

**NORTH CAROLINA
SAFETY ASSESSMENT
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The purpose of the safety assessment is to help assess whether a child(ren) is likely to be in immediate danger of serious harm which may require a protective intervention and to determine what safety interventions should be maintained or initiated to provide appropriate protection.

It is important to keep in mind the difference between safety and risk when completing this form. Assessment of safety differs from assessment of risk in that safety assesses the child's present danger and determines the interventions immediately needed to protect the child. In contrast, the family risk assessment looks at the likelihood of future maltreatment.

Which cases: All CPS maltreatment reports assigned for an assessment that involve a parent, guardian, custodian or caretaker. **This does not apply** to reports involving residential facilities such as group homes or DHHS facilities. This tool shall be used when a Child Protective Service report has been made on a non-licensed living arrangement, the non-custodial parent's home, or licensed family foster homes.

The caretaker is the adult (typically one or both parents) living in the household who is responsible for the care of the child(ren). In situations where an adult relative is entrusted with the care of the child and is the alleged perpetrator, the Safety Assessment is conducted in the home where the child resides. Although a CPS report may be made for actions taken by a caretaker, only a person with legal authority has the ability to enter into a Temporary Parental Safety Agreement.

If the allegation involves only one parent, guardian, or custodian, a separate Safety Assessment is not required for the other parent, guardian or custodian's household. If the allegation involves two households, a separate Safety Assessment shall be conducted on both households. An example would be allegations of inappropriate discipline with both parents living in separate households listed as alleged perpetrators.

Who completes: The social worker assigned to complete the assessment. In conflict of interest cases, the county child welfare agency who responds first shall conduct the Safety Assessment and will provide the document to other county child welfare agencies if needed. If a child is found in one county and resides in another, the county where the child is found conducts the Safety Assessment and forwards the Safety Assessment to the county of residence.

When: The Safety Assessment shall be completed and documented:

- At the time of the first face-to-face contact with the family and prior to allowing the child to remain in the household;
- Prior to the removal of a child from the home;
- Prior to the return home in cases where the caretaker temporarily places the child outside the home as a part of a safety agreement;
- At any point a new report is received;
- At any other point that safety issues are revealed. (This may mean completing more than one Safety Assessment if needed). However, if the initial Safety Assessment reveals that the home is safe and no changes occur, one document is sufficient for the whole CPS assessment phase;
- In the event a child is placed with a Temporary Safety Provider, the Initial Safety Provider Assessment needs to be completed prior to placement to determine the child's safety in that placement. A Safety Assessment would not be required on the home of the Temporary Safety Provider in this situation;
- In the event a Temporary Safety Provider moves in the family home to supervise or otherwise restrict parent access, the Initial Safety Provider Assessment needs to be completed prior to approval of the Temporary Safety Provider. A Safety Assessment would not be required on the home of the Temporary Safety Provider in this situation;
- The Safety Assessment should be completed on the home where the child resides. In situations where the parents/caretakers are not living together, the Safety Assessment needs only to be completed for the home where the alleged maltreatment occurred.
- Whenever there is a CPS Assessment case decision recommending closure (findings of "unsubstantiated," "services recommended," or "services not recommended"), there must be a Safety Assessment documenting a finding of "Safe".

Decision: The Safety Assessment is used to guide decision-making in the removal and return of children to families. It also guides decision-making on factors that, if not addressed, threaten immediate harm to children. A safety intervention (Part D, Safety Interventions) is required for all children assessed unsafe on any safety factor (Part B, Current Indicators). For any child with an identified Family Safety Intervention, a Temporary

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Parental Safety Agreement (Part E, Safety Agreement and Part F, Statements of Understanding and Agreement) must be developed.

The Safety Assessment has six parts: Factors Influencing Child Vulnerability, Current Indicators of Immediate Safety, Safety Interventions, Safety Decision, and the Temporary Parental Safety Agreement, which has two parts a Safety Agreement and Statements of Understanding and Agreement.

Definitions

Part A: Factors Influencing Child Vulnerability

Child vulnerability must be considered when assessing safety and during decision making regarding the appropriate safety intervention. The safety intervention selected must provide protection for the most vulnerable child in the home.

- **Child is age 0-5.**
Children ages 0-5 are presumed to be vulnerable in protecting themselves. Evaluate whether any child is able to avoid an abusive or neglectful situation; flee; or seek outside protective resources, such as telling a relative, teacher, etc.
- **Child has diagnosed or suspected medical or mental condition, including medically fragile.**
Any child in the household has a diagnosed medical condition or mental disorder that impairs his/her ability to protect him/herself from harm OR an unconfirmed diagnosis where preliminary indicators are present. Examples may include but are not limited to severe asthma, severe depression, untreated diabetes, medically fragile (i.e. requires assistive devices to sustain life, etc.)
- **Child has limited or no readily accessible support network.**
Any child in the household is isolated or less visible within the community; or the child does not have adult family or friends who understand the danger indicators; or the child does not have adult family or friends who are willing to take an active role in keeping the child safe.
- **Child has diminished mental capacity.**
Any child in the household has diminished developmental/cognitive capacity, which impacts the child's ability to communicate verbally or to care for him/herself.
- **Child has diminished physical capacity.**
Any child in the household has a physical condition/disability that impacts his/her ability to protect him/herself from harm (i.e. cannot run away or defend self, cannot get out of the house in an emergency situation if left unattended, cannot care for self, etc.).
- **None apply.**

Part B: Current Indicators of Safety

The list of indicators under Part B are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence or absence of each factor by circling either "yes" or "no."

The Current Indicators of Safety examples should not be considered complete descriptions of all possible circumstances related to the indicators. Other behaviors or conditions may be associated with each listed indicator and may also be indicative of the **possibility of immediate danger of serious harm**. How recently the behavior or condition occurred should also be considered; that is, the situation currently present is likely to occur in the immediate future, or occurred in the recent past. The examples should not be construed as necessarily equating with an "unsafe" decision but rather as "red flag alerts" to the possibility that the child may be unsafe.

1. Caretaker caused and/or allowed serious physical harm to the child or made a plausible threat to cause serious physical harm in the current assessment.

- Serious injury or abuse to the child other than accidental. The caretaker caused severe injury, including brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, or severe cuts, **and** the child requires treatment, regardless of whether the caretaker sought medical treatment.
- Caretaker fears he/she will maltreat the child. The caretaker expresses overwhelming fear that he/she poses a plausible threat of harm to the child or has asked someone to take his/her child so the child will be safe. For example, a mother with postpartum depression fears that she will lose control and harm her child. This does not include normal anxieties, such as fear of accidentally dropping a newborn baby.

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- Threat to cause harm or retaliate against the child. The caretaker has made a threat of action that would result in serious harm, or a household member plans to retaliate against the child.
- Substantial or unreasonable use of physical force. The caretaker has used physical force in a way that bears no resemblance to reasonable discipline. Unreasonable discipline includes discipline practices that cause injuries, last for lengthy periods of time, are not age or developmentally appropriate, place the child at serious risk of injury/death, are humiliating or degrading, etc. Use this subcategory for caretaker actions that are likely to result in serious harm but have not yet done so.
- Drug-exposed infant/child. There is evidence that the mother abused alcohol or prescription drugs or used illegal substances during pregnancy, AND this has created imminent danger to the infant. OR There is evidence that an older child has been exposed to substances. Imminent danger includes:
 - Infant/child tests positive for alcohol or drugs in his/her system;
 - Infant exhibits withdrawal symptoms; or
 - Infant displays physical characteristics (i.e. low birth weight, slow reflexes, etc.) of substance abuse by the mother.
- Caretaker committed act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function.
- Caretaker intended to hurt child and does not show remorse. The caretaker's intention in the current incident was to inflict pain/injury on the child and the caretaker does not express remorse for this action.
- Death of a child. This incident resulted in the death of one or more children.

2. Child sexual abuse is suspected to have been committed by:

- **Parent;**
- **Other caretaker; OR**
- **Unknown person AND the parent or other caretaker cannot be ruled out, AND circumstances suggest that the child's safety may be of immediate concern.**

Suspicion of sexual abuse may be based on indicators such as:

- The child discloses sexual abuse;
- The child demonstrates sexualized behavior inappropriate for his/her age and developmental level;
- Medical findings are consistent with sexual abuse;
- The caretaker or others in the household have been convicted of, investigated for, or accused of sexual misconduct or have had sexual contact with a child and/or;
- The caretaker or others in the household have forced or encouraged the child to engage in sexual performances or activities, or forced the child to view pornography.

AND

The child's safety may be of immediate concern if:

- There is no protective caretaker;
- A caretaker is influencing or coercing the child victim regarding disclosure; and/or
- Access to a child by a caretaker or other household member reasonably suspected of sexually abusing the child OR a registered sexual offender, especially with known restrictions regarding any child under age 18, exists.

3. Caretaker is aware of the potential harm AND unwilling, OR unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should be captured under Danger 10.)

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

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4. Caretaker's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

Assess this item based on the caretaker's statements by the end of the contact. It may be typical for the caretaker to initially minimize, deny, or give an inconsistent explanation but, through discussion, admit to the true cause of the injury.

Mark this danger indicator if the caretaker's statements have not changed (i.e. the caretaker has not admitted or accepted the more likely explanation) by the end of the contact. Examples include but are not limited to the following.

- Medical evaluation indicates, or medical professionals suspect, the injury is the result of abuse; the caretaker denies this or attributes the injury to accidental causes.
- The caretaker's description of the injury or cause of the injury minimizes the extent and impact of harm to the child.

Additional factors to consider include the child's age, location of injury, child's special needs (cognitive, emotional, or physical) or history of injuries.

5. Caretaker fails to provide supervision to protect child from potentially serious harm.

- The caretaker does not provide age or developmentally appropriate supervision to ensure the safety and well-being of the child to the extent that the need for care go unnoticed or unmet (i.e. the caretaker is present but the child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards).
- The caretaker makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates poor planning for the child's care OR the caretaker leaves the child alone (time period varies with age and developmental stage). In general, consider emotional and developmental maturity, length of time, provisions for emergencies (i.e. able to call 911, neighbors able to provide assistance), and any child needs or vulnerabilities.
- The caretaker is unavailable (i.e. incarceration, hospitalization, abandonment, and whereabouts unknown).

6. Caretaker does not meet the child's immediate needs for food or clothing.

- The child's minimal nutritional needs are not met, resulting in danger to the child's health, such as malnourishment.
- The child is without clothing appropriate for the weather. Consider the age of the child and whether clothing is the choice of the child or the provision of the parent.

7. Caretaker does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).

- The caretaker does not seek treatment for the child's immediate, chronic, and/or dangerous physical medical condition(s) or does not follow prescribed treatment for such conditions.
- The child has exceptional needs, such as being medically fragile, which the caretaker does not or cannot meet.
- The child shows significant symptoms of prolonged lack of emotional support and/or socialization with the caretaker, including lack of behavioral control, severe withdrawal, and missed developmental milestones that can be attributed to caretaker behavior.

8. Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

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

- Leaking gas from a stove or heating unit.
- Substances or objects accessible to the child that may endanger his/her health and/or safety.

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- Lack of water or utilities (i.e. heat, plumbing, or electricity), and provisions are inappropriate (i.e. using a stove as a heat source).
- Open/broken/ missing windows in areas accessible to the child and/or unsafe structural issues in the home (i.e., walls falling down, floor missing)
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness/significant injury has occurred or is likely to occur due to current living conditions (i.e. lead poisoning, rat bites, etc.)
- Evidence of human or animal waste throughout the living quarters.
- Guns/ammunition and other weapons are not safely secured in a locked and are accessible to the child.
- Methamphetamine production in the home.
- The family has no shelter for the night or is likely to be without shelter in the near future (i.e., the family is facing imminent eviction from the home and has no alternative arrangements, or the family is without a permanent home and does not know whether they will take shelter in the next few days or weeks).

AND

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

9. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.

The caretaker has abused legal or illegal substances or alcoholic beverages to the extent that the caretaker is unable or likely will be unable to care for the child, has harmed the child, or is likely to harm the child.

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

There is evidence of domestic violence in the household, AND the alleged perpetrator's behavior creates a safety concern for the child.

Domestic violence perpetrators, in the context of the child welfare system, are parents and/or caretakers who engage in a pattern of coercive control over one or more intimate partners. This pattern of behavior may continue after the end of a relationship or when the couple no longer lives together. The alleged perpetrator's actions often directly involve, target, and impact any children in the family.

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

Examples that support the existence of domestic violence may include the following:

- The child was previously injured in a domestic violence incident.
- The child exhibits severe anxiety (i.e., nightmares, insomnia) related to situations associated with domestic violence.
- The child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the household.
- The child is at potential risk of physical injury based upon his/her vulnerability and/or proximity to the incident (i.e., caretaker holding child while alleged perpetrator attacks caretaker, incident occurs in a vehicle while a child is in the back seat).
- The child's behavior increases risk of injury (i.e., attempting to intervene during a violent dispute, participating in a violent dispute).
- Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from domestic violence that could have a harmful impact on the child (i.e., broken glass and child could cut him/herself, broken cell phone and child cannot call for help).

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Do not include violence between any adult household member and a minor child (this would be classified as physical abuse and marked as safety indicator 1 and/or 3 as appropriate).

Do not include situations that do not escalate beyond verbal encounters and are not otherwise characterized by threatening or controlling behaviors.

Reminder: In CPS assessments involving allegations of domestic violence, policy states that a separate Safety Assessment must be completed with the non-offending adult victim and the perpetrator.

11. Caretaker persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn.

This threat is related to a persistent pattern of caretaker behaviors. Examples of caretaker actions include the following:

- The caretaker describes the child in a demeaning or degrading manner (i.e., as evil, stupid, ugly).
- The caretaker curses at and/or repeatedly puts the child down.
- The caretaker scapegoats a particular child in the family.
- The caretaker blames the child for a particular incident or family problems.
- The caretaker places the child in the middle of a custody battle (i.e., parent persistently makes negative comments about other parent or ask the child to report back what goes on at the other parent's home).

12. Caretaker's physical ability, emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.

Caretaker appears to be physically disabled, mentally ill, developmentally delayed, or cognitively impaired, AND as a result, one or more of the following are observed:

- The caretaker's refusal to follow prescribed medications impedes his/her ability to care for the child.
- The caretaker's inability to control his/her emotions impedes his/her ability to care for the child.
- The caretaker's mental health status impedes his/her ability to care for the child.
- The caretaker expects the child to perform or act in ways that are impossible or improbable for the child's age or developmental stage (i.e., babies and young children expected not to cry, or expected to be still for extended periods, be toilet trained, eat neatly, care for younger siblings, or stay alone
 - Not knowing that infants need regular feedings;
 - How to access and obtain basic/emergency medical care;
 - Proper diet; or
 - Adequate supervision.

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

- The child(ren)'s location is unknown to CPS, and the family will not provide the child's current location.
- The family has removed or threatened to remove the child from whereabouts known to CPS to avoid assessment.
- The family is threatening to flee or has fled in response to a CPS Assessment.
- The family is keeping the child(ren) at home and away from friends, school, and other outsiders for extended periods of time for the purpose of avoiding assessment.
- There is evidence that the caretaker coaches or coerces the child(ren), or allows others to coach or coerce the child(ren), in an effort to hinder the assessment.

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14. Current circumstances, combined with information that the caretaker has or may have previously maltreated a child(ren) in his/her care, suggest that the child(ren)'s safety may be of immediate concern based on the severity of the previous maltreatment or the caretaker's response to the previous incident.

- There must be both current immediate threats to child safety that do not meet any other safety indicator criteria;

AND

- There is related previous child maltreatment that was severe and/or represents an unresolved pattern of maltreatment. Previous maltreatment includes any of the following:
 - Prior child death, possibly as a result of abuse or neglect.
 - Prior serious injury or abuse or near death of the child(ren), other than accidental. The caretaker caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impaired the health or well-being of the child and required medical treatment, regardless of whether the caretaker sought medical treatment.
 - Failed reunification—The caretaker had reunification efforts terminated in connection with a prior child welfare case.
 - Prior child removal—Removal/placement of a child(ren) by CPS or other responsible agency or concerned party was necessary for the safety of the child(ren).
 - Prior CPS finding—A prior CPS assessment found maltreatment; either “substantiated” or “services needed”.
 - Prior inconclusive CPS assessment—Factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations.
 - Prior threat of serious harm to a child(ren)—Previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against a child(ren) for previous incidents; or prior domestic violence that resulted in serious harm or threatened harm to a child(ren).
 - Prior service failure—Failure to successfully complete court-ordered services or involuntary services.

15. Child is fearful of caretaker, other family members, or people living in or having access to the home.

- Child(ren) cries, cowers, cringes, trembles, or exhibits or verbalizes fear in relation to certain individuals.
- Child(ren) exhibits anxiety, nightmares, or insomnia related to a situation associated with a person in the home.
- Child(ren) fears unreasonable retribution/retaliation from caretaker, others in the home, or others having access to the child(ren).

16. Other (specify).

Circumstances or conditions pose an immediate threat of serious harm to a child(ren) and are not already described in safety indicators 1-15.

Parent(s) and/or caretaker(s) should be provided the opportunity to initial the bottom of each page in Section B to indicate the county child welfare agency social worker reviewed the indicators on that page.

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If no Indicators of Immediate Safety are marked “Yes”, then complete page 5 of the Safety Assessment, and a Temporary Parental Safety Agreement is not necessary. Pages 6-8 do not need to be completed.

A parent (someone with legal authority) is expected to sign the Safety Assessment. The agency child welfare social worker must sign the Safety Assessment at the time it is completed and the supervisor must sign it by the end of the next business day.

If any Indicators of Immediate Safety are marked “Yes”, then a Temporary Parental Safety Agreement is necessary to address the safety threat. Do not complete the bottom of page 5. Complete pages 6, 7, and 8.

PART C: SAFETY INTERVENTIONS

For each factor identified in Section B, consider the resources available in the family and the community that might help to keep the child safe. Check each response necessary to protect the child, taking into consideration the most vulnerable child. **Identification of an appropriate safety intervention to address the safety threats in partnership with the parent is key to a parent’s understanding of how an intervention may or may not be effective and how the safety decision in Part D is selected. This discussion will provide a transition to the development of the Temporary Parental Safety Agreement, Parts E and F.**

FAMILY SAFETY INTERVENTIONS

- 1. Monitoring and/or use of direct services by county child welfare agency. (DO NOT include the assessment itself as an intervention.)**
Actions taken or planned by the assessment social worker or other CPS staff that specifically address one or more of the safety indicators. Examples include: providing information on obtaining restraining orders; organizing emergency family team meeting; transportation to shelter; providing emergency material aid, such as food; planning return visits to the home to check on progress; or role modeling nonviolent disciplinary methods, child development needs, or parenting practices.
- 2. Use of family, neighbors, or other individuals in the community in the development and implementation of a safety agreement.**
Engaging the family’s natural safety network to mitigate safety concerns. Examples include: engaging a grandparent to assist with child care, agreement by a neighbor to serve as support for a child, commitment by a person to enforce and support the caretaker’s relapse plan, or the caretaker chooses to have another protective adult spend a night or a few days with the family.
- 3. Use community agencies or services.**
Involving a community- or faith-based organization or other agency in activities to address safety indicators (i.e., local food pantry, medical appointments, domestic violence shelters, homeless shelters, emergency utilities, home visiting nurse). This **DOES NOT INCLUDE** long-term therapy or treatment or being put on a waiting list for services.
- 4. The alleged perpetrator will leave or has left the home—either voluntarily or in response to legal action.**
Temporary or permanent removal of the alleged perpetrator. Examples include: incarceration of alleged perpetrator, domestic violence protective order, or the alleged perpetrator agrees to leave.
- 5. A protective caretaker will move or has moved to a safety environment with the child(ren).**
A caretaker not suspected of harming the child has taken or plans to take the child to an alternative location to which the alleged perpetrator will not have access. Examples include: domestic violence shelter, home of a friend or relative, or hotel.
- 6. Use of Temporary Safety Provider**
 - **The child will temporarily reside with a Temporary Safety Provider identified by the family with the social worker monitoring the Temporary Parental Safety Agreement OR**
 - **A Temporary Safety Provider identified by the family with the social worker monitoring the Temporary Parental Safety Agreement will reside in the family home to supervise or otherwise restrict the parent’s access to the child(ren).**
 - **The Temporary Safety Provider MUST be 18 years of age or older.**

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If the children will reside in the home of the Temporary Safety Provider, the social worker must document:

- The address of the temporary residence of the child;
- The person(s) in that household who will be responsible for the child;
- Background checks on all persons in the residence 16 years of age or older and 911 call logs on the provider's address;
- Completion of the Initial Safety Provider Assessment on the relative/nonrelative home prior to placement
- Inclusion of the person responsible for the child in an agreement to contain threats to the child's safety; and
- Specify a timeframe to reassess the Temporary Parental Safety Agreement.

If the Temporary Safety Provider will reside in the family home, the social worker must document:

- The person(s) who will be responsible for the child;
- Background checks on all person(s) who will be responsible;
- Completion of the Initial Safety Provider Assessment on the relative/nonrelative (all appropriate sections)
- Inclusion of the person responsible for the child in a safety plan to control threats to the child's safety; and
- Specify a timeframe to reassess the Temporary Parental Safety Agreement.

CHILD WELFARE SAFETY INTERVENTION

1. Removal of any child in the household; interventions 1-6 do not adequately ensure the child(ren)'s safety.

PART D: SAFETY DECISION

- **Safe.** No safety indicators were identified and no safety agreement is needed at this time. Based on currently available information, no children are likely in immediate danger of serious harm and no safety interventions are needed at this time. This was indicated on the bottom of page 5.

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

- **Safe with a plan.** One or more safety indicators are present; a safety agreement is required. Safety interventions have been initiated to mitigate the danger. A TEMPORARY PARENTAL SAFETY AGREEMENT (Part E & PART F) IS REQUIRED.
 - Safety interventions involving county child welfare agency monitoring, use of county child welfare agency services, community service providers, use of community members or family members, have been identified to support parent to provide safety. TEMPORARY PARENTAL SAFETY AGREEMENT required to describe actions required.
 - The alleged perpetrator left the home. TEMPORARY PARENTAL SAFETY AGREEMENT required to describe actions required to provide safety.
 - Protective parent and child(ren) leave the home. TEMPORARY PARENTAL SAFETY AGREEMENT required to describe actions required to provide safety.
 - A Temporary Safety Provider will be utilized to provide safety. TEMPORARY PARENTAL SAFETY AGREEMENT required to define plan for children with Temporary Safety Provider and those not with Temporary Safety provider. Initial Safety Provider Assessment must be completed and approved.

A Temporary Safety Provider must be identified, assessed and approved for any TEMPORARY PARENTAL SAFETY AGREEMENT that requires restriction of access, supervision, or separation of a child from parental care.

- **Unsafe.** One or more safety indicators are present, and removal of a child(ren) through legal action is the only protecting intervention possible for one or more children. Without this level of intervention, one or more children will likely be in danger of immediate or serious harm. Requiring any of the following interventions to maintain safety indicates an Unsafe Decision.
 - All children were removed with legal action. Temporary Parental Safety Agreement is not needed or appropriate.

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- One or more children were removed with legal action and other children remain in the home. TEMPORARY PARENTAL SAFETY AGREEMENT required for any child(ren) remaining in the home.

PART E: SAFETY AGREEMENT

Identify the activities/actions to implement the Family Safety Interventions from Part C. These activities should provide specifics on how the Family Safety Interventions selected from Part C will be implemented and monitored.

Activities identified in the Temporary Parental Safety Agreement should address all Indicators of Immediate Safety identified in Part B.

1. **What is the specific situation or action that causes the child to be unsafe? What is the safety threat?** For each Indicator of Immediate Safety marked “Yes”, identify the specific situation(s) or action(s) that created the safety threat. The social worker should include safety threats that related to evidence supporting the initial report allegations and any other safety threats discovered. Items identified should relate to the immediate needs in order to keep the children safe, not needs that may be met through a prevention case opening or referral.
2. **What actions need to be taken right now to keep the child safe?** Identify the steps or actions needed to keep the child(ren) safe. This is not a full-blown Family Services Agreement that may address a multitude of needs and services. The actions identified must directly address the safety threat. Action(s) by the parent(s), Temporary Safety Provider, and the county child welfare agency are to be included. This is also the place to note any consequences the agency must take if the parent does not follow through on agreed upon steps.

When a Temporary Safety Provider is identified, an Initial Safety Provider Assessment must be completed and approved before the Temporary Parental Safety Agreement can be put in place. Any action items identified as needed to ensure child safety during completion of the Initial Safety Provider Assessment must be incorporated into this Temporary Parental Safety Agreement.

3. **Who is responsible for ensuring that these actions are taken?** Identify who is responsible for each action listed in 2 above.
4. **Timeframe for completing the actions.** Specify the date or timeframe in which all actions identified in 2 above must be initiated or completed. Be clear about when what specifically must be completed for any identified date or timeframe.
5. **Responsible Party’s initials.** Initials by the parent indicate participation in developing actions to address each safety threat.

Note: The Safety Assessment, and especially the Temporary Parental Safety Agreement, are designed to be reviewed and modified as new information is gathered throughout the comprehensive assessment. The agency and/or the family are encouraged to make changes as needed.

Child Welfare Policy states that the case decision shall be made within 45 days or there shall be documentation to reflect the rationale to extend the CPS Assessment beyond the required timeframes. If/when a CPS Assessment exceeds 45 days, a review of the Temporary Parental Safety Agreement must be completed with the parent(s).

PART F: STATEMENT OF UNDERSTANDING AND AGREEMENT

Part F is important to ensure that all parties participated and understand all of the safety threats identified, the plans to address those safety threats, and their ability to revoke or request a review of the developed safety agreement.

A parent (someone with legal authority) is expected to sign the Safety Assessment and any resulting Temporary Parental Safety Agreement. The agency child welfare social worker must sign the Safety Assessment and the agreement at the time it is developed and the supervisor must sign it by the end of the next business day. If applicable, a guardian, custodian, or caretaker, and/or approved Temporary Safety Provider(s) should sign the agreement. It is important to remember that in the practice of family-centered social work, asking a parent if he or she desires to sign the Safety Assessment and any resulting Temporary Parental Safety Agreement is an appropriate method of documenting the parent’s engagement in the process.

If a parent refuses to sign the Temporary Parental Safety Agreement, the social worker should try to address the parent’s concerns and stress the need for working together to prevent the removal of the child from the home. The parent may

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verbally agree even if he or she refuses to sign the agreement. The social worker must note on the Temporary Parental Safety Agreement that the parent has agreed to each safety activity if he or she refuses to sign the agreement. If the parent refuses to sign the agreement **and** verbally refuses to agree to its provisions, the agency must ensure that the child is safe whether the child is in his or her own home or in another type of arrangement.

If the parent is unable to understand the written document because of illiteracy, a language barrier, or any other reason, the social worker must determine if the parent understands every provision in the Temporary Parental Safety Agreement. Only then, the social worker must note on the Temporary Parental Safety Agreement that the parent has agreed to each safety activity. If a parent is unable to understand the agreement **and** verbally refuses to agree to its provisions, the agency must ensure that the child is safe whether the child is in his or her own home or in another type of arrangement.

The county child welfare agency must file a petition under G.S. 7B-302(c) when protective services are refused, regardless of whether the agency requests custody of the child. If the court adjudicates the child abused, neglected, and/or dependent, the court may order any of the dispositions included in G.S. 7B-903, including requiring the agency to supervise the child in the child's own home or place the child in the custody of a parent, relative, private agency, or other suitable person. If the county child welfare agency files a petition without asking for custody, and the situation deteriorates prior to the adjudication, the agency may file a motion for nonsecure custody without filing an additional petition.