

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

Referral/Case Name: SAMPLE Referral/Case ID: 0001-0002-0003-0000004 Today's Date: 2/18/2022

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 2/24/22. (Date)

Note: Any plan which restricts parental contact with their children must be for a maximum of seven (7) calendar days. *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
Roxanne	Mother	XXX-XXX-XXXX
Ernie	Father	XXX-XXX-XXXX
Carol	Maternal Aunt	XXX-XXX-XXXX
Mickey	Maternal Uncle	XXX-XXX-XXXX
Maryanne	Child, 14	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., <u>Who</u> is worried / about <u>what</u> potential caregiver actions or inactions / potential <u>future impact</u> 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
	<i>Situation: It was reported that tonight, the parents, Roxanne and Ernie got into a verbal and physical fight in the presence of the children that included Ernie slapping Roxanne, resulting in Roxanne having a bruised eye and a slightly bloody nose. The children were crying and screaming so loudly that the neighbors called police for help.</i>	
1	DCFS, police, uncle Mickey, aunt Carol and the children (Maryanne, 14; Bethany, 11; Shane, 9; and Jeremiah, 4) are worried that Roxanne and Ernie will yell and hit each other while the children are present, and that one or more of the children will try to intervene during Roxanne and Eric's fighting, or one or more of the children will be hit/slapped during a fight.	Maryanne, Bethany, Shane and Jeremiah

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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? (Note: an alleged perpetrator cannot be the monitor of the plan)	What will be done if these actions are not working?
1	<p>Roxanne, Ernie (Jeremiah's father) and Burt (Maryanne, Bethany and Shane's father) all agree that all four children will stay with uncle Mickey 2/18 through 2/22, until everyone gets together for a family meeting to decide on next steps. Roxanne, Ernie or Burt may each visit the children with no other parent present at Mickey/Carol's home. (Although Burt was not part of the altercation between Roxanne and Eric, Burt agrees that it is best for all children to stay together temporarily in Uncle Mickey's home). Everyone agrees no one will be drinking alcohol during visits. Roxanne and Ernie will avoid talking negatively about each other, or discussing other grown-up worries, in front of the children.</p>	<p>Uncle Mickey, Aunt Carol</p>	<p>Roxanne and Ernie agree that Mickey, Carol or Maryanne will call CSW or police if Roxanne and/or Ernie take the children from Mickey and Carol's home.</p>
	<p>The CSW will provide a way for everyone to contact the agency in an emergency or if the safety intervention starts to fall apart. The CSW will arrange a family meeting with all three parents, the children, and anyone who the parents and children feel could support them in planning for the children's safety. If Mickey and Carol need a break, Roxanne allows Burt to watch Jeremiah this weekend.</p>	<p>CSW</p>	<p>CSW will provide DCFS contact info, arrange family meeting</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>Caregivers/legal guardians:</p> <p>_____ <i>Roxanne</i></p> <p>_____ <i>Ernie</i></p> <p>_____ <i>Burt</i></p> <p>[If unavailable to sign, approved via: phone / text / email (circle one)]</p>	<p>CSW & SCSW:</p> <p>_____ <i>CSW</i></p> <p>CSW</p> <p>_____ <i>SCSW</i> _____ <i>2/17/22</i></p> <p>SCSW [Approval obtained via: phone () text (x) email (circle one)] Date</p>
<p>Children:</p> <p>_____ <i>Maryanne</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Other participants (list relationship to child):</p> <p>_____ <i>Mickey</i> (maternal uncle)</p> <p>_____ <i>Carol</i> (maternal aunt)</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>Assigned Children’s Social Worker (CSW) name:</p> <p>_____ CSW Name _____</p>	<p>Phone number:</p> <p>_____ <u>XXX-XXX-XXXX</u> _____</p>
<p>Supervising Children’s Social Worker (SCSW) name:</p> <p>_____ SCSW Name _____</p>	<p>Phone number:</p> <p>_____ <u>XXX-XXX-XXXX</u> _____</p>
<p>Assistant Regional Administrator (ARA) name:</p> <p>_____ ARA name _____</p>	<p>Phone number:</p> <p>_____ <u>XXX-XXX-XXXX</u> _____</p>
<p>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</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[®] Safety Threats (please refer to the SDM Policy & Procedures Manual online for full definitions):

<input checked="" type="checkbox"/> Safety Threat 1	<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"> ● 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	<p>Child sexual abuse is suspected AND circumstances suggest that child/ren's safety may be of immediate concern.</p>
<input type="checkbox"/> Safety Threat 3	<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"/> Safety Threat 4	<p>Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child/ren.</p>
<input type="checkbox"/> Safety Threat 5	<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"/> Safety Threat 6	<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"/> Safety Threat 7	<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"/> Safety Threat 8	<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"/> Safety Threat 9	<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"/> Safety Threat 10	<p>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</p>