out-of-home caregiver(s) indicate the child deserved what happened in the child's home.

This refers to a caregiver(s) who believes that whatever happened in the child's home was justified by things the child did or the way the child is.

18. Out-of-home caregiver(s) has/have a history of or active criminal behavior that affects child safety, such as domestic violence, drug trafficking or addiction, sex crimes, other crimes of violence against people or property.

This refers primarily to anti-social, violent type criminal behavior. One assessing this concern is well advised to consider the kind of crime, the length of history, the nature of the offense with respect to influencing capacity to provide care and so on.

19. Out-of-home caregiver(s) or family members will likely allow the caregiver(s) of origin unauthorized access to the child.

This refers to caregivers who will likely allow caregiver(s) of origin to see, visit, or take children under circumstances disallowed by the CCYA.

20. Active CCYA case or a history of reports and/or CCYA involvement that indicates that history will compromise the safety of the child if placed in this home.

This refers to families that are currently being investigated or receiving services; to families who have been reported at least once for alleged child abuse and/or neglect; and to families who have received services from the CCYA in the past. It is essential that consideration be given to the nature, extent, and severity of the maltreatment issues that are involving or have involved the CCYA. Presumably, involvement with the CCYA alone may not sufficiently support a judgment about threat of harm. In some instances, involvement may have been unwarranted, short-term with minimal concerns or more chronic but with minimal concerns.

Appendix 2: Out-of-Home Care Present Danger Concerns and the Six Assessment Domains contains a list of the 20 out-of-home care Present Danger concerns and the Assessment Domains that are most likely to inform each concern. While the identified Assessment Domains are most likely to inform the Present Danger concerns, it is certainly possible that other Assessment Domains reveal information that informs the Present Danger concerns.

Out-of-Home Care Safety Indicators

In the In-Home Safety Assessment and Management Process, child welfare professionals are required to make a determination if circumstances in operation within the family have crossed the Safety Threshold for each of the 14 Safety Threats. The response was a simple yes or no. With the Out-of-Home Care Safety Assessment and Management Process, we do not have a Safety Threshold to fall back to. The rationale for this truly rests in the threshold itself. We do not want to place a child in a setting where the caregiver(s) and/or the situation is out of the caregiver(s)' control, nor do we want to place a child in a setting where they will be harmed in the near future.

Instead, in the Out-of-Home Care Safety Assessment and Management Process, we have 10 Safety Indicators and corresponding Positive, Concerning, and Negative Characteristics that are representative of what is generally known about what constitutes safe homes at one end of the continuum and unsafe homes at the other end of the continuum.

The **Positive Characteristics** describe for us those traits that we attribute to caregivers who are effective, caring, and protective. They are similar to the Protective Capacities associated with the In-Home Safety Assessment and Management Process but are described in more detail here and within the context of out-of-home care.

The **Concerning Characteristics** are just that, family conditions or circumstances that tell us that the child, family, or caregivers' functioning in the indicator area is compromised, marginal, or perhaps deteriorating from a previously higher level. Concerning Characteristics tell us to wake up and pay attention, if you will. They are areas for additional study and consideration. At times, these Characteristics may be quickly and readily resolved.

The **Negative Characteristics** are those traits, attributes, or conditions that indicate that a placement setting may be Unsafe. The Negative Characteristics are designed to tell you that you should be very concerned about the safety of the child and perhaps other children in the placement. The identification of any one Negative Characteristic in any of the Safety Indicators requires intensive scrutiny and assessment.

We must exercise caution if there are any Negative Characteristics present. Presence of any Negative Characteristic requires in-depth analysis of how it is in operation within the family, what the current effects on child safety are now, and what impact this Characteristic is likely to have on child safety in the placement in the near future. While similar analysis is needed for Positive and Concerning Characteristics, it is critical with the Negative Characteristics because they have been constructed in a way that they indicate situations that are potentially or likely UNSAFE.

When a Negative Characteristic is identified, immediate consultation with your supervisor must occur to further analyze the setting and make the Safety Decision. The presence of negative Safety Indicators may mean that there are Present or Impending Danger Threats which must be addressed.

1. **Child Functioning: How are the children functioning cognitively, emotionally, behaviorally, physically, and socially?** *(This question considers all of the children in the home including the out-of-home family's own children and unrelated children who have been living with the family. Judgments are based on considering all the children. If one child is remarkably different than the other children, an explanation should be made specifically indicating the extent to which this raises any concern for the quality of parenting or the presence of threats.)* ***The presence of these behaviors regardless of their origin or cause affects the child's ability to be safe.***

Positive Characteristics	Characteristics of Concern	Negative Characteristics
⌄Openly assertive ⌄Comfortable speaking mind ⌄Self-protective ⌄Make their needs known to others ⌄Describes environment as safe ⌄No indication of maltreatment ⌄ Positive, fulfilling interaction and relationship exists between the placed child and others in the home ⌄Needs/behaviors of placed child/previously placed children/family's own children are non-competitive/mutually compatible	⌄ Overly Reserved ⌄ Uncomfortable speaking mind freely ⌄ Ability to protect self questionable ⌄ Limited ability/reluctant to make needs known to others ⌄ Uneasy about describing environment ⌄ Behavior may be consistent with being maltreated ⌄ Courteous, artificial interaction, or apprehensive relationship exists between the placed child and others in the home ⌄ Needs/behaviors of placed child/previously placed children/family's own children stimulate unrest/conflict	⌄Intimidated, withdrawn, afraid, alert for danger ⌄Avoids direct communication with anyone ⌄Not self-protective ⌄Does not seek assistance or protection ⌄Avoids discussing environment ⌄Behaves in ways suggesting presence of threatening environment (*e.g.* abusive, sexualized, *etc.*); Indications of maltreatment ⌄Tense, detached, distrustful, disliking, hostile, or un-accepting relationship exists between placed child and others in home ⌄Needs/behaviors of all children will stimulate hostility/aggression or extreme competition for attention

2. **Adult Functioning: How are the adult family members functioning cognitively, emotionally, behaviorally, physically, and socially?** *(This question considers the overall functioning of the family. This includes all household residents with more attention to the caregiver(s).)*

Positive Characteristics	Characteristics of Concern	Negative Characteristics
⌄The out-of-home family has adequate physical, emotional, and cognitive capacity ⌄Realistic view on life/expectations ⌄Clear roles and positive relationships ⌄Value and practice honesty ⌄Low stress and/or positive coping skills ⌄Display healthy outlets for stress ⌄Very open ⌄Shows conscience and empathy ⌄Awareness of strengths and limitations ⌄Highly motivated, fully functioning ⌄Roles, responsibilities, boundaries are clear, appropriate, and established by the out-of-home caregiver(s)	⌄ The out-of-home family has marginal physical, emotional, or cognitive capacity in need of support ⌄ Unrealistic view on life/expectations ⌄ Imprecise role clarity and unsatisfying relationships ⌄ Not forthcoming, evasive ⌄ Moderate stress and varied coping skills ⌄ Inconsistent ability to manage stress ⌄ Guarded ⌄ Displays minimal empathy ⌄ Limited awareness of strengths and limitations ⌄ Inconsistent motivation interferes with the family's ability to function ⌄ Some blurring of roles, responsibilities, and boundaries among adults in the home results in inappropriate interactions with the placed child(ren)	⌄The family has limited or deficient physical, emotional, and cognitive capacity that has no reasonable accommodation ⌄Pervasive mood issues like anger, bizarre thoughts, *etc.* ⌄Skewed perceptions, not oriented in reality ⌄Ineffective roles and hostile, neglectful, or manipulative relationships ⌄Deceptive, manipulative ⌄High stress and poor/no coping skills ⌄Copes with stress through angry outbursts, alcohol/substance abuse or dependency ⌄Avoidant, or closed ⌄Lack of empathy apparent in manner ⌄Distorted awareness of strengths and limitations ⌄Lack of motivation impacts the family's ability to function ⌄No roles, responsibilities, or boundaries (*e.g.* sexual, emotional, *etc.*) are established; allows access by potentially harmful adults or others

3. **Caregiver Supervision: How are the out-of-home caregiver(s) actively caring for, supervising, and protecting the children in the home?** *(This question considers all adult household members who take an active role in caring for and supervising children already in the out-of-home family home and placed children. More emphasis on out-of-home caregiver(s) should be made.)*

Positive Characteristics	Characteristics of Concern	Negative Characteristics
⌄Closely bonded to own children	⌄Minimally/questionably attached to own children	⌄No attachment to own children
⌄Protective behaviors are observed	⌄Few protective behaviors are observed; questionable ability to consistently be protective	⌄No evidence/observations of protective behaviors
⌄Acknowledges and takes responsibilities for their actions	⌄Varies in acknowledging and taking responsibility for their actions	⌄Fails to take action to protect the child
⌄Accurate viewpoint of placed child	⌄Inaccurate/detached viewpoint of placed child	⌄Blames others for difficulties; fails to assume responsibilities
⌄Able to fulfill caregiver role	⌄Other caregivers/household members lack of commitment interferes with the caregiver(s)' ability to fulfill their role	⌄Possesses a distorted viewpoint of placed child
⌄Are familiar with placed child and his/her uniqueness/ needs	⌄Are minimally familiar or unfamiliar with placed child and his/her uniqueness and needs	⌄Other caregiver(s)'/household members' lack of commitment prevents the caregiver(s)' ability to fulfill their role
⌄Are aware of all children's differences, needs, behaviors	⌄Have a limited awareness or is unaware of all children's differences, needs, behaviors	⌄Is unconcerned with placed child's uniqueness and needs
⌄Effective at managing/meeting needs of all the children	⌄Has difficulty managing/meeting the needs of all of the children but is willing to accept/use support/ assistance	⌄Is unaware of all children's differences, needs, behaviors
⌄Responds to placed child's behaviors and emotions in supportive and accepting ways	⌄Requires assistance to respond to placed child's behaviors and emotions in supportive and accepting ways	⌄Is unable to effectively manage/meet needs of all of the children
⌄Have a good understanding of age and developmental roles; responds appropriately to meet the child's needs	⌄Limited understanding of age and developmental roles; shows frustration or inability to cope with child	⌄Responds to placed child's behaviors and emotions in negative and harmful ways
⌄Consistently sets appropriate expectations for the children based on their age and developmental level; child is not held responsible for the running of the household	⌄Inconsistently sets appropriate expectations for the children based on their age and developmental level; child has some responsibility for the running of the household	⌄Does not understand age and developmental roles, or special needs of the child(ren); does not desire and/or is resistant to having this knowledge; fails to take action to protect the child
⌄Assures protective measures are taken to address child's abusive or sexualized behaviors	⌄Inconsistently assures protective measures are taken to address child's abusive or sexualized behaviors	⌄Expects children to perform tasks well beyond their age or developmental level, requires child to assume an inordinate amount of responsibility for the running of the home
		⌄Does not take protective measures to address child's abusive or sexualized behaviors

4. **Discipline: How are discipline strategies used with the children in the home?** *(This question considers the appropriate and effective strategies and techniques used by the caregiver(s) to discipline the child(ren) in the home.)*

Positive Characteristics

- Ground rules and behavioral expectations are well established and communicated to all children in the home
- Uses a wide range of discipline options successfully
- Disciplinary approaches and styles are appropriate for the placed child's age and developmental level
- Takes responsibility to discipline the children; does not delegate or allow others in the home to take disciplinary action
- Accurately considers special needs of the placed child when using disciplinary approaches and styles
- Does not use physical discipline or other inappropriate discipline techniques with their own child(ren) or placed child(ren)
- Does not use discipline measures that may trigger or create trauma to the placed child
- Consequences for behavior are natural and logical; discipline is administered in a fair and equitable way for all children in the home

Characteristics of Concern

- Ground rules are unclear or are inappropriately different for the placed child
- Uses a limited range of discipline options; expresses frustration that no discipline works with the placed child
- Disciplinary approaches and styles are marginally appropriate/occasionally inappropriate for the placed child's age and developmental level
- Inconsistently takes responsibility to discipline the child(ren); occasionally delegates or allow others in the home to take disciplinary action
- Inaccurately considers special needs of the placed child when using disciplinary approaches and styles
- Occasionally uses physical discipline or other inappropriate discipline techniques with their own child(ren) or placed child(ren)
- Uses discipline measures that unknowingly trigger or create trauma to the placed child
- Consequences for behavior are harsh; relying on or using threats to "discipline" the child, such as telling the child they will withhold visitation, parental contact, *etc.*

Negative Characteristics

- There are no clearly established/consistent ground rules, or ground rules vary from day to day and child to child resulting in serious negative effects for the child (*e.g.* behavioral, emotional, *etc.*)
- Uses adverse discipline measures (*e.g.* intimidation, withholding food or other basic necessities, aggressive, excessive, inappropriate restrictions, restraint, confinement in small areas, *etc.*)
- Disciplinary approaches and styles are not appropriate for the placed child's age and developmental level
- Does not take the responsibility to discipline the child(ren); or frequently delegates or allow others to discipline the child
- Does not consider special needs of the placed child when using disciplinary approaches and styles
- Frequently uses physical discipline or other inappropriate discipline techniques with their own child(ren) or placed child(ren)
- Uses discipline measures that knowingly trigger or create trauma to the placed child
- Withholds meaningful objects from the placed child's home as punishment
- Consequences for behavior are extreme; placed child is punished more severely than the other child(ren) in the home

5. **Acceptance: How do the out-of-home family members demonstrate in observable ways that they accept the identified child into the home?** *(This question considers how the out-of-home family, including household members, and other children residing in the home, accept the identified child as part of the family.)*

Positive Characteristics	Characteristics of Concern	Negative Characteristics
⌄Out-of-home family members embrace the placed child and fully accept them as part of the household ⌄Placed child helped to fit in; is always included in activities and is included in activities the same as others; ⌄Other children - placed child are attached/accepting of one another; ⌄Placed child is not blamed or criticized for the placement ⌄The placed child is valued; ⌄Placed child is treated equitably as compared to other children in the home ⌄Child(ren) are treated equally regardless of religious/cultural beliefs, race, gender, or sexual identity	⌄Out-of-home family members are ambivalent towards the child; superficially accept the placed child as part of the household ⌄Minimal attempts in assisting placed child to fit in; sometimes not included in activities ⌄Other children – placed child tolerate each other ⌄Placed child is somewhat blamed or receives some criticism for the placement ⌄The placed child is somewhat valued ⌄Placed child is occasionally not treated equitably as compared to other children in the home ⌄Child(ren) are treated differently because of their religious/cultural beliefs, race, gender, or sexual identity	⌄Out-of-home family members are hostile towards the child; do not accept the placed child as part of the household ⌄Placed child not allowed to fit in; excluded or segregated from activities ⌄Other children - placed child are antagonistic/ hostile towards each other; ⌄Placed child is blamed or receives repeated criticism for the placement; constantly reminded that the child is at fault for the placement ⌄The placed child is not valued; ⌄Placed child is not treated equitably as compared to other children in the home ⌄Child(ren) are ostracized/criticized because of religious/cultural beliefs, race, gender, or sexual identity ⌄ Does not allow child access to their own personal possessions, clothing, *etc.*

6. **Community Supports: How does the out-of-home family access/use community supports to help assure child safety?** *(This question considers INFORMAL aspects of the community, other extended family, friends, neighbors, clubs, organizations, and non child welfare.)*

Positive Characteristics	Characteristics of Concern	Negative Characteristics
⌄ Friends, neighbors, relatives or others routinely provide support and assistance; ⌄ Regular, positive contact with others in the community ⌄ Routinely uses reliable neighbors, friends, relatives, and/or other community members as supports ⌄ Level of contact that the out-of-home family has with the community remains the same ⌄Has an accurate knowledge of the informal resources/supports available and accesses them when needed.	⌄ Friends, neighbors, relatives or others may occasionally provide support and assistance ⌄ Sporadic contact with others in the community ⌄ Sporadically uses reliable neighbors, friends, relatives, and/or other community members as supports ⌄ Occasionally chooses unreliable or inappropriate alternate caregiver(s) for support ⌄ Level of contact that the out-of-home family has with the community is reduced ⌄Limited knowledge of the informal resources/supports available and unsure/hesitant of how to access them when needed.	⌄Friends, neighbors, relatives, or others do not provide support/assistance or are antagonistic; ⌄Closed system, avoids contacts with others in the community ⌄Will not/refuses to use available, reliable neighbors, friends, relatives, and/or other community members as supports ⌄Consistently chooses unreliable or inappropriate alternate caregiver(s) for support ⌄Level of contact that the out-of-home family has with the community has been dramatically reduced or has stopped completely. ⌄Has knowledge of informal resources/supports available but does not access them when needed

7. **Current Status: How do the out-of-home family members respond to the current issues, demands, stressors within the home that affect the child's safety?** *(This question considers out-of-home caregiver(s)' objectives in caring for children and present demands the home is experiencing.)*

Positive Characteristics	Characteristics of Concern	Negative Characteristics
⌄Currently caring for identified child(ren) does not cause any unusual stress ⌄Placed child meets the expressed preference of the out-of-home caregiver(s) and/or the child does not meet their preference but the caregiver(s) feels successful with the child ⌄No change in the family circumstances/dynamics; or change occurred which did not result in any unusual stress ⌄No health or safety concerns on the property ⌄Managing the demands of the household and children placed in the home	⌄Currently caring for identified child(ren) resulting in some stress ⌄Placed child does not meet the expressed preference of the out-of-home caregiver(s) but they continue to try to be successful with the child ⌄Moderate change in the family circumstances/dynamics resulting in stress that causes a negative impact on the child ⌄Minor health or safety concerns on the property which pose no immediate threat and are easily correctable ⌄Some difficulty managing the demands of the household and child(ren) placed in the home	⌄Currently caring for identified child(ren) resulting in a high degree of stress impacting the caregiver(s)' ability to protect the child ⌄Placed child does not meet the expressed preference of the out-of-home caregiver(s) and they are unwilling to continue making efforts to be successful with the child ⌄Significant negative change in the family circumstances/dynamics that impacts the caregiver(s) ability to protect the child ⌄Serious health or safety hazards which pose immediate threat ⌄Unable to manage the demands of the household and children placed in the home

8. **Placed Child's Family – Out-of-Home Family Dynamics: How do the dynamics between the caregiver(s) of origin and the out-of-home family support of the child?** *(This question considers the extent to which relationships, perceptions, and/or attitudes can contribute to or detract from the placed child's safety and the capacity of the out-of-home family to follow through. Placed child's family refers to the home which the child was removed. All of the characteristics help to explore the placed child's family's understanding of the need for placement.)*

Positive Characteristics	Characteristics of Concern	Negative Characteristics
⌄Caregiver(s) of origin – out-of-home family relationship with/attitude toward is one of mutual respect ⌄Caregivers of origin accepts/supports out-of-home caregiver(s) roles and responsibilities ⌄Caregiver(s) of origin is appropriately involved with the out-of-home family as detailed in the County Children and Youth Agency developed Safety Plan ⌄Out-of-home caregiver(s) takes action when necessary regardless of their relationship with/attitude towards the caregiver(s) of origin ⌄Caregiver(s) of origin views out-of-home setting as best place for child ⌄Out-of-home caregiver(s) shares the County Children and Youth Agency's view of the caregiver(s) of origin's capacity to care for their children; collaborative ⌄History of positive involvement/attitude towards and/or life-long or significant relationship with placed child and/or caregiver(s) of origin	⌄ Caregiver(s) of origin – out-of-home family relationship with/attitude toward is passive or detached ⌄Caregiver(s) of origin marginally/occasionally impacts the out-of-home caregiver(s) abilities to fulfill their roles and responsibilities ⌄Caregiver(s) of origin tries to become more/questionably involved with the out-of-home family contrary to the County Children and Youth Agency developed Safety Plan ⌄Out-of-home caregiver(s) reluctantly takes action when necessary, influenced by their relationship with/attitude toward the caregiver(s) of origin ⌄Caregiver(s) of origin not accepting of out-of-home setting as best place for child ⌄Out-of-home caregiver(s) is not certain of the County Children and Youth Agency's view of the caregiver(s) of origin's capacity to care for their child(ren); influenced by the caregiver(s) of origin ⌄Short-term relationship with placed child and/or caregiver(s) of origin	⌄ Caregiver(s) of origin – out-of-home family relationship with/attitude toward is tense, conflicted, or hostile ⌄ Caregiver(s) of origin significantly/continuously impacts the out-of-home caregiver(s) abilities to fulfill their roles and responsibilities ⌄ Caregiver(s) of origin actively undermines/ignores the County Children and Youth Agency developed Safety Plan ⌄ Out-of-home caregiver(s) does not take action when necessary, negatively aligned with the caregiver(s) of origin ⌄ Caregiver(s) of origin opposed to out-of-home setting as best place for child ⌄ Out-of-home caregiver(s) does not share the County Children and Youth Agency's view of the caregiver(s) of origin's capacity to care for their child(ren); are in collusion with caregiver(s) of origin ⌄ Unpleasant or negative relationship with/attitude towards placed child and/or caregiver(s) of origin

9. **Oversight: How does the out-of-home family demonstrate that they are agreeable to and cooperative with CCYA and other formal resources?** *(This question considers tendencies toward inclusion; examples of cooperation with formal resources, the family's openness to child welfare professionals, etc.)*

Positive Characteristics

- Consistently forthcoming to CCYA with changes in their family circumstances or changes in their household composition
- Consistently makes child available at home or other locations to CCYA or provider personnel
- Consistently assures child attends school
- Consistently assures child participates in needed services
- Consistently seeks help for the child from CCYA, the school, service providers, and other appropriate persons and consistently follows through with recommendations
- Is consistently compliant with County Children and Youth Agency policy & procedures and/or foster care regulations
- Consistently accessible in person/by phone
- Actively engaged in child's Treatment and Safety Plan
- Routine and frequent contact with professionals or agencies in the community that are a part of the placed child's treatment
- Consistently attends appointments related to the placed child
- In agreement with and fulfilling the case plan

Characteristics of Concern

- Inconsistently shares relevant information about changes in their family circumstances or their household composition
- Inconsistently makes child available at home or other locations to CCYA or provider personnel
- Inconsistently assures child attends school
- Inconsistently assures child participates in needed services
- Inconsistently seeks help for the child from CCYA, the school, service providers, and other appropriate persons and inconsistently follows through with recommendations
- Inconsistently compliant with County Children and Youth Agency policy & procedures and/or foster care regulations
- Inconsistently accessible in person/by phone; availability often a matter of convenience
- Provides transportation, scheduling, *etc.* as part of the child's Treatment and Safety Plan but shows little interest in the child's progress
- Inconsistent contact with professionals or agencies in the community that are a part of the placed child's treatment
- Begin to demonstrate a pattern of missing appointments related to the placed child
- Not in agreement with but complying with the case plan

Negative Characteristics

- Withholds relevant information about changes in their family circumstances or their household composition
- Does not make child available at home or other locations to CCYA or provider personnel
- Does not assure child attends school
- Does not assure child participates in needed services
- Does not seek help for the child from CCYA, the school, service providers, and other appropriate persons and will not follow through with recommendations
- Does not comply with County Children and Youth Agency policy & procedures and/or foster care regulations
- Routinely not accessible in person/by phone
- Argumentative, resistant, or unwilling to assume any role or responsibility in meeting essential treatment needs or needs identified in the Safety Plan
- No contact with professionals or agencies in the community that are a part of the placed child's treatment, or refuses to allow access to the placed child
- Consistently misses appointments related to the placed child
- Sabotages or refuses to support the case plan

10. **Planning: How do the out-of-home caregiver(s) demonstrate that they are capable of and actively engaged in day to day planning for the child's day to day safety?** *(This question considers specific arrangements and intentions, methods, assurances, feasibility, and commitment. This does not refer to the formal Safety Plan developed by the County Children and Youth Agency.)*

Positive Characteristics	Characteristics of Concern	Negative Characteristics
⌄ Fully understand/are attentive to the placed child's vulnerability/need for protection ⌄ An effective daily routine/plan for caring for the placed child exists that meets the child's needs ⌄ Daily planning includes specific responsibilities, timing, activities, and acceptable/effective means for child management and discipline ⌄ Commitment/capability for carrying out daily routines/planning ⌄ Planning takes into account the demands of having several children in the home	⌄ Partially understands placed child's vulnerability/need for protection ⌄ A vague daily routine/plan for caring for placed child exists ⌄ Daily planning does not include specific responsibilities, timing, activities, and acceptable/effective means for child management and discipline ⌄ Moderately committed to/somewhat capable of implementing daily routines/planning ⌄ Planning does not take into account the demands of having several children in the home	⌄ Do not understand, believe, and/or care about placed child's vulnerability/need for protection ⌄ No daily routine/plan exists or it does not meet the placed child's needs ⌄ Not committed to or capable of creating or implementing daily routines/planning ⌄ Planning does not occur, there are too many children in the home to assure safety based on the out-of-home family's capabilities

Rating the Indicators

Once a child welfare professional has gathered information related to each out-of-home Safety Indicator, they must determine a rating for each indicator. To accomplish this, a child welfare professional must:

1. Review each set of Characteristics for the indicator;
2. Do not consider other Safety Indicators at this point;
3. Identify all Characteristics that apply;
4. Consider intensity, frequency, duration, and impact on the child of the Characteristics;
5. Answer this question: *Considering all you know about this child, what set of Characteristics, traits, and attributes best represent what you know and have observed?;*
6. **Think seriously about any Negative Characteristics you have identified in the home, and decide if they offset any Positive Characteristics in terms of impact on the child; and**
7. Decide if the indicator overall is positive, concerning, or negative.

These seven steps are used to rate each individual safety indicator. In addition to rating the indicator as positive (P), concerning (C), or negative (N), child welfare professionals must write a narrative in the analysis section that provides a summary of the information gathered to inform your rating. This does not; however, mean that one would simply type the Characteristic as is written above; rather one would describe how that Characteristic is occurring to support their rating. For Negative Characteristics and/or Safety Indicators, child welfare professionals must be able to describe the intensity, frequency, and duration of the behavior or situation.

In applying these concepts it is important to note that we are concerned with how these Safety Indicators describe the family in predominant and overall ways. In other words, when taken as a whole, is the indicator mostly positive, mostly concerning, or mostly negative.

Out-of-Home Care Safety Analysis

Safety Analysis: A Closer Look at the Analysis Questions

1. Have any changes (positive or negative) occurred within the out-of-home family since your last assessment? Describe the changes and explain what prompted the change. Include in the explanation whether or not the change in the family resulted in a change in response to the 10 Safety Indicators. (Note: if this is the initial assessment, check here ☐).

This is the place where you do a comparative analysis of how the resource family and child are doing now in relationship to previous assessments. Are things better, worse, or the same? How have the 10 Safety Indicators changed? What has contributed to the change and what is the impact of these changes on child safety in this home?

2. Considering all of the 10 Safety Indicators, are there sufficient positive Safety Indicators present and in operation that give you confidence that the child will remain safe in the setting? Provide your rationale for this judgment.

   This analysis question requires you to think about all 10 Safety Indicators and determine if they, in combination, translate to a decision that the child is safe. You need to describe all of the positive Safety Indicators in specific ways that contribute to this resource home being a safe one for this child, now and in the future. Do not overstate the strengths, but present an objective picture.

3. Describe, in behavioral terms, any Negative Characteristic and/or Safety Indicators that are present. Include intensity, frequency, and duration of the Characteristic and/or Safety Indicator and the impact on this child. If there are negative Safety Indicators and the decision is to leave the child in this home, describe the rationale and justification for this decision. **Supervisory signature below indicates agreement with this rationale**.

   Here you are asked to describe any <u>negative Safety Indicators AND any</u> <u>Negative Characteristics</u> that are in operation in the home. This is a critical piece of the analysis. You must control for your biases and for external pressures. You cannot minimize or overlook these Safety Indicators or Characteristics because you don't have another placement available, or because the child has been doing well up to this point in the placement. If your assessment of safety in out-of-home care is going to have real meaning, you must tackle these issues head on and decide what kind of environment this really is for this child. While we have stressed that we do not do Safety Plans in out-of-home care settings, if a court orders a child to remain in a placement that has been determined to be unsafe by the CCYA, a Safety Plan is needed and the protocol to follow for that plan is the same as an in-home Safety Plan.

4. A) Consider and describe any Safety Indicators that are rated as "concerning." B) Are there supports (*e.g.* respite care, child care, training on the child's specific needs, *etc.*) that will enhance the resource family's ability to provide a safe environment for the child? Provide your rationale for this judgment. For supports already in place, describe the effectiveness/impact/continued need for that support.

   This question asks you to consider concerning Safety Indicators that are present in the resource home. Again describe them clearly including the intensity, frequency, and duration. Evaluate the likelihood of them becoming negative

Safety Indicators. Think about what supports might help sustain the child in this placement. Decide if increased child welfare professional visitation is needed to continue to evaluate these Safety Indicators. Remember that this is not a Safety Plan. If any of the concerning Safety Indicators lead you to think that a Safety Plan is needed then they are likely operating as negative Safety Indicators and you need to rethink your assessment decisions.

Out-of-Home Care Safety Decisions

By this point in the process you should be able to arrive at the actual Safety Decision. This decision should be made in conjunction with your supervisor. You will notice that a child is either found to be Safe or Unsafe.

Safe means that sufficient Safety Indicators exist that cause you and your supervisor to confirm that the setting remains safe for this child.

Unsafe means that sufficient Safety Indicators exist that cause you and your supervisor to conclude that the setting does not remain safe for this child. If this is the decision, the child must be removed from the setting. When this decision is made, the following additional steps must also occur:

- Review the child's current out-of-home/combination Safety Plan to determine what modifications need to be made and document any and all necessary changes.
- If other children from your own or another county are placed in the home, follow your County Children and Youth Agency's current notification policy to inform them of the identified safety concerns.

There is no option for safe with a plan because, again, the resource caregiver(s) is expected to provide a higher level of care and protection for children than they had in their own homes. If a Safety Plan is needed, the child is unsafe and needs to be moved immediately.

However, because there are instances where the courts will leave a child in a setting you have determined to be unsafe you have a place to document this. This section asks you to check the box if the County Children and Youth Agency determines that the child is unsafe but remains in this setting as a result of a court order, and to enter the date of the court order and the date that the county filed an appeal, if one was filed. ***While we have stressed that we do not do Safety Plans in out-of-home care settings, if a court orders a child to remain in a placement that has been determined to be unsafe by the CCYA, a Safety Plan is needed and the protocol to follow for that plan is the same as an in-home Safety Plan.

Out-of-Home Care Safety Assessment Worksheet

I. IDENTIFYING INFORMATION ON PLACED CHILD(REN) BEING ASSESSED				**Date Completed:**
Family Name:		**Case #:**	**Caseworker:**	
Out-of-Home Family Name:		**Address:**		**Phone:**

Placed Child's Name: (Siblings may be listed on same form)	**Age:**	**Date placed in <u>This</u> Setting:**	**Date Last Seen:**	**Interval:**

II. HOUSEHOLD MEMBER INFORMATION				
Household Member's Name - Identify all household members. For children identify first name, last initial only	**Age:**	**Role in Household:**	**Date Last Seen:**	**Affiliated County** For children under CCYA supervision, list the county name

III. PRIVATE PROVIDER INFORMATION (IF APPLICABLE):		
Private Provider Agency Name and Address	**Private Provider Caseworker / Case Manager**	**Agency Phone Number**

IV: SAFETY INDICATORS						
For each child listed in Section I, list the name in the space provided. Then determine if each indicator is: P= Positive, C= Concerning, or N= Negative for each child.	**Name**	**Name**	**Name**	**Name**	**Name**
1. Child Functioning: How are the children functioning cognitively, emotionally, behaviorally, physically, and socially?						
2. Adult Functioning: How are the adult out-of-home family members functioning cognitively, emotionally, behaviorally, physically, and socially?						
3. Caregiver Supervision: How are out-of-home caregiver(s) actively caring for, supervising, and protecting the children in the home?						
4. Discipline: How are discipline strategies used with the children in the home?						
5. Acceptance: How do the out-of-home family members demonstrate in observable ways that they accept the identified child into the home?						
6. Community Supports: How do the out-of-home family members access/use community supports to help assure child safety?						
7. Current Status: How do the out-of-home family members respond to the current issues, demands, stressors within the home that affect the child's safety?						
8. Placed Child's Family– Out-of-home Family Dynamics: How do the dynamics between the caregiver(s) of origin and the out-of-home family support the safety of the child?						
9. Oversight: How does the out-of-home family demonstrate that they are agreeable to and cooperative with CCYA and other formal resources?						

10. Planning: How do the out-of-home caregiver(s) demonstrate that they are capable of and actively engaged in planning for the identified child's day to day safety?					

V. SAFETY ANALYSIS: RESPOND TO THE FOLLOWING ANALYSIS QUESTIONS

1. Have any changes (positive or negative) occurred within the out-of-home family since your last assessment? Describe the changes and explain what prompted the change. Include in the explanation whether or not the change in the family resulted in a change in response to the 10 Safety Indicators. (Note: if this is the initial assessment, check here ☐).

2. Considering all of the 10 Safety Indicators, are there sufficient positive Safety Indicators present and in operation that give you confidence that the child will remain safe in the setting? Provide your rationale for this judgment.

3. Describe in behavioral terms, any Negative Characteristic and/or Safety Indicators that are present. Include intensity, frequency, and duration of the Characteristic and/or Safety Indicator and the impact on this child. If there are negative Safety Indicators and the decision is to leave the child in this home, describe the rationale and justification for this decision. **Supervisory signature below indicates agreement with this rationale**.

4. A) Consider and describe any Safety Indicators that are rated as "concerning". B) Are there supports (*e.g.* respite care, child care, training on the child's specific needs, *etc.*) that will enhance the resource family's ability to provide a safe environment for the child? Provide your rationale for this judgment. For supports already in place, describe the effectiveness/impact/continued need for that support.

VI. SAFETY DECISION: *The following decisions should be made in conjunction with your supervisor.*

Indicate your Safety Decision by recording the name of each child (one child per column) next to the applicable Safety Decision.	**Name:**	**Name:**	**Name:**	**Name:**	**Name:**
Safe: Sufficient Safety Indicators exist that cause the undersigned persons to confirm ***that the setting remains safe*** for this child.					
Unsafe: Sufficient Safety Indicators exist that cause the undersigned persons to conclude ***that the setting does not remain safe*** for this child. Child must be removed from the setting. When this decision is made, the following additional steps must occur within the designated timeframe: ˅ Review the child's current Safety Plan to determine modifications needed and document any and all necessary changes. ˅ If children from another county are placed in the home, concerns, as they relate to those children, should be communicated to the appropriate entities according to your County Children and Youth Agency's policy.					
☐ Check here if the County Children and Youth Agency determines that the child is unsafe but remains in this setting as a result of a court order.	Date of Order: Date of Appeal:	Date of Order: Date of Appeal:	Date of Order: Date of Appeal:	Date of Order: Date of Appeal:	Date of Order: Date of Appeal:

VII. SIGNATURE OF APPROVAL (requires supervisory discussion)			
	County Children and Youth Agency Caseworker Name	Signature	Date
	County Supervisor Name	Signature	Date

Out-of-Home Care Safety Assessment Worksheet Instructions

SECTION I: IDENTIFYING INFORMATION ON PLACED CHILD(REN) BEING ASSESSED

Date Completed:	Enter the date you completed the form. Note: This date could be, but is not necessarily, the date you signed the form or you received a supervisory signature.
Family Name:	Enter the family name of the client, *i.e.* case name.
Case #:	Enter the case number.
Caseworker:	Enter your name.
Out-of-Home Family Name:	Enter the name of the family being assessed.
Address:	Enter the address of family being assessed.
Phone:	Enter the phone number of family being assessed.
Placed Child's Name:	Enter the name of the child(ren) that is/are the focus of this assessment (Siblings in the same setting may be listed on the same form).
Age:	Enter the age of the child(ren) being assessed.
Date Placed in this Setting:	Enter the date each child listed was/were placed in this setting. This date is used to drive all of the intervals.
Date Last Seen:	Enter the date that the child(ren) was last seen. This field connects the worksheet to the structured case notes.
Interval:	Enter the interval that applies to this assessment. The intervals to select from are: • Within two months from the date of placement in the current setting • Within six months (and every six months thereafter) of the previously completed worksheet • Within 72 hours upon identification of information **IMPORTANT: All of these dates are triggered from the date of placement. If the child moves to another setting, the intervals start again. The six**

month interval is not in conjunction with the permanency hearing.

SECTION II: HOUSEHOLD MEMBER INFORMATION

Household Member's Name:	Identify all household members, other than the children listed in Section I of the worksheet. For children in the household identify first name, last initial only.
Age:	Enter the age of each household member.
Role in Household:	For each household member, list the role that they play in that household (*i.e.* paternal grandmother, biological daughter, foster son, *etc.)*
Date Last Seen:	List the date that each household member was last seen. Note, the identified child(ren) and resource family primary caregiver(s) must be seen at each contact, all of the other household members including children must been seen at least once every six months. This, however, does not mean that they all must be seen at the same time.
Affiliated County:	If the household member is a child placed in the setting by another county, list the affiliated county name.

SECTION III: PRIVATE PROVIDER INFORMATION (IF APPLICABLE):

Note, this section is only completed if the child is placed in a private provider run home. If the child is living in an informal arrangement or in a county run home, this section would remain blank.

Private Provider Agency Name and Address:	If applicable, enter provider agency name and address.
Private Provider Caseworker / Case Manager:	Enter the assigned private provider caseworker/case manager name
Agency Phone Number:	Enter the private provider agency phone number.

SECTION IV: SAFETY INDICATORS

For each child listed in Section I, list the name in the space provided (one column per child). Determine if each Safety Indicator is: P= Positive, C= Concerning, or N= Negative for each child.

SECTION V: SAFETY ANALYSIS: RESPOND TO THE FOLLOWING ANALYSIS QUESTIONS

Respond to each of the four analysis questions listed in Section V. Responses should include detailed, behaviorally specific language that describes your findings and your analysis of the Safety Indicators. Note, for the first question, if this is the initial (60-day/two-month) assessment, check the box indicating this is the initial assessment.

The information documented in this section is intended to be a synthesis of the information learned from all of the 10 Safety Indicators. It is important to note that any Negative Characteristic identified must be included in the analysis.

SECTION VI: SAFETY DECISION: The following decisions should be made in conjunction with your supervisor.

Indicate your Safety Decision by recording the name of each child (one child per column) next to the applicable Safety Decision. **The Safety Decisions are:**

Safe: Sufficient Safety Indicators exist that cause the undersigned persons to confirm that the setting remains safe for this child.

Unsafe: Sufficient Safety Indicators exist that cause the undersigned persons to conclude that the setting does not remain safe for this child. Child must be removed from the setting. When this decision is made the following additional steps must occur within the designated timeframe:

- Review the child's current Safety Plan to determine if modifications need to be made and document any and all necessary changes.
- If other children from your own or another county are placed in the home, concerns, as they relate to those children, should be communicated to the appropriate entities according to your County Children and Youth Agency's policy.

Check the box here if the County Children and Youth Agency determines that the child is Unsafe but remains in this setting as a result of a court order. Enter the Date of Order and the date the order was appealed, if applicable.

SECTION VII: SIGNATURE OF APPROVAL

This requires supervisory discussion and the supervisor's signature indicates agreement with the assessment.

Both the County Caseworker and Supervisor signs and dates the tool.

Communicating Safety Concerns

Child welfare professional visits and interactions with children are the cornerstone of practice and one of the most important ways to promote positive outcomes for children. The core focus of visits is the protection of children. Visits are the mechanism for monitoring safety and providing services to promote the well-being of the child and the child's caregiver(s) of origin. (Action, 2009) It is important to note that this statement extends beyond just our identified child(ren) to all children living in the out-of-home setting. Part of the Out-of-Home Care Safety Assessment and Management Process is to assess for the functioning of all children living in the home. We gather this information through routine contacts with our identified children, but also through the conversations and observations of others living in the home.

Child welfare professionals are obligated to observe other children who are in the home during visits and inquire about how they are doing from them, if possible in private, and from the out-of-home caregiver(s). The child welfare professional should also discuss the other children with the identified child(ren), both to determine the nature and quality of the child to child interaction and also as a method of gathering information on all children in the home.

When conducting safety assessments in out-of-home care settings one must consider the impact of their findings and analysis on all other children in the home. Do the negative indicators that have been identified have impact beyond the child being evaluated? Have conditions been found in operation that may affect another child, but not the child being assessed? This is a critical part of the analysis because we know that failure to communicate across the system and with other providers with children placed in the home has often resulted in harm to children in placement. So while you are not expected to complete an Out-of-Home Care Safety Assessment Worksheet on those other children, you are professionally obligated to observe or consider them within the context of your findings and report any significant issues to your colleagues within your county or across the state. Unfortunately, in the state of Pennsylvania, this type of communication does not always occur consistently.

With the implementation of the Out-of-Home Care Safety Assessment and Management Process, child welfare professionals will be routinely assessing the safety of all of the children residing in the out-of-home setting. Once information has been gathered related to all of the children in the home, the child welfare professional must determine if there are any concerning or negative Safety Indicators for the child(ren). For identified children, this information would be documented in the structured case note and the Out-of-Home Care Safety Assessment Worksheet, when applicable. For other foster children living in the out-of-home setting, the child welfare professional would review the information "as if" they were that child's identified child welfare professional. If the information suggests that a child residing in the home is not experiencing the five characteristics of a safe home, the placing county must be contacted and notified of existing concerns.

On page 139 of the manual, that which must be considered for safe case closure is explored. Among those considerations you will find the five characteristics of a safe home that were just mentioned. It is critical that every child who is placed in out-of-home care experience these five characteristics of a safe home. If they do not, we are failing them. Most if not all of those characteristics have been identified in previous sections of this manual. With the exception of concepts that apply to in-home cases only, the following are identical to the five characteristics that are explored on page 139 of the manual.

- **An absence of or control of threats of severe harm –** a safe environment does not contain active threats to child safety.
- **Presence of caregiver Protective Capacities –** a safe environment exists because the caregiver(s) with the assigned task of providing a safe home is/are assuring that protection is occurring, available, and ongoing.
- **A safe home is experienced as a refuge –** A safe environment as a refuge for a child is the first and most obvious place a child thinks of and goes to be safe. Confirming a home as a refuge requires sufficient time where continual protective care can be confirmed and observed by the child welfare professional.
- **Perceived and felt security –** a safe environment is perceived and felt by a child as a place of security. This translates into how they view and feel about their protectors, their parents, or caregiver(s).
- **Confidence in consistency –** a child needs to be able to count on a home remaining safe.

As stated previously, if a child residing in an out-of-home setting from your own or another county is not experiencing these characteristics, it is the County Children and Youth Agency's responsibility to alert the County Children and Youth Agency child welfare professional and/or County who placed that child in that home. Each County Children and Youth Agency must establish their own policies surrounding the alert process for both county approved homes and private provider homes. Policies should consider the following:

- Who will be notified? (*e.g.,* private providers, child welfare professionals from the same county, child welfare professionals from other counties, ChildLine, Regional Office(s))
- Who will be responsible for notification? (Additional consideration should be given to situations in which a private provider home has children from other counties. Who is responsible for notifying the other counties?)
- What information will be communicated?
- How will notification take place (verbal, written, *etc.*)?
- How will the notification be documented?
- Where will notification be documented?
- Where will records of notification be maintained?

- What timeframes will be associated with notification?
- How will the type of concern present influence above considerations? (*e.g.,* home conditions, substance use/abuse, failure to protect child from others, corporal punishment, injury)

In regards to documentation, while documentation is required, it is up to each County Children and Youth Agency to determine how documentation will occur. Appendix 3 of this manual is a document titled “Safety in Out-of-Home Care: Alert to Affiliated Counties.” This is an optional form that County Children and Youth Agencies may choose to use for documentation. Instructions for completion of the form are on the pages that follow the document.

Section III. Casework Process

Initial Referral

As per Pennsylvania's Child Protective Services Law and related regulations, the first responsibility of a County Child Welfare Agency is to assure the immediate safety of a child who is the subject of a report (regulations 3490.55 and 3490.232).

After receipt of the report, County Children and Youth Agency staff must make the immediate decision about how and when to respond to the report in consideration of the child's safety before passing the report along for processing or assignment. In simple terms, with every new report the following questions must be asked and answered immediately:

- How soon should contact be made with the child and family that has been reported and
- Who should make that initial contact to best assure child safety?

While it is understood that referral sources are sometimes reluctant or unable to provide detailed information at the time of the Intake, the County Children and Youth Agency staff should make every attempt to uncover potential immediate threats to a child's safety that may not be clearly evident.

The following are questions that County Children and Youth Agency staff must ask reporting sources in order to look beyond the obvious while trying to make an initial determination of Present Danger. These questions are discussed in greater detail in the safety assessment section of this manual, regarding Information Gathering.

- What is the extent of the maltreatment?
- What circumstances surround the maltreatment?
- How do the children function, including the condition?
- How do the adults within the household function, including substance use and mental health?
- How does/do the caregiver(s) generally parent?
- How does/do the caregiver(s) discipline the children?

Ultimately, if a determination of Present or Impending Danger is made or safety cannot be assured with information gathered from the reporting source, the County Children and Youth Agency staff should respond **immediately** to the safety needs of the child. A typical flow to the initial referral process would look like this:

- Gather as much information from the reporter as possible

- Gather any additional information immediately available (prior County Children and Youth Agency records, police contacts, *etc.*)
- Determine if the case is appropriate for the County Children and Youth Agency based on requirements (child under 18, caretaker perpetrator, *etc.*)
- If the report is accepted, apply the criteria for Present or Impending Danger by asking the question “given what is known from the report, does Present or Impending Danger for the child exist?”
- Ask, “Has the immediate safety of the child been assured?”
- If Present or Impending Danger has been identified and/or the safety of a child has not been assured, the necessary response time must be determined. The immediacy of the response is based on Safety Thresholds, level to which the threat is controlled, imminence, and child vulnerability.
- If the report is accepted and the child is judged as being free from Present Danger, the timing of the response must take into account the location of the safe place, how long the child will be in the safe place, and access that others have to the safe place.
- If the report is not accepted for investigation or assessment based on information gathered, forward the report information to the appropriate authority or community resource to allow further response as needed.
- When a referral results in the determination of Present or Impending Danger, it may be necessary to consider including law enforcement in the response.

County Children and Youth Agency staff are not limited to the scope of the questions above, and are encouraged to ask thought-provoking questions of reporting sources in order to uncover all available information regarding child safety that will lead them to make appropriate decisions regarding response time. The assignment of a response time is called a Safety Tag or “Tag.”

The correct standard for deciding the urgency of a response is assessing Present Danger. A determination of Present Danger would dictate an immediate response from the County Children and Youth Agency staff that is consistent with that “Tag”. In the case of Present Danger, County Children and Youth Agency staff are expected to consult with their supervisor. Staff and their supervisor should consider what the circumstances are that endanger the child or exist as an immediate threat and determine the timing of face-to-face contact that can assure the danger is mitigated or controlled.

A determination based on all available information that the child’s safety is assured and that Present Danger is not a current safety concern will allow the child welfare professional to consider the best course of action based on applicable regulation and best practice considerations. This decision should also be reviewed with supervisory staff.

A response other than “immediate” is based on a decision that the child in question is not subject to any severe, imminent Safety Threat that would define Present Danger. In summary, the following points are important to remember when considering initial report response time:

- Present Danger refers to an immediate, significant, and observable threat to a child actively occurring in the present. Present Danger requires immediate protective action.
- Information reported to a County Children and Youth Agency consistent with Present Danger should prompt an immediate response.
- Decisions regarding potential Present Danger and response time should be reviewed with a supervisor whenever possible.
- An immediate response is qualified as a face-to-face encounter by County Children and Youth Agency staff with a child and family.
- Failure to factor in Present Danger when prioritizing referrals for assignment and contact could result in serious injury, disability, severe trauma, and/or death to vulnerable children.
- The Present Danger standard is the best means by which to effectively judge response time at intake.
- The effectiveness of a safety assessment is dependent upon whether the information collected is pertinent and relevant to identifying the Safety Threats to the child and caregiver of origin’s Protective Capacities and whether sufficient information has been gathered to draw accurate conclusions about child safety.

Assessment/Investigation
At the first face-to-face contact, the County Children and Youth Agency child welfare professional must consider the following:

- Does Present Danger and/or Impending Danger exist;
- Is the child safe now;
- What immediate actions are needed to control the Present Danger; and
- Are there means within the caregiver(s) of origin’s network to provide adequate and immediate safety actions to protect the child?

This decision is the preliminary Safety Decision. If Present Danger exists or if identified Impending Danger is likely to become active, an Immediate Preliminary Safety Plan must be developed to control the threats of serious harm. The Immediate Preliminary Safety Plan must assure child safety while the investigation or assessment continues. Once the preliminary assessment and plan is completed, the child welfare professional would continue to conduct face-to-face contacts and gather safety related information. At the conclusion of the investigation/assessment, if there is not a change in the safety of the child, an additional worksheet does not need to be completed. However, information regarding the child’s safety must be documented in the case record through a structured case note.

Identification of Present or Impending Danger must always remain a consideration throughout the life of a case when contact is made regarding the child. Situations and conditions change and Present or Impending Danger could appear at any time.

The assessment/investigation period is a crucial and complex time during the casework process. This is the time when most of the new information regarding a child, their caregiver(s) of origin, and Safety Threats would be uncovered. Understanding this as a time of great potential for information exchange and situational change for families will assure that the child welfare professional maintains their vigilance with respect to assuring child safety.

During this time of assessment/investigation, the focus of the Safety Assessment and Management Process is on maintaining child safety while gathering information to identify Present or Impending Danger and making analysis of the information gathered. This includes analyzing the Safety Threats that present threats of safety to a child and the caregiver(s) of origin's Protective Capacity. This further includes child welfare professional communication on a consistent basis with their supervisor.

55 Pa. Code, §§ 3490.61 (a) and 3490.235 (e) requires supervisors to review each report of suspected child abuse or general protective services with the child welfare professional at a minimum of once every 10 days during the assessment/investigation period. The County Children and Youth Agency supervisor is to document these contacts with the County Children and Youth Agency child welfare professional. They must also review cases on a regular and ongoing basis to assure that the level of services is consistent with the level of risk to the child to determine the safety of the child and the progress made toward reaching a (status) determination."

When deciding who to interview when completing assessments/investigations, child welfare professionals should follow 55 Pa Code, § 3490.55 (d) which states: "when conducting its investigation, the County Children and Youth Agency shall, if possible, conduct an interview with those persons who are known to have or may reasonably be expected to have, information relating to the incident of suspected child abuse including, but not limited to, all of the following:

(1) The child, if appropriate;

(2) The child's parents or other person responsible for the child's welfare;

(3) The alleged perpetrator of the suspected child abuse;

(4) The reporter of the suspected child abuse, if known;

(5) Eyewitnesses to the suspected child abuse;

(6) Neighbors and relatives who may have knowledge of the abuse; and

(7) Day care provider or school personnel, or both, if appropriate."

In regards to the Safety Assessment and Management Process, a slightly different protocol can be applied to guide the information gathering process. This protocol would be used when the interview is occurring in the home.

1. Introduction with caregiver(s) of origin (whenever possible)
2. Interview with identified child
3. Interview with siblings
4. Interview with the non-alleged maltreating caregiver(s) of origin
5. Interview with the alleged maltreating caregiver(s) of origin
6. Closure with caregiver(s) of origin

Both lists are similar in that they ask caseworkers to gather as much comprehensive information about the family and family situation as possible. The suggested protocol has been introduced to help gather a progression of information to inform the interview with the alleged maltreating caregiver(s) of origin/alleged perpetrator.

After the first face-to-face contact with the child and/or caregiver(s) of origin, a Safety Assessment with documentation of data gathered related to Safety Threats and Protective Capacity of the caregiver(s) of origin is required within three business days. If the child and the caregiver(s) of origin are not able to be seen together, reasonable efforts must be made to see all parties within the three business day period from the first face-to-face contact provided to complete the In-Home Safety Assessment Worksheet. As assessment/investigation proceeds beyond the initial contacts, it may or may not be necessary to complete a Safety Plan, however, it must be remembered that assessing for safety should never leave the mind of a child welfare professional while completing the assessment/investigation. Safety assessment is not simply a “front end” determination. It is a dynamic process that is ongoing and whenever evidence or circumstances suggest that a child’s safety may be in jeopardy, it is the responsibility of the child welfare professional to assess and analyze that information and plan for the child’s safety. A discussion of child safety should also be part of every child welfare professional’s weekly supervisory conference.

As the initial assessment/investigation period is primarily the time that a child welfare professional would complete the task of assessing and analyzing all 14 of the Pennsylvania Safety Threats for in-home cases, understanding the definitions and grasping key concepts regarding safety is vital for successful completion of the Safety Assessment and Management Process. If a child welfare professional beginning an assessment/investigation of a report does not understand the concepts of: information gathering in the Six Assessment Domains, application of the Safety Thresholds, safety analysis including Safety Thresholds, and Protective Capacity of the caregiver(s), then safety planning cannot be successfully implemented.

Any child welfare professional who does not feel comfortable with these concepts should seek support from their supervisor and begin an education and practice experience process to assist them in learning the skills needed for safety assessment.

Early in the assessment/investigation period, the assigned child welfare professional should be reviewing the 14 Safety Threats and asking themselves whether or not they are comfortable with the information gathered to be able to make an informed decision regarding the safety of the child involved in relation to that Safety Threat. If a child welfare professional identifies a potential Safety Threat which they do not have enough information to determine if the Safety Threat reaches the Safety Threshold, they should conduct further assessment/investigation to gain additional perspective and make any necessary informed decisions.

The key points to remember regarding safety assessment during the time of an assessment/investigation:

- Although a Safety Tag assessment has already been completed in regard to response time, it is crucial that information provided in an initial report be reviewed and confirmed in regard to child safety.
- The information gathered during this time period is significantly influenced by the child welfare professional's effort, skill, and willingness to engage the family and key persons in relation to assessing a child's safety.
- The safety of a child should be considered at every contact and in relation to Safety Thresholds and the 14 Safety Threats even if the In-Home Safety Assessment Worksheet is not required at that time. All information should be documented in the structured case notes.
- Child welfare professionals and their supervisors need to be completely comfortable with their knowledge and understanding of the 14 Safety Threats and other relevant definitions in order to be able to successfully complete the ongoing Safety Assessment and Management Process as circumstances change within the family.
- Assessing and analyzing a caregiver(s) of origin's Protective Capacity is as important as assessing and analyzing the 14 Safety Threats.
- During this time, supervisors are responsible for reviewing each report that is under assessment/investigation and determining the safety of the child. Supervisors are required to keep a log of these reviews which would include at a minimum an entry at each 10 calendar day interval during the assessment/investigation period.

Status Determination

At the time of status determination, a thorough analysis of information gathered must include consideration of each of the 14 Safety Threats, assessment and analysis of caregiver(s) of origin's Protective Capacities and Safety Threats, as well as the decision regarding the necessity of having a Safety Plan, the needed level of intervention, and the Safety Decision which reflects the analysis of information gathered. This must be documented on the In-Home Safety Assessment Worksheet.

The key to making a good Safety Decision is reviewing information gathered and assuring that the information reviewed is *pertinent, relevant, and sufficient.* This is referring to information gathered from the time of the initial report forward. By assuring that the information reviewed is pertinent, relevant, and sufficient, the child welfare professional and supervisor's Safety Decisions will be based on the best possible informed decision.

It is important to note that supervisory review and participation in status determination is not only required by regulation, but good practice and a necessary component for successful safety assessment. Child welfare professionals should be in the habit of being able to successfully communicate information gathered in relationship to all 14 Safety Threats and express how the information gathered can be understood in relation to Present or Impending Danger.

Supervisors too need to recognize the status determination interval as a key decision making point in the casework process. This period is not a time for assumptions or for assuming "no news is good news." Supervisors have to use this time to draw information and conclusions from their staff and staff have to use this opportunity to seek reinforcement or correction regarding their information gathering process and analysis.

In addition to making a status determination and determining if the case must be accepted for services, a decision must also be made regarding whether or not the child is Safe, Safe with a Comprehensive Safety Plan, or Unsafe. People are sometimes unpredictable and family circumstances can change quickly. Information can be hidden from county child welfare professionals or misrepresented even by collateral contacts who believe they are helping a child. However, a Safety Decision should represent analysis and decision making using the best possible informed judgment with information that was available at the time of the decision.

Informed judgment on the part of child welfare professionals when making status determinations is the only systematic way to balance the need to assure child safety with our goal of maintaining families together in the least restrictive environment possible. By making the effort to gather all available information from the family and potential collateral contacts, collecting factual, observable data, and discussing these items in relation to Safety Threats and Protective Capacities within a family, County Children and Youth Agency staff can make credible, correct, and useful Safety Decisions at the time of status determination that will help provide better outcomes for children and families.

In-Home/Accepted For Services

The Safety Assessment and Management Process is a continuous process throughout the life of a case and does not end at the completion of the assessment/investigation period. 55 Pa Code §§3490.61 (c) and 3490.235 (g) state that "when a case has been accepted for service, the County Children and Youth Agency shall monitor the safety of

the child and assure that contacts are made with the child, parents, and service providers."

After a case has been accepted for service, there are case management responsibilities for which every ongoing child welfare professional is accountable, including managing Safety Plans and facilitating change through service planning. Managing these tasks simultaneously is no small challenge. Certainly both responsibilities can be intertwined, however, it is important that these two responsibilities are fully understood in terms of their distinctiveness in purpose and activity. For that reason, earlier sections of this manual discuss the relationship between safety and risk as well as the differences.

Furthermore, in order for child welfare professionals to successfully manage child safety on an ongoing case, child welfare professionals must recognize that the Safety Assessment and Management Process is a continuous process and be willing to be vigilant with respect to oversight of Safety Plans beyond the initially developed plan. Discussion of child safety must occur each time a county child welfare professional and supervisor meets to discuss a case.

To successfully assure the safety of children, child welfare professionals must not allow the statutory minimums to be the standard by which they work. Practically speaking, effective continued safety management includes not waiting for a crisis to occur before taking action, encouraging cooperation among all parties with a shared responsibility involved with the Safety Plan, and oversight defined by the nature and intensity of the Safety Threats.

As a part of practice related to continuing safety management, a child welfare professional should always consider whether the objectives for the Safety Plan are being achieved. In other words, a child welfare professional should routinely ask themselves these four questions:

(1) Is the plan effective?

(2) Are safety responses adequate?

(3) Are participants in the plan involved and active as prescribed by the Safety Plan?

(4) Was safety reassessed whenever evidence, circumstances, or new information suggested a change in the child's safety?

These questions are universal for child welfare professionals, regardless of whether a child is at home or in out-of-home placement.

Ultimately, the Safety Plan is a tool that the ongoing child welfare professional should view as an asset that provides for stability within a family that allows that child welfare professional time to create and support the changes needed within the family. Oftentimes, Family Service Plan actions such as mental health treatment or drug and alcohol treatment involve long-term goals that will create internal change within a family. Without an effective and secure Safety Plan in place, child welfare professionals and family members will find that they are spending their time constantly planning for the

present, providing services that are akin to “putting out fires,” and never reaching the long-term goals of the family.

Todd Holder, a national CPS consultant, has described safety planning as the hub of a wheel that keeps the wheel turning. The hub of the wheel is the focal point where all of the spokes of the wheel come together to create stability. The safety management function of the ongoing child welfare professional is similar to that hub in purpose. By binding together the various requirements, activities, individuals, and agreements that form a Safety Plan, the “wheel” can safely function and move forward.

Once a Safety Plan has been established for a family, the ongoing child welfare professional has a series of tasks that they must continue to perform on an ongoing basis to maintain the effectiveness of that plan.

- **Coordinate safety actions** – the purpose, activity, timing, and implementation of all that comprises safety actions within a Safety Plan must be well understood by the child welfare professional and managed to assure that people are where they are supposed to be, that activities are occurring according to the Safety Plan, and that the purpose of each action is being achieved.
- **Generate, organize, and administer resources** – management of a Safety Plan involves assuring that necessary resources are available and applied appropriately.
- **Guide activities, actions, and tasks** – Safety Plans consist of activities, actions, and tasks that include caregiver(s) of origin, children, family members, relatives, and professional providers. The ongoing child welfare professional must guide these activities, actions, and tasks at different frequencies and for different lengths of time.
- **Evaluate the provision of safety actions** – evaluating the provision of safety actions occurs consistent with criteria for creating a Safety Plan: accessibility, availability, and immediate impact.
- **Use benchmarks to determine caregiver(s) of origin’s progress in relation to safety planning** – measuring progress will help determine whether or not the Safety Plan can be modified to be less restrictive. Consider measuring whether over time threats have been reduced, caretakers have developed enhanced Protective Capacities, and/or if other observable behavior changes will allow the child welfare professional to decrease Safety Plan restrictions.
- **Re-assess caregiver(s) of origin’s commitment and willingness** – caregiver(s) of origin should be involved in the safety management process. The level of commitment, willingness to maintain the Safety Plan, and ability to maintain the Safety Plan by the caregiver(s) of origin should be routinely visited.
- **Support and maintain performance** – communication with those who are responsible for carrying out safety actions, activities, and tasks as well as providing support and encouragement for all involved are part of Safety Plan management.

- **Confront, mediate, negotiate, and resolve conflict** – A variety of issues can arise during the ongoing maintenance of a Safety Plan. A county caseworker's management responsibilities include resolving problems.
- **Continue to assess safety** – a huge part of maintaining an ongoing case is monitoring and assessing Present and Impending Danger. Safety management during ongoing casework demands that child welfare professionals continue to conduct Safety Assessments at each contact and document gathered safety related information in the structured case note and the In-Home Safety Assessment Worksheet at specific intervals so that the nature and extent of Present and Impending Danger are in the case record.
- **Revise Safety Plans** – safety management is fluid and ever changing. A child welfare professional's safety management skills should be supported by a flexibility that results in safety activities, actions, and tasks being increased or decreased in accordance with the status of Present and Impending Danger and changes in caregiver(s) of origin Protective Capacities.
- **Document and maintain case records** – whether that documentation is on the In-Home Safety Assessment Worksheet or in structured case notes as required by regulation, all relevant aspects of the safety assessment and planning process should be well documented.
- **Maintain communication** – with their supervisor regarding every aspect of the ongoing safety planning process.

Safety management during the ongoing maintenance of a case is concerned with making sure that Safety Plans are working and appropriate so that caregiver(s) of origin Protective Capacities can be enhanced. Vigilance is the most important demand in safety management.

All of these activities are very challenging, both in terms of effort required and complexity. Some of the activities are repetitive and most of these activities continue during case management for months. Due to these Safety Threats, child welfare professionals are well served to understand and become as proficient in these safety activities as possible.

Just as caregiver(s) of origin are to be involved in the initial aspects of safety planning, so too should they be involved in the ongoing maintenance of the plan. Using all of the skills child welfare professionals have at their disposal, such as: identifying familial resources, using least intrusive approaches, using flexible services, utilizing family strengths, listening to and acknowledging concerns, empowering the family with information, addressing needs immediately, advocating for the family, enhancing Protective Capacities, respecting individual differences, and including the family in meetings, discussion, and decisions, Safety Plan maintenance can be a positive experience that assists child welfare professionals in their ongoing relationship with a family.

Out-of-Home Care/Accepted For Services

To reinforce what was previously stated in the prior section entitled In-Home/Accepted for Services, assessing and managing the safety of a child is a continuous process throughout the life of the case and does not end at the completion of the assessment or investigation period. It is required under 55 Pa Code, §§ 3490.61 (c) and 3490.235 (g) that “when a case has been accepted for service, the County Children and Youth Agency shall monitor the safety of the child.”

When a child is determined to be unsafe through an In-Home Safety Assessment, County Children and Youth Agencies are required to formally place that child in an alternate living arrangement on a temporary basis, which we refer to as out-of-home care. These alternate living arrangements often are foster or kinship care homes that we commonly refer to as resource homes. It is important to remember that moving a child to an alternate living arrangement does not guarantee the child is automatically safe. The safety of a child in out-of-home care must be assessed during placement as per the interval policy.

When a child is removed from their primary place of residence, it is important they are provided with a safe environment in which to receive care. Since a child is typically removed from their primary place of residence due to some form of abuse or maltreatment, it is important to shift the assessment to focus on preventing additional maltreatment from occurring. This is where assessing and managing safety of a child in out-of-home care varies from the In-Home Safety Assessment and Management Process.

With the in-home process, the identification of Safety Threats and how to mitigate these threats through caregiver(s)’ Protective Capacities is essential. When a child enters out-of-home care, it is necessary to assess the out-of-home care setting so that Safety Threats never become present.

Kinship and foster homes should be safe environments. A safe environment is a family and home situation containing certain characteristics that contribute to the absence of threats, exhibits the presence of real refuge, and displays perceptions and feelings of security. The quality of a safe environment can change as families face change, stress, crises, and other daily life pressures. These changes create challenges in assessing safety because of the need to know about these changes timely in order to implement any needed supports. For this reason, safety assessment in out-of-home care must exist as a process rather than being event-oriented.

Due to assessing and managing safety in out-of-home care being focused on the absence of Safety Threats and how to support foster and kinship families with a placed child, the predisposition of assessing and managing safety in these environments is positive rather than negative with a focus on confirming the environment is safe rather than responding to allegations of maltreatment as we do with the in-home cases.

Seeking out and confirming attributes within a foster or kinship family that are consistent with a safe environment should be the intent.

For those out-of-home care placements that are operated through a private provider contracted by the County Children and Youth Agency, a collaborative effort between the County Children and Youth Agency and private provider is necessary when assessing and managing safety. It is ultimately the responsibility of the County Children and Youth Agency to assess and manage the safety of a child in out-of-home care. However, the private provider plays an integral role in informing decisions made during the assessment and management of safety, as they are typically in the home and having contact with the child more frequently than the County Children and Youth Agency child welfare professional. The sharing of information between the County Children and Youth Agency and private provider is critical to assuring children are being cared for appropriately and their needs are being met.

Reunification

An out-of-home placement is never considered a permanent or long-term strategy for safety management. In fact, it should be approached as a temporary, provisional action with constant and vigilant efforts to routinely consider differences in caregivers, Safety Threats and the home with the intention of adjusting Safety Plans appropriately. This kind of thinking, decision making and practice is why we must bear in mind that reunification is a decision and practice that is part of provisional safety management.

The reunification decision is a determination about four things:

1. Caregiver(s) of origin demonstrate(s) enhanced Protective Capacities.
2. Change or adjustment to circumstances within the family, home or among caregiver(s) of origin.
3. Conditions for return have or can be met.
4. An in-home Safety Plan can be implemented.

Two of these issues must always be addressed in the decision. Reunification can occur only when conditions for return have been met and an in-home Safety Plan can be implemented. Progress and change that are apparent either through planned action or shifts in circumstance are important, but not defining, when making the decision to return a child. Notably these four considerations affirm that returning children is not predicated on caregiver(s) of origin fully changing their lives or achievement of results or outcomes. Reunification is possible and ethical as remediation continues. Fundamentally, the reunification decision is a determination about whether an in-home Safety Plan can be implemented to safely maintain the child in the home following reunification.

Foreseeable Impending Danger Threats do not have to be eradicated in order for children to be reunified with their families. Caregivers of origin do not necessarily have to change completely in order for children to be reunified with their families. However, caregivers of origin have to make enough sustainable change so that an in-home Safety

Plan can be supported with safety actions. County child welfare professionals have to keep in mind that if safety concerns no longer remain regarding the caregiver(s) of origin, but goals from FSPs and CPPs might not have been achieved, it is possible that the child can be reunified with the caregiver(s) of origin.

Reunification is a very serious decision. It should occur within the context of a well-planned and specific process involving discrete steps. A reunification process helps to structure and standardize practice and enhance decision-making effectiveness. The different steps in this process help to assure that particular individuals who make these decisions are included, such as; treatment providers, safety service providers, CCYA supervisors, parents, caregiver(s) of origin, children, extended family, resource parents, *etc.* Application of this process is part of provisional safety management. The step-by-step process involves:

1. Upon identification of a change in circumstance (positive) that may allow for reunification of the child, assess Safety Threats to determine the appropriateness of a planned return home.
2. Assess parent-child visitation.
3. Assess the circumstances within the home primarily concerned with the presence of a safe home and the potential to produce one.
4. Reach a judgment about the willingness and capacity the caregiver(s) of origin possess in respect to actively supporting reunification and accompanying in-home Safety Plans.
5. Conduct meetings with resource parents.
6. Conduct meetings with treatment providers.
7. Document information regarding the presence of a safe home.
8. Establish a reunification plan.
9. Prepare the child for return.
10. Prepare the caregiver(s) of origin, family, and home for return.
11. Initiate efforts and activities at establishing a safe home, including safety assessment, and identify and discuss any alerts to danger or deterioration of the reunification plan.
12. Plan and arrange an in-home Safety Plan.
13. Implement the in-home Safety Plan and proceed with reunification.
14. Engage in follow-up and oversight to confirm the reunification decision, including conducting a Safety Assessment within three business days following an unplanned reunification.

Case Closure

When considering case closure, child welfare professionals should look to see if the Family Service Plan objectives have been met and intended internal change within a

family has decreased future risk to a child in the home and enhanced caregiver(s)' Protective Capacities. Ultimately, it is a combination of Family Service Plan objectives and safety assessment of a child within a home that will determine whether or not a case can be closed.

What constitutes a safe environment in regard to case closure? Most, if not all, of those characteristics have been identified in previous sections of this manual. The following are a few summary statements to consider as a child welfare professional when determining if a child's case can be closed.

- **An absence of or control of threats of severe harm** – a safe environment does not contain active threats to child safety. If any threats do exist, they are being effectively managed and controlled by the caregiver(s) of origin. This control should be easily observable and sufficient time should have elapsed to conclude this status is absolutely confirmed.
- **Presence of caregiver Protective Capacities** – a safe environment exists because the caregiver(s) of origin with the assigned task of providing a safe home are assuring that protection is occurring, available, and ongoing. Caregiver of origin Protective Capacities must be confirmed at case closure as observable, functioning, and effective.
- **A safe home is experienced as a refuge** – A safe environment as a refuge for a child is the first and most obvious place a child thinks of and goes to be safe. Confirming a home as a refuge requires sufficient time where continual protective care can be confirmed and observed by the child welfare professional.
- **Perceived and felt security** – a safe environment is perceived and felt by a child as a place of security. This translates into how they view and feel about their protectors, their parents, or caregiver(s) of origin.
- **Confidence in consistency** – a child needs to be able to count on a home remaining safe. For a case to be closed, the child welfare professional needs to have decided that there is a likelihood that the changes that have occurred will likely remain.

If a child welfare professional is unsure about the current safety of a home, they should seek facts in the following general information areas as indications of a safe home. Facts found can help a child welfare professional reach a conclusion regarding safety, however, these facts are only to support findings regarding Present Danger, Impending Danger and Safety Thresholds as discussed earlier. Correct analysis of these facts will lead to good decisions regarding case closure. When reviewing facts as described below, caseworkers and supervisors should consider whether the information they are reviewing is pertinent, relevant, and sufficient as described earlier in this manual.

- **Facts about how the children are behaving in the home** – children who are in a safe home demonstrate a certain sense of comfort and security that comes from being in that home and feeling a sense of permanency.
- **Facts about how caregiver(s) of origin are performing** – this would include any adult who maintains primary responsibility for a child's safety. With

caregivers of origin who provide safe homes, it is easy to find examples of protective behavior.

- **Facts about how the family is operating** – safe homes demonstrate observable interactions that are positive and consistent among all family members clearly showing boundaries, role clarity, effective use of resources, and coping mechanisms.
- **Facts about the caregiver(s) of origin's capacity to sustain continued safety** – seek facts that will help provide clarity about caregiver(s) of origin's plans, intentions, methods, feasibility, and commitment.
- **Facts about how community connections sustain continued safety** – understand how formal and informal resources have been used and which connections the child welfare professional can anticipate will remain involved with the family.

Ultimately a case cannot be closed unless a determination has been made that a child is safe in the current environment in which they live. This decision could be reached based on one of three potential situations:

1) Caregiver(s) of origin Protective Capacities are such that child safety is assured through internal means within the family. A safe home exists.
2) Caregiver(s) of origin Protective Capacities are functioning sufficiently, and motivation and willingness exist to allow external sources to provide ongoing support to assure child safety. A safe home exists because of both the caregiver(s) of origin's Protective Capacities and the broader family network including relatives, friends, neighbors, or others or through sustained attachment to professional services. Note, this option can only occur if both the external and internal supports are sustainable.
3) An alternative family with a safe home is provided for the child to assure child safety, permanence, and well-being.

Each of these results can be revealed and confirmed through an assessment of the caregiver(s) of origin and family characteristics and qualities that comprise and form the basis for a safe home. The judgment concerning each attribute of a safe home is routinely evaluated during the course of ongoing casework and in conjunction with supervisory approval.

Section IV. Supervisory Role and Responsibilities

The supervisor is ultimately accountable for what child welfare professionals do. It is true that the supervisor is the person who is ultimately responsible for actions and decisions occurring as a part of safety intervention, however, this point is not to create anxiety among supervisors, but to underscore how crucial it is for supervisors to be highly expert in safety intervention; to be appropriately involved in supervising the safety intervention process and to assure that supervisory oversight and approval presides as the basis for safety action decision making.

It is for these reasons that regulations require consistent oversight of the safety assessment and planning process from the initial contact all the way through the ongoing work on an open case. For both CPS and GPS assessments/investigations, supervisors are required by 55 Pa Code §§3490.61 and 3490.235 to review reports during the assessment/investigation and help determine the safety of a child and progress being made toward a status determination. Supervisors are further required by these regulations to document in a log their case reviews with child welfare professionals during this assessment/investigation period every 10 days at a minimum. These same regulations also require the supervisor to monitor the safety of a child and assure contacts after a case has been accepted for services.

These regulations regarding constant oversight of the safety of a child remain in place, even after the determination of safety has been made by a child welfare professional.

It is also important to note that a supervisor can provide great support to a child welfare professional completing this crucial task. Supervisors can inspire as well as dictate when highly complex issues such as safety assessment confront a child welfare professional.

Although safety assessment and management strategies vary during the life of a case, certain supervisory skills and practices are consistently needed regardless of the stage a case is in. As noted earlier, the Safety Tag is made in regard to the initial report and is represented by a child welfare professional’s response time. Supervisory approval of the Safety Tag is typically expected. Such approval should be based on:

- A determination that the information gathered regarding the report is pertinent (information has a relationship which influences or is associated with child safety), relevant (information has significance with respect to revealing situations and behavior related to child safety), and sufficient (information is abundant, in-depth, and complete as related to making a decision about child safety.
- A conclusion that the identification of Present and/or Impending Danger is adequately supported by the information collected and documented within the report.

Even though we have referenced these factors in regard to initial contact decisions, these factors should form the basis for all supervisory activities leading up to Safety Decisions and actions.

At the time of the initial Safety Decision, the supervisor endorses the response decision as correct; assures that the response/Safety Plan occurs according to the decision; and assures that the child welfare professional is prepared for the action.

Supervisors must provide three kinds of consultation and support related to an initial contact: 1) child welfare professional preparation; 2) preparation for the intervention; and 3) crisis resolution during an initial contact. When either Present or Impending Danger have been identified in a report, the supervisor should always attempt to meet with the child welfare professional who has been assigned an initial assessment requiring a prompt response.

Key issues concerned with child welfare professional preparation include determining the following:

- Does the child welfare professional understand the challenges of the first contact as represented in the reported information?
- Does the child welfare professional understand the nature and occurrence of family circumstances that represent a threat to child safety?
- Does the child welfare professional have a strategy for approaching the initial contact? Checking out Safety Threats? Collecting information? Contending with potential intervention hazards?
- Does the child welfare professional consider anticipatory action if Present or Impending Danger is confirmed?
- Is the child welfare professional prepared emotionally for the contact?
- Does the child welfare professional recall the Pennsylvania Safety Threats “off the top of their head”?
- Does the child welfare professional have the ability to define and explain what each Safety Threat is?
- Does the child welfare professional demonstrate the ability to recognize and document observed family behavior, attitudes, emotions, intents, perceptions, and motives?
- Does the child welfare professional demonstrate the ability to use the Safety Threshold criteria to evaluate and determine whether a family condition is a Safety Threat?
- Does the child welfare professional recognize the value of assessing Protective Capacities as well as Safety Threats?

Another consideration requiring supervisory support, specifically at the time of the initial contact, is the decision to involve law enforcement because of child welfare professional

safety or to assist in child protection. The supervisor should also consult with the child welfare professional about the wisdom of identifying resources to support the action if needed such as transportation and back up staff support.

Moving from a focus on the initial response to the assessment/investigation, a supervisor's responsibilities concerned with safety action during and at the conclusion of the initial assessment include:

- Consulting with a child welfare professional while the initial assessment is proceeding;
- Assisting child welfare professionals with information gathering challenges;
- Consulting with the child welfare professional on the Safety Analysis that occurs at the conclusion of the initial assessment;
- Approving the safety action based on the conclusions reached during the initial assessment;
- Providing support and guidance to staff at any point that legal intervention is required; and
- Assuring expected documentation requirements are met at the appropriate intervals.

Any decision is only as effective as the quality of information that is available to inform judgments. You have to have sufficient information to make necessary decisions and take appropriate action. Therefore, the most crucial responsibility for a supervisor is to assure that pertinent, relevant, and adequate information is gathered by child welfare professionals from caregiver(s) of origin, children, and the family network. Conversations regarding the safety of children in a home should be occurring during every supervisory session and whenever cases are reviewed.

As a supervisor, how do you know that the child welfare professional has gathered enough information? Earlier in this manual under the *Information Gathering* portion, six clarifying questions were provided to support child welfare professionals seeking additional information for making Safety Decisions. These questions could also be used by supervisors at any point in the information gathering process to help assess child welfare professional knowledge regarding a family and the information gathering process. Once again, discussion regarding this issue and the six clarifying questions should be occurring during every supervisory session and whenever cases are reviewed.

With that in mind, the following is a list of criteria that could assist a supervisor in determining if their child welfare professional has gathered sufficient information. When reading child welfare professional documentation, or conducting discussions with child welfare professionals about what they know about a family, supervisors should consider the following:

- Breadth – Is the child welfare professional's understanding of the family based on information that covers the critical points of inquiry (Type of Maltreatment, Nature of Maltreatment, Child Functioning, Adult Functioning, General Parenting, and Parenting Discipline).
- Depth – Is the child welfare professional's understanding based on facts that are explained by probing and diligent consideration of pertinent information from each point of inquiry? Information related to the six assessment questions is precise and detailed.
- Reliable – Is the information the child welfare professional possesses trustworthy and dependable with respect to reflecting the reality of the family and correct answers to the points of inquiry? Information is reasonably believable, factual and can be justified.
- Pertinent – Is the information relevant, significant, and applicable to revealing the presence of Safety Threats to a child? A child welfare professional knows what is important. The information is relevant to decision-making.
- Objective – Is the information factual, actual and unbiased? A child welfare professional knows what exists without interpretation or value judgment.
- Clear - Is the information unambiguous? A child welfare professional knows what is apparent and unmistakable.
- Association - Does the child welfare professional understand how information is connected and inter-related? A child welfare professional knows how different things occurring in a family are linked.
- Reconcile – Has the child welfare professional resolved apparent distortion and differences in information among the points of inquiry? A child welfare professional is able to reconcile discrepancies within case information or family system dynamics.
- Supported – Is the information confirmed or corroborated by reliable sources? A child welfare professional is confident about what the information means – what can be believed and understood.

Asking what the child welfare professional believes is the correct course of action to assure child protection is an invaluable skill supervisors must master in regard to safety assessment. Empowering workers to provide input into Safety Decisions will help assure that workers do not hesitate to seek supervisory support during these decision points.

Once a supervisor has supported a child welfare professional through an assessment process, the task shifts to supporting the child welfare professional through analysis, decision making and, if necessary, plan development. When completing the task of actual plan development, an involved supervisor should ask the child welfare professional the following questions:

- Can we take all that we know and filter out that which informs us about Safety Threats and possible family or County Children and Youth Agency responses?
- Can we identify that which is the most significant or weighty information when it comes to assessing Safety Threats?
- Can we understand in precise ways how Safety Threats are occurring as explained by all that we know about a family?
- Can we examine and scrutinize what within a family might serve as an option, strength, or resource that can be applied as part of safety intervention-in other words, are we fully assessing and taking advantage of a family's Protective Capacity?
- Can we breakdown information in ways that provide us confidence about the family situation, the family setting, motivation, willingness to cooperate, capacity to participate, and other critical ingredients to creating a Safety Plan?
- Can we use what we know to seek out family and community resources, people, and services that can be accessed to participate in a safety action?
- Do we know enough about the conditions of the family that affect safety and what are the implications for being able to protect the child in the home? If not, what do we know that informs other alternative safety responses?

Once a supervisor has led a child welfare professional through a safety analysis, decision, and, if necessary, the development of a Safety Plan, the supervisor has a responsibility to approve a Safety Plan. A supervisor and child welfare professional should reflect on the following questions prior to concluding the initial assessment and approving the plan:

- Has the child welfare professional completed all the work related to safety intervention correctly, including gathering information related to safety that is relevant, pertinent, and sufficient?
- Did the child welfare professional involve himself appropriately in the case and with the family?
- Did the child welfare professional fully engage the family in the assessment and planning process?
- Did the child welfare professional communicate clearly the duties of the responsible parties and document their agreement with the plan?
- Did the child welfare professional act in a timely way and expend reasonable levels of effort as suggested by safety related information?
- Did the child welfare professional involve all pertinent parties in the initial assessment process?
- Did the child welfare professional perform acceptable professional practice and judgment?

- Did the child welfare professional assure the child was safe while the initial assessment proceeded?
- Did the child welfare professional gather sufficient information, including Protective Capacity, along with Safety Threat information?
- Did the child welfare professional demonstrate competence in his or her knowledge and skill related to safety action?
- Did the child welfare professional document the Safety Assessment and Safety Plan in accordance with acceptable practice?
- Did the child welfare professional involve the family network and others as appropriate in pursuing answers to protecting the children and forming a Safety Plan?
- Did the child welfare professional follow policy and procedure related to safety action occurring during initial assessment?
- Is the Safety Plan sufficient to protect the child from threats of severe harm?

While it is true that child welfare professionals are responsible for the results of Safety Plans they create, it is also true that supervisors are equally responsible. The supervisor's approval of a Safety Plan is a statement of conclusion that is based: on their expertise in safety action; their knowledge of policy and procedure; their understanding of the family based on deliberation with the child welfare professional; their review of the child welfare professional's performance; their confidence in the child welfare professional's competence; and their specific consideration of the content of the Safety Plan and how it reasonably can be judged to work to protect the child.

The supervisory approval of a Safety Plan is a significant thing.

Finally, at all times it is a supervisory duty to assure that the record is completed.

Supervisor access and availability is crucial when helping to assure safety action effectiveness at every point of safety assessment. The need for consultant (supervisory) support when there are high stake decisions that affect children, caregiver(s), and child welfare professionals should be viewed and accepted as necessary for achieving best practice.

During the Safety Assessment and Management Process, the supervisor must guarantee that policy and procedure are followed. Standards, decision-making criteria, and expected practice form the source for overseeing what child welfare professionals are doing and how they are doing it. Supervisors are best when they are routinely considering whether policy and procedure are being followed as the action is occurring and once again when they look retrospectively at the application of policy and procedure after the action has occurred.

Supervisor Checklist

_____ 1. Has the child welfare professional completed all the work related to safety action correctly, including gathering information to safety that is relevant, pertinent, and sufficient?

_____ 2. Did the child welfare professional involve himself appropriately in the case and with the family?

_____ 3. Did the child welfare professional fully engage the family in the assessment and planning process?

_____ 4. Did the child welfare professional communicate clearly the duties of the responsible parties and document their agreement with the plan?

_____ 5. Did the child welfare professional act in a timely way and expend reasonable levels of effort as suggested by safety related information?

_____ 6. Did the child welfare professional involve all pertinent parties in the initial assessment process?

_____ 7. Did the child welfare professional perform acceptable professional practice and judgment?

_____ 8. Did the worker assure the child was safe while the initial assessment proceeded?

_____ 9. Did the child welfare professional gather sufficient information, including Protective Capacity along with Safety Threat information?

_____ 10. Did the child welfare professional demonstrate competence in his knowledge and skill related to safety action?

_____ 11. Did the child welfare professional document the Safety Assessment and Safety Plan in accordance with acceptable practice?

_____ 12. Did the child welfare professional involve the family network and others as appropriate in pursuing answers to protecting the children and forming a Safety Plan?

_____ 13. Did the child welfare professional follow policy and procedure related to safety action occurring during initial assessment?

_____ 14. Is the Safety Plan sufficient to protect the child from threats of severe harm?

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Appendix #1: Present Danger Assessment: Out-of-Home Care Settings Worksheet

Present Danger Assessment: Out-of-Home Care Settings Worksheet

Refer to the definition of each Safety Threat before checking yes or no. The presence of any of these Safety Threats as uniquely manifested in the family/situation should be fully studied and understood and guide the decision about approving/continuing the placement.

Case Name	**Case Number**	**Date of Assessment**
Out-of-Home Caregiver(s) Name(s)	**Out-of-Home Caregiver Address**	**Out-of-Home Caregiver Phone Number**
Household Members:	**Individuals Seen:**	

Present Danger Threat	**Yes**	**No**
1. Out-of-home caregiver(s) *(or others in the home)* in the home are acting violently or out of control.		
2. Out-of-home caregiver(s) describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations of the child.		
3. Out-of-home caregiver(s) communicates or behaves in ways that suggest that they may fail to protect child(ren) from serious harm or threatened harm by other family members, other household members, or others having regular access to the child(ren).		
4. The out-of-home caregiver(s)/family refuses access to the child or there is reason to believe that the family is about to flee.		
5. Out-of-home caregiver(s) are unwilling or unable to meet the child's immediate needs for food, clothing, or shelter.		
6. Out-of-home caregiver(s) is unwilling or unable to meet medical needs including their own, other placed children, or children to be placed.		
7. Out-of-home caregiver(s) has not, will not, or is unable to provide supervision necessary to protect child from potentially serious harm.		
8. Child is unusually fearful/anxious of the kin or foster home situation.		
9. Out-of-home caregiver(s) have previously maltreated a child, and the severity of the maltreatment or the caregivers' response to the previous incident(s) suggests that safety may be an immediate concern.		
10. The physical living conditions are hazardous and immediately threatening.		
11. The out-of-home caregivers' drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.		
12. Out-of-home caregivers' emotional instability or developmental delay affects ability to currently supervise, protect, or care for the child.		
13. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child(ren).		
14. Child has exceptional needs or behaviors which out-of-home care caregiver(s) cannot/will not meet or manage.		
15. Child is seen by either out-of-home care caregiver as responsible for the child's caregiver(s) of origin's problems or for problems that the out-of-home caregivers are experiencing or may experience.		
16. One or both of the out-of-home caregiver(s) are sympathetic toward the child's caregiver(s) of origin, justify the caregiver(s) of origin's behavior, believe the caregiver(s) of origin rather than CCYA and/or are supportive of the child's caregiver(s) of origin's point of view.		
17. One or both of the out-of-home care caregiver(s) indicate the child deserved what happened in the child's home.		
18. Out-of-home caregiver(s) history of or active criminal behavior that affects child safety, such as domestic violence, drug trafficking or addiction, sex crimes, other crimes of violence against people or property.		
19. Out-of-home caregiver(s) or family members will likely allow caregiver(s) of origin unauthorized access to the child.		
20. Active CCYA case, or a history of reports and/or CCYA involvement that indicates that history will compromise the safety of the child if placed in this home.		

Caseworker Summary of Findings/Analysis:

Date Completed: Caseworker Signature: Supervisor Signature:

Present Danger Assessment: Out-of-Home Care Settings Worksheet

Instructions for Completing the Present Danger Assessment Worksheet

The Present Danger Assessment is divided into three main sections. The first section is where the child welfare professional would document the identifying information for the child in need of placement.

Note: it is possible to assess sibling groups using one Present Danger Assessment Worksheet. This would only occur if 1) the siblings are intended to be placed in the same setting and 2) the setting does not present a Present Danger to any of the children. If there is a Present Danger Threat in operation that affects only some of the children in the sibling group, the child welfare professional must determine whether or not to identify another out-of-home setting for all of the children or to find an alternate setting for the child that would be affected by the Present Danger. Ultimately, a Present Danger Assessment must be completed for each child and documented via the Present Danger Assessment Worksheet (or comparable tool that includes all of the Present Danger components) or structured case note.

Once the identifying information has been recorded, the next section of the worksheet focuses on the 20 Present Danger Threats. The child welfare professional would indicate whether or not the threat is in operation. If there is a threat, the child welfare professional selects “Yes.” If there is not a threat, the child welfare professional selects “No.” Note, there may be circumstances/situations that, left unaddressed, would rise to the level of a Present Danger Threat. If this occurs and the child welfare professional is able to mitigate that threat prior to or at the time of placement in the out-of-home setting, it is not considered a Present Danger. The child welfare professional would select “No” next to the applicable Present Danger Threat and then provide a description of the measures taken to mitigate the Present Danger Threat in the summary section.

The third section provides the child welfare professional with the opportunity to provide a rationale for their assessment. This rationale is particularly important when a Present Danger Threat was identified, but immediately addressed. Child welfare professionals should include in this section a brief summary of the information learned during the Present Danger Assessment.

After completing their rationale, the child welfare professional and supervisor would sign and date the worksheet.

If documentation is completed via a structured case note, the child welfare professional would provide the same information in the structured case note that would be provided if completing the worksheet. Ultimately, documentation should clearly illustrate how the child welfare professional reached their conclusion(s) surrounding the existence or lack of existence of Present Danger Threats.

Appendix #2: Out-of-Home Care Present Danger Concerns and the Six Assessment Domains

Out-of-Home Care Present Danger Concerns and the Six Assessment Domains

1. **Out-of-home caregiver(s) *or others in the home* are acting violently or out of control.**

   Adult Functioning

2. **Out-of-home caregiver(s) describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations.**

   Adult Functioning
   Child Functioning
   General Parenting

3. **The out-of-home caregiver(s) communicates or behaves in ways that suggest that they may fail to protect child(ren) from serious harm or threatened harm by other family members, other household members, or others having regular access to the child(ren).**

   Adult Functioning
   General Parenting

4. **The out-of-home caregiver(s)/family refuses access to the child, or there is reason to believe that the family is about to flee.**

   Adult Functioning

5. **Out-of-home caregiver(s) is unwilling or unable to meet the child's immediate needs for food, clothing, or shelter.**

   Adult Functioning
   General Parenting

6. **Out-of-home caregiver(s) is unwilling or unable to meet medical needs including their own, other placed children, or children to be placed.**

   Adult Functioning
   Child Functioning

7. **Out-of-home caregiver(s) has not, will not, or is unable to provide supervision necessary to protect child from potentially serious harm.**

   Adult Functioning
   Child Functioning
   General Parenting

8. **Child is unusually fearful/anxious of home situation.**

   Adult Functioning
   Child Functioning

9. **Out-of-home caregiver(s) has previously maltreated a child, and the severity of the maltreatment or the caregiver's response to the previous incident(s) suggests that safety may be an immediate concern.**

   Type of Maltreatment
   Nature of Maltreatment
   Parenting Discipline

10. **The physical living conditions are hazardous and immediately threatening.**

    Adult Functioning

11. **The out-of-home caregiver(s)' drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.**

    Adult Functioning

12. **Out-of-home caregiver(s)' emotional instability or developmental delay affects ability to currently supervise, protect, or care for the child.**

    Adult Functioning

13. **Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child(ren).**

    Adult Functioning

14. **Child has exceptional needs or behavior which the out-of-home caregiver(s) cannot/will not meet or manage.**

    Adult Functioning
    Child Functioning
    General Parenting

15. **Child is seen by either out-of-home caregiver as responsible for the child's caregiver(s) of origin's problems, or for problems that the out-of-home caregiver(s) is experiencing or may experience.**

    Adult Functioning
    Child Functioning
    General Parenting

Out-of-Home Care Present Danger Concerns and the Six Assessment Domains

16. **One or both of the out-of-home caregiver(s) are sympathetic toward the child's caregiver(s) of origin, justify the caregiver(s) of origin's behavior, believe the caregiver(s) of origin rather than the CCYA, and/or are supportive of the child's caregiver(s) of origin's point of view.**

    Adult Functioning
    General Parenting
    Parenting Discipline

17. **One or both of the out-of-home caregiver(s) indicate the child deserved what happened in the child's home.**

    Adult Functioning
    General Parenting
    Parenting Discipline

18. **Out-of-home caregiver(s) has history of or active criminal behavior that affects child safety, such as domestic violence, drug trafficking or addiction, sex crimes, other crimes of violence against people or property.**

    Adult Functioning

19. **Out-of-home caregiver(s) or family members will likely allow the caregiver(s) of origin unauthorized access to the child.**

    Adult Functioning
    General Parenting

20. **Active CCYA case or a history of reports and/or CCYA involvement that indicates that history will compromise the safety of the child if placed in this home.**

    Type of Maltreatment
    Nature of Maltreatment
    Child Functioning
    Adult Functioning
    General Parenting
    Parenting Discipline

Appendix #3: Safety in Out-of-Home Care: Alert to Affiliated Counties

Safety in Out-of-Home Care: Alert to Affiliated Counties

Case Related Information

Date of Alert: .

Sending Caseworker: County: Phone:

Receiving Caseworker: County: Phone:

Out-of-Home Family Name: Address: Phone:

Provider Agency Name: Address: Phone:

This alert concerns the following children placed in this home by the Affiliated County:

Name: Age: Name: Age: Name: Age:

Name: Age: Name: Age: Name: Age:

Alert Detail

As a result of the information learned, the following decisions/actions were taken (Check all that apply):

Decisions:

☐ Child(ren) is Safe ☐ Child(ren) is Unsafe

Actions:

☐ Supports put in place (describe):

☐ Report sent to ChildLine ☐ Child(ren) removed from the home

☐ Child(ren) remains in the home per a Court Order. The following Safety Plan has been put into place (describe):

☐ Other (describe):

Information Gathered

The following is a summary of the Safety Indicators that have been assessed to be either Concerning or Negative for the children in the out-of-home setting. Only the applicable Safety Indicators will be selected and described.

Safety Indicator	Information Related to the Children WE Have in this Setting	Information Related to the Children YOU Have in this Setting
☐ 1. Child Functioning		
☐ 2. Adult Functioning		
☐ 3. Caregiver Supervision		
☐ 4. Discipline		
☐ 5. Acceptance		
☐ 6. Community Supports		
☐ 7. Current Status		

☐	8. Placed Child's Family– Out-of-home Family Relationship		
☐	9. Oversight		
☐	10. Planning		
Well-Being/Other Safety Indicators		**Information Related to the Children WE Have in this Setting**	**Information Related to the Children YOU Have in this Setting**
☐	11. Child's educational, medical or mental health needs		
☐	12. Other concerns not listed above		

Notifications

Method of Notification to Affiliated County: (Check all that apply)

☐ Direct phone contact with ☐ Fax to at (fax number)

☐ Email with this form attached to

Method of Notification to Regional Office: (Check all that apply)

☐ Direct phone contact with ☐ Fax to at (fax number)

☐ Email with this form attached to

Method of Notification to Other Regional Office(s): (Check all that apply)

☐ Direct phone contact with ☐ Fax to at (fax number)

☐ Email with this form attached to

Method of Notification to Provider Agency: (Check all that apply)

☐ Direct phone contact with ☐ Fax to at (fax number)

☐ Email with this form attached to

Signatures

Sending Caseworker signature:

Sending Supervisor review and signature:

Receiving Caseworker review and signature:

Receiving Supervisor review and signature:

Action(s) taken (include date of action):

Instructions for Completing the Alert to Affiliated Counties Document

The Alert to Affiliated Counties Document is divided into five sections: case related information, alert detail, information gathered, notifications, and signatures.

The case related information section includes the following fields:

Date of Alert:	Record the date that concerns were identified
Sending Caseworker, County, Phone	Record the name of the worker, the county and phone number who identified the concerns.
Receiving Caseworker, County, Phone	Record the name of the other county caseworker identified for the other children placed in the home. Include their county name and phone number.
Out-of-Home Family Name, Address, Phone	Record the name of the out-of-home caregivers, their address and phone number.
Provider Agency Name, Address, Phone	Record the name of the provider agency, their address and phone number.
Name, Age	Record the name and age of the other placed child(ren) in the home. Note: if there are multiple children from multiple counties and/or caseworkers, a separate Alert Detail would be completed for each county and each child.

The alert detail section captures the Safety Decision that was made and the potential responses/actions that were taken.
Decisions:
Child(ren) is Safe
Child(ren) is Unsafe

Actions:
Supports put in place (describe):
Report sent to ChildLine
Child(ren) removed from the home
Child(ren) remains in the home per a Court Order. The following Safety Plan has been put into place (describe):
Other (describe):

All of the above listed fields are check boxes. Individuals completing the Alert Detail would check all of the applicable boxes. Three boxes require additional detail/descriptions. The purpose of the descriptions is to provide the receiving child

welfare professional with information related to the type of supports put into the home. The third description is to provide a description of what other action(s) was taken.

The Information Gathered section is where the sending child welfare professional would describe the information of concern for their identified child and the other child(ren) listed in the case related information section. Remember, if there are multiple children from multiple counties, multiple Alert Details would need to be completed.

The purpose of this section is to provide the other county child welfare professionals with enough information for them to fully understand the concerns so that they can determine the most appropriate response for their identified child.

The fourth section, Notifications, captures when and how each person was communicated with. Keep in mind that the first expectation is to provide verbal communication with the other county and the provider. The Notification section of the Alert Detail captures whether or not the written information was emailed or faxed. Note: for the Regional Office notification, the sending county would send the Alert Detail to their Regional Office.

The final section is the Signature section. The sending child welfare professional and their supervisor would sign off on the Alert Detail to indicate that the document is complete and accurately reflects the situation based upon the information they gathered during their assessment. The individuals receiving the Alert Detail are required to review all of the information provided and determine the appropriate level of response. Once this has been identified, a description would be included on the Alert Detail and then the receiving child welfare professional and supervisor would sign. Note: The receipt of an Alert Detail does not automatically require a face-to-face visit.