

## DSS Policy and Procedure Guide

Division 03: Child Welfare

Chapter 03: Initial Response/Detention

### Item 002: Use of Structured Decision Making in Emergency Response

Suggested changes send to: [DSS PSOA](#) Mailbox

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References: [Division 31 Child Welfare Program- Intake Regulations](#); [SDM Policy and Procedures Manual](#)

Revisions in Red

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### Preamble

Child Welfare Policy and Procedure Guides are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

### Policy

Department of Social Services (DSS) Child Welfare Emergency Response (ER) Social Workers (SW) shall utilize Structured Decision Making (SDM) on each report of suspected or known child abuse or neglect received by the Child Abuse Hotline and each referral determined to meet the threshold for an in-person SW response. The use of SDM tools (found in the [online California SDM Application](#)) will support SWs in their efforts to meet the goals of increased safety, permanence and well-being of children who are served by DSS and reduce the rate of subsequent abuse/neglect referrals and substantiations; the severity of subsequent abuse/neglect complaints or allegations; the rate of foster care placement; and the length of stay for children in foster care.

Through the use of SDM SWs and their Social Work Supervisor (SWS) will be able to improve assessments of family situations to better ascertain the protection needs of children and increase consistency and accuracy in case assessment and case management. **Further, SDM is to be integrated into Safety Organized Practice as part of the DSS Child Welfare Children and Family Practice Model.**

### Purpose

To inform ER SWs of the Policies and Procedures regarding the use of SDM in the ER division.

## Definitions

Hotline Tools - Used to assess whether a referral meets the statutory threshold for an in-person response by a SW and, if so, how quickly to respond. The Hotline Tools form contains two tools: the Screening Tool and the Response Priority Tool.

Screening Tool - Used to assess the information provided by the reporting party and indicate the screening decision.

Response Priority - Used to determine how quickly a SW shall respond.

Decision Tree - Used to determine a response time for each category of abuse and neglect allegation. The Decision Tree is not required when it has been determined that the referral allegations do not meet the statutory threshold for an in-person response.

Overrides - SDM policy items used to determine if a response time may be reduced by one level.

Safety Assessment - Used on all referrals that are assigned for in-person response. The assessment provides structured information concerning the danger of immediate harm/maltreatment to a child. This information guides the decision about whether the child may remain in the home with no intervention, may remain in the home with safety interventions in place or must be protectively placed.

Safety Threats - Ten critical threats (nine identified and defined and one “other”) that include the kinds of conditions that, if they exist, would place a child in danger of immediate harm. The Safety Threats must be assessed in every referral or case.

Caregiver Complicating Behaviors - These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan.

Household Strengths - Resources and coping skills/qualities, in an individual or family that contribute to family life but do not, in and of themselves, directly enhance the child’s protection from the safety(s) over time.

Protective Actions - Specific actions and/or activities that have been taken by the caregiver that directly address the safety threat and are demonstrated over time.

Safety Interventions - Actions taken to specifically mitigate any identified safety threats.

Safety Plan - Required when the safety decision is “Safe with Plan.” One or more safety threats are present: however the child can safely remain in home with a safety plan. In home protective interventions have been initiated through a safety plan and the child will remain in the home as long as the safety interventions mitigate the safety threats. It is a written agreement that the SW develops with a family that clearly describes the action plan that will mitigate threats to a child’s safety. It is

intended to have an immediate effect and be immediately available and accessible. Refer to Attachment A: Fresno County Emergency Safety Plan.

Danger Statements - Simple behavioral statements of the specific worry the SW and SWS have with the child(ren) now and into the future. It must include who is worried about the child, the potential caregiver actions/inactions that are of concern, and the potential future impact on the child.

Safety Mapping - A teaming meeting with the family that discusses danger and safety to the child in three categories: What is Working Well, Worries, and Next Steps. It is intended to build shared understanding and agreement among the family and their Circle of Support as to the danger, safety and risk to the child.

Risk Assessment - Required for all in-person referrals. The Risk Assessment tool identifies families with low, moderate, high, or very high probabilities of future abuse or neglect.

Risk Assessment Policy Overrides - Reflect incident seriousness and/or child vulnerability concerns and have been determined by the agency to warrant a risk level designation of “very high” regardless of the risk level indicated by the assessment tool. **Policy Overrides require supervisory approval.**

Risk Assessment Discretionary Overrides - Used to increase the risk level by one level in any case in which the SW believes that the risk level set by the risk assessment is too low. **Discretionary Overrides require supervisory approval.**

Family Strengths and Needs Assessment - Used to evaluate the presenting strengths and needs of each family.

Family Safety Support Plan - Required when an ongoing safety plan was developed with a family and their Circle of Support at a teaming meeting (such as an Imminent Risk (IR) Team Decision Making (TDM) meeting, TDM, Safety Mapping or staffing). It is developed to ensure that the child(ren) can remain safely at home without the ongoing intervention of the DSS. Refer to Attachment B: Fresno County Family Safety Support Plan.

## **Procedure**

### **Hotline SW Responsibilities**

SWs assigned to the Hotline unit shall use the SDM Hotline Tools on each report of known or suspected child abuse or neglect received from a reporting party. This applies to reports received by telephone, e-mail, letter, Suspected Child Abuse Report (SCAR) or in person. SWs working in the Hotline on a temporary basis are also required to utilize the Hotline Tools.

### **Hotline Tools**

The Screening Tool shall be used by the Hotline SW for all referrals that are created in CWS/CMS to:

- Assess the information provided by the reporting party.
  - Based on the information provided by the reporting party, the Hotline SW shall mark all criteria that apply. **If the information provided does not reach the threshold of the definition for an item, the item shall not be marked.**
- Indicate the screening decision.
  - If one or more criteria are marked, the Hotline SW shall identify the referral as requiring an in-person response.

The Response Priority shall be used for all referrals that meet the statutory threshold for an in-person social worker response. (See [Penal Code § 11165.1; 1165.2; 11165.3; 11165.4; 11165.5 and 11165.6](#)) The Response Priority shall be used to:

- Determine how quickly to respond. Per SDM, face-to-face contact shall begin within 24 hours or within 10 days.

**NOTE:** SDM identifies an immediate response as requiring a face-to-face contact within 24 hours. **Fresno County DSS requires that face-to-face response begin within 2 hours for all immediate response (crisis) referrals.**

**Pre-approval by an ER Social Work Supervisor (SWS) or Program Manager (PM) is required for a delayed face-to-face response to begin within 24 hours.**

- If the child is in out-of-home care and the perpetrator is a foster parent, relative, mentor, sibling or other dependent child, a discretionary override may be used if the perpetrator continues to have access to the child. A discretionary override may be also be used if the perpetrator has access to other dependent children in the home. See [PPG 03-03-009, Referrals on Dependent Minors](#).
- If a child has already been taken into protective custody, the referral will be an automatic 2-hour response. These referrals are often referred to as “P.D. Waiting” referrals.

#### Use of the Decision Tree

The Hotline SW shall select the response priority Decision Tree that corresponds with the allegation type (physical abuse, emotional abuse, neglect, or sexual abuse). **If there is more than one allegation, the SW shall begin with the most serious allegation.**

- The use of a Decision Tree is not required when it has been determined that the referral allegations do not meet the statutory threshold for an in-person response by a SW.

- The Hotline SW shall begin with the first question on the Decision Tree, and gather information from the reporting party that will lead to an answer of yes or no.
- The Hotline SWs shall utilize the [Child Protection Hotline Basic Response Guide](#) and the [Child Protection Hotline Extended Response Questions Guide](#) and [PPG 03-03-001](#), *Child Protection Hotline* as guides in this task.
- The Hotline SW must utilize the SDM definitions when answering the Decision Tree questions.

### Overrides

After completing all required Decision Trees, the Hotline SW shall proceed to the override section of the Hotline Tool and determine whether any apply.

- If “Ten Days” is the determined response time, the SW shall consider whether any of the policy overrides to 24 Hours (2-hour crisis response) apply.
- If “24 Hours” (2-hour crisis response) is the determined response, consider whether any of the policy overrides to reduce the response priority by one level apply.
- The Hotline SW shall utilize current DSS policies and procedures when considering the appropriateness of an override.
- **The Hotline SW shall discuss a discretionary override with the Hotline supervisor to obtain pre-approval for the override.** When the Hotline supervisor is not available the ER supervisor assigning that day’s Crisis referrals (Board Supervisor) or that supervisor’s back-up (Back-Up Board Supervisor) may give approval.
- When supervisor pre-approval for the override is received the Hotline SW shall indicate the final response priority.

### **Responding SW Responsibilities**

#### **Safety Assessment**

The Purpose of the Safety Assessment:

- **To help assess whether any child is likely to be in immediate danger of serious harm/maltreatment which requires a protecting intervention; and**
- **To determine what interventions should be initiated or maintained to provide appropriate protection.**

**NOTE:** It is important that the SW keep in mind the difference between safety and risk when completing the Safety Assessment form. Safety Assessment assesses the child's present danger and the interventions currently needed to protect the child. Risk Assessment looks at the likelihood of future maltreatment.

Safety Assessments are to be completed by the responding SW for:

- All referrals that are assigned for in-person response.  
(If the referral alleges maltreatment by a substitute care provider, *use the substitute care provider safety assessment.*)
- Any open referrals or cases in which changing circumstances require safety assessment due to:
  - a change in family circumstances;
  - a change in information known about the family; or
  - a change in the ability of safety interventions to mitigate safety threats.

#### When to Complete a Safety Assessment

For a new referral, the safety assessment process is completed, using the safety assessment field guide, before leaving a child in the home, or returning a child to the home during the investigation.

For a child who has already been protectively placed by law enforcement or other means, and for whom no safety assessment has been completed, the responding SW shall complete a safety assessment within two working days of the referral.

For open referrals or cases in which changing circumstances prompt a new safety assessment, the safety assessment process shall be completed immediately. The safety assessment form shall be completed within two working days.

If a safety plan was initiated, there must be an updated safety assessment documenting that the safety threats have been resolved. If safety threats remain unresolved, a case should be opened.

#### Accurate Completion of the Safety Assessment

Record the date of the safety assessment. The date of assessment should be the date that the SW made initial face-to-face contact with the child to assess safety.

Enter the type of safety assessment, which is either:

- **Initial.** Each referral should have only one initial assessment. This should be completed during the first face-to-face contact with a household where there are allegations.

However, if there are allegations in two households within a single referral, there may be two initial safety assessments.

- **Review/Update.** A review/update includes a safety assessment, completed on a second household where there are no allegations.
- **Referral Closing.** A specialized review/update that is completed when considering closing a referral without promoting it to a case.

Enter the name of the household assessed using the last name of the primary caregiver in the household.

- In some referrals there may be more than one household with a safety assessment. If both primary caregivers have the same last name, also include the first name.
- Indicate whether there are allegations in the household being assessed. (If at least one alleged perpetrator resides in the household, there are allegations in the household.)
- Indicate whether any child vulnerabilities are present.
  - The presence of one or more vulnerabilities does not automatically mean that the child is unsafe. However, the vulnerability issues provide a context for the safety assessment.

### Safety Threats

Safety Threats must be assessed in every referral or case. There are no exceptions. The threats include the kinds of conditions that, if they exist, would place a child in danger of immediate harm. The SW shall use the definitions provided for each Safety Threat.

The SW shall rely on all information available at the time of the assessment. The SW shall make every effort to obtain sufficient information to assess these items prior to terminating his/her initial contact.

**For each item, consider the most vulnerable child.**

- If the safety threat is present, based on available information, the SW shall mark that item "yes." If the safety threat is not present, that item shall be marked "no."
- If there are circumstances that the SW determines to be a safety threat, and these circumstances are not described by one of the existing items, the SW shall mark "other" and briefly describe the threat.
- **If no safety threats are present, the SW selects the safety decision, "Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm. Complete the investigation and the risk assessment as required.**

### Household Strengths and Protective Actions

If one or more Safety Threats were identified, the SW shall mark any of the listed protective capacities that are present for any child/caregiver.

The SW shall consider information from:

- The referral;
- SW observations;
- Interviews with children, caregivers, and collaterals; and
- Review of records

For "other," consider any existing condition that does not fit within one of the listed categories but may support protective interventions for the identified safety threats.

### Safety Plan

A Safety Plan is required when the safety decision is “Safe with Plan” One or more safety threats are present: **however, the child can safely remain in home with a safety plan. In-home protective interventions have been initiated through a safety plan and the child will remain in the home as long as the safety interventions mitigate the safety threats.**

The following must be included in any Safety Plan:

- Each safety threat is identified.
- The safety threats are described in a danger statement(s) that is written in a family-friendly manner.
- Detailed and specific action steps are provided that will ensure the safety of the child .
- **Action steps must meet the following criteria:**
  - **Least restrictive response.**
  - **Action-oriented.**
  - **Immediate controls for safety.**
  - **Safety resources are readily accessible at the level required to assure safety.**
  - **There is a backup plan in place in the event that the original plan fails.**



- Information that describes how the safety plan tasks will be done, by whom, and how often as well as the duration, Indicate SW activities to oversee the safety plan.
- **Any plan which restricts parents' contact with their child(ren) must be short term and only as long as necessary to complete the assessment.**
- Signatures lines for safety plan participants, parents, , the SW, and their supervisor.

The Safety Plan MUST be completed with the family, and a copy shall be left with the family.

The Safety Plan shall be documented in the investigation contact in CWS/CMS in accordance with [PPG 03-01-001](#), *Mandatory Face-to-Face Contacts/Documentation Timeframes*.

**The Safety Plan is intended to be short term, pending the convening of either a Safety Mapping, Imminent Risk TDM (IR TDM), or staffing with the family and their Circle of Support.**

### In-Home Protective Interventions

If the SW has determined that one of the 9 safety interventions (8 identified and defined and one “other”) can keep the child safe in the home, that is recorded here. The SW records that the Safety Decision is, **“Safe with plan.”** One or more safety threats are present; however the child can safely remain in home with a safety plan. In-home interventions have been initiated through a safety plan and the child will remain in the home as long as the safety interventions mitigate the safety threats.

Safety interventions are actions taken to specifically mitigate any identified safety threats. They need to address immediate safety considerations rather than long-term changes.

### **Risk Assessments**

Risk Assessments are required for all in-person referrals. The Risk Assessment tool identifies families with low, moderate, high, or very high probabilities of future abuse or neglect. The Risk Assessment tool also enables the SW to assess the likelihood that a family will maltreat their child in the next 18 to 24 months. The tool does not predict recurrence but simply assesses whether a family is more or less likely to have another incident without intervention by the agency.

### When to Complete a Risk Assessment

The Risk Assessment shall be completed:

- After the Safety Assessment has been completed and the SW has reached a conclusion regarding the allegation; **and**
- Prior to the referral being closed or promoted to a case. This shall be no later than 30 days from the first face-to-face contact.

### Risk Assessment Decision

The decision identifies the level of risk of future maltreatment. The risk level guides the decision to close a referral or promote a referral to a case as follows:

- Low Risk: Close the referral
- Moderate Risk: Close the referral
- High Risk: Open a new case
- Very High Risk: Open a new case

**NOTE: When unresolved safety threats are still present at the end of the investigation, the referral should be promoted to a case regardless of risk level.**

### Accurate Completion of the Risk Assessment

The Risk Assessment is completed based on conditions that exist at the time the incident is reported and investigated as well as the prior history of the family.

The SW shall assess the household in which the child abuse/neglect incident is alleged to have occurred. If a child is a member of two households and there are allegations on both households, complete a risk assessment on both households. Complete a second risk assessment for non-custodial parents who will receive reunification services.

### Scoring Individual Items

The SW shall refer to the Risk Assessment definitions to determine his/her selection for each item.

After all assessment items are scored, the SW shall total the score and indicate the corresponding risk level for each item. Next, the scored risk level (the higher of the abuse or neglect risk scores) shall be entered.

### Prior CPS History

Include prior investigations in which an adult household member was alleged as a perpetrator and prior cases involving an adult household member.

### Policy Overrides

Policy overrides reflect incident seriousness and/or child vulnerability concerns and have been determined by DSS to warrant a risk level designation of “very high” regardless of the risk level indicated by the assessment tool. **Policy Overrides require supervisory approval.**

After completion of the Risk Assessment, the SW shall determine whether any of the Policy Override reasons exist.

The SW shall mark “yes” or “no”, as appropriate, for each policy override:

- Sexual abuse case **and** the perpetrator is likely to have access to the child.
- Non-accidental injury to a child under the age of two years.
- Severe non-accidental injury (e.g., brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that requires medical treatment and seriously impairs the health or well-being of the child).
- Caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).

### Discretionary Overrides

A Discretionary Override is applied by the SW to increase the risk level in any case in which the SW believes that the risk level set by the risk assessment is too low. Discretionary Overrides may increase the risk level by one level. **Discretionary Overrides require supervisory approval.**

After completing the override section (Policy or Discretionary) , the SW shall indicate the final risk level, which is the highest of the scored risk level, Policy Override risk level (which is always very high), or Discretionary risk level.

### Disposition

SDM will display the recommended response based on the risk-based case open/close guide and the most recent safety decision.

The SW shall enter the actual case disposition (promoted to case or not promoted to case).

If the recommended response differs from the actual disposition, the SW shall provide an explanation. Examples of explanations include, but are not limited to, the following:

- Promoting a low or moderate risk referral to a case:
  - Unresolved safety threats. Based on SDM safety assessment, one or more safety threats could not be resolved.
- Not promoting a high or very high risk referral to a case:
  - Family declined Voluntary Family Maintenance (VFM) services AND no petition is to be filed. Family was informed of their high or very high risk and was encouraged to accept VFM services. The family declined AND no petition will

be filed. (The SW shall mark this item even if family accepts any non-CPS services.)

- Family is receiving or has been connected with community services that will address priority needs and/or contributing factors. The family is already engaged in services OR the SW will assist the family in making connections to community services (the SW is certain that an appointment was made and verifies follow-through).

## **Referral Closure**

### Family Safety Support Plan

If at the closure of an investigation and assessment, a SW convened **a teaming meeting** (IR TDM, TDM, Safety Mapping or staffing) with a family and their Circle of Support **to discuss safety concerns, and an ongoing safety plan was developed** with the family, a Family Safety Support Plan is to be completed. The Family Safety Support Plan is created to ensure that the child/ren can remain safely at home without the ongoing intervention of the DSS.

The following must be included in any Family Safety Support Plan:

- Safety threats are described in a danger statement that is written in a family-friendly manner.
- Detailed and specific action steps are provided that will ensure the safety of the child(ren).
- Information that describes how the support plan tasks will be done, by whom, and how often.
- A backup plan in place in the event that the original plan fails.
- Signature lines for all support plan participants, parents, the SW, and their supervisor.

The Family Support Safety Plan is to be completed at the end of the teaming meeting. A copy shall be given to all participants of the support plan and teaming meeting.

### **Family Strengths and Needs Assessment**

The ER SW shall complete a Family Strengths and Needs Assessment on every referral that is promoted to a case prior to transferring the case to the ongoing SW. The assessment is used to thoroughly identify priority needs of caregivers and all needs of the child(ren). The child assessment portion shall be completed for each child who will be included in the case plan.

The SW shall use the eleven (ten identified and one “other”) caregiver domains and the twelve child domains of the Family Strengths and Needs Assessment and definitions when conducting the assessment.

The SW shall also conduct their family assessment using good social work practice to collect information from the child, caregiver, and/or collateral sources. See [PPG 03-03-008](#), *Assessment in Investigation of Abuse/Neglect Reports*.

The SW shall mark one of four (4) responses for each category. All items must be completed.

When scoring the assessment the SW shall consider all available information, including the family’s perspective, information from collateral sources, existing records and documents, and the SW’s observations.

- The SW shall make a determination based on his/her social work assessment skills, taking into account the merits of each sources perspective.
- The SW must be culturally sensitive and must engage families in culturally appropriate ways to conduct an accurate assessment.

The assessment shall identify:

- The three highest priority needs of caregivers and all needs of children that must be addressed in the case plan. Goals, objectives, and interventions in a case plan should relate to one or more of the priority needs, and
- A family’s priority areas of strengths that should be incorporated into the case plan as a means to address identified needs.

Attachment A

## Fresno County Emergency Safety Plan

When a child/ren will remain in the family home pending completion of the emergency response worker's assessment, and a safety threat(s) is identified, a safety plan must be developed. Identify the SDM safety threats. Describe the specific action steps that will ensure the safety of the child/ren. Any plan which restricts parents' contact with their child/ren must be short term and last only as long as necessary to hold a teaming meeting with the family.

Family Name: _____	Social Worker : _____
Date: _____	Referral #: _____

### Safety Plan

All safety threats must be addressed in the safety plan and all action steps must meet the following criteria:

- Support network is responsible for the safety plan, not the parents
- Support persons have the **willingness, confidence** and **capability** to perform the action steps
- Support persons have clear jobs and action steps that correspond to each safety threat
- Always have a Plan B in place in the event that the original plan fails

Provide copies of the plan to parents, caregivers, and others who are a part of the plan.

SDM Safety Threats:
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Danger Statements:
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Describe what tasks will be done, by whom, and how often as well as the duration. Indicate social worker activities to oversee the safety plan.
Action Steps:

Action Steps (cont.)

**What will be done if this safety plan is not working?**

**Plan B:**

Notice to parents: The above Safety Plan is designed to help ensure your child/children are safe in your home as the Department completes it's assessment. The plan is only in effect for the dates listed above. Your participation is voluntary and encouraged. While it is the goal of the Department to keep families together, it is also necessary to ensure children are safe, and your input into how this can occur is very important. As the Department completes the assessment, a decision will be made regarding whether to provide ongoing services to you and your child/children. If the results of the assessment, reveals that the child/children continue to be in an unsafe situation, they may be taken into protective custody. In this instance, the Department will work with you to focus on what is needed to change for the child/children to be safely returned to you. If you disagree with the safety findings or this safety plan, or if you feel the Department has treated you unfairly, please contact the Social Work Supervisor \_\_\_\_\_ at telephone number \_\_\_\_\_.

Family Agreement with Safety Plan

We have participated in the development of and reviewed this safety plan and agree to the action steps and the support persons as described above.



*Safety Plan Support Persons and Parent(s)*

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

**Caseworker/Supervisor Agreement with Safety Plan**

Caseworker: _____	Date: _____
Supervisor: _____	Date: _____

Attachment B

## Fresno County Family Safety Support Plan

Family Name: \_\_\_\_\_

This plan was developed at a family teaming meeting that was held with your family to discuss safety threats to your child/ren. The goal of this plan is to ensure that the child/ren can remain safely at home without the ongoing intervention of the Department of Social Services. The following are the steps that you and your family (safety network) developed at your family teaming meeting.

Danger Statement:

<p><u>What actions do the parents/caregivers agree to take?</u> <u>When will these actions be completed?</u></p>	<p><u>How will the parents and safety network know that these actions are keeping the child/ren safe?</u></p>
<p>What actions does the safety network agree to take? When will these actions be completed?</p>	<p>How will the parents and safety network know these actions are keeping the child/ren safe?</p>
<p>What actions will the parents and safety network take if this plan is not working?</p>	

Notice to parents and participants: The above Support Plan was designed to help ensure your child/ren are safe in your home. While it is always the goal of the Fresno County Department of Social Services (DSS) to keep families together, we must also ensure that your child/ren are safe. It is hoped that your family can ensure the safety of your child/ren without the formal intervention of the DSS. In the event that in the future the child/ren are determined to be unsafe, they may be taken into protective custody and/or ongoing services may be provided to you and your child/ren.

Safety Plan Support Persons and Parent(s):

\_\_\_\_\_  
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Date: \_\_\_\_\_  
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Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date: \_\_\_\_\_