



QUARTER 4

PIP 1.1.1 (A)

Clark



**CLARK COUNTY CFSR
PROGRAM PERFORMANCE IMPROVEMENT
QUARTER 4 REPORT**

Jurisdiction: Clark County

Primary Strategy: 1 Strengthen and reinforce safety practices throughout the life of the case			Applicable CFSR Outcomes or Systemic Factors: Safety Outcome 1 and 2	
Goal: 1 Continue the development of Nevada's safety assessment model to include assessment of children in out-of-home care and at specific milestones throughout the life of the case			Applicable CFSR Items: 2, 4	
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	QTR Due	QTR Completed
1.1.1 (A) Develop or refine policies and tools that meet the individual jurisdictional needs pursuant to the work plan to support safety assessments throughout the life of the case and prepare a written safety practice overview to document and articulate Nevada's safety model	DCFS, WCDSS, CCDFS Directors/designee	Copy of policies and tools	Q 4	Q4

The present safety model employed by Clark County is a model of safety throughout the life of a case. It is a hybrid model which focuses on the Nevada Initial Assessment information collection and decision making process that was developed by ACTION for Child Protection in January 2008 for the State of Nevada.

This model was implemented in Clark County in 2009 and was later supplemented with the assessment tools previously provided in the PIP Quarter 1 submission. These tools provide for assessment of safety throughout the life of the case. Provided in Appendix A are the previously submitted assessment tools:

Emergency Placement Checklist

The placing worker must document the safety of the relative or fictive kin home on the Emergency Placement Safety Checklist, as determined by personal observation, inspection of the home, collateral checks and statements of the relative. In order to complete checklist, the worker must conduct initial walk through to inspect all parts of the home listed below with the relative, and complete the CANS and Criminal Background checks (with fingerprinting if necessary) as required for all members of the household. A copy of this form is to be placed in the investigative file or permanency/ongoing file for their records. This form is to be completed prior to placement in the relative or fictive kin home.

Out-of Home Pre-Placement Safety Check

The *Out-of-Home Pre-Placement Safety Check*, is a tool to ensure that children are placed in a home that is assessed to be safe and with parents willing and capable of meeting the child's needs.

Out-of Home Placement Safety Check

Another tool is the *Out-of-Home Placement Safety Check*. This tool evaluates the safety of children in foster, relative or fictive kin placements and the caregivers' ongoing ability to meet the needs of the children placed in the home. The *Out-of-Home Placement Safety Check* has assisted workers in standardizing how assessments are made in out-of-home placements.

Prior to the development of this tool, the *Nevada Safety Assessment* was used to assess out of home safety. The *Nevada Safety Assessment* however was primarily developed to assess safety for the biological parent and did not address some of the safety concerns regarding the caregiver, such as the caregiver's stress level in meeting the child's needs, the caregiver's need for additional training and or support to parent the child, or the safety threats that new children being placed in the home can cause. Especially as household conditions are expected to be at a higher standard than is expected of the biological parent's home.

The new tools have given workers a way to have conversation with care providers about their needs in caring for the child in alternative care and provide additional support when needed. The tool assists out-of-home staff in ensuring that a safety threat truly exists that warrants a removal. Workers indicated that they saw the tool as being most helpful in assisting them to distinguish between standard of care concerns and true safety threats. This has lead workers to have more Child and Family Team meetings to discuss concerns and develop plans for addressing concerns instead of removing children unnecessarily from placement providers.

Institutional Investigation Safety Check

The *Institutional Investigation Safety Check* tool is used to evaluate the safety of children placed in out of home care and to determine if safety threats are present.

In-Home Placement Safety Check (Used with In-Home Cases)

The *In-Home Placement Safety Check* tool is used to evaluate the safety of children in the home throughout the life of the case.

Placement Support Plan-Safety Check

The *Placement Support Plan-Safety Check* assists with supporting caregivers.

Visitation Safety Check

The *Visitation Safety Check* is used to assist caseworkers in developing appropriate visitation plans for parents. Workers have also found the *Visitation Safety Check* helpful in being able to assess the parent's behavior during visitation to assist them in being able to determine baseline behavior for visitations and making decisions about the appropriate level of supervision required. Workers are required to review the *Visitation Safety Check* with their supervisor at monthly one-to-one supervision. The intent is to support a visitation plan that maintains family connections. Training on the safety tools and policy implementation was completed in 2009 and 2010.

Presently, the Rural and Washoe County child welfare agencies are implementing a revised version of the ACTION Safety Model in 2011 with Clark County reviewing the model in December 2011. Upon future implementation of the revised model, Clark County would reflect safety practice throughout the life of the case using the Action for Child Protection's guiding principles as follows:

Practice Principles

- **Respect**
During safety intervention respect is accorded to all who are involved which includes caregivers, children other family members and those who are part of the family network, community members and those who are part of the professional community. This practice principle is applied through communication and behavior that acknowledges the worth and resource that a person can contribute to the safety intervention process.
- **Courtesy in All Interaction**
During safety intervention all exchanges with those who are involved in the process occur in an equalitarian and considerate manner. This practice principle is part of valuing what others – in particular caregivers and family members – can contribute to safety intervention and supports their importance.

- **Personal Meaning**
During safety intervention attempts occur to understand the personal meaning that the safety intervention process stimulates for caregivers and family members. This practice principle acknowledges that individuals experience things in unique and personal ways which are important to understand and respect.
- **Interest and Curiosity**
Effective safety intervention requires an elevated intention to understand events, circumstances, emotion, social connections, behavior, functioning and perceptions which create pictures of caregivers and families. This practice principle emphasizes the importance of depth and breadth during safety intervention.
- **Patience**
Safety intervention requires a calm and settled responsiveness that trusts the process and trusts caregivers and family members, in time, to communicate and invest themselves in productive ways.
- **Empowerment**
During safety intervention practice and decision making includes consideration of caregiver personal power and esteem. In particular this practice principle acknowledges the conundrum CPS intervention creates between taking away parental authority in order to restore parental authority.
- **Empathy**
Seeking to understand the circumstances associated with safety intervention and the emotion that it stimulates is an over arching, continual issue. This practice principle encourages worker understanding and sensitivity, caregiver involvement and support to safety intervention objectives.
- **Competence**
Safety intervention requires the application of knowledge and skill in fifteen distinct competency areas. This practice principle reinforces the importance of what is at stake and the value and worth of those who are involved in the process.
- **Adherence to Ethical and Professional Standards**
Safety intervention incorporates state of the art as well as ministerial standards (i.e., law and policy.) Additionally safety intervention requires the norms and ethics associated with professional behavior (such as the Social Work profession.) This practice principle helps to assure maintenance of appropriate boundaries and expectations with all those participating in the safety intervention process.
- **Child Safety as Paramount**
The mission of CPS and the objective of safety intervention is to assure children are protected. This practice principle reinforces that no other child, caregiver, family, agency or community need, interest or concern surpasses the priority for effectively assessing and managing child safety.
- **Permanency as an Integral Part of Child Safety**
Normally permanency is not thought of as a safety concept. This practice principle emphasizes that the essence of permanency is child safety and assures the safety intervention takes into account and seeks to achieve a child's permanency.
- **Rights**
During safety intervention total regard and alertness is given to acting and deciding respectfully of the rights of children and caregivers. This practice principle acknowledges and supports full acceptance of the nature and effects of safety intervention as governmental and non voluntary *interference* in the lives of individuals and families.
- **Family System and Family Centered**
Safety intervention operates with an appreciation for the sanctity and purpose of the family which includes awareness of the significance that relationship, interdependence and connectedness among family members has in understanding and assessing child safety. This practice principle results in intervention behavior that recognizes strengths; seeks to involve caregivers and family

members in meaningful ways; and reinforces the role of caregivers as the executives of the family system.

- **Least Intrusive**

In safety intervention the idea of least intrusive is profound with respect to the nature and quality of what occurs during intervention and to specific worker communication, behavior and interaction with caregivers and family members. This practice principle acknowledges that safety intervention is a government, non voluntary intervention. This practice principle emphasizes only action and decision making that is necessary to achieve safety intervention objectives.

- **Diligence**

Safety intervention demands behavior and a mental orientation that proficient and effective performance characterized by thoroughness, timeliness, availability and responsiveness. This practice principle reinforces the importance of what is at stake and the value of understanding events, circumstances and behavior.

- **Individualization**

Safety intervention focuses assessment and treatment on caregivers. Each caregiver is considered a unique person with unique experience living in a unique context; this practice principle emphasizes the significance that difference plays in each safety intervention.

- **Cultural Diversity**

Safety intervention is best when it considers caregivers and families within the context of their culture. This practice principle reminds workers that specific behavior, action, choices, emotions, relationships and so forth are best understood within the

- **Purposeful Expression**

Throughout safety intervention continual attempts are made and opportunities supported for caregivers and family members to personally share and express their thoughts, concerns, feelings, frustrations, fears and hopes. This practice principle is essential to successfully involving caregivers and family members in the safety intervention process.

- **Controlled Emotional Involvement**

Safety intervention includes a balance between the worker's personal involvement and his or her objective involvement. This practice principle supports maintenance of professional boundaries in relationships with caregivers and family members while being supportive of demonstrations of genuineness, compassion, caring and self disclosure.

- **Self Determination**

Self determination is the cornerstone of safety intervention. This practice principle supports caregiver involvement in the safety intervention process by reinforcing empowerment, choice making, motivation and readiness.

- **Acceptance**

Safety intervention occurs as a non labeling, non fault finding, objective endeavor. Caregivers regardless of the circumstances are viewed as people worthy of the investment of time and effort to change. This practice principle operates within an understanding that while certain behavior cannot be tolerated the person responsible for the behavior can be valued, understood and accepted as someone capable of better.

- **Reality Orientation**

All activity and decision making happening during safety intervention occurs within a reality oriented perspective. This practice principle supports reality testing with caregivers and routinely describing reality in particular with respect to the reasons for CPS involvement.

- **Collaboration**

In definitive ways during safety planning and case planning involvement, sharing, forming alliances and reinforcing mutuality are crucial to safety intervention. This practice principle operates as a continual priority.



CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

121 South Martin Luther King Blvd
Las Vegas, Nevada 89106
(702) 455-5444

EMERGENCY PLACEMENT SAFETY CHECKLIST

UNITY Case #:

Case Name:

Date of Placement: _____

Child's Name:

Gender:

Birth Date:

Child's Name:

Gender:

Birth Date:

Child's Name:

Gender:

Birth Date:

Child's Name:

Gender:

Birth Date:

Child's Name:

Gender:

Birth Date:

The placing worker must document the safety of the relative or fictive kin home on the **Emergency Placement Safety Checklist**, as determined by personal observation, inspection of the home, collateral checks and statements of the relative. In order to complete checklist, the worker must conduct initial walk through to inspect all parts of the home listed below with the relative, and complete the CANS and Criminal Background checks (with fingerprinting if necessary) as required for all members of the household. A copy of this form is to be placed in the investigative file or permanency/ongoing file for their records. This form is to be completed prior to placement in the relative or fictive kin home.

Caregiver's Name: _____

Complete Address: _____

Telephone: (____) _____

Caregiver's Name: _____

Complete Address: _____

Telephone: (____)_____

I. Scope/NCJIS/NCIC Background Checks

If "yes" is checked, the child(ren) may NOT be placed in this home without Management Approval and/or unless a waiver is secured.

Yes No

☐
☐

1. Did either Scope, NCJIS or NCIC History checks reveal any criminal history that could be a barrier to placement? (Reference: NRS 432B.153; NRS 432B.157; 432B.393; 432B.550; 432B.555; NAC 432B.435; NAC 432B.440)

Management Approval Required: Yes ☐ No ☐

Management Approval Granted: Yes ☐ No ☐

II. CANS/UNITY Records Checks

If "yes" is checked, the child(ren) may NOT be placed in this home without Supervisor and Assistant Manager Approval and/or unless a waiver is secured.

Yes No

☐
☐

2. Did either CANS or UNITY History records checks reveal any Substantiated Child Abuse/Neglect history that could be a barrier to placement? (Reference: NRS 432B.153; RS 432B.555; NAC 432B.435; NAC 432B.440)

Comment: _____

Management Approval Required: Yes ☐ No ☐

Management Approval Granted: Yes ☐ No ☐

III. Safety of Placement

Note: Checking Yes or No does not necessarily preclude placement in this home but may warrant follow-up and completion prior to licensing final approval.

Yes No

☐
☐

3. Are there any observable health/sanitation risks to the child(ren)?

Comment: _____

☐
☐

4. Are there any observable fire or safety hazards (e.g. uncovered electrical outlets, broken windows, debris blocking exits, etc.)? Consider the age of the child.

Comment or Corrective Action necessary: _____

☐
☐

5. Does the family have any firearms or explosive weapons in the home?

If yes, did caseworker ensure and observe that all firearms and ammunition are secured and inaccessible to children. Yes ☐

Comment: _____

- ☐ ☐ 6. Are there any dangerous cleaning supplies, medicines and/or any other dangerous chemicals accessible to children (considering the age of child)?

Comment: _____

- ☐ ☐ 7. Are all entrances/exits to and from the home unobstructed?
- ☐ ☐ 8. Are all; basic utilities (water, electricity, heating) in full operating condition?
- ☐ ☐ 9. Will the child(ren) have age-appropriate supervision at all times during which the caregiver will be absent from the home?

Comment or Plan for Supervision: _____

- ☐ ☐ 10. The caregiver has sufficient resources to provide basic necessities (shelter, food, clothing, basic health care, for themselves and the child(ren)) to be placed with the caregiver?

- ☐ ☐ 11. Has the caregiver agreed to NOT use corporal punishment to discipline the placed child(ren) and to refrain from use of verbal treats and derogatory language toward the child(ren)?

- ☐ ☐ 12. Has the caregiver agreed to work with the agency to which case management will be assigned on all service and legal matters related to the child(ren) and understand that scheduled and unscheduled visits will commence in the home?

- ☐ ☐ 13. Are there any Sex Offenders registered to this address?
If "Yes" is checked, confer with the Supervisor and/or Management prior to placement.

Supervisor Approval Required: Yes ☐ No ☐

Supervisor Approval Granted: Yes ☐ No ☐

Management Approval Required: Yes ☐ No ☐

Management Approval Granted: Yes ☐ No ☐

- ☐ ☐ 14. If a child being placed is less than 1 year old, have we discussed Safe Sleeping Conditions, Co-Sleeping and Back-to-Sleep?

Brochures provided or mailed?

Yes ☐ No ☐

Specify: _____

- ☐ ☐ 15. Does caregiver have a separate crib or bassinet for all children under the age of 1 year?

☐ Yes

☐ No***

***If no, then worker can not place child(ren) in the home until there is. If caretaker is unable to purchase the items, then worker MUST submit a request for funds to assist with purchase.

☐ ☐ 16. Does the family have a pool?

If yes, has the caseworker observed a pool fence with lock, functional Door alarm system, or other safety mechanism?

Yes ☐ No ☐

Has the caseworker discussed pool safety and pool supervision??

Yes ☐ No ☐

Brochures provided or mailed?

Yes ☐ No ☐

Specify: _____

IV. Placing Worker Certification

I hereby certify that responses entered on this form are based on my interview of the potential relative caregiver(s) with whom the child(ren) may be placed and on my personal observation of his/her/their home.

CASE MANAGER

Phone: _____

Unit/Team: _____

Date: _____

**OUT-OF-HOME
PRE-PLACEMENT SAFETY CHECK**

Purpose: To ensure that children are placed in a home that is assessed to be safe and is willing and capable of meeting the child's needs.

Case Name:	Foster Parent Name:	Agency Name:
UNITY ID #:	Pre Placement Visit:	Placement Date:
Name of Worker Completing Assessment:		Supervisor:

When to Complete the Safety Check: Prior to the placement of a child into an out-of-home placement.

SECTION 1: IDENTIFYING INFORMATION

Directions: List children to be placed

CHILD #	NAME	DOB/AGE/GENDER	Primary language spoken	CASE MANAGER
C1				
C2				
C3				
C4				
C5				

Directions: List all household members, (including other children placed in the home) birthdates/relationship in the family

NAME	DOB/AGE	Primary language spoken	RELATIONSHIP

SECTION 2: PLACEMENT PREREQUISITES

- Yes ☐ No ☐ 1. The foster home has a valid foster care license or certification.
- Yes ☐ No ☐ 2. The home is free of any voluntary/involuntary holds.
- Yes ☐ No ☐ 3. The license or certification capacity is adequate for the placement of the identified children.
- Yes ☐ No ☐ 4. There are no currently pending or indicated child abuse/neglect allegations on a person (child or adult) who is residing in or frequenting the home.
- Yes ☐ No ☐ 5. There are no criminal convictions, pending charges or an active parole or probation status for any household member.
- Yes ☐ No ☐ 6. The placement of the new child would not be contrary to the protection plan for another child already residing in the home.
- Yes ☐ No ☐ 7. There is no other child placed in the foster home that poses a threat of harm to the child?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	8. The foster home speaks the same primary language as the child (ren) being placed.
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Note: If any of the findings from this section are checked "No", please consult with supervisor before proceeding with section 3. A supervisory waiver authorization must be obtained to proceed with the placement. (Document in the narrative part of Section 5.) **If supervisor denies waiver, proceed to page Section 5 and indicate that the placement is not suitable.**

Directions: Explain all "No" responses. If applicable, explain the inability to answer any question in Section 2.

SECTION 3: CHILD VULNERABILITIES

Part A: Vulnerability Indicators

Directions: Identify indicators of heightened vulnerability by checking the box that applies for all children to be placed as identified in Section 1.

Signs of Increased Vulnerability	C 1	C 2	C 3	C 4	C 5
1. Born with positive toxicology for drugs?					
2. Born with FES/FAE					
3. Born HIV positive?					
4. Under six years of age?					
5. Identified as a scapegoat by others?					
6. Exhibits provocative behaviors or temperament?					
7. Recently sustained a serious injury, has an illness or health problem requiring immediate medical attention or displays emotional trauma symptoms?					
8. Fears severe retribution?					
9. Disabilities or special needs?					
10. Prior victimization?					
11. Behavior or verbal threats pose a threat of serious harm to self or others?					
12. Current behavioral health care needs?					
13. Current medical health care needs?					
14. Current Educational needs?					
15. Other (specify):					

Directions: Explain all "checked" responses. If applicable, explain the inability to answer any question in Part A.

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Part B: Child Needs

Directions: Identify child's immediate physical, behavioral, emotional, and educational and adjustment related needs as documented in the placement request and disclosure submitted by caseworker for what is currently known about the child.

SECTION 4: PROTECTIVE CAPACITIES**Part A: Caregivers' Protective Capacities**

Directions: For all children being placed in the household, identify protective capacities that appear to be present:

- | | | |
|------------------------------|-----------------------------|--|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 1. Caregiver recognizes child's currently known vulnerabilities and needs? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 2. Caregiver has the necessary protective capacities to care for the child? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 3. Caregiver is willing to act on these protective capacities to address the child's immediate needs including being receptive to additional service providers accessing the home? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 4. Caregiver recognizes age appropriate supervision requirements? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 5. Given the needs of children currently in the household, caregiver appears capable of meeting the additional needs of the child's placement? |

	C1	C2	C3	C4	C5
Caregiver's Protective Capacity #					
Directions: If any of the findings from this Section are checked "No", it must be staffed with a supervisor to determine if a supervisory exception approval is needed to proceed with the placement. If approved, describe how caregiver's protective capacities are assured.					

Part B: Household Conditions

Directions: Identify indicators that the physical environment, and the contents of the foster or relative/kinship home, meet the needs of the child and support the child's safety:

- Yes ☐ No ☐ 1. Home is reported to be free of observable health/sanitation risks to the child?
- Yes ☐ No ☐ 2. Home is reported to be free of observable safety hazards (uncovered electrical outlets, broken windows etc.)?
- Yes ☐ No ☐ 3. Weapons and ammunition are reported to be locked up and are inaccessible to children?
- Yes ☐ No ☐ 4. Home has an accessible phone or other reliable means of contact?
- Yes ☐ No ☐ 5. Home is reported as having appropriate sleeping arrangements?
- Yes ☐ No ☐ 6. Household is reported to have sufficient resources to provide the basic necessities (food, clothing, shelter, healthcare)
- Yes ☐ No ☐ 7. Household can meet the transportation needs of children (i.e. car size, car seats, familiar with public transportation)

Directions: Explain all "No" responses. If applicable, explain the inability to answer any question in Part B.

SECTION 5: CONCLUSION

Based on information identified and described in Sections 2-4, please check all that apply:

	C 1	C 2	C 3	C 4	C 5
1. This placement <u>is</u> suitable, at this time.					
2. This placement <u>is</u> suitable, with the recommendation of additional supports. (Notify Permanency Worker and Provider)*					
3. This placement is <u>not</u> suitable.					

* **Note:** In the event that the Permanency Worker and Provider agree with the recommended supports, a Placement Support Plan should be developed in a CFT.

Directions: Include key considerations for the placement suitability conclusion. Differentiate children and caregivers when necessary and include the most important placement prerequisites, protective capacities and/or child needs identified in Sections 2-5 that supports your decision. If applicable, explain licensing change requests and placement exception authorizations.

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SECTION 6: PLACEMENT SUPPORT PLAN

Placement Support Plan Developed? Yes ☐ No ☐ (attach if applicable)

I/We have discussed the information summarized in this Pre-Placement Safety Check. I/We agree to adhere to all rules, regulations and agreements. The foster parent has been instructed to notify his/her Caseworker and/or Licensing, if there are any changes in the household, or if anything changes with the children placed in this foster home that may affect the child's safety and well-being.

Placement Specialist

Date

Supervisor Signature: if applicable.

Date

Foster Parent

Date

Supervisory Recommendations:

PLACEMENT SUPPORT PLAN**Directions:** List children to be placed

CHILD #	NAME	DOB/AGE/GENDER	CASE MANAGER
C1			
C2			
C3			
C4			
C5			

Directions: List all household members, (including other children placed in the home) birthdates/relationship in the family.

NAME	DOB/AGE	RELATIONSHIP

Directions: Specifically describe the Placement Support Plan detailing tasks, parties responsible for completion of task, timeframes by which tasks should be completed and criteria by which the plan will be reevaluated. The plan should detail how it will protect the child (ren) and stabilize the placement. (include any resource needs or service needs for placement)

I/We have discussed the information summarized in this Plan. I/We agree to adhere to all rules, regulations and agreements.

Placement Specialist

Date

Supervisor Signature: if applicable.

Date

Foster Parent

Date



CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

Institutional Investigation Safety Check

Purpose: To evaluate the safety of children placed in out-of-home care and determine if safety threats are present.

Case Name: XXXXXXXXXXXX		Agency Name:	
UNITY ID # XXXXXX	Report Date: XXXXXX	Report #XXXXXXXXXX	Assessment Date:
Worker Completing Assessment: XXXXXXXXXXXX		Supervisor Name: XXXXXXXXXXXXXXXXXXXX	

When to Complete the Tool: For child protection investigation and child welfare intake purposes, the initial safety assessment & decision must be conducted within 24 hours after the investigator first observes the alleged child victim(s) (ACV) upon receipt of a maltreatment report

SECTION 1: IDENTIFYING INFORMATION

Directions: List each child in the family and his/her date of birth. Indicate which child(ren) is/are the ACV(s). List parent(s) or caretaker(s) and other involved adult(s) and their relationship to the child(ren). Identify the method(s) of contact(s) made with all members of the household. Add an additional page if needed.

CHILDREN PLACED IN CAREGIVER HOME				
ACV	CHILD #	NAME	DATE OF BIRTH	CONTACT METHOD
<input type="checkbox"/>	C1	XXXXXXXXXX	XXXXXXXXXX	Pick One
<input type="checkbox"/>	C2	XXXXXXXXXX	XXXXXXXXXX	Pick One
<input type="checkbox"/>	C3	XXXXXXXXXX	XXXXXXXXXX	Pick One
<input type="checkbox"/>	C4	XXXXXXXXXX	XXXXXXXXXX	Pick One
<input type="checkbox"/>	C5	XXXXXXXXXX	XXXXXXXXXX	Pick One
<input type="checkbox"/>	C6	XXXXXXXXXX	XXXXXXXXXX	Pick One

CHILDREN IN CAREGIVER FAMILY				
ACV	CHILD #	NAME	DATE OF BIRTH	CONTACT METHOD
<input type="checkbox"/>	C7			Pick One
<input type="checkbox"/>	C8			Pick One
<input type="checkbox"/>	C9			Pick One
<input type="checkbox"/>	C10			Pick One
<input type="checkbox"/>	C11			Pick One
<input type="checkbox"/>	C12			Pick One

INVOLVED ADULTS		
NAME	RELATIONSHIP TO CHILD(REN)	CONTACT METHOD
		Pick One
		Pick One
		Pick One
		Pick One

SECTION 2: SAFETY ASSESSMENT

PART A: Signs of Present Danger

Directions: The following list represents signs of present danger. These signs include behaviors or conditions that may be associated with a child(ren) being in present danger. Your response should be made based on information available at the time this Safety Assessment is completed. A "Yes" response would indicate there is some credible information to support the presence of the particular sign of present danger and a "No" response would indicate there is a lack of credible information at this time.

- 1) Yes ☐ No ☐ The child has suffered injuries appearing to be the result of an apparent act or failure to act by the relative caregiver or foster parent.
- 2) Yes ☐ No ☐ The relative caregiver or foster parent is unable or unwilling to protect the child from harm or threat of harm and failing to do so may result in the child being in danger of harm.
- 3) Yes ☐ No ☐ The behavior of any member of the household or other person having access to the child is violent and this suggests that the child may be in danger of harm.
- 4) Yes ☐ No ☐ The relative caregiver or foster parent is unable to control the child's behavior or condition and failing to do so may result in the child being in danger of harm.
- 5) Yes ☐ No ☐ The relative caregiver or foster parent is unwilling or unable to meet the immediate needs of the child for supervision, food, clothing, shelter and failing to do so may result in the child being in danger of harm.
- 6) Yes ☐ No ☐ The child has a serious medical condition and the relative caregiver or foster parent is unable or unwilling to meet the child's health care needs, and failing to do so may result in the child being in danger of harm.
- 7) Yes ☐ No ☐ The relative caregiver, foster parent or other person having access to the child has made a credible threat or expresses credible belief that caregiver actions may result in danger of harm to a child.
- 8) Yes ☐ No ☐ Acts of domestic violence (e.g. batterer violence, intimidation, etc) suggest a child may be in danger of harm.
- 9) Yes ☐ No ☐ Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in danger of harm.
- 10) Yes ☐ No ☐ Child's behavior or verbal threats poses a threat of harm to self or others.
- 11) Yes ☐ No ☐ Child is exposed to dangerous criminal activities in the household. (e.g. drug manufacture and distribution, trafficking or sale of illegal drugs or weapons, prostitution) and the child may be in danger of harm due to the exposure to these activities.
- 12) Yes ☐ No ☐ Other (specify):

PART B: Signs of Safety Threats

- 1) Yes ☐ No ☐ The relative caregiver or foster parent has a severe medical or mental health condition that poses a threat of harm to the child.
- 2) Yes ☐ No ☐ The relative caregiver or foster parent has a substance abuse issue that poses a threat of harm to the child.
- 3) Yes ☐ No ☐ The relative caregiver or foster parent allows others to supervise or be in the presence of the child and this creates a threat of harm to the child.

- 4) Yes ☐ No ☐ The relative caregiver's or foster parent's home is hazardous, unsanitary and residing in these conditions creates a threat of harm to the child.
- 5) Yes ☐ No ☐ Another person or child living in the relative or foster home poses a threat of harm to the child.

Signs of Present Danger

Directions: If any signs of present danger or safety threats are checked "Yes": Note the applicable number(s) from the previous lists and then briefly describe the specific individuals, behaviors, conditions and circumstances associated with that particular item. If all signs of present danger or safety threats are checked "No": Summarize the source and nature of the information you have available that leads you to assess that no signs of present danger or safety threats appear to be present.

	Pick One	Pick One	Pick One	Pick One	Pick One
Safety Threat #					

PART C: Child Vulnerability

Directions: Identify by checking "Yes" or "No" to vulnerabilities that may either increase or decrease the child's ability to avoid, negate or modify the impact of harm or which may provide confirming evidence of child safety. Provide a narrative summary following your assessment responses.

- 1) Yes ☐ No ☐ Child(ren) identified as scapegoat?
- 2) Yes ☐ No ☐ Child(ren) exhibits provocative behaviors or temperament?
- 3) Yes ☐ No ☐ Child(ren) has sustained an injury, has an illness or health problem requiring immediate medical attention or displays emotional trauma symptoms?
- 4) Yes ☐ No ☐ Child(ren) fears severe retribution?
- 5) Yes ☐ No ☐ Child(ren) not visible in the community?
- 6) Yes ☐ No ☐ Child(ren) less than 5 years of age?
- 7) Yes ☐ No ☐ Child(ren) has disabilities or special needs?
- 8) Yes ☐ No ☐ Child(ren) prior victimization?
- 9) Yes ☐ No ☐ Child's behavior or verbal threats poses a threat of harm to self or others?
- 10) Yes ☐ No ☐ Other (specify):

Child Vulnerability

Directions: If any child vulnerability indicators are checked "Yes", note the applicable numbers from the previous list and then briefly describe the specific individuals, behaviors, conditions and circumstances associated with that particular item. If all child vulnerability indicators are checked "No", summarize the source and nature of the information you have available that leads you to assess that the child is not vulnerable.

	Pick One	Pick One	Pick One	Pick One	Pick One
Safety Threat #					

PART D: Protective Capacity Concerns

Directions: Identify by checking "Yes" or "No" to any protective capacity concerns that may increase the seriousness or immediacy of harm to the child. Provide a narrative for any "Yes" responses.

Caregiver:

- Appendix A
- 1) Yes ☐ No ☐ Caregiver's behavior seems out of control?
 - 2) Yes ☐ No ☐ Household member or other person having access to the child describes or acts toward the child in extremely negative terms and/or has extremely unrealistic expectations of the child?
 - 3) Yes ☐ No ☐ Caregiver may have intended to inflict pain or injury on the child?
 - 4) Yes ☐ No ☐ A paramour or household relative is the alleged offender?
 - 5) Yes ☐ No ☐ Caregiver's explanations may be inconsistent with the child's injuries or circumstances?
 - 6) Yes ☐ No ☐ Caregiver overtly rejects any intervention or is evasive or uncooperative?
 - 7) Yes ☐ No ☐ Caregiver appears unconcerned about the child's safety?
 - 8) Yes ☐ No ☐ Caregiver has previously had children in agency custody and out-of-home care as a result of abuse or neglect and/or has parental rights terminated?
 - 9) Yes ☐ No ☐ Prior reports involving confirmed maltreatment for any caregiver in the household?
 - 10) Yes ☐ No ☐ Positive criminal background check involving crimes against children and/or violent acts?
 - 11) Yes ☐ No ☐ Other (identify): _____

(NOTE: If you marked yes to #10, check to see if there has been a waiver or court order and how long the child has been in placement. Bring results of your findings immediately to the attention of CPS Assistant Manager or Manager.)

Child:

- 1) Yes ☐ No ☐ Allegations reported while child was in placement.
- 2) Yes ☐ No ☐ Alleged death of a child and any other children in the household.
- 3) Yes ☐ No ☐ Prior reports involving confirmed maltreatment for any child in the household.
- 4) Yes ☐ No ☐ Other (identify): _____

Protective Capacity Narrative Summary:

PART E: Signs of Sufficient Protective Capacities

Directions: Identify by checking "Yes" or "No" the protective capacities that may help protect any child from immediate harm. Provide a narrative summary following your assessment responses.

- 1) Yes ☐ No ☐ Appropriate supports are immediately available (family, neighbors, community)?
- 2) Yes ☐ No ☐ Caregiver is able to prevent alleged offender's access to child(ren), if necessary?
- 3) Yes ☐ No ☐ Non-offending caregiver appears motivated to protect?
- 4) Yes ☐ No ☐ Ability and willingness to meet children's needs for food, shelter and clothing?
- 5) Yes ☐ No ☐ Caregiver demonstrates adequate internal controls to provide child protection?
- 6) Yes ☐ No ☐ Other (specify): _____

Protective Capacities Summary:

PART F: Assessment Summary

Appendix A

Directions: Based on your assessment of the three key decision support variables in Section 2, Parts B-E,, summarize your overall response by checking "Yes" or "No" alongside the respective heading.

- 1) Yes ☐ No ☐ Signs of Present Danger or Safety Threats (Yes answers in section B)
- 2) Yes ☐ No ☐ Insufficient Protective Capacities (Yes answers in sections A, D, and E)
- 3) Yes ☐ No ☐ Elevated Child Vulnerability (Yes answers in section C)

SECTION 3: SAFETY DECISIONS

Directions: Identify your safety decisions by recording the child number of each assessed child alongside the relevant decision.

- 1) ☐ No signs of present danger or safety threats identified; child is not likely to be in danger of harm.
- 2) ☐ One or more signs of present danger or safety threats identified; not expected to place the child in danger of harm because of sufficient protective capacities or lack of child vulnerability offset the threat of danger to the child.
- 3) ☐ One or more signs of present danger or safety threats identified; child's vulnerability and/or insufficient protective capacities don't offset the danger of harm; controlling safety interventions have been initiated and based on these safety interventions, the child will remain in the home at this time.
- 4) ☐ One or more signs of present danger or safety threats identified; child's vulnerability and/or insufficient protective capacities don't offset the danger of harm; removal to foster care or an alternative placement (or continued placement) is the only controlling safety intervention possible.
- 5) ☐ One or more signs of present danger or safety threats identified; caregiver(s) has refused access to the child or fled, or child's whereabouts are unknown; appropriate legal/investigative actions are being taken.

Safety Decision Summary:

RATIONALE FOR SAFETY DECISION	
Directions: Explain the specific considerations supporting your safety decision for each household child. Include staffing with the supervisor, medical professionals, law enforcement, court and Agency D.A. input, where applicable. If placement is necessary, specify which children were placed. Also, identify all children remaining in the home and explain why they can safely remain in the home at this time:	
Pick One Placed <input type="checkbox"/>	
Pick One Placed <input type="checkbox"/>	
Pick One Placed <input type="checkbox"/>	
Pick One Placed <input type="checkbox"/>	
Pick One Placed <input type="checkbox"/>	

SECTION 4: SIGNATURES/DATES

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Worker's name and Signature

Date

Appendix A

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Supervisor's name and Signature

Date

Supervisory Recommendations:

IN-HOME PLACEMENT SAFETY CHECK

Purpose: To evaluate the safety of children in the home throughout the life of the case.

Case Name:	Initial Safety Assessment Date:
UNITY Case#:	Current Assessment Date:
Name of Worker Completing Assessment:	Name of In Home Supervisor:

When to complete the Assessment: The completion of this assessment is associated with the following requirements:

Check the appropriate box:

- ☐ Upon Completion and Review of NCFAS Assessment with Parents
(approximately 3 weeks from case assignment)
- ☐ Every 30 days at Case Plan Review
- ☐ Other (ie. At Supervisor's Request)

SECTION 1: IDENTIFYING INFORMATION

Directions: List family members under agency involvement

ACV	CHILD #	NAME	DOB/AGE/GENDER	FAMILY ROLE
<input type="checkbox"/>	C1			
<input type="checkbox"/>	C2			
<input type="checkbox"/>	C3			
<input type="checkbox"/>	C4			
<input type="checkbox"/>	C5			
<input type="checkbox"/>	C6			

Directions: List all other household members.

NAME	DOB/AGE/GENDER	RELATIONSHIP TO PLACED CHILD

Safety Threats/Risk Factors that warranted Agency involvement:

SECTION 2: SAFETY THREATS & HIGH RISK

Directions: Refer to and review prior Safety Check

Yes ☐ No ☐ Since the initial safety assessment or last safety check, have any safety threats or high risk factors occurred that are related to the reason the family came under Agency supervision?

Directions: Describe the safety threats or high risk factors that have occurred:

Yes ☐ No ☐ Have any other safety threats or high risk factors occurred that are NOT related to the reason the family came under Agency supervision?

Directions: Describe the safety threats or high risk factors that have occurred:

SECTION 3: PROTECTIVE CAPACITIES

Part A: Primary Caregiver's Protective Capacities

Directions: Please check the appropriate box:

- | | | |
|------------------------------|-----------------------------|---|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 1. Caregivers have not caused any suspicious injuries or injuries as a result of their failure to act? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 2. Caregivers are able and willing to protect the child from harm or threat of harm? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 3. Caregivers' health is adequate to meet the safety needs of the child? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 4. Caregivers are able to control the child's behavior or conditions to prevent harm to the child? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 5. Caregivers are willing and able to meet the basic needs of the child (food, clothing, shelter)? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 6. Caregivers are able and willing to meet the child's special health care needs, including any existing serious medical condition and is willing to do so? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 7. Caregivers do not have a current substance abuse issue that poses a threat of serious harm to child? |

- Yes ☐ No ☐ 8. Caregivers ensure that others who supervise or are in the presence of the child create no risk of harm to the child?
- Yes ☐ No ☐ 9. Caregivers have positive perceptions and realistic expectations of the child?
- Yes ☐ No ☐ 10. Caregivers do not allow persons who pose a threat of harm to the child to frequent the home?
- Yes ☐ No ☐ 11. Caregivers are able and willing to prevent access to the child by a birth parent that poses a threat of serious harm to the child?
- Yes ☐ No ☐ 12. Caregivers recognize child's vulnerabilities and needs?
- Yes ☐ No ☐ 13. Caregivers have social supports and is not experiencing high levels of stress associated with the care of the child?
- Yes ☐ No ☐ 14. Caregivers use developmentally appropriate methods of discipline?
- Yes ☐ No ☐ 15. Caregivers are able to manage stressful conditions, ie. Changes in employment, economic status, relationship and/or parent-child conflict.
- Yes ☐ No ☐ 16. Other (specify):

Directions: Describe how protective capacities have strengthened or diminished in regards to why the family came under Agency involvement:

Part B: Household Conditions

Directions: Identify whether the physical environment and the contents of the home meet the needs of the child and helps assure the child's safety.

- Yes ☐ No ☐ 1. Home is free of observable health/sanitation risks to the child?
- Yes ☐ No ☐ 2. Home is free of observable safety hazards (uncovered electrical outlets, broken windows etc.?)
- Yes ☐ No ☐ 3. Weapons and ammunition are locked up and are inaccessible to children (if applicable)?
- Yes ☐ No ☐ 4. Home has an accessible phone or other reliable means of communication?
- Yes ☐ No ☐ 5. Home has appropriate sleeping arrangements?
- Yes ☐ No ☐ 6. Home has sufficient resources to provide the basic necessities (food, clothing, shelter, healthcare)?

Directions: Explain all NO responses and describe how household conditions will be immediately addressed.

SECTION 4: CHILD VULNERABILITY/RESILIENCY INDICATORS

Directions: For each child in this section, identify the child vulnerability/resiliency indicators that are present at this time.

Absence of:	C 1	C 2	C 3	C 4	C 5
Provocative or trigger type behaviors (physically aggressive, sexual acting out, bed wetting, disobedience, feeding issues)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Over-mature behaviors (parentified)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicidal thoughts or behaviors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Serious mental health issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Substance use issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Significant physical health issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Running-away, pre-delinquent or criminal behaviors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repeated visits to the emergency room or a physician for reasons unrelated to medical conditions that existed prior to Agency involvement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Presence of:	C 1	C 2	C 3	C 4	C 5
Child has satisfactory relationships with other children in the home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child expresses comfort with parental caregivers or others in the home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child has developmentally appropriate behaviors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Directions: Explain all "No" responses. Describe newly verified information and/or changes associated with child vulnerability and resiliency indicators since the last Safety Check was completed.

SECTION 5: VISITATION**(Visitation with offending parent who is out of the home and is part of the safety plan)**

Directions: If the Caregiver is responsible for visitation of another Caregiver who is no longer residing in the home, identify if the following is present:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Caregiver or other Agency-approved adult assures the child's safety during visitation? (If "No", explain)
------------------------------	-----------------------------	------------------------------	--

Directions: Briefly describe the visitation plan.

SECTION 6: CONCLUSION

Based on identified information described in Sections 2-5:

	C 1	C 2	C 3	C 4	C 5
Children can remain in the home safely.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- ☐ Voluntary In-Home service program will continue.
- ☐ Voluntary In-Home service program will continue with the addition of a Safety Plan.
- ☐ Court-involved In-Home service program will continue.
- ☐ Court-involved In-Home service program will continue with the addition of a Safety Plan.
- ☐ In-Home service program will be discontinued.
- ☐ Pre-removal CFT held
- ☐ Immediate removal required and CFT held within 48 hours

Directions: Include key considerations for decisions. Differentiate children and caregivers when necessary and include the most important placement prerequisites identified in Sections 2-5 that supports your decision.

Directions: If a change in the Formal Case Plan or a Safety Plan is needed, specifically describe the change.

Parents' Agreement:

I/We have discussed the information summarized in this In-Home Placement Safety Check. I/We will notify _____ if there are any changes in the household, or if there are any changes with our children that affect their safety.

Caregiver Signature:

Date

Caregiver Signature:

Date

Worker Signature:

Date

Supervisor Signature:

Date

Supervisory Recommendations:

OUT-OF-HOME PLACEMENT SAFETY CHECK

Purpose: To evaluate the safety of children in foster, relative or fictive kin placements and the caregivers' ongoing ability to meet the needs of the children placed in the home.

Case Name:	Placement Date:	Agency Name:
(UNITY)#:	Current Assessment Date:	Caregiver:
Name of Worker Completing Assessment:	Supervisor:	

When to complete the Safety Check: The completion of this safety check is associated with the following requirements:

Check the appropriate box:

- ☐ 30 days after formal case plan
- ☐ 7 days after any change of placement of a child into the home
- ☐ Every three months
- ☐ Any time a significant event or change occurs that affects the out-of-home caregiver of the child including, without limitation, a birth, marriage, death, or major illness
- ☐ Other (ie. At Supervisor's Request) Any time, as determined by the permanency case manager/supervisor, there is an indication that the safety of the child(ren) may be in jeopardy

SECTION 1: IDENTIFYING INFORMATION

Directions: List all children under agency custody currently placed in this home assigned to this worker

CHILD #	NAME	DOB/AGE/GENDER
C1		
C2		
C3		
C4		
C5		
C6		

Directions: List all household members, (including other children placed in the home).

[illegible]

SECTION 2: SAFETY THREATS

Directions: Refer to and review the prior Safety Check

Yes ☐ No ☐ Have any changes in the child's and/or placement status occurred since the last Safety Check or the most recently completed Out of Home Safety Check?

Directions: Describe the child or placement status changes that have occurred:

SECTION 3: PROTECTIVE CAPACITIES

Part A: Caregiver

Directions: please check the appropriate box:

- | | | |
|------------------------------|-----------------------------|--|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 1. Child has not suffered suspicious injuries or injuries that are the result of an act or failure to act by the caregiver(s)? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 2. Caregiver is able and willing to protect the child from harm or threat of harm? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 3. Caregiver's health is adequate to meet the safety needs of the child? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 4. Caregiver is able to control the child's behavior or conditions to prevent harm to the child? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 5. Caregiver is willing and able to meet the basic needs of the child (food, clothing, shelter and healthcare needs). |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 6. Caregiver is able and willing to meet the child's special health care needs, including any existing serious medical condition? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 7. Caregiver does not have a current substance abuse issue that poses a threat of harm to the child? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 8. Caregiver ensures that others who supervise or are in the presence of the child create no risk of harm to the child? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 9. No other child placed in the foster home poses a threat of harm to the child? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 10. Caregiver has positive perceptions and realistic expectations of the child? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 11. No persons who pose a threat of harm to the child frequent the home? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 12. There are no reports of abuse or neglect against the caregiver? (Check 'P' Drive folder titled "DFS Licensing/Licensing Compliance" to obtain this information). |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 13. Caregiver is able and willing to prevent access to the child by a birth parent that poses a threat of harm to the child? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 14. Caregiver does not have a current mental health issue that poses a threat of harm to the child? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 15. There is no interpersonal violence in the home that poses a threat of harm to the child. |

Directions: Describe any changes that have occurred in the family's situation IN THIS SECTION since the last safety check. If applicable, describe the changes in detail.

Part B: Household Conditions

Directions: Identify whether the physical environment and the contents of the caregiver home meet the needs of the child and assure the child's safety.

- Yes ☐ No ☐ 1. Home is free of observable health/sanitation risks to the child?
- Yes ☐ No ☐ 2. Home is free of observable safety hazards (uncovered electrical outlets, broken windows etc.?)
- Yes ☐ No ☐ 3. Weapons and ammunition are locked up and are inaccessible to children (if applicable)?
- Yes ☐ No ☐ 4. Home has an accessible phone or other reliable means of communication?
- Yes ☐ No ☐ 5. Home has appropriate sleeping arrangements?
- Yes ☐ No ☐ 6. Home has sufficient resources to provide the basic necessities (food, clothing, shelter, healthcare)?
- Yes ☐ No ☐ 7. Family has same physical address.

Directions: If applicable, describe in detail any changes that have occurred in the family's home situation since the last safety check. **For licensed foster homes, any "NO" response will require immediate notification to the licensing worker, licensing supervisor, and treatment agency, if applicable.**

Directions: For unlicensed caregivers, explain all "NO" responses and describe how household conditions will be immediately addressed.

SECTION 4: WELL-BEING INDICATORS

Directions: If any indicators are not present, this may signify risk to the child or the placement, and may require a Placement Preservation referral or alternative placement. **For Licensed foster homes,** any "NO" response will require a copy of this document to be sent to Placement Team and Treatment Agency, if applicable.

Part A: Caregiver Indicators

- Yes ☐ No ☐ 1. Caregiver recognizes child's vulnerabilities and needs?
 Yes ☐ No ☐ 2. Caregiver has social supports (extended family, friends, church, etc.)
 Yes ☐ No ☐ 3. Caregiver is not experiencing high levels of stress associated with the care of the child?
 Yes ☐ No ☐ 4. Caregiver uses non-physical methods of discipline?
 Yes ☐ No ☐ 5. Caregiver's family is stable and not experiencing high levels of conflict?
 Yes ☐ No ☐ 6. Stable marital/relationship status? N/A _____
 Yes ☐ No ☐ 7. Caregiver is not under stress due to changes in employment conditions or economic status?
 Yes ☐ No ☐ 8. Caregiver is receiving/has received adequate training to prepare them for the child placed in the home (severe behaviors, medical needs, etc.)? N/A _____
 Yes ☐ No ☐ 9. Caregiver has received requested on-going support or training?
 Yes ☐ No ☐ 10. Caregiver expresses satisfaction with the agency?
 Yes ☐ No ☐ 11. Caregiver and child do not appear to be in conflict?
 Yes ☐ No ☐ 12. Caregiver has not experienced any disrupted placements in the home?
 Yes ☐ No ☐ 13. Caregiver has had opportunity for respite between placements.
 Yes ☐ No ☐ 14. Caregiver has cared for the appropriate number of children in accordance with their foster home license.
 Yes ☐ No ☐ 15. Other people are not moving in and out or visiting the foster home (extended family members, friends) and affecting the quality of the child's care?
 Yes ☐ No ☐ 16. Other (specify):

Part B: Child Vulnerability Indicators

Are there any signs or symptoms of the following?

	C 1	C 2	C 3	C 4	C 5
1. Provocative or trigger type behaviors (physically aggressive, sexual acting out, bed wetting, disobedience, feeding issues)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Over-mature behaviors (parentified)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Suicidal thoughts or behaviors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Serious mental health issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Substance use issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Significant physical health issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Running-away, pre-delinquent or criminal behaviors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Repeated visits to the emergency room or a physician for reasons unrelated to medical conditions that existed prior to placement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Directions: If applicable, describe in detail any changes that have occurred in the child's vulnerability since the last safety check. **"Yes" responses should prompt a discussion about referrals for assessments and evaluations and/or review of current treatment plan for the child.**

Part C: Child Resiliency Indicators

Are any of the following child strengths present?

	C 1	C 2	C 3	C 4	C 5
1. Satisfactory relationships with other children in home	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Acceptable school behaviors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Acceptable academic achievement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Expressed comfort with caregivers or others in the home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Developmentally appropriate behaviors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Directions: If applicable, describe in detail any changes that have occurred in the child's strengths since the last safety check. **"No" responses should prompt a discussion about referrals for assessments and evaluations and/or review of current treatment plan for the child.**

SECTION 5: Visitation

Directions: If the Caregiver is responsible for visitation, identify if the following are present:

	C 1	C 2	C 3	C 4	C 5
1. Caregiver assures the child's safety during visitation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Caregiver follows the rules and regulations established for child visitation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Caregiver is appropriately and safely transporting children to and from visits? (car seats utilized as required, seatbelts utilized as required, etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Directions: If applicable, provide a detailed explanation of changes that have occurred since the last safety check.

SECTION 6: CONCLUSION

Based on information identified and described in Sections 2-5, please check all that apply:

	C 1	C 2	C 3	C 4	C 5
1. Home Promotes Safety					
2. Placement Preservation Referral (CFT required to develop Placement Support Plan)					
3. Notification to Licensing (CFT required to develop Placement Support Plan)					
4. CPS Hotline Referral (CFT required to develop Placement Support Plan)					
5. Removal/Alternate Placement (CFT required)					

Directions: Include key considerations for the placement suitability conclusion. Differentiate children and caregivers when necessary and include the most important indicators identified in Sections 2-5 that support your decision. Attach Placement Support Plan if numbers 2, 3 or 4 above are checked for any child.

Foster Parents' Agreement:

I/We have discussed the information summarized in this Placement Safety Check. I/We agree to follow all rules and regulations. I/We will notify _____ if there are any changes in the household, or if anything changes with the children placed in out-of-home care that affect the child's safety and well-being. This information may be shared with licensing and placement staff to ensure ongoing safety and well-being of our children.

Caregiver Signature:

Date

Caregiver Signature:

Date

Agency Worker Signature (if applicable):

Date

Worker Signature:

Date

Supervisor Signature:

Date

Supervisory Recommendations:

PLACEMENT SUPPORT PLAN

Directions: List children to be placed

CHILD #	NAME	DOB/AGE/GENDER	CASE MANAGER
C1			
C2			
C3			
C4			
C5			

Directions: List all household members, (including other children placed in the home) birthdates/relationship in the family.

NAME	DOB/AGE	RELATIONSHIP

Directions: Specifically describe the Placement Support Plan detailing tasks, parties responsible for completion of task, timeframes by which tasks should be completed and criteria by which the plan will be reevaluated. The plan should detail how it will protect the child(ren) and stabilize the placement. (include any resource needs or service needs for placement)

I/We have discussed the information summarized in this Plan. I/We agree to adhere to all rules, regulations and agreements.

Placement Specialist:

Date

Supervisor Signature (if applicable):

Date

Foster Parent:

Date

Treatment Agency Worker (if applicable):

Date

PLACEMENT SUPPORT PLAN**Directions:** List children to be placed

CHILD #	NAME	DOB/AGE/GENDER	CASE MANAGER
C1			
C2			
C3			
C4			
C5			

Directions: List all household members, (including other children placed in the home) birthdates/relationship in the family.

NAME	DOB/AGE	RELATIONSHIP

Directions: Specifically describe the Placement Support Plan detailing tasks, parties responsible for completion of task, timeframes by which tasks should be completed and criteria by which the plan will be reevaluated. The plan should detail how it will protect the child(ren) and stabilize the placement. (include any resource needs or service needs for placement)

I/We have discussed the information summarized in this Plan. I/We agree to adhere to all rules, regulations and agreements.

Placement Specialist

Date

Supervisor Signature: if applicable.

Date

Foster Parent

Date

VISITATION SAFETY CHECK

Appendix A

**Purpose: To assist caseworkers in developing appropriate visitation plans for parents.
(This tool may be used for up to three monthly case staffing meetings, then a new form is required)**

Case Name:	Unity Case #:	Initial Assessment Date:
Name of Worker Completing Assessment:		Supervisor:

Please note:

Research has found that one of the greatest predictors of successful reunification is the quality and frequency of contacts between the child in care and the parents/family of origin. Planning for frequent interaction between the child, parents and siblings is important for the majority of children in out-of home care, regardless of their permanency goals. The number of visits increases the likelihood of timely permanency. The caseworker shall not limit visitation as a sanction for the parent's lack of compliance with court orders or as a method to encourage a child to improve his/her behaviors.

When to complete the Visitation Safety Check: The completion of this safety check is associated with the following milestones:

CHECK THE APPROPRIATE BOX		DATE		
<input type="checkbox"/>	When a child is removed from his/her parents at the 48-hour CFT			
<input type="checkbox"/>	Prior to making changes to the visitation arrangement (Examples: Supervised to Unsupervised; Discontinue Visitation; Unsupervised to Supervised)			
<input type="checkbox"/>	Every month at case staffing meetings between supervisor and caseworker			
<input type="checkbox"/>	Other:			

SECTION 1: IDENTIFYING INFORMATION

CHILDREN IN CARE			
CHILD #	NAME OF CHILDREN	AGE	PLACEMENT TYPE
C1			
C2			
C3			
C4			
C5			

PARENTS AND ACTIVE CAREGIVERS		
NAME	RELATIONSHIP TO CHILD(REN)	CONTACT INFORMATION

SECTION 2: SIGNS OF SAFETY THREAT

Directions: The following list represents signs of possible safety threat during visitation; behaviors or conditions that may be associated with a child(ren) being in "immediate danger of harm." Your response should be made based on information available at the time this Visitation Safety Assessment is completed. A "Yes" response would indicate there is some credible information to support the presence of the particular sign of present danger. A "No" response would indicate there is a lack of credible information at this time.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. The visiting caregiver(s) substance abuse renders the caregiver incapable of dependably providing adequate supervision and care during visits.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. The visiting caregiver(s) mental illness or developmental disability renders the caregiver incapable of dependably providing adequate supervision and care during visits.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. The visiting caregiver(s) may flee the jurisdiction with the child during visitation.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. The visiting caregiver(s) or other household member has sexually abused the child and this caregiver's sexual impulses towards children remain unresolved.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. The visiting caregiver(s) has demonstrated violent responses to a child's behavior and these violent tendencies have not been resolved.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. The visiting caregiver(s) has knowingly exposed a child to another who has seriously physically, emotionally or sexually abused the child and the caregiver continues to permit access to the child by the person(s) a relationship with this individual(s).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	7. The visiting caregiver(s) appears unwilling or unable to provide the child with basic needs for supervision, food and/or shelter during visits.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	8. A child has a serious or life threatening medical condition and a caregiver appears unresponsive towards or incapable of meeting the child's health related needs during visits.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	9. The child has serious behavioral and/or emotional needs and a caregiver appears unresponsive towards or incapable of meeting the child's needs during visits.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	10. The visiting caregiver(s) describes or acts toward the child in predominantly or extremely negative terms and/or has extremely unrealistic developmental or behavioral expectations of the child that place the child in immediate danger of harm.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	11. Any household member is involved in dangerous criminal activity that places the child in immediate danger of harm.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	12. The presence of domestic violence in the household limits the non-offending caregiver's ability to ensure the safety of the child during visits.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	13. Previous visitations have revealed serious concerns for the child's safety and/or well-being.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	14. Other (specify):

Signs of Safety Threats Description (**Directions:** If any boxes are check "Yes", provide a description of the signs of safety threats that are present.)

SECTION 3: PROTECTIVE CAPACITIES

Appendix A

Yes ☐ No ☐ N/A ☐ If one or more Signs of Safety Threats are present, is there another caregiver or family resource that has the capacity, availability and willingness to assure the child's supervision and care during visits?

Describe other caregivers' resources, identifying capacity, availability and willingness:

SECTION 4: VISITATION RECOMMENDATION

- ☐ Unsupervised Visitation –The parent is able to provide care to the child in a safe and age-appropriate manner for the duration of the visit without oversight. No signs of safety threats are identified.
- ☐ Intermittent Supervision-Visits in which the supervisor may be present for a portion of the visit. This may include overnight visits with oversight. No signs of safety threats are identified.
- ☐ Supervised Visitation-Visits that include an agency-approved third party, which may be another caregiver or family resource as identified in Section 4, to protect the emotional and physical safety of a child.
- ☐ Structured Family Visitation-Visits in the presence of an agency-approved third party (Agency and/or Community Resource Partner) for the purpose of evaluation and assessment of child-family interaction, and/or teaching and practicing of parenting skills.
- ☐ Highly Structured/Strict Supervision- Visits in which the child may not be removed from the presence of the supervisor. Signs of safety threats are identified. Supervision must be provided by the agency or community resource partner.
- ☐ No Visitation -Child safety is jeopardized by any visitation at this time. Worker must immediately schedule a Status Check Court Hearing to make this recommendation to the Family Court and must obtain approval from the Family Court to withhold visitation. Signs of safety threats are identified, caregiver protective capacities are not sufficiently present and the child remains significantly vulnerable. Documentation, such as clinical and police reports, must be sought to support no visitation for an extended amount of time.

Rationale for Visitation Recommendation (Consider signs of safety threats, protective capacities and the child's vulnerability):

***Note:** When Visitation Plan is recommended or revised, complete Visitation Plan and attach original to Visitation Safety Check.

VISITATION PLAN

Directions: The visitation plan may be updated a few times (initial, and up to three monthly case staffing meetings, then a new form is required).

Check current case status:

☐ At Initial Removal ☐ 48 Hour CFT ☐ Changes to the Visitation Plan ☐ Monthly Case Staffing ☐ Other

Explain Other: _____

Date/Time	Frequency & Duration	Location	Participants	Conditions & Responsibilities	Person Supervising (if applicable)

SIGNATURES/DATES

Changes Made to Visitation Plan	Worker Signature	Date	Supervisor Signature	Date	Parent	Date	Agency-Approved Party	Date
Yes <input type="checkbox"/> No <input type="checkbox"/>								
Yes <input type="checkbox"/> No <input type="checkbox"/>								
Yes <input type="checkbox"/> No <input type="checkbox"/>								

Parent Incarceration

A determination must be made as to the best interest of the child in creating visitation plans, taking into account the parameters of the facility, the age of the child and distance to the facility. In many cases, phone calls and letters should be highly recommended to supplement face-to-face contact. Caseworkers are required to address challenges presented by parent's incarceration and arrangement of contact/visitation with children, such as:

- *Distance from child
- *Child's age
- *Existence of prior relationship and the nature of the relationship
- *Issues related to crimes committed that resulted in incarceration
- *Court order prohibiting visits

When a parent's incarceration is related to having harmed the child, the impact of contact with the parent on the child should be assessed. When a child is placed due to the parent's incarceration and family reunification is the goal, every effort should be made to assure regular visiting.

Sexual Abuse

In sexual abuse cases, the influence of the parent perpetrator on the child's emotions and physical health is unique. Subtle behaviors by the perpetrator, undetected by a visitation supervisor, may trigger further emotional damage. Input should be received from the child's therapist or expert evaluator before visitation plans between the parent perpetrator and the child are established. When visitation is established, it should be within the context of therapy and guided by a therapist or caseworker with knowledge in the field of child sexual abuse. There should always be a plan that allows the child to signal a need to have a break and/or stop the visit. The non-offending parent must be allowed to have visits with the child, which may require a separate visitation plan.

Domestic Violence

When domestic violence circumstances exist in a family, visitation plans should provide, when necessary, for separate visitation schedules for the non-offending and offending parents. The location of the visit should be safe and secure and a plan should be in place to address unexpected circumstances. Caseworkers should seek guidance from domestic violence experts and Child and Family Team members to determine cases where separate visitation plans are necessary.

Inconsistent Case Plan Participation

In cases where parents are inconsistent with child visitation and/or case planning, it may be necessary for the caseworker and/or Child and Family Team to determine what additional service interventions may be needed to engage the parent in visitation, therefore improving opportunities to maintain child relationship and reunification.

Supervisor Recommendations: