

SDM[®] SAFETY ASSESSMENT



Iowa Department of
Human Services

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SDM SYSTEM OVERVIEW

OBJECTIVES

- Identify critical decision points.
- Increase reliability and validity of decisions.
- Support more equitable decision making.
- Use case-level data to inform decisions throughout the agency.

CHARACTERISTICS

RELIABILITY: Structured assessments and protocols systematically focus on the critical decision points in the life of a case, increasing worker consistency in assessment and planning with families. Families are assessed more objectively, and decision making is guided by facts of the case rather than by individual judgment.

VALIDITY: The Structured Decision Making® (SDM) model is effective at helping to reduce rates of subsequent referrals, substantiations, and placements in foster care. The cornerstone of the model is the actuarial research-based risk assessment, which accurately classifies families according to the likelihood of subsequent child protective system involvement, enabling agencies to target services to families at highest risk.

EQUITY: SDM assessments ensure that critical case characteristics, danger indicators, and domains of family functioning are assessed for every family every time, regardless of social differences. Detailed definitions for assessment items increase the likelihood that workers assess all families using a similar framework. Research demonstrates racial equity of the risk assessment in classifying families across risk levels.

UTILITY: The model and its assessments are easy to use and understand. Assessments are designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case. Assessment use provides workers with a means to focus the information-gathering and assessment process. By focusing on critical characteristics, workers are able to organize case narratives in a meaningful way. Additionally, the assessments facilitate communication between worker and supervisor, and unit to unit, about each family and the case's status. Aggregate data facilitate communication among community partners and stakeholders.

SDM GENERAL CULTURAL CONSIDERATIONS

In 2016, the Iowa Department of Human Services officially adopted 15 [Guiding Principles for Cultural Equity](#) as a framework for moving equity-focused efforts forward, based on the Office of Minority Health national standards for Culturally and Linguistically Appropriate Services. These guiding principles are focused on governance, leadership, and workforce; communication and language assistance; and engagement, continuous improvement, and accountability.

Throughout all SDM assessments, the worker is asked questions concerning characteristics of families being assessed, including environmental, parenting, and mental health issues. The ways in which family members function within their family of origin, values, cultural backgrounds, and community standards are incorporated into the assessment. It is important that workers do not judge families against their own cultural background and values, nor against a predefined cultural norm. The worker must consider the family's own values and the community they are in.

While respecting cultural differences and working to be culturally responsive, it is important to consider the issues from the family's viewpoint and to focus on conditions that may represent dangers to children. Remaining responsive to a family's culture is likely to assist us in identifying true dangers and increasing the respect the family feels from the worker.

DEVELOPING CULTURAL RESPONSIVENESS

The following recommendations will help workers to engage with families in a culturally responsive manner.

- Become aware of your own cultural background, values, and biases.
- Become aware of child welfare's history, its foundation in Eurocentric ideas and principles, and its struggle to meet the needs of diverse populations, especially when there is distrust based on past actions of child welfare agencies.
- Become aware of the effects of institutional racism and disproportionality during your interaction with the family.
- Know that differences in customs and beliefs do not indicate a danger in and of themselves.
- Establish personalized contact with individuals and their families.
- Learn about the people you serve, including their cultural beliefs and personal values.
- Call upon the people who know and care about the child for assistance in understanding cultural considerations pertaining to the child and family.
- Be aware of stereotypes, and avoid making decisions or assessments based on those stereotypes rather than what you learn from the person with whom you are working. Stereotypes may be developed based on individuals' language, race, sexual orientation, body size, or any other characteristic.

- Assist families with issues that are important to them as is reasonable, even if they are not directly related to dangers in the household.
- Be sensitive to others' cultural perceptions of issues.
- While working with a family whose native language varies from yours, be sure to use an interpreter.
- Find a way to empathize with the family in their current family developmental stage.

SDM GLOSSARY

The following definitions apply when completing the SDM safety assessment.

The safety assessment’s purpose is to inform safety planning for the caregiver’s household; in the event that safety planning cannot keep one or more children in the household safe from imminent harm, removal is required. It is not intended to assess the households of out-of-home caregivers such as foster parents and facility and shelter staff.

CAREGIVER

For this safety assessment’s purposes, *caregiver* is defined as the person who is responsible for a child’s care, custody, or welfare, such as:

- A parent or guardian;
- Another adult member of the child’s family or household; or
- A person with whom the child’s parent cohabits.

Note: This definition of “caregiver” is specific to the parents or household members being assessed with the safety assessment and is not intended to match the definition that includes all potential caregivers as defined in Iowa law.

Use the table below to distinguish between the primary and secondary caregiver.

CIRCUMSTANCE	PRIMARY CAREGIVER	SECONDARY CAREGIVER
Two parents/caregivers (including minor parents) with legal responsibility for the child living together	Provides the most childcare. May be 51% of care. <i>Tie breaker:</i> If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent/caregiver
Single parent/caregiver (including minor parent) with legal responsibility for the child, any other adult in household	The only parent/caregiver	Other adult who provides care to the child
Single parent/caregiver (including minor parent) with legal responsibility for the child, no other adult in household	The only parent/caregiver	None

CIRCUMSTANCE	PRIMARY CAREGIVER	SECONDARY CAREGIVER
No legal parent, one caregiver (e.g., alleged victim resides with relative without a legal parent/caregiver in the home)	The only caregiver	None
No legal parent, two or more caregivers (e.g., alleged victim resides with relatives without a legal parent/caregiver in the home)	Provides the most childcare. May be 51% of care. <i>Tie breaker:</i> If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	Other adult who provides care to the child

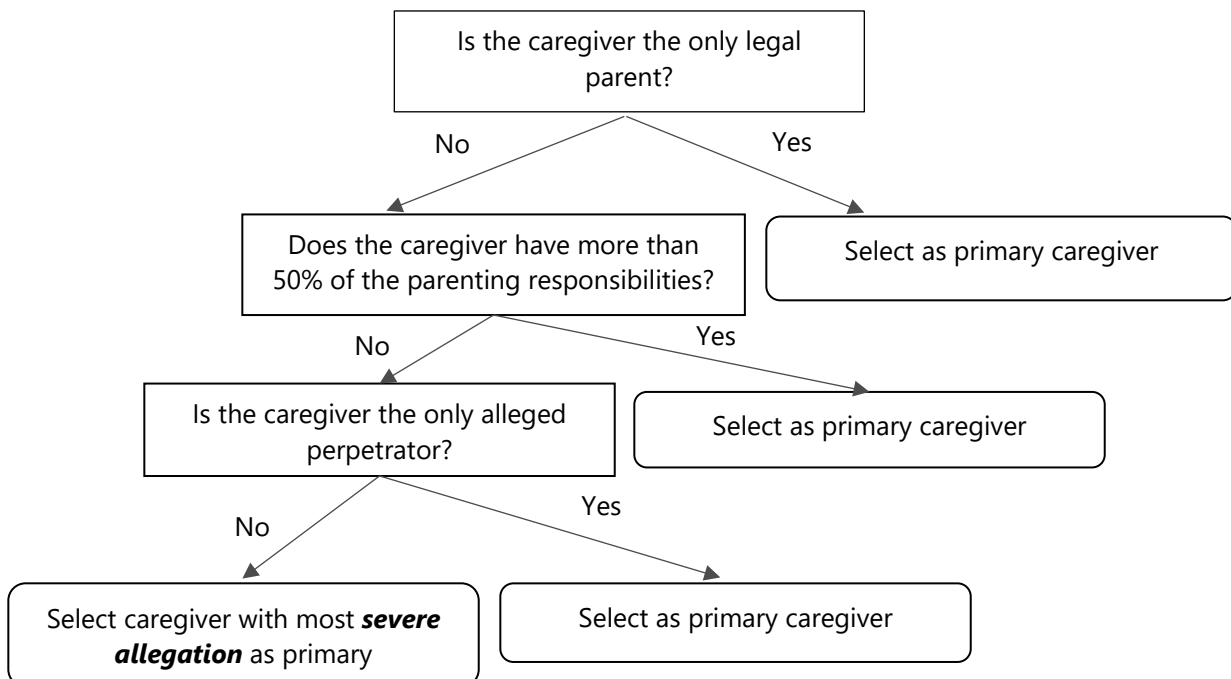
ADDITIONAL CONSIDERATIONS

A minor may be the primary or secondary caregiver if they are the biological parent of the alleged child victim. A minor is a child under age 18. This does not include a child who has been legally emancipated and lives separately from their parents.

A minor may never be considered the primary or secondary caregiver of their sibling.

CAREGIVER IDENTIFICATION CHART

For each household in which a child or children are a member, distinguish between primary and secondary caregivers according to the following criteria.



For the safety assessment: Assess all household members as well as everyone who has significant in-home contact with the child.

FAMILY

Two or more people, related by blood, law, or significant relationship with the child or child's caregivers.

HOUSEHOLD

SDM assessments are completed on households. A household includes all persons who have significant in-home contact with the child and may include persons who do not live full time in the residence. For example, a household could include a parent's intimate partner or other family member who visits the home routinely. When a child's parents do not live together, the child may be a member of two households. Child Protective Assessments (CPA)/child protective services (CPS) is assessing the households of the caregivers with the allegations.

Household composition can change during the life of a case. Take into consideration changes in household composition when completing SDM assessments.

CPS

Child protective services. Throughout this manual, CPS is used to refer to any child protective services, generically. This may refer to the Iowa Department of Human Services or any child protective services in any other jurisdiction. When a definition references "CPS," the reader should be aware that this includes other states.

DEPARTMENT

Iowa Department of Human Services. Throughout this manual, "Department" is used to refer to the Iowa Department of Human Services specifically, rather than to CPS agencies generically.

SDM SAFETY ASSESSMENT

Iowa Department of Human Services

Client Name: _____ Incident Number/FACS ID: _____

County: _____ Worker Name: _____

Date Assessment Completed: _____ Assessment Type: Initial Subsequent Case closure

Names of Children Assessed:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

If more than six children are assessed, include additional names and numbers (e.g., 7. Joe Smith):

Household Name: _____

Caregiver(s) Assessed:

SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY

These are conditions resulting in child being more vulnerable to danger; select all that apply to *any* child in the household. Indicate which child exhibits the vulnerability.

- Any child in the household is age 0–5.

- Any child in the household has a diagnosed or a suspected medical condition.

- Any child in the household has a diagnosed or a suspected mental health condition.

- Any child in the household has limited or no readily accessible supports.

- Any child in the household has diminished developmental/cognitive capacity.

- Any child in the household has diminished physical capacity.

- None apply.

SECTION 2: CURRENT DANGER INDICATORS

The following list is composed of danger indicators, defined as behaviors or conditions that describe a child being in imminent danger of serious harm. Assess the above household for each danger indicator and select all that apply. If none apply, select "No danger indicators present."

- 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current assessment. Specifically, one or more of the following have occurred.
 - Serious injury or serious physical harm to the child other than accidental.
 - Caregiver fears they will abuse or neglect the child.
 - Threat to cause harm or retaliate against the child.
 - Unreasonable discipline OR substantial use of physical force.
 - Presence of illegal substances in child.
- 2. Suspected child sexual abuse committed by:
 - Caregiver;
 - Other household member; OR
 - Unknown person, AND the caregiver or other household member cannot be ruled out, AND circumstances suggest that the child's safety may be of immediate concern.
- 3. Caregiver is aware of the potential harm AND unwilling OR unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should instead be captured under danger indicator 9.)
- 4. Caregiver's explanation or lack of explanation for the child's injury is questionable or inconsistent with the type of injury, and the nature of the injury suggests that there is imminent danger.
- 5. Caregiver does not meet the child's imminent needs for supervision, food, and/or clothing.

- 6. Caregiver does not meet the child's imminent needs for medical care or (for a suicidal or homicidal child) critical mental health care.
- 7. Physical living conditions are hazardous and immediately threatening to the child's health and/or safety.
- 8. Caregiver's current substance abuse impairs their ability to supervise, protect, or care for the child; AND the child has been harmed or is likely to be harmed without intervention.
- 9. Domestic violence exists in the household and poses an imminent danger of physical and/or emotional harm to the child.
- 10. Caregiver persistently describes the child in predominantly negative terms or acts toward the child in negative ways; AND these actions cause the child to be a danger to self or others, be suicidal, act out aggressively, or become severely withdrawn to the point they are unable to engage in positive interactions or self-care.
- 11. Caregiver's emotional instability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child; AND the child has been harmed or is likely to be harmed without intervention.
- 12. Family currently refuses access to or hides the child and/or seeks to hinder an assessment.
- 13. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in their care, suggest that the child's safety may be of immediate concern based on the previous maltreatment's severity or the caregiver's response to the previous incident.
- 14. Other (specify): _____
- 15. No danger indicators present.

If no danger indicators in Section 2 are present, go to Section 4.

If any current danger indicators are present, go to Section 3.

SECTION 3: SAFETY RESPONSE—PROTECTIVE CAPACITIES AND SAFETY INTERVENTIONS

For each danger indicator identified in Section 2, consider the resources available to the family and the community that might help to keep the child safe. Select each protective capacity and safety intervention taken and explain how each protected or protects the child from the identified dangers.

PROTECTIVE CAPACITIES

Document capacities present for any caregiver based on information gathered.

- 1. Caregiver is capable of participating in a safety plan.
- 2. Caregiver is willing to participate in a safety plan.

- 3. Caregiver has at least one supporting safe adult who was not involved in the allegation and is willing and able to participate in a safety plan.
- 4. Other: _____

SAFETY INTERVENTIONS

Considering each identified danger indicator and available protective capacities, determine which, if any, of the following safety interventions will be implemented to address the danger indicator. Safety interventions will allow the child to remain in the home for the present time. A safety plan is required to systematically describe interventions and facilitate follow-through. If no safety interventions are available that would allow the child to remain in the home, select item 9 and follow procedures for initiating court action to file for removal.

- 1. Monitoring or direct services by the Department worker and/or the Department’s child welfare contractor
- 2. Use of family strengths, neighbors, or other individuals in the community in developing and implementing a safety plan
- 3. Use of community agencies for safety interventions (specify agency or resource):
- 4. Alleged perpetrator left the home:
 - Voluntarily
 - In response to police intervention
 - In response to legal action
 - Other: _____
- 5. Caregiver who is not the alleged perpetrator moved to a safe environment with child.
- 6. Caregiver made a temporary arrangement for the child to stay with an alternative safe caregiver.
- 7. Legal action initiated; child remains in the home.
 - No-contact order
 - Protective order
 - Emergency committal order
 - Change in custody/visitation/guardianship
 - Child in Need of Assistance court action
 - Other, specify: _____
- 8. Other intervention to allow child to remain in the home: _____
- 9. Emergency removal was conducted to remove child from home due to immediate safety issues.

SECTION 4: SAFETY DECISION

Identify the safety decision by selecting the appropriate item below. This decision is based on the assessment of all danger indicators, all safety interventions, and any other information known about the case.

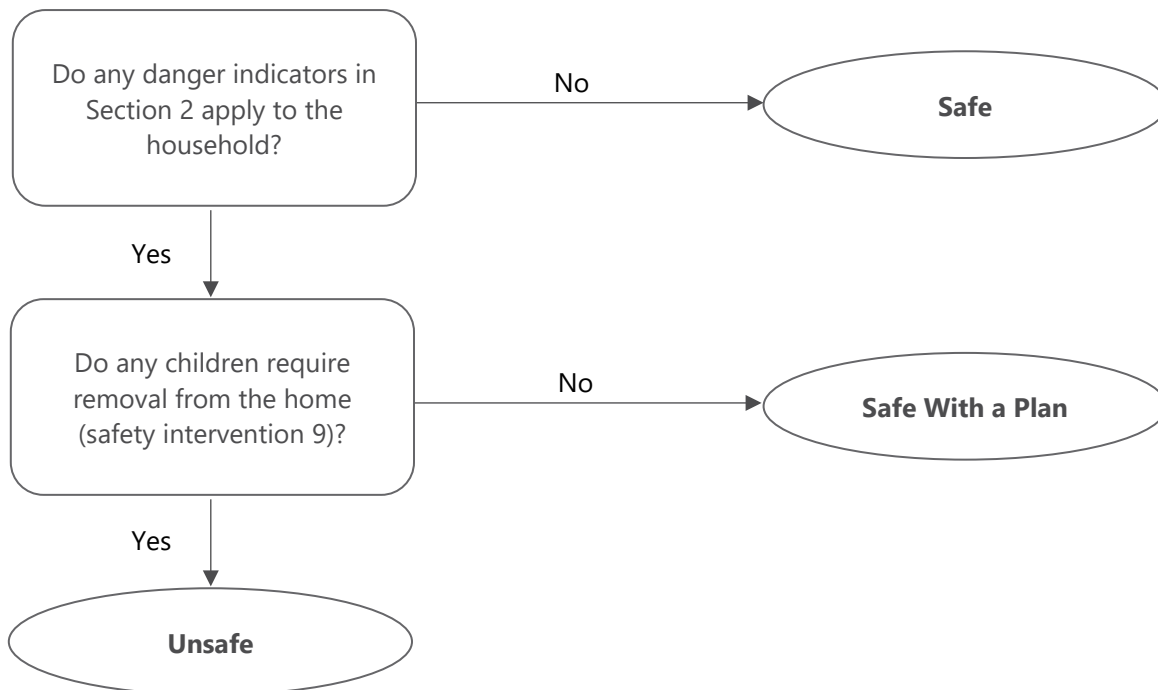
- 1. **Safe.** No danger indicators identified; do not complete a safety plan at this time.
- 2. **Safe with a plan.** One or more danger indicators are present; safety plan required.
- 3. **Unsafe.** One or more danger indicators are present, and removal is the only protecting intervention possible for one or more children.
 - All children were removed.
 - One or more children were removed and other children remain in home. *Safety plan required* for remaining children in the home.

SAFETY ASSESSMENT SUMMARY

Describe the current factors influencing child vulnerability (conditions resulting in a child being more vulnerable to danger):

Describe any current danger indicators you identified (behaviors or conditions that describe a child being in imminent danger of serious harm). If no danger indicators were identified, please provide your rationale:

Describe the caretaker's protective capacities and safety interventions that have been taken and how each protected or protects the child from the identified danger indicators.



SDM SAFETY ASSESSMENT

DEFINITIONS

SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY

Children are never responsible for their own safety. Children may have characteristics that make them more vulnerable to danger. Use these factors influencing child vulnerability as a lens when assessing for danger for every child in the household.

Any child in the household is age 0–5.

Children age 0–5 are completely dependent on their caregivers to meet their essential needs.

Any child in the household has a diagnosed or a suspected medical condition.

Any child in the household has a current diagnosed or suspected medical condition that impairs their ability to protect themselves from harm. Examples include but are not limited to severe asthma, untreated diabetes, medically fragile (e.g., requires assistive devices to sustain life).

Any child in the household has a diagnosed or a suspected mental health condition.

Any child in the household has a current diagnosed or suspected mental health condition that impairs their ability to protect themselves from harm. Examples include but are not limited to severe depression, anxiety, obsessive-compulsive disorder, and self-injurious behaviors.

Any child in the household has limited or no readily accessible supports.

Any child in the household is isolated or less visible within the community, such as by not attending school or daycare outside of the home; or the child does not have adult family or friends who understand the danger indicators; or the child does not have adult family or friends who are willing to take an active role in keeping the child safe.

Any child in the household has diminished developmental/cognitive capacity.

Any child in the household has diminished developmental/cognitive capacity, which affects ability to communicate verbally or to care and protect oneself from harm. Examples include but are not limited to autism, intellectual disability, language disability, and fetal alcohol spectrum disorder.

Any child in the household has diminished physical capacity.

Any child in the household has a physical condition or disability that affects their ability to protect themselves from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency if left unattended, cannot care for self).

None apply.

SECTION 2: CURRENT DANGER INDICATORS

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current assessment. Specifically, one or more of the following have occurred.

- *Serious injury or serious physical harm to the child other than accidental.* The caregiver caused severe injury, including brain damage, skull or bone fractures, subdural hemorrhages or hematomas, dislocations, sprains, internal injuries, poisoning, burns, scalds, or severe cuts; AND the child requires medical treatment, regardless of whether the caregiver sought medical treatment.
- *Caregiver fears they will abuse or neglect the child.* The caregiver expresses overwhelming fear that they pose a credible threat of harm to the child or has asked someone to take their child so the child will be safe. For example, a mother with postpartum depression fears that she will lose control and harm her child. This does not include normal anxieties, such as fear of accidentally dropping a newborn baby.
- *Threat to cause harm or retaliate against the child.* The caregiver has threatened action that would result in serious harm, or they plan to retaliate against the child. Use this subcategory for caregiver actions that are likely to result in serious harm but have not yet done so.
- *Unreasonable discipline OR substantial use of physical force.* The caregiver used unreasonable discipline or substantial physical force that resulted in an injury to the child.
 - » Unreasonable discipline includes practices that cause physical injury, are not age or developmentally appropriate, place the child at serious risk of injury or death, or are humiliating or degrading, etc.
 - » Substantial physical force has resulted in injury to the child. Examples of substantial physical force include direct contact with the child such as hitting, biting, kicking, shaking, or use of an object to cause harm.
- *Presence of illegal substances in child.* There is evidence that the caregiver abused legal or illegal substances, AND this has created imminent danger to the child. Imminent danger examples include but are not limited to:
 - » Child tests positive for substances in their system;
 - » Caregiver knowingly provided or allowed a child to ingest illegal substance; or
 - » Child exhibits withdrawal symptoms or physical indicators of illegal substance exposure or abuse of a prescription drug.

2. Suspected child sexual abuse committed by:

- Caregiver
- Other household member
- Unknown person, AND the caregiver or other household member cannot be ruled out, AND circumstances suggest that the child's safety may be of immediate concern.

Suspicion of sexual abuse may be based on indicators such as the following.

- The child discloses sexual abuse.
- The child demonstrates sexualized behavior inappropriate for their age and developmental level.
- Medical findings are consistent with sexual abuse.
- The caregiver or others in the household have been convicted of, investigated for, or accused of sexual misconduct or have had sexual contact with a child.

AND/OR

- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities or have forced the child to view pornography.

AND

- The child's safety being of immediate concern may be based on indicators such as the following.
 - » There is no protective caregiver.
 - » A caregiver is influencing or coercing the child victim regarding disclosure.
 - » And/or
 - » Access to a child exists for a caregiver or other household member reasonably suspected of sexually abusing the child OR a registered sexual offender, especially with known restrictions regarding any child under age 14.

3. Caregiver is aware of the potential harm AND unwilling or unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should instead be captured under danger indicator 9.)

- The caregiver fails to protect the child from serious harm or threatened harm, such as physical abuse, emotional abuse, sexual abuse (including child-on-child sexual contact), or neglect by others, including other family members, other household members, or others having regular access to the child.
- An individual with known violent criminal behavior or history resides in the home AND is posing a threat to the child, and the caregiver allows access to the child.

4. Caregiver’s explanation or lack of explanation for the child’s injury is questionable or inconsistent with the type of injury, and the nature of the injury suggests that there is imminent danger.

Assess this item based on the caregiver’s, child’s, and collateral contact’s statements by the end of the contact as available.

Factors to consider include the child’s age, location of injury, child’s special needs (cognitive, emotional, or physical), and history of injuries.

5. Caregiver does not meet the child’s imminent needs for supervision, food, and/or clothing.

- The child’s minimum nutritional needs are not met, resulting in imminent danger to the child’s health, such as malnourishment.
- The child is without clothing appropriate for the weather. Consider the child’s age and whether clothing is the child’s choice or provided by the parent.
- The caregiver does not provide age- or developmentally appropriate supervision to ensure the child’s safety and well-being to mitigate imminent danger (e.g., caregiver is present but the child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards).
- The caregiver is unavailable (e.g., incarceration, hospitalization, abandonment, whereabouts unknown).
- The caregiver makes inadequate and/or inappropriate babysitting or childcare arrangements or demonstrates very poor planning for the child’s care, OR the caregiver leaves the child alone (time period varies with age and developmental stage). Factor in considerations of emotional and developmental maturity, length of time, provisions for emergencies (e.g., able to call 911, neighbors able to provide assistance), and any child needs or vulnerabilities.

6. Caregiver does not meet the child’s imminent needs for medical care or (for a suicidal or homicidal child) critical mental health care.

- The caregiver does not seek treatment for the child’s immediate, chronic, and/or dangerous medical condition or does not follow prescribed treatment for such conditions.
- The child has exceptional needs, such as being medically fragile, which the caregiver does not or cannot meet.
- The child shows significant symptoms of prolonged lack of emotional support and/or socialization with the caregiver (e.g., lack of behavioral control, severe withdrawal, missed developmental milestones that can result from caregiver’s lack of action or care).

Exclude situations in which the caregiver chooses not to provide psychotropic or behavioral medications to a child unless the child is suicidal or homicidal; and exclude situations in which the failure to provide medical or critical mental health care is based upon the caregiver’s religious beliefs.

7. Physical living conditions are hazardous and immediately threatening to the child's health and/or safety.

Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening, including but not limited to the following.

- Gas is leaking from stove or heating unit, or heating elements are in use that were made for outdoor use only.
- Substances or objects are accessible to the child that may endanger child's health or safety.
- There is a lack of water or utilities (e.g., heat, plumbing, electricity), and no alternative or safe provisions are made.
- Windows are open, broken, or missing in areas accessible to the child; and/or there are unsafe structural issues in the home (e.g., walls falling down, floor missing).
- Electrical wires are exposed.
- Excessive garbage or rotted or spoiled food threatens health.
- Serious illness or significant injury has occurred or is likely to occur due to living conditions, and these conditions still exist (e.g., cockroaches, bed bugs, mice, or scabies due to conditions of the home; rat bites).
- There is evidence of human or animal waste throughout living quarters.
- Guns/ammunition and other weapons are not safely secured and are accessible to the child.
- Methamphetamine production occurs in the home.
- The family has no shelter for the night or is likely to be without shelter in the near future (e.g., the family is facing imminent eviction from their home and has no alternative arrangements, or the family is without a permanent home and does not know where they will take shelter in the next few days or weeks).

AND

- This lack of shelter is likely to present a threat of serious harm to the child (e.g., the child is likely to be exposed to extreme cold without shelter, likely to sleep in a dangerous setting).

8. Caregiver's current substance abuse impairs their ability to supervise, protect, or care for the child; AND the child has been harmed or is likely to be harmed without intervention.

The caregiver's current substance abuse has impaired their ability to supervise, protect, or care for the child, to the extent child has been harmed or injured OR is likely to be harmed or injured. Examples include but are not limited to:

- Co-sleeping with an infant or young child whilst under the influence of alcohol or other substances;
- Driving under the influence of alcohol or other substances with a child in the car; and
- Being unable to provide immediate care and/or supervision to a child in the event of an emergency or other essential need while under the influence of substances or alcohol.

9. Domestic violence exists in the household and poses an imminent danger of physical and/or emotional harm to the child.

Evidence exists of domestic violence in the household, AND the alleged perpetrator's behavior creates a danger for the child.

Domestic violence perpetrators, in the context of the child welfare system, are parent/caregivers who engage in a pattern of coercive control against one or more intimate partners. This pattern of behavior may continue after the end of a relationship and regardless of whether the couple lives together. The alleged perpetrator's actions often directly involve, target, and affect children in the family as well as other household members.

Incidents may be identified by self-report, credible report by a family or other household member, police reports, and/or other credible sources.

Do not include violence between any adult household member and a minor child. This would be classified as physical abuse and have danger indicator 1 and/or 3 selected as appropriate.

Do not include arguments that do not escalate beyond verbal encounters and are not otherwise characterized by threatening or controlling behaviors. Examples of threatening or controlling behaviors when a child's safety may be of concern may include but are not limited to the following.

- The child was previously injured in a domestic violence incident.
- The child exhibits a change in their physical or mental health related to situations associated to domestic violence (e.g., anxiety, aggression, suicide ideation, nightmares, insomnia)
- The child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the household.
- The child is at potential risk of physical injury based upon their vulnerability and/or proximity to the incident (e.g., caregiver holding child while alleged perpetrator attacks caregiver, incident occurs in a vehicle while an infant child is in the back seat).
- The child's behavior increases risk of injury (e.g., attempting to intervene during a violent dispute, participating in a violent dispute).
- Use of strangulation, guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence exists of property damage resulting from domestic violence that could have a harmful impact on the child (e.g., broken glass and child could cut themselves, broken cell phone and child cannot call for help).
- Restriction of access to finances, transportation, and outside supports for the child and family.

10. Caregiver persistently describes the child in predominantly negative terms or acts toward the child in negative ways; AND these actions cause the child to be a danger to self or others, be suicidal, act out aggressively, or become severely withdrawn to the point they are unable to engage in positive interactions or self-care.

This threat is related to a persistent pattern of caregiver behaviors. Examples of caregiver actions include but are not limited to:

- Describing the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly);
- Cursing at or repeatedly putting the child down;
- Targeting a particular child in the family;
- Blaming the child for a particular incident or family problems; and
- Placing the child in the middle of a custody battle (e.g., parent persistently makes negative comments about other parent or asks the child to report back what goes on at the other parent's home).

11. Caregiver's emotional instability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child; AND the child has been harmed or is likely to be harmed without intervention.

Caregiver appears to be mentally ill, developmentally delayed, or cognitively impaired; AND as a result, one or more of the following are observed.

- The caregiver's refusal to take medication as prescribed seriously impedes caregiver's ability to supervise, protect, or care for the child.
- The caregiver's inability to control own emotions impedes caregiver's ability to care for the child.
- The caregiver's mental health status impedes caregiver's ability to care for the child.
- The caregiver expects the child to perform or act in ways that are impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry or expected to be still for extended periods, be toilet trained, eat neatly, care for younger siblings, or stay alone).
- Due to cognitive delay, the caregiver lacks knowledge related to basic parenting skills, such as not having knowledge:
 - » That infants need regular feedings;
 - » About how to access and obtain basic or emergency medical care;
 - » About proper diet; or
 - » About adequate supervision.

12. Family currently refuses access to or hides the child and/or seeks to hinder an assessment.

- The child's location is unknown to the Department, and the family will not provide the child's current location.

- The family has removed or threatened to remove the child from whereabouts known to the Department to avoid assessment.
- The family is threatening to flee or has fled in response to a CPA.
- The family is keeping the child at home and away from friends, school, and other outsiders for extended periods of time to avoid assessment.
- There is evidence that the caregiver coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the assessment.

13. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in their care, suggest that the child's safety may be of immediate concern based on the previous maltreatment's severity or the caregiver's response to the previous incident.

- Current immediate threats to child safety exist that do not meet any other danger indicator criteria.
AND
- Previous child maltreatment occurred that was severe and/or represents an unresolved pattern of maltreatment. Previous maltreatment includes any of the following.
 - » Prior child death, possibly as a result of abuse or neglect.
 - » Prior serious injury or physical harm or near death of the child other than accidental. The caregiver caused serious injury or physical harm, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impaired the health or well-being of the child and required medical treatment, regardless of whether the caregiver sought medical treatment.
 - » Prior termination of parental rights regarding any of the caregiver's children.
 - » Court has previously removed a child from this caregiver's care.
 - » Prior CPA interventions that represent serious, chronic, and/or patterns of abuse or neglect allegations.
 - » Previous (1) maltreatment that could have caused severe injury, (2) retaliation or threatened retaliation against a child for previous incidents, or (3) domestic violence that resulted in serious harm or threatened harm to a child.

14. Other (specify).

Circumstances or conditions pose an immediate threat of serious harm to a child and are not already described in danger indicators 1–13.

15. No danger indicators present.

SECTION 3: PROTECTIVE CAPACITIES AND SAFETY INTERVENTIONS

PROTECTIVE CAPACITIES

1. Caregiver is capable of participating in a safety plan.

Caregiver has the cognitive, physical, emotional, and mental health capacity to participate in safety services or interventions. Caregiver is able to follow through with interventions to protect child from further danger.

2. Caregiver is willing to participate in a safety plan.

Caregiver is willing to accept the involvement and recommendations of the Department and/or other individuals and agencies providing safety interventions. Caregiver is motivated to protect child from further danger.

3. Caregiver has at least one supporting safe adult who was not involved in the allegation and is willing and able to participate in a safety plan.

Caregiver has a supportive relationship with at least one other safe family member, neighbor, friend, or other formal or informal support who is in physical proximity and may be able to assist in safety planning. This support member cares about the child or family, and caregiver is willing to involve this person in the safety plan.

SAFETY INTERVENTIONS

1. Monitoring or direct services by the Department worker and/or the Department's child welfare contractor

Actions taken or planned by the Department worker and/or the Department's child welfare contractor that specifically address one or more danger indicators. Examples include but are not limited to assisting with achieving safety interventions, including emergency aid such as food or transportation; planning return visits to the home to check on progress as outlined in the safety plan; and providing information and/or assistance in obtaining services and resources.

2. Use of family strengths, neighbors, or other individuals in the community in developing and implementing a safety plan

Applying the family's own strengths as resources to mitigate danger indicators; or using extended family members, neighbors, or other individuals to mitigate danger indicators. Examples include but are

not limited to having a family member, neighbor, or friend move into the home; do daily checks; provide transportation; assist with childcare; and serve as a safety resource for a child.

3. Use of community agencies for safety interventions (specify agency or resource)

Community resources used as a safety intervention should be immediately available to the family and be able to reduce the threat of immediate serious harm. Examples include but are not limited to the use of shelters, food pantries, domestic violence agencies, and other services provided by community agencies or providers.

4. Alleged perpetrator left the home.

Alleged perpetrator will temporarily or permanently leave the home voluntarily or in response to police intervention or legal action.

Select any that apply.

- Voluntarily
- In response to police intervention
- In response to legal action
- Other

5. Caregiver who is not the alleged perpetrator moved to a safe environment with child.

A non-perpetrating caregiver has taken or plans to take the child to an alternative location where the perpetrating caregiver will not have access to the child.

6. Caregiver made a temporary arrangement for the child to stay with an alternative safe caregiver.

A caregiver has asked a family member, a friend, or fictive kin to care for the child during the time of the safety plan.

7. Legal action initiated; child remains in the home.

A legal action, including one initiated by the family and/or the Department, has already commenced or will commence that will effectively mitigate identified dangers. May be used only in conjunction with other protective capacities and/or safety interventions. Select all that apply.

- No-contact order

- Protective order
- Emergency committal order
- Change in custody/visitation/guardianship
- Child in Need of Assistance court action
- Other

8. Other intervention to allow child to remain in the home

Consider any existing condition that does not fit within one of the listed categories but may support safety interventions for the dangers identified.

9. Emergency removal was conducted to remove child from home due to immediate safety issues.

Protective capacities and/or safety interventions may be present in the home, but they do not adequately address the dangers identified.

SECTION 4: SAFETY DECISION

Identify the safety decision by selecting the appropriate item. This decision should be based on the assessment of all danger indicators, all safety interventions, and any other information known about the case. Select one response only.

1. **Safe.** No danger indicators were identified at this time, and no safety plan is needed at this time. Based on currently available information, no children are likely in immediate danger of serious harm, and no safety interventions are needed at this time.
2. **Safe with a plan.** One or more danger indicators are present; a safety plan is required. Safety interventions have been initiated, and removal will not be sought as long as the safety interventions mitigate the danger. *Safety plan required.*
3. **Unsafe.** One or more danger indicators are present, and removal is the only protecting intervention possible for one or more children. Without removal, one or more children will likely be in danger of immediate or serious harm. The child will be placed in custody because interventions 1–8 do not adequately ensure the child’s safety.
 - All children were removed.
 - One or more children were removed, and other children remain in home. No child should be responsible for maintaining their own safety. *A safety plan is required* when a danger indicator affects any children remaining in the home.

SDM SAFETY ASSESSMENT POLICY

PURPOSE AND POLICY

The purpose of the safety assessment is: (1) to help assess, at a point in time, whether any child is likely to be in *imminent* danger of serious harm or maltreatment, which requires a safety intervention; and (2) to determine what interventions should be initiated or maintained to provide appropriate protection. Safety assessment is a process that workers use during every contact with a family to help them organize and document their thinking about safety. Note that although the worker must assess safety during every contact, formal documentation of that assessment occurs at specific points during the case.

SAFETY ASSESSMENT VERSUS RISK ASSESSMENT

It is important to keep in mind the difference between danger and risk when completing this form. Safety assessment differs from risk assessment in that it assesses the child's *imminent* danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of *future* child protective system involvement.

WHICH CASES

All CPAs (including both family assessments and child abuse assessments) in which the child is in their own home, including subsequent referrals.

During ongoing case management services as circumstances require.

Note: Safety assessments are not used for facility assessments.

WHICH HOUSEHOLD

Assess the household of the caregiver who is the subject of the assessment or ongoing case.

If the alleged perpetrator is part of the child's household, assess that household.

If the alleged perpetrator is not a member of the child's household, do *not* complete a safety assessment for the alleged perpetrator's household; instead, complete a safety assessment for the child's caregiver's household.

If the abuse or neglect involved more than one household, assess each household where the alleged abuse or neglect occurred.

WHO

The worker (to include on-call workers when indicated) who is responsible for the assessment or ongoing case.

WHEN SAFETY IS ASSESSED

Safety is assessed *throughout* the life of a case. The safety assessment or a reassessment is required in the following circumstances.

- Initial CPS safety assessment (completed during the first 24 hours, i.e., at time of first visit with child and supervisory consultation)
- CPS safety assessment (at the end of the CPA on all child abuse assessments, and on all family assessments when the child is not determined to be safe in the initial CPS safety assessment)
- Unsafe situations safety assessments (whenever circumstances suggest the child is in an unsafe situation; completed by worker with supervisory consultation)
- Unsupervised visitation safety assessment (prior to decision, with supervisory consultation)*
- Reunification safety assessment (prior to decision, with supervisory consultation)*
- Case closure safety assessments (prior to decision, with supervisory consultation)

The safety assessment must be completed within 24 hours of the priority response time based on face-to-face interviews with alleged child victims and/or caregivers OR after implementing a safety intervention. In circumstances where observation of the alleged child victim is delayed, a safety assessment should be documented within 24 hours following contact with the alleged child victim.

The safety assessment must be documented in JARVIS by the worker completing the assessment. For the assessment date of all safety assessments (including initial assessments and updated and case-closing safety assessments) use the date of the face-to-face contact with the family upon which the findings of the safety assessment are based, rather than the date the safety assessment is completed in JARVIS.

When worker is aware of a change of circumstances (with the exception of a new assessment) or potentially unsafe circumstances in the household, the worker should reassess safety and complete a subsequent safety assessment in JARVIS.

***The outcome of the safety assessment should not be used in isolation when making decisions about unsupervised visitations and/or potential reunification. Prior to making recommendations, consider and provide clear documentation of:**

- Observations made during supervised visits, including behaviorally specific detail of caregiver's behavior and impact on the children; and
- Caregiver's progress on court orders and case plans, including behaviorally specific details of caregiver's behavior and impact on the children.

WHEN SAFETY PLANS ARE DEVELOPED AND UPDATED

Safety plans developed during a child protective assessment shall be ended no later than at the conclusion of the assessment. Following the assessment or at any other point during an open service case, if the child continues to be or is determined to be safe with a plan, the social work case manager will complete a new safety plan in collaboration with the family. Safety plans developed during an open service case shall be ended, or a new safety plan shall be created, no later than 60 days from development of the previous safety plan. The end dates of any safety plan shall be developed with the family and any involved supports.

DECISION

The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to a child. This information guides the decision about whether the child may remain in the home with no intervention, may remain in the home with a safety plan, or is unsafe and removal is necessary.

SDM SAFETY ASSESSMENT PROCEDURES

Workers should familiarize themselves with the items included on the safety assessment and the accompanying definitions. What distinguishes the SDM safety assessment is that it ensures every worker is assessing the same items in each case and that the responses to these items lead to specific decisions. Once a worker is familiar with the assessment items, the worker should conduct their contact as they normally would, using good family engagement practice to collect information from the child, caregiver, and/or collateral sources. The safety assessment ensures that the specific assessment items are assessed at some time during contact.

DATE ASSESSMENT COMPLETED

Record the date of the safety assessment. This should be the date the worker made face-to-face contact with the child to assess safety, which may be different from the date the form is completed in JARVIS.

ASSESSMENT TYPE

Enter the type of safety assessment.

- **Initial.** For every CPA, the household should have one initial safety assessment. This should be completed during the first face-to-face contact with a household where there are allegations. Initial assessments are completed only in CPAs.
- **Subsequent.** After the initial assessment, any additional safety assessment is most likely a subsequent assessment, unless it is completed at the point of case closure.
- **Case closure.** A safety assessment is completed when considering closing a case after CPA without providing ongoing Department services or when closing ongoing Department services with at least one child in the home.

SECTIONS

The safety assessment consists of four sections.

FACTORS INFLUENCING CHILD VULNERABILITY

Indicate whether any factors influencing the child's vulnerability are present. Consider these vulnerabilities when reviewing current danger indicators. Vulnerability issues provide a *context* for assessing the impact of the dangers. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe. The presence of one or more vulnerabilities also does not mean a safety intervention is required.

CURRENT DANGER INDICATORS

This is a list of critical indicators that must be assessed by every worker in every case. If available information shows that the danger indicator is present, select "yes" for that item. If the danger indicator is not present, select "no." These indicators cover the kinds of conditions that would render a child in danger of immediate harm. Because not every conceivable danger indicator can be anticipated or listed on a form, the "Other" category permits workers to indicate that some other circumstance creates danger.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their contact. However, it is not expected that all facts about a case can be known immediately. Some information is inaccessible, and some may be deliberately hidden from the worker.

Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 13 danger indicators and accompanying definitions. *For each item, consider the vulnerability of all children in the home.* If the worker determines circumstances to be a danger indicator and these circumstances are not described by one of the existing items, the worker should select "Other" and briefly describe the danger.

When a danger indicator was present at some time in the past *but is currently not present and is not likely to become a concern* in the near future, the worker should select "no" and document carefully in the Safety Assessment Summary box why the conditions do not present an imminent danger of serious harm.

SAFETY RESPONSE—PROTECTIVE CAPACITIES AND SAFETY INTERVENTIONS

Protective capacities are specific actions and/or activities that the caregiver has taken that directly address the danger indicator and are demonstrated over time. They also can include actions taken by the child in some circumstances. These are observed behaviors that have been demonstrated in the past and can be directly incorporated into the safety plan. It is important to note that any protective action taken by the child may be incorporated as part of a safety plan but should not be the sole basis for the plan, as it is never solely a child's responsibility to keep themselves safe.

The Safety Interventions section is completed only if one or more danger indicators are identified. A danger indicator being present does not automatically require that a child be removed; it will sometimes be possible to initiate a safety plan that will mitigate the danger indicators for the child to remain in the home while the assessment continues. Safety plans developed during a child protective assessment shall be ended no later than at the conclusion of the assessment. Following the assessment or at any other point during an open service case, if the child continues to be or is determined to be safe with a plan, the social work case manager (SWCM) will complete a new safety plan in collaboration with the family. Safety plans developed during an open service case shall be ended, or a new safety plan shall be created, no later than 60 days from development of the previous safety plan. Consider child vulnerability, the relative severity of the danger indicators, household strengths, and protective actions.

The safety intervention list contains general categories of interventions rather than specific services. The worker should consider each category and determine whether that intervention is available and sufficient to mitigate the danger indicators identified, whether there is reason to believe the caregiver will follow through with a planned intervention, and whether all participants involved in the safety plan agree to the safety plan.

Simply because an intervention exists in the community does not mean it should be used in a particular case. The worker may determine that even with an intervention, the child would be unsafe; or the worker may determine that an intervention would be satisfactory but have reason to believe the caregiver would not follow through. The worker should keep in mind that any single intervention may be insufficient to mitigate the danger indicators, but a combination of interventions may provide adequate safety. *Also keep in mind that the safety intervention is not the family case plan*—it is not intended to “solve” the household’s problems or provide long-term answers. A safety plan permits a child to remain home, and removal will not be sought as long as the safety interventions mitigate the danger.

If one or more danger indicators are identified and the worker determines that interventions are unavailable, are insufficient, or may not be used, the final option is to indicate that the child requires removal.

If one or more interventions will be implemented, select each category that will be used. If an intervention that will be implemented does not fit in one of the categories, select item 8 and briefly describe the intervention. Use item 9 only when a child is unsafe and only removal from the home can ensure safety.

SAFETY DECISION

In this section, record the result of the safety assessment. Refer to the accompanying flow chart to help determine the safety decision. There are three choices.

- **Safe.** Select if no danger indicators are identified. The children may remain in the home for the present. *Do not complete a safety plan.*

- **Safe with a plan.** Select if one or more danger indicators are identified, and the worker is able to identify sufficient protective interventions that lead the worker to a belief that the child may remain in the home for the present time. *A safety plan is required.*
- **Unsafe.** Select if the worker, even after considering a complete range of interventions, determines that the child cannot safely remain in the home. It is possible the worker will determine that due to interventions, one child may remain in the home while another must be removed. *Select if any child requires removal.*

Complete a safety plan for any children remaining in the home.

SAFETY ASSESSMENT SUMMARY

In the narrative box, describe:

- The current factors influencing child vulnerability.
- Any current danger indicators you identified OR if no danger indicators were identified, your rationale.
- The caretaker’s protective capacities and safety interventions that have been taken and how each protected or protects the child from the identified danger indicators.
- Include caregiver behaviors, their impact on the child, and what details informed the safety decision. Be brief but as specific as possible. Avoid labels and jargon.
 - » For cases where the child is determined to be safe, the worker should describe the presence of safety—not just the absence of danger—by summarizing caregiver behaviors and what protective impact they have that makes the child safe.
 - » For cases where the child is safe with a plan, the worker should briefly describe any reasons the chosen interventions are likely to enhance safety. Actual plan details should be captured in the safety plan itself.
 - » For cases where the child is unsafe, the worker should explain why interventions explored were not possible and removal was necessary. Be sure to address each of the questions below:
 1. Can someone the child/family knows move into the home to mitigate the danger?
 2. Can the caregiver and child go live with a relative or fictive kin?
 3. Could child move temporarily to live with relative or fictive kin?

ACCURATE COMPLETION

Accurate completion of the safety assessment adheres to the following internal logic.

- If no danger indicators are selected, no interventions should be selected, and the only possible safety decision is “Safe. No danger indicators identified; no safety plan is needed at this time.”
- If one or more danger indicators are selected, there must be at least one intervention selected, and the only possible safety decisions are:

- » "Safe with a plan. One or more danger indicators are present; safety plan required"; or
- » "Unsafe. One or more danger indicators are present; emergency or nonemergency removal is necessary."
- If one or more of interventions 1-8 are selected AND intervention 9 is not selected, "Safe with a plan" should be selected.
- If intervention 9 is selected, the safety decision must be "unsafe."

DOCUMENT CHANGE LOG

The following table is used to record changes made to this document.

DATE	AUTHOR	PAGE NUMBER	CHANGE SUMMARY

APPENDIX

IOWA SAFETY PLAN AND PROCEDURES



Plan de seguridad

Nombre(s) del (de los) menor(es):	Trabajador/a:	Fecha/hora en que fue completado el Plan de seguridad:
Padre(s)/tutor(es) involucrados en el plan:	Otro(s) apoyo(s):	Fecha de revisión del Plan de seguridad (20 días hábiles o menos):
Cuidador temporal (si corresponde):	N.º de incidente:	Cuándo se espera que finalice el Plan de seguridad:

Propósito: Se elabora un *Plan de seguridad* cuando se determina que un menor está en peligro. Este plan da cuenta de las preocupaciones de seguridad respecto a su hijo y describe formas de mantenerlo a salvo de daños.

Instrucciones: Usted y el trabajador del DHS participarán en el desarrollo de este *Plan de seguridad*. Se explicarán y discutirán sus opciones. Tendrá la oportunidad de revisar el plan antes de que se le solicite aceptarlo y firmarlo. Todas las personas que tienen una responsabilidad en el Plan de seguridad deberán firmarlo y se les entregará una copia cuando se haya completado.

PELIGRO ESPECÍFICO PARA EL BIENESTAR DEL MENOR:				
Acciones inmediatas necesarias para mantener al (a los) menor(es) seguro(s):	¿Quién estará a cargo?	¿Cuál es la fecha límite?	¿Cómo se verificará?	Iniciales de todas las personas involucradas en esta acción

RECONOCIMIENTO DE DERECHOS Y RESPONSABILIDADES			
Padre(s) o tutor(es)			Iniciales
Acepto que este plan no entra en conflicto con ninguna Orden de la Corte o plan de crianza actual, o si lo hace, que las partes afectadas lo aceptan.			
Este plan de seguridad puede ser revisado en cualquier momento si yo decido, o el DHS decide, que es necesaria una modificación debido a un cambio en las circunstancias.			
Entiendo que si no puedo llevar a cabo este plan o si se considera que mi hijo se encuentra en una situación de peligro, el DHS puede referir a nuestra familia para recibir más servicios, colocar al menor fuera de mi hogar hasta que la situación cambie o involucrar al tribunal, lo que podría resultar en la pérdida temporal de su custodia.			
Si solicitan que mi hijo se quede de manera informal y temporal con un cuidador, acepto que el DHS pueda compartir cualquier información que sea importante para el cuidado y seguridad de mi hijo, siempre y cuando se quede en el hogar del cuidador.			
Estoy de acuerdo con este plan y además tengo el derecho de abandonarlo en cualquier momento hablando directamente con mi trabajador del DHS o con el supervisor del trabajador.			
Entiendo que durante el período de vigencia de este Plan de seguridad conservo la custodia, la tutela y todos los derechos legales de mi hijo.			
La participación en un plan de seguridad no debe interpretarse como una remoción de mi hijo de mi custodia.			
CUIDADOR TEMPORAL			
(Si el menor reside temporalmente fuera del hogar de los padres durante un plan de seguridad)			
Si yo como cuidador no puedo llevar a cabo este plan o se determina que el menor bajo mi cuidado está en peligro, puede ser trasladado donde un cuidador diferente o puede ser necesario un mayor involucramiento del DHS, lo que puede incluir la intervención del tribunal.			
ACUERDO FAMILIAR Y DEL PARTICIPANTE			
Firma del padre o tutor:	Fecha y hora:	Firma del cuidador temporal:	Fecha y hora:
Firma del padre o tutor:	Fecha y hora:	Otra firma:	Fecha y hora:
Firma del/la trabajador/a de caso del DHS:	Fecha y hora:	Supervisor del DHS consultado:	Fecha y hora:
INFORMACIÓN DE CONTACTO			
	Nombre	Número de teléfono	Correo electrónico
Trabajador del DHS			@dhs.state.ia.us
Supervisor del DHS			@dhs.state.ia.us
Family-Centered Services Worker			
Family-Centered Services Supervisor			
Otro			
Otro			
Línea directa de denuncias de abuso infantil		1-800-362-2178	



Safety Plan

Child(ren)'s name(s):	Worker:	Date/time Safety Plan completed:
Parent(s)/guardian(s) involved in plan:	Other support(s):	Date Safety Plan to be reviewed (20 business days or fewer):
Temporary caregiver (if applicable):	Incident #:	When Safety Plan is expected to end:

Purpose: A *Safety Plan* is written when it has been determined that a child is in danger. This plan notes safety concerns for your child and describes ways to keep your child safe from harm.

Instructions: You and the DHS worker will participate in developing this *Safety Plan*. Your options will be explained and discussed. You will have the opportunity to review the plan before you are asked to agree and sign. All those who have a responsibility in the Safety Plan will be asked to sign the Safety Plan and will be given a copy of the Safety Plan once it is completed.

SPECIFIC DANGER TO THE CHILD'S WELL-BEING:				
Actions needed right now to keep the child(ren) safe:	Who will do this?	By when?	How will this be checked?	Initials of all involved in this action

ACKNOWLEDGEMENT OF RIGHTS AND RESPONSIBILITIES			
Parent(s) or Guardian(s)			Initials
I agree this plan does not conflict with any existing court order or parenting plan, or if it does, that any parties affected by the court order or parenting plan agree.			
This safety plan may be reviewed at any time, if I or DHS decides that a modification is needed due to a change in circumstances.			
I understand if I am unable to carry out this plan or my child is considered to be in a dangerous situation, DHS may refer our family for further services, may ask to place the child out of my home until the situation changes, or may involve the court, which could result in temporary loss of custody of the child.			
If I am asked to have my child stay informally and temporarily with a caregiver, I agree that DHS may share any information with the caregiver that is important for the care and safety of my child, so long as the child is staying in the caregiver's home.			
I am in agreement with this plan and also have the right to withdraw my agreement at any time by speaking directly to my DHS worker or my worker's supervisor.			
I understand that during the timeframe of this Safety Plan, I retain custody, guardianship, and all legal rights to my child.			
Participation in a Safety Plan is not to be construed as a removal of my child from my custody.			
TEMPORARY CAREGIVER			
(If child temporarily resides outside of the parental home during a Safety Plan)			
If I as the caregiver am unable to carry out this plan or if the child in my care is determined to be in danger, the child may be moved to a different caregiver or further DHS involvement may be necessary, up to and including court involvement.			
FAMILY AND PARTICIPANT AGREEMENT			
Parent or guardian signature:	Date and time:	Temporary caregiver signature:	Date and time:
Parent or guardian signature:	Date and time:	Other signature:	Date and time:
DHS worker signature:	Date and time:	DHS supervisor consulted:	Date and time:
CONTACT INFORMATION			
	Name	Phone number	Email address
DHS Worker			@dhs.state.ia.us
DHS Supervisor			@dhs.state.ia.us
Family-Centered Services Worker			
Family-Centered Services Supervisor			
Other			
Other			
Child Abuse Hotline		1-800-362-2178	

Safety Plan, Form 470-4461 or 470-4461(S)

Purpose	The <i>Safety Plan</i> , form 470-4461 or 470-4461(S), is used to identify safety concerns and involve the family in addressing safety needs and documenting actions to be taken to ensure safety of the child victim and the other children.
Source	<p>The English version of the form may be printed from the template on the Case Flow home page or ordered from Iowa Prison Industries at Anamosa in a three-part carbonized set.</p> <p>Print the Spanish version of this form from the manual or SharePoint under Employee Manual/Forms.</p>
Completion	If the <i>Safety Assessment</i> determines that a child is conditionally safe, a <i>Safety Plan</i> must be developed. The child protective worker or social work case manager completes the <i>Safety Plan</i> with the family.
Distribution	<p>Keep a copy of the <i>Safety Plan</i> in the case file. Provide a copy to the family, to the provider of safety plan services upon referral, and to the social worker case manager upon case transfer.</p> <p>The <i>Safety Plan</i> is not distributed as part of the <i>Child Protective Services Child Abuse Assessment Summary</i>. If the case is transferred for ongoing DHS services, include a copy in the referral packet.</p>
Data	<p>Child's name: Enter the name of the child victims. The social work case manager enters the youngest child's name.</p> <p>Worker and: Enter the worker's name.</p> <p>County: Enter the county name or number.</p> <p>Incident #: Enter the number assigned by the STAR database system.</p> <p>Date/time Safety Plan completed: Enter the date and time the <i>Safety Plan</i> was completed.</p> <p>Safety Concerns: Enter cause for concern for present or impending danger using the <i>Safety Assessment</i>.</p>