

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**SAMPLE STRUCTURED DECISION MAKING (SDM)<sup>®</sup> SAFETY PLAN**

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

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

Duration of plan (check one):  7 Calendar Days     30 Calendar Days. This plan will be reviewed on 10/21/19. (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
Cindy	Mother	XXX-XXX-XXXX
Bill	Stepfather	XXX-XXX-XXXX
Sherry	Maternal Aunt	XXX-XXX-XXXX

**WHAT IS THE DANGER? (SDM<sup>®</sup> 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 <a href="#">safety threat</a> ; i.e., <i>Who</i> is worried / about <i>what</i> potential caregiver actions or inactions / potential <i>future impact</i> 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."]	Name(s) of Child(ren) in Danger
1	<p>Situation: It was reported that Cindy (mother) and Bill (stepfather) used excessive physical discipline with the children Christine (9) and David (7), including using a belt when spanking. As a result, both children got bruises and red marks on their backs and legs, and David got a bloody lip.</p> <p><b>DCFS is worried that Cindy and Bill will use physical discipline again with the children and as a result, the children may be hurt again physically and emotionally.</b></p>	Christine, David

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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	<p>Mother Cindy agrees that Aunt Sherry will provide continuous supervision of the children and of Cindy and Bill to make sure that neither Cindy nor Bill use physical discipline on the children. Everyone agrees that no adult family or network members will talk with or around the children about what may have happened. Aunt Sherry will immediately call for help from police at [number] or DCFS at [number] if she is worried that Cindy or Bill are interacting with the children in a physically unsafe way. The mother, Cindy, agrees that Aunt Sherry has her permission to participate in this safety plan to help her and Bill stop hitting the children with a belt.</p>	Aunt Sherry, Cindy, Bill	If Aunt Sherry is worried that Cindy or Bill are interacting with the children in a physically unsafe way, she will immediately call for help from police at [number] or the agency at [number], depending on when she needs help.

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><b>Caregivers/legal guardians:</b></p> <p>_____ <i>Mom Cindy</i></p> <p>_____ <i>Stepdad Bill</i></p> <p>_____</p> <p>[If unavailable to sign, approved via: phone / text / email (circle one)]</p>	<p><b>CSW &amp; SCSW:</b></p> <p>_____ <i>CSW</i></p> <p>CSW</p> <p>_____ <i>SCSW</i> _____ <i>10/14/19</i></p> <p>SCSW [Approval obtained via: <u>phone</u> / text / email (circle one)] Date</p>
<p><b>Children:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Other participants (list relationship to child):</b></p> <p>_____ <i>Sherry (maternal aunt)</i></p> <p>_____</p> <p>_____</p> <p>_____</p>

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><b>Assigned Children's Social Worker (CSW) name:</b></p> <p>_____ <u>CSW Name</u> _____</p>	<p><b>Phone number:</b></p> <p>_____ <u>XXX-XXX-XXXX</u> _____</p>
<p><b>Supervising Children's Social Worker (SCSW) name:</b></p> <p>_____ <u>SCSW Name</u> _____</p>	<p><b>Phone number:</b></p> <p>_____ <u>XXX-XXX-XXXX</u> _____</p>
<p><b>Assistant Regional Administrator (ARA) name:</b></p> <p>_____ <u>ARA name</u> _____</p>	<p><b>Phone number:</b></p> <p>_____ <u>XXX-XXX-XXXX</u> _____</p>
<p><b>After-hours child welfare contact:</b> 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</p>	

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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<sup>®</sup> Safety Threats (please refer to the SDM Policy & Procedures Manual online for full definitions):**

<input checked="" type="checkbox"/> <b>Safety Threat 1</b>	<p>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:</p> <ul style="list-style-type: none"> <li>● Serious injury/abuse other than accidental</li> <li>● Caregiver fears they will maltreat child/ren</li> <li>● Threat to cause harm or retaliate against the child</li> <li>● Domestic violence likely to injure child</li> <li>● Excessive discipline or physical force</li> <li>● Drug/alcohol exposed infant</li> </ul>
<input type="checkbox"/> <b>Safety Threat 2</b>	<p>Child sexual abuse is suspected AND circumstances suggest that child/ren's safety may be of immediate concern.</p>
<input type="checkbox"/> <b>Safety Threat 3</b>	<p>Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.</p>
<input type="checkbox"/> <b>Safety Threat 4</b>	<p>Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child/ren.</p>
<input type="checkbox"/> <b>Safety Threat 5</b>	<p>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.</p>
<input type="checkbox"/> <b>Safety Threat 6</b>	<p>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.</p>
<input type="checkbox"/> <b>Safety Threat 7</b>	<p>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.</p>
<input type="checkbox"/> <b>Safety Threat 8</b>	<p>The family refuses access to the child, or there is reason to believe that the family is about to flee.</p>
<input type="checkbox"/> <b>Safety Threat 9</b>	<p>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.</p>
<input type="checkbox"/> <b>Safety Threat 10</b>	<p>Other safety concerns (specify): _____ <b>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</b></p>