Suggestions to Instructor	Reference	Content
Instructor Note: **3 ring binder includes:** • **Lesson Plan Tab**: Lesson plan (1 copy for instructor) • **Case Scenario Tab**: 5 Case Scenarios with Instructions and answers. • **DHS 149 Tab**: Blank DHS 149 Safety Assessment form. • **CFF 722-9B Tab:** Foster Care policy CFF 722-9b • **DHS 66 Tab :** Blank DHS 66 USP-Updated Service Plan • **DHS 145 Tab:** Blank DHS 145 FANS-Family Assessment of Needs and Strengths • **DHS 147 Tab:** Blank DHS 147 Family Reunification Assessment • **Job aids 1 and 2**	**Safety Assessment Trainer Manual**	DHS Safety Assessment Lesson Plan

Suggestions to Instructor	Reference	Content
Instructor Directions: Make a **packet** of the following for **each** person in your training and hand out: • **One** case scenario • **One** DHS 149 Safety Assessment blank template • **One** copy of foster care policy CFF 722-9b • **One** copy of DHS 66 USP-Updated Service Plan • **One** copy of DHS 145 FANS-Family Assessment of Needs and Strengths. • **One** copy of the DHS 147 Family Reunification Assessment • **Job aids 1 and 2**		

Suggestions to Instructor	Reference	Content
Instructor note: All five scenarios must be covered as they outline different safety factor areas of the Safety Assessment. If there are more than five Staff pair them in groups as necessary or if there are less than five Staff than assign more than one scenario to each Staff person.		I have handed out packets of information for this training and while we will **not** cover all the materials word for word we will extract pieces of information as necessary. Let's take a quick look at what you should have in front of you: **Each** person should have: **One** case scenario **One** copy of DHS 149 Safety Assessment blank template **One** copy of foster care policy CFF 722-9b **One** copy of DHS 66 USP-Updated Service Plan **One** copy of DHS 145 FANS-Family Assessment of Needs and Strengths **One** copy of the DHS 147 Family Reunification Assessment **Job aids 1 and 2**
Instructor: Review Objectives and Measures of ½ day Safety Assessment refresher training.		This half-day segment is going to be strictly dedicated to the Safety Assessment, also known as the DHS 149. As a result of the Child and Family Services Review (CFSR) by the United States Department of Health and Human Services and their

Suggestions to Instructor	Reference	Content
		recommendations for improvement, this training is being conducted as a refresher for staff in proper completion of the Safety Assessment.
		These are our Objectives for the half day Safety Assessment refresher training: Staff will be able to:

Suggestions to Instructor	Reference	Content
		• Understand various Safety Factors and their definitions. • Understand when a DHS – 149 Safety Assessment must be completed. • Understand various Protective Interventions to ensure the safety of child(ren). • Complete a DHS – 149 Safety Assessment form as part of the SDM format and determine a safety decision. **These are our Measures to see how well Staff understand material:** • You have been given scenarios and will be able identify

Suggestions to Instructor	Reference	Content
		which safety factors are present and determine a safety decision. • You will be able to verbally identify the appropriate time to utilize the DHS-149 by the end of the training session. • You will be able to document the use of protective interventions in the safety assessment.
		Let's look at the purpose of the Safety Assessment. The **purpose** of the foster care Safety Assessment, DHS –149,

Suggestions to Instructor	Reference	Content
		is to help assess **first,** whether a child(ren) is in immediate danger of physical harm, **second**, to help identify the source of that danger and **finally** to help determine if a protecting intervention is available to be maintained and/or initiated to provide appropriate protection. A protecting intervention, taken by staff or others, is one that remedies the immediate danger and enables longer-range services to be provided to the child(ren) while keeping the family intact.
	CFF 722-6	The Safety Assessment will also help Staff address **Reasonable Efforts** issues with the courts and families through consideration of specific safety factors and protecting interventions…..we will look at these in greater detail when we look at the actual Safety Assessment Form.
	CFF 722-9 B Pg. 1	**The next thing we need to do is look at the difference between Safety and Risk.** I would like Staff to pull out the CFF 722-9B policy from your packets and look at page 1. **Safety** refers to the **present** or imminent danger, along with the interventions currently necessary to protect the child. **Risk** looks at the likelihood of **future** maltreatment by

Suggestions to Instructor	Reference	Content
		Parents or Caretakers.
		Let's look at the type of cases and when you will be required to do a Safety Assessment. All foster care cases are required to do a Safety Assessment when they are currently open for services with a permanency planning goal of: • Return home or maintain own home placement: or • Where parental rights have **not** been terminated, and • When required by the reunification assessment DHS 66 or DHS 147 results. We will talk in more detail about this process later.

Suggestions to Instructor	Reference	Content
	DHS 66 USP pg. 6 #7	I would like staff now to find the DHS 66 Updated Service Plan from your packets and go to page 6 and look at number 7. The Safety Assessment is completed for any household with a **legal** right to placement where a **Reunification Assessment** has been completed as part of the **USP(DHS –66)** or stand alone Reunification Assessment **(DHS-147)** and the results require a Safety Assessment (where both parenting time and barrier reduction are rated as **substantial** or **partial**). • If there is more than one household involved in the case that has legal right to the child(ren), that are being considered for return of child(ren) to the home, complete one Safety Assessment for **(DHS 149)** for **each** household as required by the Reunification Assessment DHS 147. • If the child(ren) is placed in the parental home, complete a Safety Assessment with each USP until case closure, regardless of progress in barrier reduction or participation in services during the report period. • Complete any time circumstances have changed in the case where a threat of imminent danger exists.

Suggestions to Instructor	Reference	Content
		• Do not complete the Safety Assessment if parental rights have been terminated.
		A Safety Assessment is done for **each** child in the household. Especially consider children with diminished mental capacity or repeated victimization.
	DHS 145 Pg 1	**Barrier reduction** are those barriers/needs that you have scored out on your Family Assessment of Needs and Strengths DHS 147 as most serious and are required to be met for reunification to occur. An example of this is **S1 Emotional Stability Behavior**. Let's take a look at **where** these barriers/needs and strengths would be documented and identified. I would like staff to pullout the DHS 145 Family Assessment of Needs and Strengths from your packets and look at page 1. **Barrier reduction** is the focus of the Reunification Assessment. It is essential to be certain that the parents understand what is needed to have their child(ren) returned. If the parents/caretakers have **reduced barriers,** and

Suggestions to Instructor	Reference	Content
		participated in **parenting time** successfully, then we need to look at returning the children home. As a result this is why we need the Safety Assessment. **We need to determine if our interventions, such as services have reduced the barriers enough to allow for safe reunification**
		As stated earlier the Safety Assessment would be completed <u>any time</u> that you are considering returning the child home. **This may be between USP's**. If this is the case then the stand alone **Reunification Assessment DHS 147** would need to indicate that the **Safety Assessment** was necessary. Then a Safety Assessment would be done also. Let's look at where we can find the requirement to complete a Safety Assessment on the stand alone DHS 147. (Reunification Assessment) Pull out the DHS 147 from your packets and go to page 2 and look at section E
	DHS 147 Pg. 2 section E	

Suggestions to Instructor	Reference	Content
		While we are not looking to create the perfect family. We are evaluating if the family is safe enough after the barrier reducing interventions to have the child(ren) returned. We are also seeing if the family can benefit from future interventions to ensure continued safety. We are going to look at two job aids that you have in your packets while we will not actually access the policy manuals or the Safety Assessment DHS 149, the job aids will give you the opportunity to review the process of how you would do it if you had a computer in front of you.
Instructor Note: Have Staff reference job aid 1 on instructions of how to pull up **on line manuals.**	**Job Aid 1**	Let's look at Job aid 1 on how to access the DHS policy on the Safety Assessment. **To access the DHS Policy Manuals:** • Desktop DHS Applications • Online Manuals • Click Ok to OLM Parameters • Select Child and Family Services and click Ok • Select Foster care Manual and click OK • This opens up the policy manual table of contents: **Select**

Suggestions to Instructor	Reference	Content
		Manual item CFF 722-9b
Instructor Note: Reference Job aid 2 on how to access DHS - 149 Safety Assessment **Template** from the Web.	**Job aid 2**	Now let's look at Job aid 2 on how to access the DHS 149 safety assessment form. • Click on Start • Go to DHS Applications • Select Microsoft Word • Select File "'New" • Select DHS 149 Safety Assessment template
Instructor Note: Have Staff refer to the DHS 149 Case	**DHS 149 ID box**	Now that we have had a chance to familiarize ourselves on how to access the actual Safety Assessment form and Safety Assessment Policy let's look at the actual form. Please pull out the Safety Assessment DHS 149 from you packets. The first section you see is the **case identification** information section. You would put the foster care case name, foster case number, protective services case name, protective services case number, protective services referral date, county name,

Suggestions to Instructor	Reference	Content
Information box.		DHS foster care worker name, DHS foster care worker load number, a check box for which service plan this safety assessment is being completed for, your safety assessment date, the household that you are assessing first and last names, and finally the question of whether this was the household the child was removed from.
Instructor note: Have trainees refer to **Section 1** on the DHS 149 Safety Assessment Form	**DHS 149 Section 1**	Let's take a look at the DHS 149 again however I would like you to focus on **Section 1: Safety Factor Identification**. Lets look specifically at each safety factor and what they mean. **Section 1: Safety Factor Identification** This section asks a series of questions designed to list factors that are caused by behaviors or conditions that may be associated with a child being in danger of serious harm. Identify the presence or absence of **each** safety factor by checking either "yes" or "no". If the factor applies to any child in the household, check any condition (s) that apply to the family. **Note:** Consider the vulnerability of each child individually throughout the assessment. Caretaker (s) refers to the person or persons responsible for the care of the child; generally a parent or legal guardian, in the home from which the child (ren) was removed or another person with legal right

Suggestions to Instructor	Reference	Content
		to reunification planning. For each safety factor or condition, check "yes" or "no" to indicate if it is present in the family assessed. **Explain** each factor that is marked **"yes"**. A comment section will follow each factor. **1. Caretaker (s) caused serious physical harm to a child and/or made a plausible threat to cause serious physical harm, indicated by:** • **Serious injury or abuse to child other than accidental** • **Threat to cause harm or retaliate against child** • **Excessive discipline or physical force** • **Potential harm to child as a result of domestic violence** • **One or more caretaker (s) fear they will maltreat child** • **Drug exposed infant** **Yes No Caretaker has caused serious physical harm to the child and/or made a plausible threat to cause serious physical harm <u>and</u> current circumstances suggest that child safety may be an immediate concern. If yes, explain. If no and there was a serious or threatened harm, explain why it is not currently a factor. (worker must**

Suggestions to Instructor	Reference	Content
		narrate) **2. Caretaker (s) has previously maltreated a child in their care. Check all that apply:** • **Prior death of a child** • **Prior serious harm to any child** • **Prior Termination of parental rights** • **Prior removal of any child** • **Prior CPS substantiation** • **Prior threat of serious harm to child** If you check any of these options you must explain in detail on narrative portion. **Yes No Caretaker (s) has previously maltreated a child in their care and the severity of the maltreatment or the caretaker (s) response to the previous incident and current circumstances suggest that the child's safety may be an immediate concern if placement continues with the caretaker (s) or if placement is made with the caretaker (s). If yes explain in detail. If no and there is prior maltreatment, explain why it is not currently a safety factor.** **3. Yes No Caretaker (s) failed to protect children**

Suggestions to Instructor	Reference	Content
		from serious physical harm or threatened harm and perpetrator continues to have access, will likely have access or there are individual (s) living in, or visiting the home on a regular basis, who pose a threat to safety of the child. If yes explain. Worker must narrate in detail on narrative portion. **4. Yes No Explanation of the injury is unconvincing. If yes, explain in detail in narrative portion:** • **Medical evaluation indicates injury is result of abuse, caretaker (s) denies or attributes injury to accidental causes.** • **Caretaker (s) explanation for the observed injury is inconsistent with the type of injury.** • **Caretaker (s) description of the causes of the injury minimizes the extent of harm to the child.** **5. Yes No The caretaker (s) refuses access to a child, or there is a reason to believe the caretaker (s) is about to flee, or a child's whereabouts cannot be ascertained. If yes, explain in detail in narrative portion.** • **Family currently refuses access to child and cannot or will not provide child's location.**

Suggestions to Instructor	Reference	Content
		• **Family has moved child from a hospital against medical advice.** • **Family has previously fled in response to a CPS investigation.** • **Family has history of keeping child at home, away from peers, school and/or other outsiders for extended periods.** **6. Yes No Child is fearful of caretaker (s), other family members, or other people living in or having access to the home. If yes, explain in detail in the narrative portion** • **Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.** • **Child exhibits severe anxiety (i.e., nightmares, insomnia related to the situation (s) associated with a person (s) in the home.** • **Child has reasonable fears of retribution or retaliation from caretakers, other household members or others having access to the child.** **7. Yes No Caretaker (s) is unwilling to provide**

Suggestions to Instructor	Reference	Content
		supervision necessary to protect child from potentially serious harm. If yes, explain in detail in the narrative portion. • **Caretaker (s) does not attend to the child to the extent that need for care goes unnoticed or unmet (e.g., caretaker is present but child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards).** • **Caretaker (s) leaves child alone (time period varies with age and developmental stage).** • **Caretaker (s) makes inadequate and/or inappropriate baby-sitting or child care arrangements or demonstrates very poor planning for child's care** • **Caretaker (s) whereabouts are unknown.** **8. Yes No Caretaker (s) is unwilling to meet the child's immediate need for food, clothing, shelter and/or medical or mental health care. If yes, explain in detail in the narrative portion.** • **No housing or emergency shelter; child must or is forced to sleep in the street, care, etc.; housing is unsafe, without heat, etc.** • **No food provided or available to child, or child**

Suggestions to Instructor	Reference	Content
		starved or deprived of food or drink for prolonged periods. • **Child without minimally warm clothing in cold months.** • **Caretaker does not seek treatment for child's immediate and dangerous medical condition (s) or does not follow prescribed treatment for such condition (s).** • **Child appears malnourished** • **Child has exceptional need which caretaker (s) cannot/will not meet.** • **Child is suicidal and caretaker (s) will not take protective action.** • **Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavior control of serious physical symptoms.** **9. Yes No Caretaker (s) physical living conditions are hazardous and immediately threatening to a child based on the child's age and developmental status. If yes, explain in detail in the narrative portion.** • **Leaking gas from stove or heating unit.** • **Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.**

Suggestions to Instructor	Reference	Content
		• **Lack of water or utilities (heat, plumbing, electricity) and no alternate provisions made, or alternate provisions are inappropriate (e.g., stove, unsafe space heaters for heat).** • **Open windows/broken/missing windows.** • **Exposed electrical wires.** • **Excessive garbage or rotted or spoiled food which threatens health.** • **Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).** • **Evidence of human or animal waste throughout living quarters.** • **Guns and other weapons are not locked.** **10. Yes No Caretaker (s) substance use seriously affects his/her ability to currently supervise, protect or care for the child. If yes, explain in detail in the narrative portion.** • **Caretaker (s) has misused drug (s) or alcoholic beverages to the extent that control of his or her actions is lost or significantly impaired. As a result, the caretaker is unable, or will likely be unable, to care for**

Suggestions to Instructor	Reference	Content
		the child, or has harmed the child, or is likely to harm the child. **11. Yes No Caretaker (s) behavior is violent or out-of-control. If yes, explain in detail in the narrative portion.** • **Extreme physical, verbal, angry or hostile outbursts at child.** • **Use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding, etc.).** • **Domestic violence likely to have negative impact on the child.** • **Use of guns, knives, or other instruments in a violent way.** • **Violently shakes or chokes baby or young child to stop a particular behavior.** • **Behavior that seems out of touch with reality, fanatical, or bizarre.** • **Behavior that seems to indicate a serious lack of self control (e.g., reckless, unstable, raving, explosive).** **12. Yes No Caretaker (s) describes or acts toward child(ren) in predominantly negative terms or has**

Suggestions to Instructor	Reference	Content
		extremely unrealistic expectations. If yes, explain in detail in the narrative portion. • **Caretaker (s) describes child in a demeaning or degrading manner (e.g., as evil, possessed, stupid, ugly, etc.).** • **Caretaker (s) curses and/or repeatedly puts child down.** • **Caretaker (s) scapegoats a particular child in the family.** • **Caretaker (s) expects a child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone).** • **Caretaker (s) view child as responsible for the caretaker (s) problems.** • **Actions by the caretaker may be periodic but form an overall negative view of the child.** **13 Yes No Child sexual abuse is suspected or confirmed and circumstances suggest that child safety may be an immediate concern. If yes, explain in detail in the narrative portion.** • **Confirmed means that there is a preponderance of evidence that sexual abuse occurred.**

Suggestions to Instructor	Reference	Content
		• **Caretaker (s) or others have committed rape, sodomy, or has had other sexual contact with child.** • **Caretaker (s) or others have forced or encouraged child to engage in sexual performances or activities (including forcing a child to observe sexual performances or activities).** • **Access by possible or confirmed sexual abuse perpetrator to child continues to exist.** **14. Yes No Caretaker (s) emotional stability seriously affects current ability to supervise, protect or care for child. If yes, explain in detail in the narrative portion.** • **Caretaker (s) refusal to follow prescribed medicines may skew ability to parent the child.** • **Caretaker (s) inability to control emotions such as anger results in violent or out of control behavior that threatens a child.** • **Caretaker (s) exhibit distorted perception of reality that impacts ability to parent child appropriately (e.g., keeping child from school or play due to extreme fear of germs or violence).** • **Depressed behavior that manifests feeling of hopelessness, helplessness, or leading caretaker to**

Suggestions to Instructor	Reference	Content
		being immobilized (e.g., failure to attend to child, feed or properly clothe child, and provide suitable environment). **15. Yes No Other, If Yes, explain in detail in narrative portion** You will respond to identified safety factors through implementing **one or more of the seven in-home protecting interventions,** when it is determined that a child(ren) can be returned/maintained home safely with services in place. Protective Intervention is an action taken by Staff or others that improves the unsafe condition identified in the safety assessment while short term services are provided to the family. Protecting Interventions are the services that control the safety of the child in the home. • If in-home Protecting Interventions can not control the presence of the safety factor (s) or have a failed, the safety response and protecting intervention are to continue out-of-home placement or remove the child (ren) while services are

Suggestions to Instructor	Reference	Content
		provided to reduce the risk of future maltreatment. • If the in-home Protecting Interventions have resolved safety issues, children in placement may be returned while other services are provided • Children in out-of-home placement may be returned home if there are in-home Protecting Interventions in place which allow the child (ren) to be "safe with services" or if the safety factors previously identified have been resolved or are no longer present e.g., perpetrator left the home. I would like you to look again at the DHS 149 Safety Assessment template and go to page 5 section 2 which is titled **Safety Response: Protecting Interventions.** **Let's look in detail at the Seven Protecting interventions:** **Section 2: Safety Response – Protecting Interventions** **1. Monitoring or direct services by DHS/CPA Worker.** This section includes all activities by the worker in areas such as counseling, crisis intervention, preventive service referrals,

Suggestions to Instructor	Reference	Content
		repeated home visits, requirements to clean house, contact with collateral's, etc **Another example** of this would be where home visits may be scheduled or unscheduled. Unscheduled visits should be encouraged so the worker can monitor the home environment in a more natural and unplanned setting. In some situations, the direct service worker may also provide direct treatment to the family. In these situations, counseling may be provided by the worker as a safety intervention that allows for the child (ren) to be returned home. **2. Use of family resources, neighbors or other individuals in the community as safety resources.** This area includes any activity arranged or approved by the worker that is a non-traditional service. An example of this would be local churches that provide youth or single parent groups. **Another example** of this would be for the family to use appropriate neighbors or relatives to get the children on/off the bus if the parent is at work. The family may also use a neighbor or relative as a message phone if the family does not

Suggestions to Instructor	Reference	Content
Instructor Note: Protecting Interventions for all scenarios will vary based on County Resources/Services available.	**?**	have a phone **What types of non-traditional/traditional services do we have in our community for our parents/caretakers?** **3. Use of Community agencies or services as safety resources.** **Intensive home based** **Other community** This area looks at the specific service type arranged or approved by the worker from an agency or private counselor in the community such as Families First, Wrap Around, Parenting, Substance Abuse, Parent Aide, Homemaker, Home Health, etc, Note this may include monitoring from a service provider. **An example** of this would be Head-start program, Early-On services or any local service-based resource available in our community **4. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.**

Suggestions to Instructor	Reference	Content
		An example of this area includes any activity where the Perpetrator leaves the household such as Personal Protection Orders, arrest of the perpetrator or other similar actions or where the non-offending caretaker prevents access to the child by the perpetrator. You may have a situation where the non-offending adult has not requested a Personal Protection Order (PPO), but the Family Court that authorized the neglect/abuse petition may specifically order the perpetrating adult out of the home. You may also have a situation where the perpetrating adult leaves voluntarily. This could be the case where the perpetrator is not related to the children and is not married to the non-offending parent, or in other situations, the perpetrator could be a parent to the child, possibly married to the non-offending parent. An example would be a father who hit one of the children so hard that the child required medical attention and was subsequently removed from the home. The father could voluntarily leave the home while services are provided, so the child could be returned home with the mother. In any of these situations, you should establish a safety plan with the family to ensure that everyone understands what kind of contact is allowed, what to do if the perpetrator violates the parameters of the contact agreement/court order and what the consequences are if the non-offending parent allows contact without authorization

Suggestions to Instructor	Reference	Content
		5. Have the non-maltreating caretaker move to a safe environment with the child. This area includes any move arranged or approved by the worker in which the caretaker leaves the household with the victim or potential victims such as a domestic violence shelter, with friends or relatives. **An example** of this could involve relocating the family to an area within their community, or outside of their community. It could even involve relocating a family out of state, particularly if the family has an identified support system in another state. Creativity and "thinking outside the box" are encouraged in these situations. Many times this safety intervention could be used when a non-offending parent wants to protect his/her children from an abusive partner, but lacks the ability to do that where he/she is living. You should utilize domestic violence resources when this situation presents itself. But also remember that if the perpetrator is a legal parent to a child involved, court intervention may be necessary prior to any moves. You should not interfere with an existing court order that requires the non-offending parent to stay within a certain geographical area, or that requires the children to be present for parenting time with the offending parent.

Suggestions to Instructor	Reference	Content
		6. Have the caretaker (s) place the child outside the home. This section is where a parent may realize they cannot meet the daily needs of the child however do not want court jurisdiction and are willing to have a relative or fictive kin placement take care of the child (ren) and still have contact. **An example** of this could include guardianships and powers of attorney. The age of the child, the prospective guardian's ability to provide long-term care emotionally, physically and financially should all be assessed when a determination for a guardianship or power of attorney is being considered. Also, you need to remember that guardianships cannot be completed for MCI Wards, as the MCI Superintendent is the child's legal guardian **7. Other** This section allows the worker to narrate other services not covered by any of the protecting intervention services. Use of "other" should be limited to activities not covered in the preceding definitions. Worker must narrate clearly and specifically why this section applies to this case.

Suggestions to Instructor	Reference	Content
Instructor Note: Have Staff reference DHS 149 Section 2 Number 8.	**DHS 149 Section 2 #8**	Remember a Protecting Intervention is an action taken by staff or others that improves the unsafe condition identified in the assessment while short-term services are provided to the family. Protecting Interventions are the services that control the safety of the child. This should also tell you what effect the services you referred the family to had. That will give you a **Reasonable Efforts** assessment. In other words; were the efforts made on this case enough to reduce the barriers. I would like you to look at the DHS 149 section 2 and number 8. If the child would not be safe, and there are no interventions that could be placed in the home to make the child safe with services, then you will be checking **number 8**. **Number 8** is simply that the placement out of home will continue, or that the courts will remove the children. This indicates that the children must remain or be placed out of the home. All of your protecting interventions need to be listed on the DHS 149. If you are going to begin a protecting intervention, list it. List

Suggestions to Instructor	Reference	Content
	?	any interventions that will begin in the **future** also. Describe how that intervention will keep the safety of the child intact. **Will the explanation of the protective intervention's increasing safety for the child mean that the child can be returned home?** Then the child is "safe with services". Don't forget that you will be doing a new safety assessment during every USP period that the child is in the home until the case is dismissed. Remember to attach the DHS 149 to the service plan and add brief narrative on your service plan for decisions that are different for siblings. **Now let's look at what decisions the Safety Assessment leads you to make.** • **Safe** If no safety factor is present in the family.

Suggestions to Instructor	Reference	Content
		• **Safe with Services** If any safety factors is present and is controlled in home by a protecting intervention while other services are provided • **Unsafe** If any safety factor is present and the only protecting intervention is the removal of the children from the home or continued out-of-home placement.
Instructor note: Have Staff reference DHS 149 Safety Assessment Form section 3	**DHS 149 pg. 6 section 3**	Lets all take a look at where your Safety Decision is located, pull out the DHS 149 Safety Assessment template from your packets and go to page 6 section 3. This is where your Safety Decision is identified.

Suggestions to Instructor	Reference	Content
		Now that we have had a chance to look at all the safety factor questions and definitions and what protective interventions you can implement to keep or return a child (ren) to their parents/caretakers and what factors ultimately lead to your safety decisions, let's actually **apply** what we have learned and put all these pieces together.
		On each Safety Factor question on the Safety Assessment DHS 149, ask yourself, "what time period am I describing" This can and has been a place where a worker can be confused. The time frame of the question can be referring to the time of initial removal. In many of the safety factor questions that is the case. You may be answering yes to the safety factor question and then expounding in the narrative portion that it was at the time of removal, and that **currently** the situation has changed. For each example that indicates a **"yes"** ask if that was a current circumstance that safety was an immediate concern. If so, explain why it is a concern and what protective intervention would be needed to alleviate the immediate safety factor. If it is not a safety factor now, explain how the protective intervention reduced the threat.
	DHS 149	

Suggestions to Instructor	Reference	Content
Instructor Note: Use the Scenario's that are included with this presentation to start discussion. Each scenario is specifically designed to address **certain safety factors.** You should have assigned all scenarios based on numbers of trainees present and group in pairs if necessary and debrief. **Instructor Note: Covering all 5 scenarios will ensure all areas of Safety Factor Identification questions will have been covered.** **Answer key provided for each scenario.**	**CFF 722-9b** **Scenario**	**These are your Instructions for Safety Assessment Exercise:** **We are going to assume that you have completed the USP and Reunification Assessment on the case or scenario that you have been given. You have determined there is partial/partial compliance with barrier reduction and parenting time in this case. Based on policy, you must now complete a Safety Assessment. Read your scenario and then determine what safety factors, if any would be affected. If a safety factor is not addressed in the scenario, you may assume that factor is not a safety concern for that case.** I would like each group to delegate a speaker that will read the scenario that you have been assigned out loud to the entire group and document the answers to the following questions on your blank copy of the DHS 149 Safety Assessment form that you have in your packets

Suggestions to Instructor	Reference	Content
Ask these Questions		I would like each group to answer the following questions: • **What Safety Factors were present in your scenario?** • **What Protective Interventions did you use that were successful?**
Instructor should allow 30 minutes to have trainees review scenarios and document response on DHS 149 **Each group/person should have:** • **Blank DHS 149** • **Copy of policy CFF 722-9** • **At least one scenario**	**DHS 149 CFF 722-9B SCENARIO**	I am going to give you 30 minutes to review your scenario and document your response. You should have the following materials in front of you: • A Blank DHS 149 Safety Assessment Form to document your safety factors and protective intervention responses • A copy of Foster Care Policy CFF 722-9b • The Scenario (s) you were assigned. Note if you were assigned more than one scenario use separate DHS 149 Safety Assessment forms for documentation.

Suggestions to Instructor	Reference	Content
30 minutes later…… **Instructor Note: It is imperative that all 5 scenarios are covered because each scenario is designed to focus on certain safety factors. Covering all 5 scenarios will ensure all areas of Safety Factor Identification questions on the Safety Assessment Form will have been covered.**	**Scenario 1**	**I would like the person that was designated as the speaker to read Scenario #1 and answer the questions that you were asked.** Jimmy and Jason are 4 years old. These boys are twins who were living with their mother, Ann, and her LTP, Tim. One day, Jason wet his pants and Tim grabbed his arm and spanked him with a wooden paddle. Holding his arm while spanking him resulted in Jason's arm being broken by Tim. Jimmy attempted to help Jason while he was being injured and received a

Suggestions to Instructor	Reference	Content
		spanking as well. Jimmy had bruising on his buttocks and back upper portion of his legs. CPS was called and did an investigation. The boys were then placed in foster care at the Ball foster home. They have been there for 4 months. Ann continues to live with Tim and refuses to leave him or kick him out. She has been attending visitations as scheduled and her interaction with the boys is very good in this supervised setting. Ann has also attended parenting classes and is showing some new skills she has learned from these classes. She did receive a certificate for attending all but one of the parenting classes. Tim attended three of the 8 parenting classes. He has attended visitations an average of once a month. He did attend a psychological evaluation but has not followed through with any follow up therapy appointments. Thank you for reading the scenario and can you tell us what are Safety Factors that you and/or your group identified and what was the Protective Intervention used that was successful in addressing these safety issues. **You should have identified on Section 1 of DHS 149 Safety Assessment form the following Safety Factors for Scenario 1:** **#1**- Caretaker caused serious physical harm to a

Suggestions to Instructor	Reference	Content
		child….serious injury or abuse to child other than accidental and excessive discipline or physical force **#3-** Caretaker failed to protect children from serious physical harm… perpetrator continues to have access…
	Scenario 2	**Ok let's move on to the next group/person, I would like the person that was designated as the speaker to read Scenario #2 and give us your response to the questions.** Kelly lived with her mother, Sherri, and her mother's boyfriend, Roy. Kelly told her teacher that Roy was touching her and making her participate in sexual activity with him. CPS has started an investigation and removed Kelly from the home. As you are reviewing the case, you discover Sherri had previous CPS involvement. Sherri had a different LTP who had physically abused Kelly 2 years ago. Kelly had been removed from her mother's care then and did not return to her mother for over a year. Kelly has been adjusting to foster care fairly well. She has been visiting with her mother on a weekly basis. Sherri is always on time for visits and is very appropriate during visit time. She does show an interest in Kelly and what is happening with her at school and at the foster home. At the last visit, Sherri asked if she could take Kelly out to dinner for a future visit. As this request was being considered, the visit

Suggestions to Instructor	Reference	Content
		supervisor overheard Sherri tell Kelly that she was trying to get some time alone with her. She whispered to Kelly that she and Roy were planning to take Kelly to Florida with them if they had the chance. Kelly verified this information with you following the visit. She does not want to live with Roy ever again. **Thank you for reading the scenario and can you tell us what are Safety Factors that you and/or your group identified and what was the Protective Intervention used that was successful in addressing these safety issues** **You should have identified on Section 1 of DHS 149 Safety Assessment form the following Safety Factors for Scenario 2:** **#2**- Caretaker has previously maltreated a child in their care…prior removal of any child…Prior CPS substantiation **#5**- The caretaker refuses access to the child….reason to believe the caretaker is about to flee… **#13**- Child sexual abuse is suspected or confirmed
	Scenario 3	**Ok let's move on to the next group/person, I would like the**

Suggestions to Instructor	Reference	Content
		person that was designated as the speaker to read Scenario #3 and give us your response to the questions Alan is 6 months old and has just been removed from his biological mother Jan. Alan was seen by his pediatrician for his well baby check and the physician noted bruising on his neck and back. When asked what had happened, Jan said Alan had rolled off the couch onto the floor. She stated he was lying on his back on the couch and rolled onto the floor. The doctor notified CPS of his concerns about this child. The doctor said the explanation of this injury is very unlikely, nearly impossible. He said it is very rare for a baby this age to become bruised on the neck in an accidental manner. Jan maintains Alan just “has a little bruise” and says she does not understand why everyone is making such a “big deal about it.” She says Alan is “a pain in the butt” and “he is always crying and getting on my nerves.” She also says Alan is “ slow” and she doesn’t understand why he isn’t starting to walk yet. She says she keeps hoping he will “grow up” and “stop being such a baby.” At the visits, Alan will immediately start crying and fussing upon seeing Jan. He is not consoled easily and generally spends half the visiting time in a state of upset. He will sometimes cry until he becomes physically ill. Jan will react to this crying by telling him he is a “little brat” and that she “can hardly stand the sight of” him. Following the visits, foster mom reports Alan will wake up often during the night crying

Suggestions to Instructor	Reference	Content
		and wanting to be held. This usually subsides after a day or two but returns following the next visit. **Thank you for reading the scenario and can you tell us what are Safety Factors that you and/or your group identified and what was the Protective Intervention used that was successful in addressing these safety issues** **You should have identified on Section 1 of DHS 149 Safety Assessment form the following Safety Factors for Scenario 3:** **#4**- Explanation of the injury is unconvincing…minimizes extent of harm **#6**- Child is fearful of caretaker…. Child cries, exhibits fear in caretakers presence **#12**- Caretaker describes child in predominantly negative terms or has extremely unrealistic expectations
	Scenario 4	**Ok let's move on to the next group/person, I would like the**

Suggestions to Instructor	Reference	Content
		person that was designated as the speaker to read Scenario #4 and give us your response to the questions Sissy is a 2 year old. She lived with her mother, Patty. A neighbor called CPS as this child was outside alone much of the time. When CPS went out to investigate, they found the child in the road. Witnesses report she had been unsupervised outside for the past 2 hours. CPS had to call law enforcement to assist, as they could not rouse Patty. When law enforcement came to the door, Patty answered after repeated knocking. She said she had fallen asleep. She did not know where Sissy was when she was asked. She said the boy down the street was supposed to watch her. She did not know his name and thought he might be 8 years old. Upon entering the home, CPS found that the home was filthy. There was animal feces all over the floor. Dirty dishes were piled in the sink. A dead raccoon was on the front porch of the trailer. Patty had no running water in the home and she had run out of fuel to heat the home. Sissy was outside in her underwear and CPS were only able to locate two pairs of pants and two shirts for Sissy. A partial gallon of milk in the refrigerator was spoiled. There were two cans of corn in the cupboard. The freezer was empty. Sissy was removed at that time and placed in foster care. Patty is attending most of her visits and does seem to be happy to see her child during this time. She has attended two parenting classes and has scheduled a psychological

Suggestions to Instructor	Reference	Content
		evaluation. She recently received an eviction notice for the trailer. The conditions at the trailer have improved only slightly. Patty still has little food in the home and the home is still not heated and has no running water. Patty has picked up some of the animal feces but there is still some in the home. **Thank you for reading the scenario and can you tell us what are Safety Factors that you and/or your group identified and what was the Protective Intervention used that was successful in addressing these safety issues** **You should have identified on Section 1 of DHS 149 Safety Assessment form the following Safety Factors for Scenario 4:** **#7**- Caretaker is unwilling or unable to provide supervision necessary to protect child from potentially serious harm **#8**- Caretaker is unwilling or unable to meet the child's immediate need for food, clothing, shelter… **#9**- Caretaker's physical living conditions are hazardous and immediately threatening to a child

Suggestions to Instructor	Reference	Content
	Scenario 5	**Ok let's move on to the next group/person, I would like the person that was designated as the speaker to read Scenario #5 and give us your response to the questions** Jesse lived with his father, Dan. Jesse is 7 years old and he is in the 2nd grade. When Dan was dropping Jesse off at school, he began yelling at Jesse in the hallway. A number of teachers overheard him screaming at his child. Jesse told his teachers that his dad has a gun and has held the gun to Jesse's head when he is being bad. Dan has told Jesse that he is the "son of Satan" and that he needs to be punished for being so evil. The teachers reported this incident to CPS. CPS investigated and removed Jesse from Dan's care. Dan is addicted to cocaine and has tested positive for cocaine twice in the past 4 months. He says he gets angry with Jesse when he is using. He has attended a substance abuse evaluation and has scheduled follow up treatment. He has also attended a psychological evaluation. He has been diagnosed with Paranoid Schizophrenia. Dan says he doesn't think he needs any medication and he does not want to take "a bunch of pills that will mess with my head." Dan has attended most of the visits with Jesse and does fairly well during those visits. He has started to attend parenting classes as they just began last week.

Suggestions to Instructor	Reference	Content
		Thank you for reading the scenario and can you tell us what are Safety Factors that you and/or your group identified and what was the Protective Intervention used that was successful in addressing these safety issues **You should have identified on Section 1 of DHS 149 Safety Assessment form the following Safety Factors for Scenario 5:** **#10**- Caretaker's substance abuse seriously affects his ability to currently supervise, protect, or care for the child **#11**- Caretaker is violent or out of control…hostile outbursts at child. **#14**- Caretaker's emotional stability seriously affects current ability to supervise, protect, or care for the child… refuses prescribed medication…distorted perception of reality… **I hope this half day presentation has been helpful in reviewing the appropriate completion of the Safety Assessment and thank you for coming.**

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Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content

FOSTER CARE
CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

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FOSTER CARE
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Suggestions to Instructor	Reference	Content

FOSTER CARE
CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

FOSTER CARE
CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content

FOSTER CARE
CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

FOSTER CARE
CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

FOSTER CARE
CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

FOSTER CARE
CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

FOSTER CARE
CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

FOSTER CARE
CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content

Suggestions to Instructor	Reference	Content
Instructor Note: Protecting Interventions for all scenarios will vary based on County Resources/Services available.		

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Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content

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CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

FOSTER CARE
CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

Suggestions to Instructor	Reference	Content

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CFSR PIP Stand Alone Safety Assessment DHS 149 Module

Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content

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Instructor note: ask ? 's	**? 's**	**Ask yourself**: **Is this child safe?** **Are there any other factors or considerations that impact the child's safety?** **What is in the Best Interest for this child?**

Suggestions to Instructor	Reference	Content
		Is the child ready to be returned home? **Is the parent ready for the child to be returned home?**
	? 's	**Do any of these questions suggest a different outcome than the Safety Assessment**? If the answer is yes, note that you have completed the DHS 149 in your ISP and/or USP. Then document the facts, impressions, or circumstances that would say the child is not safe in your opinion. This will shape your recommendation you make to the court.
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Suggestions to Instructor	Reference	Content
		If any of the factors are scored as **unsafe**, and the explanation describes a situation that continues to be negative, the child is **unsafe**. Be certain that you are reading the questions correctly and that your explanations are referring to the current situation. Keep in mind that the SDM system is a guideline, and not a mandatory recommendation. So if you do not agree with the score of unsafe, you can recommend return home. Clearly document that you have completed the **Safety Assessment.** Document the Safety Assessment score. Then you will want to carefully detail your reasons for the recommendation of return home, despite the unsafe score. Make sure that the recommendation is in the **Best Interest** of the child.

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Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content

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Suggestions to Instructor	Reference	Content