Developing Safety Plans
Workshop Training Objectives

As a result of this training, participants will be able to:

- Identify and explain the purpose of a safety plan for present and impending danger;
- Identify the types of safety services;
- Identify and explain the safety planning analysis;
- Identify and explain conditions for return;
- Identify the process for determining suitability for persons who participate in the safety plan;
- Determine the appropriateness of the safety plan;
- Identify the components of creating a sufficient safety plan.
Developing Safety Plans
Office of Child welfare In-Service Training

Agenda

9:00-4:30
Introduction
Objectives
Agenda
Pre-Test
Session 1
What are Safety Plans?

Session 2
Safety Planning and Conditions for Return: Purpose
Safety Plans
Conditions for Return
Creating Sufficient Safety Plans

Lunch 11:30-12:30

Session 3
Creating Sufficient Safety Plans

Session 4 Case Application
Case Scenarios
Clarifying Points and Directing Practice

Session 5 Wrap Up and Review
Post Test
Training Evaluation
Session 1
What are Safety Plans?
What is a Safety Plan?

- A written arrangement between caregivers and the agency that establishes how danger threats to child safety will be managed.

- Must be implemented, active, and vigorously managed as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected in the home.
Two Types of Danger

PRESENT DANGER
- Immediate
- Significant
- Clearly Observable
- Family condition that is occurring in the present tense

IMPENDING DANGER
- State of Danger in which family behaviors, attitudes, motives, emotions, and/or situations pose a threat to a child which may not be currently active, but can be anticipated to have severe effects on a child

Notes
# Controlling for Danger

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<td>Manage present danger while completing information collection and Family Functioning Assessment</td>
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**Notes**
Scope of Safety Plans

- Use of in-home, out-of-home, combination of actions
- Clarification of the role of parents (caregivers) in the plan
- Protective role of others
- Specification of the safety services from a limited to extensive perspective
- Use and responsibility of the family network and professionals
- Parent (caregiver) access to child
- Identification and rationale for different kinds of separation
- Anticipated time limits that govern separation

Notes
Criteria for Safety Plans

- Must control or manage Impending Danger
- Must have an immediate effect
- Must be immediately accessible and available
- Must contain safety actions only
- No promissory commitments
Session 2

Safety Planning Analysis and Conditions for Return: Purpose
Safety Planning: True or False

- Reunifying a child with his family is based on caregivers meeting case plan outcomes.
- A central thought on caregivers’ minds when CPS is involved is what is necessary to get their children returned to them and get the agency out of their lives.
- Conditions for return are criteria for reunification and for the purpose of keeping kids safe at home with an in-home safety plan.
- Child placement is the option agencies use when a safety plan will not work.
- Child placement should be viewed as a temporary safety management response that is most intrusive.
- Child placement is necessary until threats to a child’s safety are gone.
- Caregivers deserve to know exactly what is required in order to get their children returned home.
Safety Planning: True or False

Reunifying a child with his family is based on caregivers meeting case plan outcomes.

TRUE
FALSE

A central thought on caregivers’ minds when child welfare is involved is what is necessary to get their children returned and to get child welfare out of their lives.

TRUE
FALSE

Conditions for Return are criteria for reunification used for the purpose of keeping kids safe at home with the use of an in-home safety plan.

TRUE
FALSE

Child placement is the option agencies use when a safety plan will not work.

TRUE
FALSE

Child placement should be viewed as a safety management response that is most intrusive.

TRUE
FALSE

Child placement is necessary until threats to a child’s safety are gone.

TRUE
FALSE

Caregivers deserve to know exactly what is required in order to get their children returned home.

TRUE
FALSE
Safety Planning Analysis and Conditions for Return

- Impending Danger must be understood to determine sufficient safety management
- Safety Planning Analysis and Conditions for Return logically correspond with how impending danger is occurring
  - Frequency
  - Intensity
  - Influences
- Specific to caregiver willingness, acceptance, and capacity for in-home safety management
- Understandable
- Necessary and Allow for an in-home safety plan
Safety Plan Analysis: In Home or Out of Home?

- Analyze the relationship between specific pieces of information for determining the degree of intrusiveness and the level of effort necessary for ensuring that the safety plan will be reasonably effective in protecting a child in his/her home.
Safety Planning Analysis

The purpose of this process is to analyze Impending Danger, family functioning, and family and community resources in order to produce a sufficient Safety Plan. This analysis depends on having collected sufficient pertinent, relevant information. This analysis occurs as a result of a mental and interpersonal process between caregivers, a family, a worker, a supervisor, family supports, and other people resources. The intention is to arrive at a decision regarding the most appropriate and least restrictive means for controlling and managing identified Impending Danger Threats and therefore assuring child safety.

There are several essential analysis questions that must be explored in order for investigators or case managers to have heightened confidence in the sufficiency of the Safety Plan. The Safety Plan Analysis questions are as follows:

Question #1:

The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

- Willing to accept and cooperate refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers do not have to agree that a Safety Plan is the right thing nor are they required liking the plan; plans are not negotiable in regards to the effectuation of the plan.

Justification for Use of an In-home Safety Plan:

- Caregiver agrees to and goes along with an in-home safety plan;
- Caregiver has demonstrated willingness and cooperation in previous safety plans;
- Caregiver understands what is required to implement an in-home safety plan and agrees to allow others into the home at the level required;
- Caregiver avoids interfering with the in-home safety plan generally and safety service providers specifically;
- Caregiver is open to exploring in-home safety options;
- Caregiver can participate in discussions about child safety, safety management, and in-home safety planning;
- Caregiver does not reject or avoid involvement with the CPS;
- Caregiver is willing to consider what it would take to keep the child in the home;
- Caregiver is believable when communicating a willingness for cooperating with an in-home safety plan;
- Caregiver is open to the parameters of an in-home safety plan, arrangements and schedules, and safety service providers;
• Caregiver identifies him/herself as a primary caregiver for a child;
• Caregiver demonstrates an investment in having the child remain in the home;
• Caregiver [name] acknowledges the needed to become invested in intervention [can identify specifics such as services, schedules, etc.] and is actively taking steps to become positively involved [e.g. participating in the case plan], and in-home safety services can sufficiently manage behavior [describe specifically what behavior must be managed] that continues to exist;
• Caregivers are open to discussing the circumstances surrounding the child’s injury, they are cooperative and actively engaged in intervention, and interactions between caregivers and the child indicate strong attachment, caregivers and are demonstrating progress toward achievement of treatment plan goals.

Justification for Why an In-Home Safety Plan could NOT be Used:
• Caregiver is argumentative and confrontational during discussions regarding the use of a safety plan;
• Caregiver demonstrates signs of fake cooperation;
• Caregiver has failed to cooperate with previous safety plans that resulted in children being unsafe;
• Caregiver pushes back and/or is not accepting when confronted with the realities of what an in-home safety plan would involve;
• Caregiver is openly and assertively hostile regarding the use of an in-home safety plan;
• Caregiver asserts behavior and openly and adamantly rejects the need for a safety plan;
• Caregiver refuses access and/or only interacts minimally with the agency to avoid trouble;
• Caregiver expresses no willingness to do anything for the child;
• Caregiver expresses a desire to hurt the child and does not want the child around;
• Caregiver does not want to care for the child and feels no attachment;
• Caregiver thinks that he or she may or will hurt the child and requests placement.

Question #2:

The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.
• Calm and consistent refers to the environment, its’ routine, how constant and consistent it is, its predictability to be the same from day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.

Justification for Use of an In-Home Safety Plan Related to the Home Environment:
• The home environment circumstances are consistent enough to be amenable to being organized, and can be sufficiently controlled and managed by in-home safety services;
• While a family may experience a crisis from time to time, these do no disrupt
in-home safety services and reasonably the in-home safety services can support crisis resolution;

- Overall home environment is consistent and predictable enough to accommodate In-home safety services at the required level (as planned); assure the personal safety of safety service providers; and allow and assure that safety services occur as planned;
- Caregiver or other family member behavior and emotions are not aggravated, erratic, extreme, all consuming and can be sufficiently controlled and managed by in-home safety services;
- Family and individual family member routines, schedules, daily life supports the ability to develop an in-home safety plan targeting specific days and times;
- The family situation is generally predictable from week to week;
- There is a reasonable understanding of how the family operates/manages on a routine basis so that safety services can effectively target and control Impending Danger when and how the Impending Danger occurs;
- The day to day dynamics of the home situation and interaction among family members has a reasonable level of reliability;
- There is a reasonable level of reliability that inhabitants, circumstances won’t change without reasonable notice.

**Justification for Why an In-Home Safety Plan could NOT be Used Because of the Home Environment:**

- Chaotic home environment; disruptive; unpredictable; no routine and organization; numbers of people or families in home creating a lack of stability; or other home environment/climate issues which compromise use of safety service providers;
- Someone resides in the home who is directly threatening to the child;
- Unknown or questionable people (who could be a danger to a child or disrupt the in home safety plan) have access to the household at any given time;
- Individuals who may be residing off and on in the home but who cannot be confirmed and/or accounted for because they have been avoiding contact;
- A child’s injury has not been explained at the conclusion of the FFA and there is firm belief that someone in the home or associated with the home had opportunity and something to do with the injury. [A qualification with respect to unexplained injuries and in home safety plan is that consideration must be given to whether a protective adult can be available to the child at all times others (e.g., caregivers, other children, other family members, others associated with the family).]
- There is no apparent structure or routine in the household that can be established on a day to day basis, and therefore an in-home safety plan cannot be developed to accommodate the inconsistency;
- In-home safety services cannot sufficiently target specific days and times when Impending Danger threats may become active, because negative conditions associated with Impending Danger are pervasive with no predictability;
- The interactions among family members are so unpredictable, chaotic and/or dangerous that in-home safety services cannot sufficiently control and manage
behaviors on a consistent basis;
• Violence in the household is unchecked and/or fighting among family members/others in the household is pervasive OR totally unpredictable and therefore uncontrollable, and in-home safety services cannot sufficiently control the behavior OR there is a belief that safety service providers would not be safe;
• A child is extremely fearful of the home situation or people in the home or frequenting the home and this fear can be observed and attached to its source.

Question #3
Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.
• There are two focuses in this question, first being the examination of how an Impending Danger Threat exists and operates within a family and secondly the availability of resources.
• Impending Danger: This emphasizes the importance of the duration of an Impending Danger Threat. Consideration should be given about whether a long-standing Impending Danger Threat is more deeply embedded in individual and family functioning, a more habitual way of behaving. Reasonably long-standing Impending Danger Threats could be harder to manage. The intensity of an Impending Danger Threat should be factored in. This means that duration of an Impending Danger Threat should be qualified by how intense it is operating. An Impending Danger Threat that is at onset but highly intense also could be difficult to manage.
• The frequency of occurrence is directly related to defining when Safety Services and activities have to be in place. For instance, if an Impending Danger Threat occurs daily, Safety Management must be daily.
• The more predictable an Impending Danger Threat is with respect to when it will occur and with what intensity, the more precise a Safety Plan can be. For instance, if violence in the home occurs every pay day and the dad is drunk and highly aggressive, Safety Management must include someone in the home at that time that can deal with such a person or must separate the children from the home during that time. Impending Danger Threats that are not predictable are more difficult to manage since it is not clear when they will occur and perhaps with what intensity. Unpredictable Impending Danger Threats suggest conservative planning with higher level of effort or methods for monitoring conditions and circumstances associated with an Impending Danger Threat becoming active.
• Are there specific times during the day, evening, night, etc. that might require “special attention” due to the way in which the Impending Danger Threat is occurring? This question is related to frequency and predictability, but reduces the judgment about occurrence down to exact times that are of special concern when an Impending Danger Threat is active and/or when no protective resource is in the home. A sufficient Safety Plan assures that these special times are fully managed including any inconvenience for
off office hours.

- Do Impending Danger Threats prevent a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)? This question qualifies the \textit{capacity of the caregiver}; it does not necessarily result in a conclusion obviating an In-Home Safety Plan. It does provide a judgment about how much can be expected of a caregiver in whatever Safety Plan option is selected.

- It must be clear how Impending Danger Threats are manifested and operating in the family before a determination can be made regarding the type of Safety Plan required (i.e., In-Home Safety Plan, Out-of-Home Safety Plan or a combination of both). This emphasizes the significance of the Safety Analysis Question; it can be concluded that additional information collection and study is necessary if confidence doesn’t exist concerning the \textit{understanding of the manifestation of Impending Danger Threats}.

- Safety Management Services are dependent upon the identified impending danger threat: \textit{Available} refers to services that exist in sufficient amount. \textit{Access} refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.

\textbf{Justification for Use of an In-Home Safety Plan:}

- Adequate resources are available to consider planning for an in-home safety response;
- Identified safety services that are available match up with how or when Impending Danger is occurring;
- Safety services and corresponding providers are logical given family circumstance and what specifically must be controlled, managed, or substituted for to assure child safety;
- There is confidence that safety service providers are open and understanding of their role for assisting with an in-home safety plan;
- There is confidence that safety service providers will be committed to assisting with an in-home safety plan;
- Safety service providers can be verified as suitable and acceptable;
- Safety services are immediately available and accessible according to time and proximity.

\textbf{Justification for Why an In-Home Safety Plan could NOT be Used:}

- The are no in-home safety service resources available;
- Some safety service resources are available BUT the service that can be provided does not logically match up with the Impending Danger;
- Safety services are not fully accessible at the time necessary to sufficiently control and manage Impending Danger; and/or
- Safety service resources have been identified but have been determined to not be suitable.
Question #4:
An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the results of scheduled professional evaluations.

- This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF’s ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.

- It must be clear how Impending Danger Threats are manifested and operating in the family before a determination can be made regarding the type of Safety Plan required (i.e., In-Home Safety Plan, Out-of-Home Safety Plan or a combination of both). This emphasizes the significance of the First Safety Planning Analysis Question; it can be concluded that additional information collection and study is necessary if confidence doesn’t exist concerning the understanding of the manifestation of Impending Danger Threats.

- If indications are that Impending Danger Threats are constantly and totally incapacitating with respect to caregiver functioning, then an Out-of-Home Safety Plan is suggested. This calls for a professional judgment about the extent of the incapacitation.

**Justification for Use of an In-Home Safety Plan:**

- Caregiver has daily, reasonable intellectual functioning to sufficiently participate in an in-home safety plan;
- Limitations in caregiver’s intellectual functioning can be sufficiently compensated for, controlled or managed by necessary in-home safety services;
- Caregivers are emotionally stable enough to sufficiently participate and cooperate with in-home safety services, including being reality oriented, able to generally track conversations and not a danger to self or others;
- Issues associated with out of control caregiver emotional functioning can be sufficiently controlled and managed on a consistent basis by others who can supervise and monitor;
- Limitations in caregiver physical abilities and functioning can be sufficiently compensated for and managed by necessary in-home safety services;
- Caregiver’s attitudes, beliefs, perceptions may be negative and out of control BUT they are not extreme AND can be sufficiently supervised and monitored by safety services to assure child safety.

**Justification for Why an In-home Safety Plan could NOT be Used:**

- Caregivers are so cognitively limited that they cannot carry out basic behaviors consistent with a child’s essential needs even with reasonable controls possible through an in-home safety plan;
• Caregivers’ physical limitations coupled with the child’s specific vulnerabilities (age, size, special needs) result in not being able to carry out basic behaviors consistent with a child’s essential needs even with reasonable controls possible through an in-home safety plan;

• A child has exceptional needs which the parents/caregivers cannot or will not meet and requirements to meet the child’s needs are not possible within the home setting or through controls that can be established with an in-home safety plan;

• A caregiver’s emotions and behaviors related to individual functioning are so insufficient and incapacitating, unpredictable, dangerous, etc., that they cannot do what is minimally required to support an in-home safety plan and there is no other adult who can be responsible at the required level to assist with supporting an in-home safety plan;

• A caregiver is totally out of touch with reality and is unwilling to agree to take steps to stabilize his or her and the behavior;

• A caregiver’s emotional disturbance is extreme, pervasive and/or unpredictable thus making it uncontrollable with the use of an in-home safety plan;

• Caregivers’ own needs are so pre-dominant and pre-imminent to a child’s needs that they are completely consuming and void of any recognition or accounting for the child’s needs, and in-home safety services would not be sufficient to compensate for the caregivers’ behaviors, motivations, and limitations;

• Caregiver behavior is extreme and so out of control (constant/ completely unmanaged substance use, overwhelming depression, etc.) that in-home safety services cannot sufficiently control and manage the behavior as required to assure safety.

Question # 5:

The parents/legal guardians have a physical location in which to implement an in-home safety plan.

• Physical location refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed and (2) caregivers live there full time.

• Home refers to an identifiable domicile. DV or other shelter, friend or relative’s homes qualify as an identifiable domicile if other criteria are met (expected to be occupied for as long as the safety plan is needed, caregivers live there full time, e.g.).

Justification for Use of an In-Home Safety Plan:

• Residence has been established for sustained period;

• Caregivers have history of being able to maintain a place to live;

• Caregivers may have housing difficulties BUT there is no indication that repeated difficulties with maintaining housing is characteristic of larger adult functioning issues;

• Caregivers can be counted to continue residing in current location;

• No indication that caregivers will flee;

• Residence (e.g. home, trailer, apartment, hotel, shelter situation- in specific cases) is
sufficient to support the use of an in-home safety plan;
• Co-habitable situation (friends, immediate, or extended family) are acceptable depending on who others are who reside in the home;
• Minimal adequacy of the dwelling in terms of space, conditions, utilities, etc.

**Justification for Use of an Out of Home Safety Plan:**
• No residence;
• No stable residence;
• Living situation clearly transitional and unpredictable (not necessarily precluding the use of a shelter setting);
• Temporary arrangement with relatives or others that is likely to change;
• Residence is dangerous, unfit home, structurally hazardous;
• There are insufficient financial resources to provide and maintain living environment, and the lack of resources cannot be quickly compensated for with in-home safety services; and/or
• Caregivers are unable or unwilling to use family financial resources to provide a minimally adequate living situation and necessary protection and care for their children.
Safety Planning Analysis Criteria #1

The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service actions and safety resources/providers.

Notes
Safety Planning Analysis Criteria #2

The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety actions and safety resources/service providers to be in the home safely.
Safety Planning Analysis Criteria #3

Safety resources/services are available at a sufficient level and to the degree necessary in order to gauge the way in which impending danger is manifested in the home.
Safety Planning Analysis Criteria #4

An in-home safety plan and the use of in-home safety resources and services can sufficiently manage impending danger without the need for results of a professional evaluation.
Safety Planning Analysis Criteria #5

The parents/legal guardians have a physical location in which to implement an in-home safety plan. (shelter, tent, house, etc.)
Safety Planning Analysis: In Home or Out of Home?

**IN HOME:**
- Safety planning analysis supports the development of an in home safety plan;
- Safety Analysis Criteria are supported and identified as being present;
- No conditions for return needed-as child would be on an in home plan.

**OUT OF HOME:**
- Safety planning analysis does not support the development of an in home safety plan;
- Safety Analysis Criteria that were not supported and/or identified as not being present are the FOUNDATION for Conditions for Return.
The Concept of Conditions for Return

- A written statement identifies specific circumstances that must exist within a child’s home to implement an in-home safety plan so that a child who is placed can be returned to his or her parents/caregivers.

- What is necessary for children to be reunified with their family are circumstances which support “Yes” conclusions on the safety planning analysis questions required for an in-home safety plan:
  - Acceptable home environment
  - Residence/environment
  - Cooperative, willing and able caregivers
  - Sufficient in-home safety service resources

Notes
Safety Planning Analysis:
Conditions for Return
If at the conclusion of the CPI Family Functioning Assessment, the Safety Planning Analysis results in a decision that an out of home safety plan is necessary to sufficiently manage child safety, the next immediate activity involves the supervisor and worker documenting explicitly what would be required in order for an in-home safety plan to be established and the child(ren) returned home.

The requirements (i.e. conditions that must exist) in order to return children to their caregivers are directly connected to the specific reasons/ justification from the Safety Planning Analysis as to why an in-home safety plan could not be put into place at the conclusion of the FFA and/or maintained as a part of ongoing safety management.

These “condition” for return statements are intended to delineate what is required in the home environment and of caregivers to be able to step down the level of intrusiveness for safety management and implement an in-home safety plan.

Definition of Condition for Return
Official written statements that could be included as part of a court order that describe what must exist or be different with respect to specific family circumstances, home environment, caregiver perception, behavior, capacity and/or safety service resources that would allow for reunification to occur with the use of an in-home safety plan.

Question #1:
The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

- Willing to accept and cooperate refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers do not have to agree that a Safety Plan is the right thing nor are they required liking the plan; plans are not negotiable in regards to the effectuation of the plan.

Conditions for Return and Use of an In-Home Safety Plan:
CFR statements associated with a caregiver’s lack of acceptance and willingness to participate in developing an in home safety plan should reflect what would be different in comparison to what was determined to be the justification for why an in-home safety plan could not be used.

Examples:
- Caregiver [name] is open to having candid discussion about the reason for a safety plan and what the safety plan would involve regarding child [name] safety and the need for a safety plan;
- Caregiver [name] expresses genuine remorse about [specific maltreatment]
toward child [name] and is willing to discuss the need for a safety plan;
• Caregiver [name] expresses a genuine interest in doing what is necessary to have the child [name] return to the home;
• Caregiver [name] is willing to allow for safety services in the home and demonstrates openness to cooperate with whatever level of involvement from safety service providers is required to assure child safety;
• Caregiver can talk about how he/she felt before when not being willing to cooperate with an in-home safety plan, and why/how he/she feels different.

Question #2:
The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.
• Calm and consistent refers to the environment, its’ routine, how constant and consistent it is, its predictability to be the same from day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.

Conditions for Return and Use of an In-Home Safety Plan:
CFR statements associated with the home environment should reflect what would need to be different in comparison to what was determined to require an out of home safety plan.

Examples:
• The home environment is consistent [describe what would be different] enough for in-home safety services to be put into place;
• Specific individuals [identify and describe what was problematic about certain people being in the home and threatening to child safety] no longer reside in the home and the caregiver’s [name] commitment to keeping them out of the home is sufficiently supported by in-home safety services;
• Caregiver [name or other individual in the home] no longer expresses or behaves in such a way that reasonably will disrupt an in home safety plan [describe specifically what would be different that was preventing in-home safety plan], expresses acceptance of the in home safety plan and concern for child; and safety services are sufficient for monitoring and managing caregiver behavior as necessary;
• Specific triggers for violence in the home are understood and recognized by caregivers, and in-home safety services can sufficiently monitor and manage behavior to control impulsivity and prevent aggressiveness;
• Caregiver [name] acknowledges the need for self-management and is demonstrating evidence of increased impulse control and behavior management, and there is a judgment that in-home safety services can provide sufficient monitoring of family member interactions [describe specific what would be monitored in terms of situations and interactions] and manage behavior [describe what specific behavior must be managed];
• Child [name] no longer expresses fear of the home situation;
• Child [name] no longer expresses fear of being around the caregiver, and in-
home safety services can be a sufficient social connection for the child to monitor his/her feelings and/or emotional reactions;

- There is enough of an understanding regarding the home environment, dynamics of family interactions and caregiver functioning that in-home safety services can sufficiently supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance [describe specifically what safety services would be necessary];
- Caregiver [name] interactions with a child during visitation reveals a positive change in perception and attitude toward the child [describe specifically what change would be necessary to implement an in-home safety plan];
- Caregiver [name] has expressed a desire to improve the quality of the relationship with his/her child, and demonstrates enough notable progress toward having a change in perception and more positive interactions with the child that in-home safety services can sufficiently supervise and monitor the situation;
- The home environment is reasonably consistent on a day to day basis [describe what minimally reasonably consistent would look like for a particular family];
- There is an increased structure in the home environment and a general routine that makes it possible to plan for the use of in-home safety services;
- There is no indication that there are unknown, questionable or threatening people in and of the home on a routine or inconsistent basis;
- All individuals residing in the home are known to the agency, cooperative and open to intervention;
- There is an increased understanding of how Impending Danger [described negative condition that must be better understood] is manifested on a day to day basis, and there is a judgment that in-home safety services can be put into place at the times and level of effort required to assure child safety;
- There is an understanding regarding when Impending Danger is more likely to become active and in-home safety services can be put into place at the times and level of effort required to sufficiently control and manage out of control emotions, perceptions and/or behavior [describe specifically what would need to be controlled].

Question #3

Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.

- Safety Management Services are dependent upon the identified impending danger threat: *Available* refers to services that exist in sufficient amount. *Access* refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.
**Conditions for Return and Use of an In-Home Safety Plan:**
CFR statements associated with the sufficiency of resources should reflect what would need to exist in comparison to what was determined to be the justification for an out of home safety plan. See the previous examples related to the justification for an in-home safety plan as a reference point for considering possible conditions for return related to sufficient resources.

Examples:
- There are sufficient and suitable safety service resources at the level of effort necessary to manage behavior and/or provide social connections and/or provide basic parenting assistance etc. [identify what specific safety service you would need to manage safety in the home].

**Question #4:**
An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the results of scheduled professional evaluations.
- This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF’s ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.

**Conditions for Return and Use of an In-Home Safety Plan:**
CFR statements associated with a caregiver’s capacity should reflect what would need to be different in comparison to what was determined to be the justification for why an in-home safety plan would be insufficient.

Examples:
- There are sufficient safety service resources available and immediately accessible to compensate for a caregiver’s cognitive limitations and provide basic parenting assistance at the level required to assure that the child [name] is protected and has basic needs met;
- There are sufficient safety service resources available and immediately accessible to compensate for a caregiver’s physical limitation by providing basic parenting assistance to assure child [name] basic needs are met;
- There is a change in circumstances [describe specific change] whereby there are sufficient safety services [identify specific safety services] available and immediately accessible to assure that child [name] special needs can be managed with an in-home safety plan;
- Caregiver [name] emotions/behaviors are stabilized [describe specifically what stabilized “looks like” for a caregiver] to the extent that in-home safety services are sufficient for effectively managing caregiver [name] behavior;
• Caregiver [name] is demonstrating progress toward [describe specifically what would need to be different—e.g. stabilizing emotionally; increased control of behavior] to the extent that in-home safety services are sufficient and immediately available for effectively managing caregiver behavior;
• Caregiver’s [name] emotional functioning is stabilized and predictable enough for a sustained period of time [designate appropriate time] such that it will not disrupt an in home safety plan;
• Caregiver’s [name] substance use [or addiction] is stabilized and there is demonstration of increased self-control to avoid using [drugs/ alcohol] for a sustained period of time such that it will not disrupt an in home safety plan;
• Caregiver [name] demonstrates increased emotional stability/behavioral control [describe specifically what would be different] to the point where an in-home safety plan and safety management can assure child safety;
• Caregiver [name] acknowledges the need for having different expectations for child [name] that are more reasonable given his/her limitation, and there are sufficient in-home safety services to assist with modifying caregiver behavior and providing basic parenting assistance;
• Caregiver [name] can be relied upon to comply with; participate in; accept and cooperate with the schedules, activities and expectations in the in home safety plan;
• Caregiver [name] will be at the home and/or will respond to phone and other kinds of contact as identified related to the specifics of the in home safety plan;
• Caregiver [name] responds to safety providers in reasonable and accepting ways and in accordance with schedules and expectations in the in home safety plan;
• Caregiver [name] is sufficiently able and responsible about managing his or her behavior consistent with and as required by specifics of the in home safety plan;
• Caregiver [name] is tolerant of safety service providers, schedules, identified expectations, role and behavior of safety service providers that are spelled out in the in home safety plan;
• Caregiver [name] is open and can set aside his or her personal choices; independence that conflicts with the in home safety plan; wishes and preferences which are contrary to specific expectations/requirements of the in home safety plan.

Question # 5:
The parents/legal guardians have a physical location in which to implement an in-home safety plan.
• Physical location refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed and (2) caregivers live there full time.
• Home refers to an identifiable domicile. DV or other shelter, friend or relative’s homes qualify as an identifiable domicile if other criteria are met (expected to be occupied for as long as the safety plan is needed, caregivers live there full time, e.g.).

Conditions for Return and Use of an In-Home Safety Plan:
CFR statements associated with a caregiver’s residence should reflect what would need to exist in comparison to what was determined to be the justification for an out of home safety plan.

Examples:
• Caregiver [name] has a reliable, sustainable, consistent residence in which to put an in-home safety plan in place;
• Caregiver [name] maintains the residence and there is confidence that the living situation is sustainable;
• Caregiver [name] demonstrates the ability to maintain a sustainable, suitable, consistent residence [describe specifically on an individual case by case basis what would be a sufficient demonstration of a caregivers ability to maintain an adequate place to reside and implement an in-home safety plan];
• The condition of the residence is suitable and structurally adequate [describe what specifically about the condition of residence must be different] to safely put an in-home safety plan in place;
• Caregiver [name] has a reasonable plan for how his/she will use resources to maintain a stable residence.
Review: Applying Concepts to Practice

- In small groups of 4:
  - Review written case information: FFA
  - Review the safety planning analysis and conditions for return
  - Identify areas for questions regarding case practice

Notes
**Instructions for Croft Family Functioning Assessment Review**

**Purpose:**

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying information that supports safety planning analysis and conditions for return.

**Materials Needed:**
- Safety Methodology Reference Guide: Safety Planning Analysis

**Instructions:**
1. Working within your small groups, each participant is to review the Croft Family Functioning Assessment.
2. When reviewing the scenario, each participant should be considering:
   a. Information that supports a specific danger threat;
   b. Justification of the safety planning analysis.
3. Following each participant’s review of the worksheet, the group will complete the worksheet for the large group reports out.
   a. The group will need to identify a reporter for the large group report out.
1. Information that Supports the Specific Danger Threat:

<table>
<thead>
<tr>
<th>Safety Threat(s) Identified: Yes or No</th>
<th>Threat(s):</th>
<th>Justification:</th>
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<td>Observable:</td>
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<td></td>
<td>Vulnerable Children:</td>
</tr>
</tbody>
</table>
2. Information that supports the safety planning analysis:
Practice: Applying Concepts

- In small groups of 4:
  - Review written case information: FFA
  - Complete the worksheets based upon the FFA
Instructions for Morgan Family Functioning and Safety Planning Analysis

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying information that supports safety planning analysis and conditions for return.

Materials Needed:

- Safety Methodology Reference Guide: Safety Planning Analysis

Instructions:

1. Working within your small groups, each participant is to review the Morgan Family Functioning Assessment.
2. When reviewing the scenario, each participant should be considering:
   a. Information that supports a specific danger threat;
   b. Information that would need to be known to inform the safety planning analysis.
3. Following each participant’s review of the FFA, the group will complete worksheet in regards to the safety planning analysis.
   a. The group will need to identify a reporter for the large group report out.
1. Information that Supports the Specific Danger Threat:

<table>
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<td>Vulnerable Children:</td>
</tr>
</tbody>
</table>
2. What information is needed to complete the safety planning analysis?
Practice: Conditions for Return

- Safety Planning Analysis for Morgan Family:
  - Criteria #1: No
  - Criteria #2: Yes
  - Criteria #3: Yes
  - Criteria #4: Yes
  - Criteria #5: No
Session 3

Creating Sufficient Safety Plans
Creating a Sufficient Safety Plan

- A safety plan is sufficient when it is a well thought-out approach containing the most suitable people taking **the necessary actions**, frequently enough to control danger threats and/or substitute for diminished caregiver protective capacities.

Notes
Definition of In-Home Safety Services/Actions

- Active and intentional efforts made by the Agency (CPI or Case Manager), the family, informal and formal resources that will assume the responsibility for assuring that a child’s basic needs and safety needs are met.
Safety Services

- Managing Threatening Behavior
- Managing Crisis
- Providing for Social Support
- Providing Resources
- Providing for temporary separation between a child and adult
Safety Categories and Associated Safety Management “Services”

Safety Category: Behavioral Management

Behavioral management is concerned with applying action (activities, arrangements, services, etc.) that controls (not treats) caregiver behavior that is a threat to a child’s safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness or poor self-control, anger, motives, perceptions and attitudes, the purpose of this action is only to control the behavior that poses a danger threat to a child. This action is concerned with aggressive behavior, passive behavior or the absence of behavior – any of which threatens a child’s safety.

Safety Management Service: Supervision and Monitoring

Supervision and monitoring is the most common safety service in safety intervention. It is concerned with caregiver behavior, children’s conditions, the home setting, and the implementation of the in-home safety plan. You oversee people and the plan to manage safety. Supervision and monitoring is almost always when other safety services are employed.

EXAMPLE:
In home safety service provider that is present in the home in the evenings when danger is known to be active. This could include a relative, a friend, or a formal service provider that is there to ensure that should danger arise, that the child is safe.

A case example could be the parent that after the children goes to bed they become highly intoxicated and leave the home, thus leaving the children unsupervised. Having someone in the home during the evenings to provide supervision and monitoring would control for the safety should the danger arise.

Safety Management Service: Stress Reduction

Stress reduction is concerned with identifying and doing something about stressors occurring in the caregiver’s daily experience and family life that can influence or prompt behavior that the in-home safety plans is designed to manage.

Stress reduction as a safety management service is not the same as stress management treatment or counseling, which has more behavior change through treatment implications. Your responsibility primarily has to do with considering with the caregiver things that can be done to reduce the stress the caregiver is experiencing. Certainly, this can involve how the caregiver manages or mismanages stress; however, if coping is a profound dynamic in the caregiver’s functioning and life, then planned change is indicated and that’s a case management concern through a case plan, not a safety plan.
EXAMPLE:
This is concerned with removing conditions that contribute to the danger. For example if there are financial stressors that are contributing to the danger, identifying resources that will manage or provide for the financial stressors would be appropriate use of safety services.
A case example could be the parent that is misusing monies and has resulted in the children not having food. Providing food through use of food banks, churches, neighbors, and school free lunches removes and controls the stress that is contributing to the maltreatment.

Safety Management Service: Behavior Modification

As you likely know, behavior modification as a treatment modality is concerned with the direct changing of unwanted behavior by means of biofeedback or conditioning. As you also know, safety management services are not concerned with changing behavior; it is concerned with immediately controlling threats. The safety category being considered here is behavior management. Safety intervention uses the terms behavior modification differently than its use as a treatment modality. Behavior modification as a safety management service is concerned with monitoring and seeking to influence behavior that is associated with present danger or impending danger and is the focus of an in-home safety plan. Think of this safety management service as attempting to limit and regulate caregiver behavior in relationship to what is required in the in-home safety plan. Modification is concerned with influencing caregiver behavior: a) to encourage acceptance and participation in the in-home safety plan and b) to assure effective implementation of the in-home safety plan.

EXAMPLE:
This is concerned with limiting/controlling the behaviors that are associated with the danger. For example if the parent is not able to control their responses to children while disciplining, then removing the role of discipline for the parent would be a behavior modification.
A case example could be the parent that uses corporal punishment to the point of leaving serious marks or injuries. Removing the parent from the role of disciplinarian is a way of behavior modification.

Safety Category: Crisis Management

Crisis is a perception or experience of an event or situation as horrible, threatening, or disorganizing. The event or situation overwhelms the caregiver’s and family member’s emotions, abilities, resources, and problem solving. A crisis for families you serve is not necessarily a traumatic situation or event in actuality. A crisis is the caregiver’s or family member’s perception and reaction to whatever is happening at a particular time. In this sense you know that many caregivers and families appear to live in a constant state of crisis because they experience and perceive most things happening in their lives as threatening, overwhelming, horrible events, and situations for which they have little or no control, blame others for and don’t adapt well to.
Keep in mind with respect to safety management, a crisis is an acute, here and now matter to be dealt with so that the present danger or impending danger is controlled and the requirements of the in-home safety plan continue to be carried out.

The purposes of crisis management are crisis resolution and prompt problem solving in order to control present danger or impending danger. Crisis management is specifically concerned with intervening to:

- Bring a halt to a crisis
- Mobilize problem solving
- Control present danger or impending danger
- Reinforce caregiver participation in the in-home safety plan
- Reinforce other safety management provider’s/resource’s participation in the in-home safety plan
- Avoid disruption of the in-home safety plan.

**EXAMPLE:**
*This is concerned with stabilization of the household to allow for safety services to occur. Case examples, could be the parent who is having a mental health crisis and is need of crisis intervention and assistance. Deployment of mental health professionals to manage the crisis and the parents mental stability enough to allow the parent to participate in the in home safety plan.*

**Safety Category: Social Connection**

Social connection is concerned with present danger or impending danger that exists in association with or influenced by caregivers feeling or actually being disconnected from others. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by all manner of debilitating emotions: low self-esteem and self-doubt, loss, anxiety, loneliness, anger, and marginality (e.g., unworthiness, unaccepted by others).

Social connection is a safety category that reduces social isolation and seeks to provide social support. This safety category is versatile in the sense that it may be used alone or in combination with other safety categories in order to reinforce and support caregiver efforts. Keeping an eye on how the caregiver is doing is a secondary value of social connection. (See Behavior Management – Supervision and Monitoring.)

**EXAMPLE:**
*This is concerned with how the parent is connected with others as a means for both connection and motivation. For parents where isolation is a contributing factor to danger, the incorporation of connection within the safety plan addresses the contributing factor of isolation to control for danger. A case example could be the parent who self-medicates during the day because of isolation and depression attending a church service or group to engage with others. This of course would require a social connection to facilitate the attendance for the social connection.*
Safety Management Service: Friendly Visiting

Friendly visiting (as a safety management service) sounds unsophisticated and non-professional. It sounds like “dropping over for a chat.” Actually, it is far more than “visiting.” Friendly visiting is an intervention that is among the first in Social Work history. The original intent of friendly visiting was essentially to provide casework services to the poor. In safety intervention, friendly visiting is directed purposefully at reducing isolation and connecting caregivers to social support.

Friendly visiting can include professional and non-professional safety management service providers/resources or support network. When others make arrangements for friendly visiting, it will be necessary for you to direct and coach them in terms of the purpose of the safety management service and how to proceed, set expectations, and seek their accountability.

EXAMPLE:
This is very similar to the social connection, however primarily occurs within the home. Friendly visiting can be either professional or informal. The intent of the friendly visiting is to provide social connection. A case example could be the mother who is a stay at home mother and has been struggling due to her caregiving responsibilities that has resulted in the home being deplorable and hazardous for the children. A friendly home visitor can work with the parent for social connection and support while also ensuring that the home condition is not deteriorating.

Safety Management Service: Basic Parenting Assistance

Basic parenting assistance is a means to social connection. Socially isolated caregivers do not have people to help them with basic caregiver responsibilities. They also experience the emotions of social isolation including powerlessness, anxiety, and desperation – particularly related to providing basic parenting. The differences between friendly visiting and basic parenting assistance is that basic parenting assistance is always about essential parenting knowledge and skills and whomever is designated to attempt to teach, model, and build skills.

Safety intervention is concerned with parenting behavior that is threatening to a child’s safety. The safety management service basic parenting assistance is concerned with specific, essential parenting that affects a child’s safety. This safety management service is focused on essential knowledge and skill a caregiver is missing or failing to perform. Typically, you would think of this as related to children with special needs (e.g., infant, disabled child). Also you would expect that the caregivers are in some way incapacitated or unmotivated. Someone you bring into the in-home safety plan become a significant social connection to help them with challenges they have in basic parenting behavior which is fundamental to the children remaining in the home.

EXAMPLE:
This is very similar to the social connection, however primarily occurs within the home. Basic parenting assistance is focused on the areas of the parenting where danger occurs. This could be as basic as feeding. For parents where they lack the parenting capacity that results in unsafe children, basic
parenting could be deployed to assist the parent surrounding the times/conditions of when parenting is dangerous.
A case example could be the parents that do not feed the baby on a regular basis that has resulted in the child being diagnosed with failure to thrive. Basic parenting assistance could focus on the feeding times to assist the parents and/or feed the baby.

Safety Management Service: Supervision and Monitoring as Social Connection

Some in-home safety plans will require social connection and behavior management, specifically supervision and monitoring. Supervision and monitoring occurs through conversations occurring during routine safety management service visits (along with information from other sources). Within these routine in-home contacts the social conversations can also provide social connection for the caregiver. The point here is to promote achievement of objectives of different safety categories and safety management services when the opportunity is available. (See Supervision and Monitoring.)

Safety Management Service: Social Networking

In this safety management service you are a facilitator or arranger. Social networking, as a safety management service, refers to organizing, creating, and developing a social network for the caregiver. The term “network” is used liberally since it could include one or several people. It could include people the caregiver is acquainted with such as friends, neighbors, or family members. The network could include new people that you introduce into the caregiver’s life. The idea is to use various forms of social contact, formal and informal; contact with individuals and groups; and use contact that is focused and purposeful.

Safety Category: Resource Support

Resource support refers to safety category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety.

Safety Management Services:

Activities and safety management services that constitute resource support used to manage threats to child safety or are related to supporting continuing safety management include things such as:

- Resource acquisition related specifically to a lack of something that affects child safety.
- Transportation services particularly in reference to an issue associated with a safety threat.
- Financial/Income/Employment assistance as an assistance aimed at increasing monetary resources related to child safety issues.
- Housing assistance that seeks a home that replaces one that is directly associated with present danger or impending danger to a child’s safety.
• General health care as an assistance or resource support that is directly associated with present
danger or impending danger to a child’s safety.
• Food and clothing as an assistance or safety management service that is directly associated
with present danger or impending danger to a child’s safety.
• Home furnishings as an assistance or safety management service that is directly associated with
present danger or impending danger to a child’s safety.

**Safety Category: Separation**

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

**EXAMPLE:**

*Separation is concerned with the separation between the child and the parents. Separation can be
short in duration or longer in duration. Such things as respite, utilizing family or friends for the child
would be considered separation.*

*A case example could be the use of the child going to the grandparents’ home on the weekends when
danger is known to occur in the home.*

**Safety Management Services:**

Safety management services that fit this safety category include:

• Planned absence of caregivers from the home.
• Respite care.
• Day care that occurs periodically or daily for short periods or all day long.
• After school care.
• Planned activities for the children that take them out of the home for designated periods.
• Family-made arrangements to care for the child out of the home; short-term, weekends,
  several days, few weeks.
Who is Appropriate to Participate as Safety Service Providers?

- Are safety service providers (formal or informal) suitable to participate on safety plans?

- How do we know?
  - Demonstration of awareness;
  - Free from any of their own “concerns”;
  - Aligned with the child and identifies threats;
  - Aligned with priority for child safety;
  - Has the resources needed to engage in safety services.
Developing the Safety Plan

- Family centered
- Willingness
- Created in collaboration with family, service providers, and CPI/CM (Team Meeting/Safety Planning Meeting/TDM)
- Supervisor Consultation to ensure sufficiency
Practice: Applying Concepts to Practice

- Using the Safety Plan Sufficiency Criteria, determine if plan is or is not sufficient.
Session 4

Case Application Practice
Practice: Applying Concepts to Practice

- Working in pairs, each pair will review two FFA’s and safety plans.
- Identify:
  - Justification of Safety Planning Analysis;
  - Sufficiency of Conditions for Return based upon FFA;
  - Sufficiency of Safety Plan.
### In Home Safety Plan Case Example

**A. Identified Impending Danger Threats:**

Danger Threat is:

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<tr>
<th>YES</th>
<th>NO</th>
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**B. In Home Safety Planning Analysis:**

1. The parent/legal guardians are willing for an in home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.
2. The home environment is calm and consistent enough for an in home safety plan to be implemented and for safety service providers to be in the home safely.
3. Safety services are available at a sufficient level and to the degree necessary in order to engage the way in which impending danger is manifested.
4. An in home safety plan and the use of in home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.
5. The parents/legal guardians have a residence in which to implement an in-home safety plan.

**C. Safety Plan is sufficient to control for safety?**

Provide Justification:
### Out of Home Safety Plan Case Example

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<tr>
<th>A. Identified Impending Danger Threats:</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>Danger Threat is:</td>
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</table>

<table>
<thead>
<tr>
<th>B. In Home Safety Planning Analysis:</th>
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<th>C. Conditions for Return are Identified and Logical:</th>
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<tr>
<td>Provide Justification:</td>
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<td>D. Safety Plan is sufficient to control for safety?</td>
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Thank you for your time and attention!