

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SAMPLE STRUCTURED DECISION MAKING (SDM)[®] SAFETY PLAN

Referral/Case Name: SAMPLE SAFETY PLAN Referral/Case ID: 0001-0002-0003-0000004 Today's Date: 10/14/19

CSW Name: XXXXX CSW Phone Number: XXX-XXX-XXXX

Duration of plan (check one): 7 Calendar Days 30 Calendar Days. This plan will be reviewed on 11/13/19. (Date)

Note: Any plan which restricts parental contact with their children must be for a maximum of seven (7) calendar days. *Reminder: If all children are being removed from the home as a result of identified safety threats, it is not necessary to complete this SDM Safety Plan.*

Who has agreed to be part of this plan?

Name	Relationship to the Child(ren)	Phone Number
Christa	Mother	XXX-XXX-XXXX
Lori	Maternal aunt	XXX-XXX-XXXX
Rob	Maternal aunt's partner	XXX-XXX-XXXX
Edna	Maternal grandmother	XXX-XXX-XXXX

WHAT IS THE DANGER? (SDM[®] SAFETY THREAT)

Safety Threat #	Describe the specific situation or actions that cause the child(ren) to be unsafe (the worry/danger statement). [List one statement (1) per safety threat ; i.e., <i>Who is worried / about what potential caregiver actions or inactions / potential future impact on child. e.g., "DCFS, the police, and Adam's mom, Tonya, are worried that Adam's dad, Matt, may hit Adam again, leaving him with bruises and even more serious injuries."</i>]	Name(s) of Child(ren) in Danger
1 & 3	<p><i>Situation: Mom Christa tested positive for methamphetamine when admitted to Mercy Hospital to deliver baby. Baby girl was born 6 weeks early and tested positive for methamphetamine upon delivery. Baby girl was observed to have withdrawal symptoms (jittery body movements that caused her distress, poor suck reflex, and loose bowel movements) and required special care by the hospital following her birth. Christa is currently refusing to identify the father.</i></p> <p>DCFS, the doctor and hospital staff are all worried that:</p> <ul style="list-style-type: none"> Baby girl will be physically or emotionally harmed (not have basic needs met like feeding, clothing, or being held as babies should) if Christa continues to use methamphetamine and becomes distracted and unavailable. Baby girl will be physically harmed (become seriously ill) if Christa continues to use methamphetamine, breastfeeds, and passes the methamphetamine to her and/or if baby girl finds the drugs and gets exposed to them. 	Baby Girl

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WHAT IS THE PLAN

Safety Threat #	What action steps need to be taken to ensure the children are safe? [i.e., safety interventions; the plan to be Implemented to mitigate the Safety Threat(s); include household strengths]	Who will take these steps?	What will be done if these actions are not working?
1 & 3	<p>Mom Christa agrees that she and baby girl, upon discharge, will immediately stay with her sister Lori and Lori’s partner Rob. Lori (and Rob or Maternal Grandmother Edna when Lori needs to go out) will continuously oversee Mom’s care of baby girl making sure that the baby is watched over, fed regularly in the amounts necessary, cleaned and changed, soothed and held, and Christa gets help for any medical needs that develop for the next week while Christa takes steps to enter a women’s residential treatment program. Christa understands that her doctor does not believe it is safe for her to breastfeed at this time and agrees that she will not breastfeed but will use formula prescribed by the pediatrician. Christa and Lori will take baby girl to all follow-up visits with the pediatrician next week. Christa, with MGM Edna’s help, will enroll in Women, Infants, and Children (WIC) program to obtain formula, diapers, and car seat for baby before the baby is discharged. Christa, with Lori’s help, will contact Maternal, Infant, and Early Childhood Home Visiting Program through Child Health and Disability Prevention and set up regular home visits.</p> <p>CSW will provide mother with referrals and phone numbers and assist her in contacting and interviewing for entry into the women’s residential treatment home. CSW will conduct both scheduled and unannounced visits to the home to monitor the safety plan and will set up a Child and Family Team Meeting by November 4, 2019, to review the safety plan.</p>	<p>Christa, Lori, Rob, and Edna</p> <p>CSW</p>	<p>Mom Christa agrees that if she decides that she wants to leave Lori’s home, Lori, Rob, or Maternal Grandmother will call DCFS right away to get help in keeping baby girl safe.</p>

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. If the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to take legal action.

Parents/Caregivers/Legal Guardians: Your participation is voluntary, encouraged, and you have a right to reject the above Safety Plan.

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Signatures/Approvals

<p>Parents/Caregivers/legal guardians:</p> <p style="text-align: center;"><i>Mom Christa's signature</i></p> <hr/> <hr/> <hr/> <p><small>[If unavailable to sign, approved via: phone / text / email (circle one)]</small></p>	<p>CSW & SCSW:</p> <p style="text-align: center;"><i>CSW</i></p> <hr/> <p>CSW</p> <p style="text-align: center;"><i>SCSW</i> <i>10/14/19</i></p> <hr/> <p>SCSW [Approval obtained via: <u>phone</u> / text / email (circle one)] Date</p>
<p>Children:</p> <hr/> <hr/> <hr/> <hr/>	<p>Other participants (list relationship to child):</p> <p style="text-align: center;"><i>Lori</i> (maternal aunt)</p> <hr/> <p style="text-align: center;"><i>Rob</i> (maternal uncle)</p> <hr/> <p style="text-align: center;"><i>Edua</i> (maternal grandmother)</p> <hr/>

Safety Plan was explained to Parent / Legal Guardian / Caregiver in the English language. CSW Initials XX

Who to Call if the Plan Is Not Working

<p>Assigned Children's Social Worker (CSW) name:</p> <p style="text-align: center;">CSW Name</p> <hr/>	<p>Phone number:</p> <p style="text-align: center;">XXX-XXX-XXXX</p> <hr/>
<p>Supervising Children's Social Worker (SCSW) name:</p> <p style="text-align: center;">SCSW Name</p> <hr/>	<p>Phone number:</p> <p style="text-align: center;">XXX-XXX-XXXX</p> <hr/>
<p>Assistant Regional Administrator (ARA) name:</p> <p style="text-align: center;">ARA name</p> <hr/>	<p>Phone number:</p> <p style="text-align: center;">XXX-XXX-XXXX</p> <hr/>

After-hours child welfare contact: Child Protection Hotline 1-800-540-4000 (After business hours; weekends and holidays, or to terminate a SDM Safety Plan after 5 p.m.). Department of Ombudsman Office -- (888) 889-9800

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Notice to Parents/Caregivers/Legal Guardians:

A safety threat(s) has been identified in your home and the above Safety Plan is designed to help ensure the child(ren) is safe in your home as the Department completes its investigation. This plan is only in effect for the dates listed above or for the duration of the investigation (not to exceed 30 calendar days). Your participation is voluntary, encouraged, and you have a right to reject the above Safety Plan. While it is the goal of the Department to keep families together, we must also ensure children are safe, and your input into how this can occur is very important. As the Department completes its investigation as required by law, a decision will need to be made regarding whether or not to provide ongoing services to you and your children. Your input into this process will be critical as well. Lastly, please note that, based on the results of the investigation or if further information reveals that the children continue to be in an unsafe situation, they may be taken into protective custody. This decision will be based upon the results of the investigation and not solely on whether you agree with this safety plan or not. The Department will work with you to focus on what needs to change before the children can be safely returned to you. If you disagree with the safety findings or this safety plan or you would like to terminate this Safety Plan or if you feel you have been treated unfairly by DCFS please contact the Child Protection Hotline (CPH) at 1-800-540-4000.

SDM[®] Safety Threats (please refer to the SDM Policy & Procedures Manual online for full definitions):

<input checked="" type="checkbox"/> Safety Threat 1	Caregiver/s caused serious physical harm to the child or made a plausible threat to cause serious harm in the current investigation, as indicated by: <ul style="list-style-type: none"> • Serious injury/abuse other than accidental • Caregiver fears they will maltreat child/ren • Threat to cause harm or retaliate against the child • Domestic violence likely to injure child • Excessive discipline or physical force • Drug/alcohol exposed infant
<input type="checkbox"/> Safety Threat 2	Child sexual abuse is suspected AND circumstances suggest that child/ren's safety may be of immediate concern.
<input checked="" type="checkbox"/> Safety Threat 3	Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
<input type="checkbox"/> Safety Threat 4	Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child/ren.
<input type="checkbox"/> Safety Threat 5	Caregiver describes or speaks to the child in predominantly negative terms or acts toward or in the presence of the child in negative ways that result in severe psychological/emotional harm, leading to the child being a danger to self or others.
<input type="checkbox"/> Safety Threat 6	Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
<input type="checkbox"/> Safety Threat 7	Caregiver's 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.
<input type="checkbox"/> Safety Threat 8	The family refuses access to the child, or there is reason to believe that the family is about to flee.
<input type="checkbox"/> Safety Threat 9	Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
<input type="checkbox"/> Safety Threat 10	Other safety concerns (specify): _____ Note: <u>Only</u> for safety factors <i>that put a child at imminent risk of danger</i> that are <u>not</u> identified by threats 1 – 9