EVIDENT CHANGE
Inform Systems. Transform Lives.

PROGRESS TO CASE CLOSURE GUIDE

North Carolina Division of Social Services

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ABOUT EVIDENT CHANGE

Evident Change is a nonprofit that uses data and research to improve our social systems. For more information, call (800) 306-6223 or visit EvidentChange.org. You can also find us on social media by visiting Linktr.ee/EvidentChange.

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KEY TERMS

CARETAKERS AND HOUSEHOLDS

CARETAKER

In this tool, "caretaker" includes:

- Parents, guardians, and custodians; and
- Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting.

  A person responsible for a juvenile's health and welfare means:
  - » A stepparent;
  - » Foster parent;
  - » Potential adoptive parent when a juvenile is visiting or as a trial placement;
  - » An adult member of the juvenile's household;
  - » An adult entrusted with the juvenile's care when the following circumstances are considered:
    - The duration and frequency of care provided;
    - The location in which that care is provided; and
    - The decision-making authority granted to the adult;
  - » Any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a residential childcare facility or residential educational facility; or
  - » Any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services (DHHS).

DETERMINING PRIMARY AND SECONDARY CARETAKERS

The person you select as the primary caretaker must be one with legal responsibility for the child. If two caretakers in the home have legal responsibility, the one providing the most care is the primary caretaker. If both legal caretakers provide precisely 50% of care, select the alleged perpetrator as the primary caretaker. If both are alleged perpetrators, select the caretaker contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, choose either.

It is possible that there will not be a secondary caretaker.

If the child's legal parents live in separate households, *each* household will have a primary (and possibly secondary) caretaker who is residing in that household.

HOUSEHOLD

The definition of household helps to determine who should be included on a Structured Decision Making® (SDM) assessment.

Household is not a dwelling; it is a group of people or set of relationships. In the SDM® system, all adult residents who have a significant degree of parental-type responsibility for the child and are entrusted with the child's care are part of the household and should be included in the SDM assessment. This may include nonfamilial persons who have an intimate relationship (partner/significant other) with a caretaker. Caseworkers should consider the duration and frequency of care and the decision-making authority granted to determine whether another adult besides the primary caretaker should be considered a household member. Households do not include those who are paid to look after a child (babysitters, etc.).

WHICH HOUSEHOLDS TO ASSESS

SDM assessments are completed only on households with an allegation of abuse or neglect. Assess the household of the caretaker who is the subject of the investigative or family assessment. Caseworkers should interview the child and, to the extent possible, engage with every adult who plays an important role in the child's life; but adults included on the SDM assessments must meet the household definition described above.

A child may be a member of more than one household, and household configurations can change over the life of a case.

When caretakers reside in separate households, caseworkers should not complete a safety and risk assessment for households without a maltreatment allegation. However, caseworkers must complete an in-person visit to the non-allegation home, discuss the current allegations regarding child safety with any caretaker(s) there, and assess the caretaker's ability to provide a safe home for the child when they visit.

CHILD

Anyone under the age of 18, with the exception of those who have had a legal emancipation.

FAMILY FUNCTIONING

Caretaker behavior that supports strong family communication, creates strong relationships across family members, and increases child well-being.

CHILD WELL-BEING

A child's growth, development, and participation in different parts of their life. Includes their health, safety, emotions, education, and relationships with important people in their life.

PROGRESS TO CASE CLOSURE GUIDE

North Carolina Department of Health and Human Services

R: 03–26

Complete for each household (e.g., father's home, mother's home) when you are considering closing a case.

Family/Case Name: _____ **Family/Case Number:** _____

Assessment/Reassessment Date: _____ **Household Assessed:** _____

Assessment/Reassessment Number: ○ 1 ○ 2 ○ 3 ○ 4 ○ _____

Primary Caretaker: _____ **Secondary Caretaker:** _____

Children Assessed: 1. _____ 2. _____ 3. _____ etc.

SECTION 1. PROGRESS TO CASE CLOSURE SAFETY ASSESSMENT

When answering the following questions, use the definitions in the appendices for the indicators influencing child vulnerability, danger indicators, and family safety interventions.

A. SAFETY CRITERIA

1. Are any danger indicators identified on the most recent safety assessment still active?

- ○ Yes. Proceed to question 2.
- ○ No. Proceed to question 1a.

1a. Have any new danger indicators been identified since the last assessment?

- ○ Yes. Proceed to question 3.
- ○ No. Proceed to Part B. Safety decision is "Safe."

2. Are the safety interventions in the current safety plan working to address the danger indicators?

- ○ Yes. Safety interventions on the current safety plan continue to be needed and are working well in addressing the danger indicators; and caretakers are demonstrating protective actions, including using their support network. Proceed to question 2a.
- ○ No. Safety interventions on the current safety plan are not working or are not able to address the danger indicators. Proceed to Part B. Safety decision is "Unsafe." Staff the case for potential petition and removal.

2a. Have any new danger indicators been identified since the last assessment?

- ○ Yes. Proceed to question 3.
- ○ No. Proceed to Part B. Safety decision is "Safe with plan."

3. Are there safety interventions that can be incorporated into the safety plan to address the new danger indicators?

- ○ Yes. Proceed to Part B. Safety decision is "Safe with a plan."
- ○ No. There are no safety interventions available and appropriate to address danger indicators at this time. Proceed to Part B. Safety decision is "Unsafe." Staff the case for potential petition and removal.

Note: If a brand-new concern is discovered during In-Home services (e.g., a case had been opened for severe neglect, but now physical abuse is being alleged), the In-Home caseworker should make a report to intake. If the report is accepted, follow policy to address the concerns with a new assessment. If the report is not accepted, the In-Home caseworker is still responsible for addressing the safety concerns.

B. SAFETY DECISION

○ a. **Safe.** Any original danger indicators selected on the most recent safety assessment are no longer active, and no additional danger indicators have been identified.

Continue to Section 2 of this assessment.

○ b. **Safe with a plan.** One or more danger indicators from the most recent safety assessment are still active, and/or new danger indicators have been identified. **Specific safety interventions and support network actions are available to address these danger indicators. These will be added to a safety plan.**

Continue to Section 2 of this assessment to document case plan progress. No case-closure activities should continue.

○ c. **Unsafe.** One or more danger indicators are present and interventions are not available or possible to ensure child safety in the home. **One or more children may be brought into care. Immediately staff with supervisor. Stop this guide here. No case closure activities should continue.**

SECTION 2. FAMILY CASE PLAN PROGRESS

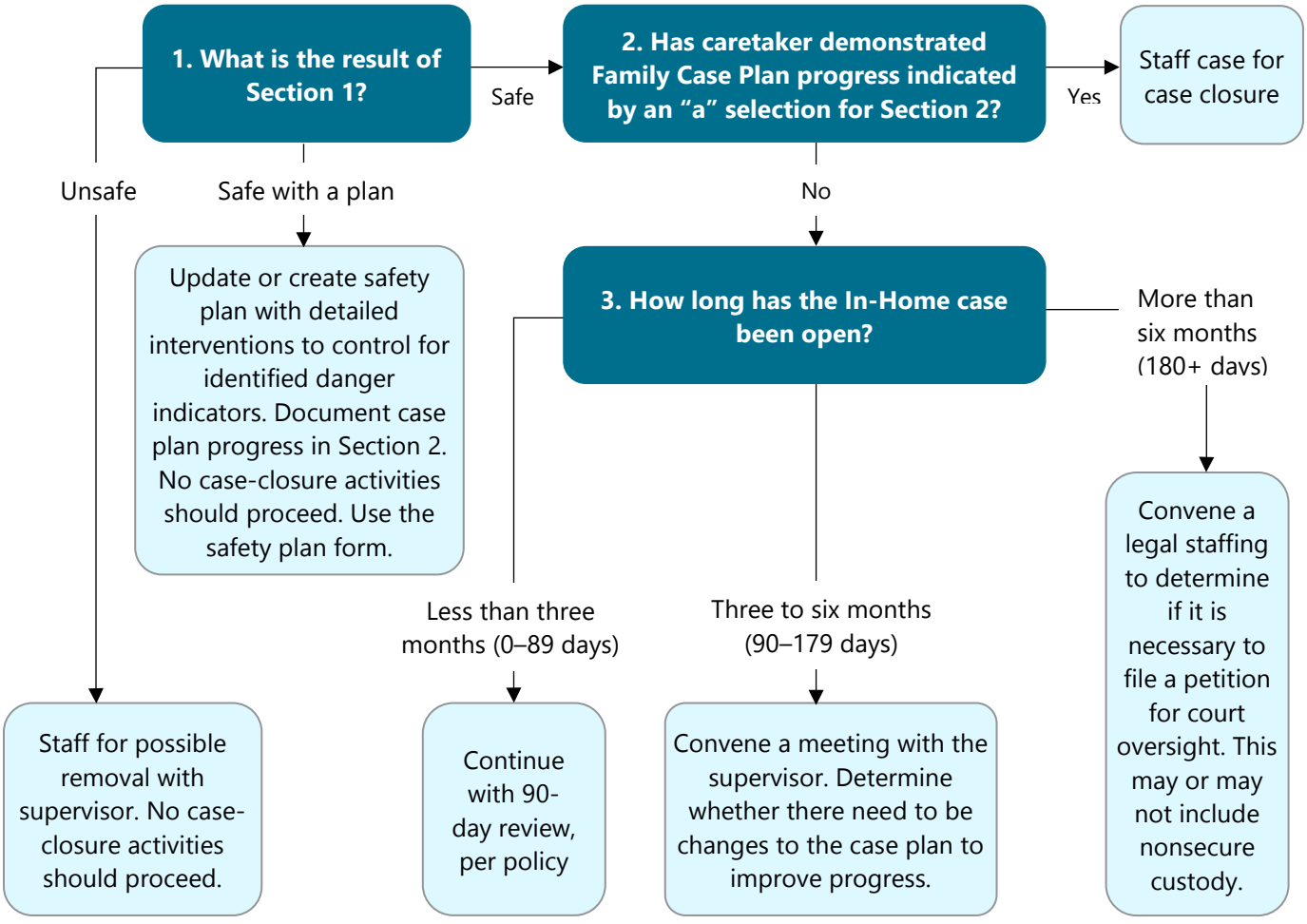
This covers the caretaker's progress with Family Case Plan goals (behavior change, not service compliance) since the last assessment or reassessment.

RATE EACH CARETAKER'S PROGRESS WITH BEHAVIOR CHANGE.

PRIMARY	SECONDARY	ANSWERS
○	○	a. Frequently demonstrates behavior change consistent with Family Case Plan.
○	○	b. Sometimes demonstrates behavior change consistent with Family Case Plan.
○	○	c. Rarely to never demonstrates behavior change consistent with Family Case Plan.

SECTION 3. CASE CLOSURE RECOMMENDATION

This decision tree is designed to help create consistent case-closure recommendations. Use information from Sections 1 and 2 to complete this.



1. What is the result of Section 1?

- If Unsafe, staff for possible removal with supervisor. No case-closure activities should proceed.
- If Safe with a Plan, update or create safety plan with detailed interventions to control for identified danger indicators. Document case plan progress in Section 2. No case-closure activities should proceed. Use the safety plan form.
- If Safe, go to 2.

2. Has caretaker demonstrated Family Case Plan progress indicated by an "a" selection for Section 2?

- If Yes, staff case for case closure.
- If No, go to 3.

3. How long has the In-Home case been open?

- If less than three months (0–89 days), continue with 90-day review, per policy.
- If three to six months (90–179 days), convene a meeting with the supervisor. Determine whether there need to be changes to the case plan to improve progress.
- If more than six months (180+ days), convene a legal staffing to determine if it is necessary to file a petition for court oversight. This may or may not include nonsecure custody.

DISCRETIONARY OVERRIDE

○ No.

○ Yes. Case closure. Provide reason in box.

○ Yes. Continue In-Home services. Provide reason in box.

OVERRIDE REASON

Supervisor Name: _____ Date: _____

PROGRESS TO CASE CLOSURE GUIDE DEFINITIONS

SECTION 1. PROGRESS TO CASE CLOSURE SAFETY ASSESSMENT

A. SAFETY CRITERIA

1. Are any danger indicators identified on the most recent safety assessment still active?

Yes

At least one danger indicator identified on the most recent safety assessment is still present.

No

None of the danger indicators identified on the most recent safety assessment are still present, OR no danger indicators were identified on the most recent safety assessment.

Review all danger indicators using Appendix A.

1a. Have any new danger indicators been identified since the last assessment?

Review the most recent safety assessment, identifying the danger indicators on that assessment. Have any new dangers been identified since that time?

Yes

New danger indicators have been identified since the last assessment.

No

No new danger indicators have been identified since the last assessment.

2. Are the safety interventions in the current safety plan working to address the danger indicators?

Yes

Safety interventions on the current safety plan continue to work well in addressing the danger indicators; and caretakers are demonstrating protective actions, including using their support network.

No

Safety interventions on the current safety plan are not working or are not able to address the danger indicators.

2a. Have any new danger indicators been identified since the last assessment?

Review the most recent safety assessment, identifying the danger indicators on that assessment. Have any new dangers been identified since that time?

Yes

New danger indicators have been identified since the last assessment.

No

No new danger indicators have been identified since the last assessment.

3. Are there safety interventions that can be incorporated into the safety plan to address the new danger indicators?

Yes

At least one safety intervention is available, and at least one network member has capacity to participate in the safety plan, which will address the newly identified danger indicators. The safety interventions will be incorporated into a safety plan.

No

Based on the kinds of danger indicators selected and the family and support network's willingness and ability to respond, there are no safety interventions the family and their network can use that will keep the child safe.

Note: If a brand-new concern is discovered during In-Home services (e.g., a case had been opened for severe neglect, but now physical abuse is being alleged), the In-Home caseworker should make a report to intake. If the report is accepted, follow policy to address the concerns with a new assessment. If the report is not accepted, this does not alleviate the In-Home caseworker's responsibility to address the safety concerns.

B. SAFETY DECISION

a. Safe

Any danger indicators selected on the most recent safety assessment are no longer active, and no additional danger indicators have been identified.

Continue to Section 2.

b. Safe with a plan

One or more danger indicators from the most recent safety assessment are still active, and/or new danger indicators have been identified. Specific safety interventions and support network actions are available, however, to address these danger indicators. These will be added to a safety plan.

Staff with supervisor. If safety plan is already in place, review it and determine whether it needs to be updated. If a safety plan is not in place, create one with the family.

Continue to Section 2 of this assessment. **Case cannot be closed at this time.**

c. Unsafe

One or more danger indicators are present, and interventions are not available or are not possible to ensure child safety in the home.

One or more children may be brought into care. Stop here. Case cannot be closed at this time. Immediately staff with supervisor, and consider staffing with legal counsel.

SECTION 2. FAMILY CASE PLAN PROGRESS

This covers the caretaker's progress with family case plan goals (behavior change, not service compliance) since the last assessment or reassessment.

Answer based on the caretaker demonstrating the least progress.

"Family Case Plan goals" refers to the caretaker's progress with the Family Case Plan related to behavior change. If there are two caretakers, rate the progress for each. If there is no secondary caretaker, rate only the primary caretaker.

RATE EACH CARETAKER'S PROGRESS WITH BEHAVIOR CHANGE.

a. Frequently demonstrates behavior change consistent with Family Case Plan.

- Caretaker is regularly demonstrating behavioral changes identified in the Family Case Plan and is able to create long-term safety for children in the household.

AND

- Caretaker is actively engaged in activities to maintain the outcomes.

b. Sometimes demonstrates behavior change consistent with Family Case Plan.

- Caretaker is engaged and sometimes demonstrates behavioral changes consistent with the Family Case Plan.

AND

- Caretaker is trying but is not yet regularly demonstrating the behaviors necessary to create long-term safety for children in all areas.

c. Rarely to never demonstrates behavior change consistent with Family Case Plan.

- Caretaker shows minimal to no behavioral change consistent with Family Case Plan outcomes, has made little to no progress toward changing their behavior, and is not actively engaged in achieving the outcomes.

AND

- Caretaker's behavior continues to make it difficult to create safety or may contribute to imminent danger of serious harm.

SECTION 3. CASE CLOSURE RECOMMENDATION

RECOMMENDATION

Staff case for case closure

The case is eligible to be closed according to the progress to case closure guide results. Take appropriate action to close the case unless conditions for an override exist.

Convene a legal staffing to determine if it is necessary to file a petition for court oversight. This may or may not include nonsecure custody.

Meet with supervisor and local legal staff. Discuss whether providing ongoing In-Home services continues to be the right decision and consider whether legal action needs to be taken given the length of time the case has been open. Consider also whether other more intensive services, including nonsecure custody, may be required to support the family during this period.

Convene a meeting with the supervisor. Determine whether there need to be changes to the case plan to improve progress.

Meet with supervisor. Discuss whether changes are needed to the case plan to improve progress.

Continue with 90-day review, per policy.

The child must continue to receive In-Home services, and the 90-day review should proceed per state policy. Case-closure efforts with the household under assessment must continue, based on the progress to case closure guide results.

Update or create safety plan with detailed interventions to control for identified danger indicators. Document case plan progress in Section 2. No case-closure activities should proceed. Use the safety plan form or update the existing safety plan.

The safety decision is "safe with a plan," and a safety plan must be updated or developed with detailed interventions to control for identified dangers. Complete this guide, but do not continue case-closure activities. Update the safety plan or complete a new safety plan using the safety plan form in the appendices.

Staff for possible removal with supervisor. No case-closure activities should proceed.

The safety decision is "unsafe," and the case must be staffed for removal with a supervisor. Case-closure activities should not continue.

DISCRETIONARY OVERRIDE

No

No override is selected.

Yes. Case closure.

North Carolina Division of Social Services (DSS) is finding compelling reasons to close the case; note reason in text box. Supervisor approval is required.

Yes. Continue In-Home services.

DSS is finding compelling reasons to keep the case open; note reason in text box. Supervisor approval is required.

PROGRESS TO CASE CLOSURE GUIDE POLICY AND PROCEDURES

The purpose of the progress to case closure guide is to help caseworkers assess whether danger indicators have been resolved and the caretaker has demonstrated sufficient Family Case Plan progress to allow a case to be closed or whether services should continue. This is accomplished through evaluating whether the caretaker's **behaviors and actions** have changed.

The progress to case closure guide combines items from the SDM safety assessment with items that evaluate a family's progress toward Family Case Plan goals.

WHICH CASES

All open In-Home cases.

WHO

Caseworker assigned to the In-Home services case.

WHEN

- No more than 30 calendar days prior to each required update of the Family Case Plan.
- No more than 30 calendar days prior to recommending case closure.
- Any time there are new circumstances or new pieces of information that would affect safety or Family Case Plan progress (e.g., network is providing enhanced safety, caretaker received treatment and is actively demonstrating actions of protection, household member who caused harm is no longer living in the home and no longer has contact with the family).

DECISION

The progress to case closure guide informs the decision of whether to keep a case open or close it.

PROGRESS TO CASE CLOSURE GUIDE COMPLETION INSTRUCTIONS

Complete this guide for all families receiving In-Home services.

SECTION 1. PROGRESS TO CASE CLOSURE SAFETY ASSESSMENT

Complete a progress to case closure safety assessment. Review the danger indicators from earlier assessments and how they are being addressed. Indicate whether new danger indicators have arisen and how they are being addressed. Review the danger indicator definitions in Appendix A.

SECTION 2. FAMILY CASE PLAN PROGRESS

Rate each caretaker's progress with Family Case Plan goals (progress with behavior change and use of support networks) since the last assessment or reassessment. Answer based on the caretaker demonstrating the least progress. If there are two caretakers, rate the progress for each; if there is no secondary caretaker, rate only the primary caretaker.

SECTION 3. CASE CLOSURE RECOMMENDATION

The decision tree is used to establish a presumptive recommendation for case closure. Follow the decision tree to a conclusion. Consultation with supervisor or legal staff may be required.

DISCRETIONARY OVERRIDE

A discretionary override is used whenever information indicates that the progress to case closure guide does not accurately portray the family's progress. If a discretionary override applies, select "yes," indicate the reason, and select the final decision. Discretionary overrides require supervisory approval. A discretionary override cannot be used to close a case if the safety decision was "safe with a plan" or "unsafe."

PRACTICE CONSIDERATIONS

At the start of the In-Home case, explain to the family the structure of the progress to case closure guide and the process for completing it.

Use family engagement strategies during monthly in-person contacts and/or during periodically scheduled CFTs to gather information about change over time, which should be documented in the case record. This aggregate information can then form the basis for selecting items in the progress to case closure guide.

Use of formal engagement strategies, such as CFTs, to gather information and develop an updated Family Case Plan or engage in planning for case closure, is highly recommended.

APPENDIX A: DANGER INDICATOR DEFINITIONS

Danger indicators are behaviors or conditions that may be associated with a child being in imminent danger of serious harm. Identify the presence or absence of each factor by selecting either "Yes" or "No."

The danger indicator 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 danger indicator and may also be indicative of the **possibility of imminent 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.

Mark "Yes" for any danger indicators present in the family's current situation, and mark "No" for any danger indicators absent from the family's current situation based on the information at the time.

DEFINITIONS

1. THE CHILD HAS A SERIOUS NON-ACCIDENTAL INJURY OR HARM, OR A SENTINEL INJURY SUSPECTED TO BE CAUSED BY THE PARENT, OTHER CARETAKER, OR UNKNOWN PERSON, AND THE PARENT OR OTHER CARETAKER CANNOT BE RULED OUT AND THE CIRCUMSTANCES SUGGEST THAT THE CHILD'S SAFETY MAY BE OF IMMEDIATE CONCERN.

For any subitem under 1, if the child has an injury that is unexplained by either caretaker (the person/s responsible for the child's care) and it is not known who caused the injury, safety planning should ensure those individuals do not have unrestricted access to the child.

Serious injury or abuse to the child other than accidental

The child has a serious injury that is non-accidental or poorly explained, or the explanation from the caretaker does not match the medical explanation for the injury. Serious injuries may include but are not limited to brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, and severe bruising over vital organs (e.g., kidneys).

Sentinel injury

Visible, poorly explained small injuries in a pre-cruising child, such as a bruise on any part of the body or an intraoral (mouth) injury, often from abuse and can precede more serious abuse.

Threat to cause harm or retaliate against the child

The caretaker or a household member has made a threat of action, or plans to retaliate against the child that would result in serious physical harm.

Substantial or unreasonable use of physical discipline

The caretaker has used physical force in a way that bears no resemblance to reasonable discipline. Unreasonable discipline includes practices that cause serious physical 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.

Caretaker committed an act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function

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 unsafe for their 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 IS 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 INDICATOR 8.)

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.**

4. CARETAKER FAILS TO PROVIDE SUPERVISION TO PROTECT THE 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 goes unnoticed or unmet. Examples include, but are not limited to, the following.

- The caretaker is present, but the child can wander outdoors alone; the child has access to dangerous objects, such as weapons; or a vulnerable child has access to an unprotected window ledge or is exposed to other serious hazards, such as prescription medications.
- The caretaker is aware of an older youth's behavior and fails to adequately supervise to keep them safe.

- The caretaker makes inadequate and/or unsafe babysitting or childcare 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 (e.g., able to call 911, neighbors able to provide assistance), and any child needs or vulnerabilities.
- The caretaker is unavailable (e.g., incarceration, hospitalization, abandonment, and whereabouts unknown).

5. CARETAKER DOES NOT MEET THE CHILD'S IMMEDIATE NEEDS FOR MEDICAL CARE, CRITICAL MENTAL HEALTH CARE, FOOD, OR CLOTHING, RESULTING IN IMMEDIATE SAFETY AND/OR HEALTH CONCERNS.

- 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, suicidal, homicidal, and missed developmental milestones that can be attributed to caretaker behavior.
- The child's minimal nutritional needs are not met, such as malnourishment. Consider the child's unique needs that may impact their specific nutritional needs (e.g., diabetic concerns, allergies).
- 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.

6. 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. Examples include, but are not limited to, the following.

- Leaking gas from a stove or heating unit.
- Substances or objects accessible to the child that may endanger their health and/or safety.
- No access to water or utilities (i.e. heat, plumbing, or electricity) that causes an immediate safety concern, and provisions are unsafe (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 (e.g., walls falling down, floor missing)
- Exposed electrical wires.
- Excessive garbage, rotted/spoiled food, or animal or human waste that threatens health.
- Serious illness/significant injury has occurred or is likely to occur due to current living conditions (e.g., lead poisoning, rat bites)

- Guns/ammunition and other weapons are not safely secured in a locked and are accessible to the child.
- Exposure to methamphetamine production.
- The family has no shelter AND this lack of shelter is likely to present a threat of serious harm to the child (e.g., the child is likely to be exposed to extreme cold without shelter, the child is likely to sleep in a dangerous setting).

7. CARETAKER'S CURRENT SUBSTANCE USE SERIOUSLY IMPAIRS THEIR ABILITY TO SUPERVISE, PROTECT, OR CARE FOR THE CHILD.

Caretaker has used medications, substances, or alcoholic beverages to the extent that the caretaker is unable or likely will be unable to care for the child.

Caretaker's substance use affects their ability to care for the child as described above, including leading them to harm or being likely to harm the child. If a child has had direct physical exposure to dangerous substances (e.g., ingestion of substances, fentanyl patches, methamphetamine) in the home, review danger indicator 6.

This can also include the following.

- A mother's positive toxicology screen at delivery for alcohol or drugs other than as prescribed AND
  - » There is the demonstration of a behavioral impact on mother's ability to care for the infant.
  - » There is a pattern of substantiations, findings, or services for substance use.

Substance-affected infant.

There is evidence (e.g., self-disclosure, positive test, DWI, witness statements) that the mother misused alcohol or prescription drugs or used illicit substances during pregnancy AND this has created imminent danger to the infant. Imminent danger includes:

- Infant exhibits withdrawal symptoms and caretaker fails to respond to infant needs/medical care; or
- Infant displays physical characteristics (e.g., low birth weight, slow reflexes, etc.) of substance use by the mother.
- Infant's positive toxicology screen for alcohol or drugs other than prescribed; AND
  - » There is a medical impact on the child (e.g., hospitalization as a direct result of withdrawal, or a medical condition that requires ongoing medical care and is directly attributed to the drugs or alcohol in the child's system); OR
  - » There is a demonstrated behavioral impact on the caretaker's ability to care for the infant; OR
  - » There are other maltreatment concerns, including the caretaker's ability to care for the infant OR there is a pattern of substantiations or findings.

- An infant has one of the following diagnoses: fetal alcohol syndrome (FAS), partial FAS, neurobehavioral disorder associated with prenatal alcohol exposure, alcohol-related birth defects, or alcohol-related neurodevelopmental disorder.

8. DOMESTIC VIOLENCE OR FAMILY 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 this 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 household members. This pattern of behavior may continue after a relationship has ended or when the household members no longer live together.

Family violence should also be considered and can include violence between household members such as adult siblings or adult child/parent relationships. 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 (e.g., 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 (e.g., 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 (e.g., 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 (e.g., broken glass and child could cut him/herself, broken cellphone and child cannot call for help).

Do not include violence between any adult household member and a minor child. (This would be classified as physical abuse and marked as danger 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 for the non-offending adult victim and the alleged perpetrator.

9. CARETAKER PERSISTENTLY DESCRIBES THE CHILD IN NEGATIVE TERMS OR ACTS TOWARD THE CHILD IN NEGATIVE WAYS AND THESE ACTIONS IMPACT THE CHILD'S EMOTIONAL OR PHYSICAL WELL-BEING.

This indicator 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 (e.g., 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 (e.g., parent persistently makes negative comments about other parent or asks the child to report back what goes on at the other parent's home).
- The caretaker demonstrates rejection or hostility toward the child in ways that interfere with meeting the child's basic and emotional needs, such as through negative communication, withdrawal of care, and emotional unavailability.

This danger indicator could be evidenced by the child being a danger to self or others, suicidal, acting out aggressively, or severely withdrawn.

10. CARETAKER'S PHYSICAL ABILITY, MENTAL HEALTH, OR COGNITIVE STATUS SERIOUSLY IMPAIRS THEIR CURRENT ABILITY TO MAINTAIN/OBTAIN SAFE SUPERVISION, PROTECT, OR CARE FOR THE CHILD.

The caretaker appears to be physically disabled, mentally ill, developmentally delayed, or cognitively impaired. As a result, one or more of the following are observed.

- The caretaker's refusal to follow prescribed medications interferes with their ability to care for the child.
- The caretaker's inability to control their emotions interferes with their ability to care for the child.
- The caretaker's mental health status (e.g., suicidal behavior or ideations, out of touch with reality) interferes with their ability to care for the child. A formal diagnosis is not required if there are behaviors to indicate a concern for mental health status.
- The caretaker expects the child to perform or act in ways that are impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, or expected to be still for extended periods, be toilet trained, get/prepare their own food, care for younger siblings, or stay home alone).

- The caretaker does not know how or is unable to properly feed infants or does not understand their feeding schedule.
- The caretake is unable to access or obtain basic/emergency medical care.
- Unsafe supervision.

Caretaker fears they will maltreat the child.

The caretaker expresses fear that they pose a plausible threat of harm to the child or has asked someone to take their child so the child will be safe. For example, a parent with depression fears that they will lose control and harm their child. This does not include normal anxieties, such as fear of accidentally dropping a newborn baby. Parent fears they will cause physical harm to their child in response to escalating physical altercations between the parent and child.

11. CARETAKER REFUSES ACCESS TO OR HIDES THE CHILD AND/OR SEEKS TO HINDER AN ASSESSMENT.

Examples include the following.

- The child's location is unknown to child protection, and the caretaker will not provide the child's current location.
- The caretaker has removed or threatened to remove the child from whereabouts known to child protection to avoid assessment.
- The caretaker is threatening to flee or has fled in response to a CPS assessment.
- The caretaker is keeping the child at home and away from other family members, 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, or allows others to coach or coerce the child, in an effort to hinder the assessment.

12. CURRENT CIRCUMSTANCES, COMBINED WITH INFORMATION THAT THE CARETAKER PREVIOUSLY HARMED A CHILD IN THEIR CARE, SUGGEST THAT THE CHILD MAY BE IN IMMINENT DANGER BASED ON THE SEVERITY OF THE PREVIOUS ABUSE OR NEGLECT OR THE CARETAKER'S RESPONSE TO THE PREVIOUS INCIDENT.

There is a current, immediate concern near the threshold for another danger indicator in these definitions. To consider this item, the previous abuse or neglect must have been significant. Indicate any of the following that are present.

- A caretaker alleged to have caused harm in this household in this current incident has a child welfare history that includes substantiated abuse or neglect that resulted in a child death, or near child fatality.

- A caretaker alleged to have caused harm in this household in this current incident was not successful in past reunification efforts.

13. CHILD IS FEARFUL OF CARETAKER, OTHER FAMILY MEMBERS, OR PEOPLE LIVING IN OR HAVING ACCESS TO THE HOME, AND THE CARETAKER FAILS TO PROTECT THE CHILD FROM THE INDIVIDUAL.

Examples include the following.

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

14. OTHER (SPECIFY).

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

APPENDIX B: FAMILY SAFETY INTERVENTION DEFINITIONS

For each danger indicator identified within the progress to case closure safety assessment or the reunification assessment, consider the resources available in the family and the community that might help to keep the child safe. Identify each response necessary to protect the child, considering the most vulnerable child.

Identifying an appropriate safety intervention to address the safety in partnership with the caretaker is key to a caretaker's understanding of how an intervention may or may not be effective and how the safety decision is selected. This discussion will provide a transition to developing the safety plan. When developing a safety plan, including people the family is familiar with (network) in the interventions is ideal.

DEFINITIONS

FAMILY SAFETY INTERVENTIONS

1. Use of direct services by the county child welfare agency.

(Do not include the assessment itself as an intervention.)

Actions taken or planned by the assessment caseworker or other staff specifically address one or more danger indicators. Examples include supporting a caretaker in obtaining a restraining order; organizing an emergency child and family team meeting; offering transportation to a shelter; providing emergency material aid, such as food; planning return visits to the home to check on progress when living conditions are of concern; and connecting the caretaker to necessary resources that address immediate safety.

2. Include family, neighbors, or other community members in developing and implementing a safety plan.

The caretaker engages the family's natural safety network to mitigate safety concerns. Examples include a grandparent assisting with childcare, a neighbor agreeing to support a child, a member of the caretaker's faith community engaging, or a person committing to support the caretaker in not using substances that put their children in an unsafe situation.

3. Use community agencies or immediate services.

Involving a community- or faith-based organization or other agency in activities to address danger indicators immediately (e.g., local food pantry, medical appointments, domestic violence shelters, homeless shelters, emergency utilities, home visiting nurse). This action DOES NOT INCLUDE long-term therapy, treatment, or being put on a waiting list for services.

4. The alleged perpetrator has left the home voluntarily or in response to legal action.

Temporary or permanent removal of the alleged perpetrator. The alleged perpetrator must leave the home after completing the safety plan and before the caseworker leaves. Examples include the incarceration of the alleged perpetrator and a domestic violence protective order.

5. A protective caretaker will move or has moved to a safe 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 where the alleged perpetrator will not have access. The protective caretaker must move to a safe environment with the child(ren) after completing the safety plan and before the caseworker leaves the home. Examples include a domestic violence shelter, the home of a friend or relative, or a hotel.

6. Use of a temporary safety provider.

This family safety intervention can be used only when the children are in the legal custody of their caretakers. It *cannot* be used for permanency planning cases or as an intervention to proceed with a trial home visit.

One of two actions must happen.

- The child will temporarily reside with a TSP identified by the family, with the caseworker monitoring the safety plan.
- A TSP (identified by the family with the caseworker monitoring the safety plan) will reside in the family home to supervise or restrict the parent's access to the child(ren).

The TSP MUST be 18 years or older.

If the children will reside in the home of the TSP, the caseworker 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 or older and 911 call logs on the provider's address;

- Completion of the Initial Provider Assessment_TSP on the relative/non-relative home prior to placement;
- Inclusion of the person responsible for the child in an agreement to contain threats to the child's safety; and
- A specified timeframe to reassess the safety plan (every 14 days).

If the TSP will reside in the family home, the caseworker 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 Provider Assessment_TSP 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
- A specified timeframe to reassess the safety plan.

SAFETY PLAN

Purpose: A safety plan is an intervention parents or caretakers can use to protect their child when an identified danger indicator is present. The parent or caretaker uses the safety plan to keep their child safe.

WHAT HARM HAS OCCURRED?

WHO HAS AGREED TO BE PART OF THIS SAFETY PLAN? (THIS MUST INCLUDE CHILD'S CARETAKER.)

FAMILY MEMBER OR NETWORK MEMBER	CONTACT DETAILS PHONE	CONTACT DETAILS EMAIL

WHAT IS THE AGENCY AND/OR THE FAMILY WORRIED WILL HAPPEN TO THE CHILD'S SAFETY IF NOTHING ELSE CHANGES?

DESCRIBE THE DANGER INDICATOR (caretaker + behavior + impact on child)	WHAT WILL BE DONE TO ADDRESS THE DANGER INDICATOR UNTIL THE NEXT UPDATED SAFETY PLAN? (Proactive/reactive)	WHO WILL DO IT?	HOW WILL WE KNOW IT IS WORKING?	WHAT WILL PEOPLE DO IF THEY BELIEVE THE SAFETY PLAN IS NOT WORKING?

WHEN WILL THE PLAN BE REVIEWED?

Must be within 14 days. Safety plan participants can request a review prior to the 14 days.

Date/time:	**Who will be involved (caretakers, network, and agency)?**

IMPORTANT CONTACT INFORMATION

NAME	PHONE NUMBER	EMAIL ADDRESS
Assigned caseworker name:		
Supervisor name:		
On-call contact: (After business hours, weekends, and holidays)		

AGREEMENT TO IMPLEMENT SAFETY PLAN

While we may not agree about the details of these worries, we agree to follow the safety plan until the review date. We know that if the safety plan does not keep all children safe, we either must work together again to create a new safety plan or the department may need to take legal action. If I cannot follow this safety plan, I will contact my Division of Social Services (DSS) caseworker to develop a new safety plan.

PARENT OR CARETAKER
1. I (the parent or caretaker) agree that I participated in the development of and reviewed this safety plan. I agree to work with the providers and services as described previously. 2. My participation in this safety plan is not an admission of child abuse or neglect on my part and cannot be used as an admission of child abuse or neglect. 3. I understand that I have the right to revoke and/or have the safety plan reviewed at any time. (See bottom of safety plan.) I also understand that if a safety plan cannot be agreed upon or the actions in the safety plan are not followed, the county child welfare agency may have the authority to ask the court to determine how the child(ren)'s safety will be ensured. 4. I (the parent or caretaker) confirm that this safety plan does not conflict with any existing court order, or if I am affected by a court order, all parties affected by the court order agree to this safety plan on a temporary basis. 5. I (the parent or caretaker) understand that child protective services (CPS) may refer for additional services, restrict access to my child(ren), or ask the court to order that I complete services or place the child in foster care. 6. This safety plan will cease to be in effect when my caseworker notifies me or CPS is no longer providing services to my family.

SIGNATURES

NAME	DATE	NAME	DATE
Parent/Legal Guardian/Caretaker:	Date Signed:	Parent/Legal Guardian/Caretaker:	Date Signed:
CPS Caseworker:	Date Signed:	CPS Supervisor:	Date Signed:
Network Member:	Date Signed:	Network Member:	Date Signed:
Child:	Date Signed:	Child:	Date Signed:

REVOCATION

For caretakers: You have entered into this safety plan voluntarily. If you choose to revoke your agreement, please notify your caseworker.

SAFETY PLAN REVIEW SIGNATURES

NAME	DATE	NAME	DATE
Parent/Legal Guardian/Caretaker:	Date Signed:	Parent/Legal Guardian/Caretaker:	Date Signed:
CPS Caseworker:	Date Signed:	CPS Supervisor:	Date Signed:
Child:	Date Signed:	Child:	Date Signed:

SAFETY PLAN REVIEW SIGNATURES

NAME	DATE	NAME	DATE
Parent/Legal Guardian/Caretaker:	Date Signed:	Parent/Legal Guardian/Caretaker:	Date Signed:
CPS Caseworker:	Date Signed:	CPS Supervisor:	Date Signed:
Child:	Date Signed:	Child:	Date Signed: