

- Thank you all for joining us this afternoon, really appreciate your attendance. So today's training safety planning present danger, we're gonna talk about the safety plan present danger safety plan. I'm gonna go ahead and introduce our presenter, Tarrin Reed. Tarrin is the senior project director at Action for Child Protection. All right, Tarrin I'm gonna go ahead and let you take over.

- All right, great, thank you. And again, as always great appreciation to USF and the technical assistance and also the collaboration that we've been doing on these webinars. We had a large turnout the last time and I can see the participant list is still increasing as we're talking now. So welcome to everybody. We do have a lot to cover today. So we're just gonna go ahead and jump right in. As Catarolyn said, this is a safety planning in regards to present danger. If you think about this webinar series, it's like pieces of a puzzle. And we are gonna work our way through putting the puzzle of safety practice together throughout the series of webinars. So we have a couple of objectives today that we wanna make sure that we're getting through which is we're gonna talk about the purpose of the present danger safety plan. We're gonna talk about the difference between present danger and impending danger safety plans. We're also gonna spend some time talking about the safety management services. If you participated in last week's webinar, there were some case examples that we utilized, we're gonna be utilizing those case examples again, today. We're gonna be talking through the purpose of the safety plan for present danger, and also identifying what would be sufficient safety management actions to control for present danger. We're also gonna talk about safety management. And I'm gonna provide you with an example of how to document safety management, which seems to be one of the biggest questions that we've been receiving lately is how do we assess in safety management? And then what does that documentation look like? So when we talk about a safety plan, we are talking about a very specific written document. An agreement that occurs between caregivers and the agency that is focused on how the agency is going to ensure child safety. So that means that we need to be able to identify what the danger is. And then what are the necessary actions in order to control for that danger that we've identified? We have to think about the safety plan as being implemented and active and vigorously managed when we have identified that children are in present danger. So what we've in essence identified is that there's a family condition that's occurring, that the family is unable, unwilling to manage at that point in time, so therefore, we must take control of the danger and ensure that it doesn't continue. That is our safety plan. When we talk about sufficient safety plans, which is a term that we hear quite frequently, in terms of sufficient, we're talking about a plan that is well thought out, that is going to contain the most suitable people taking the necessary actions frequently enough to control for what we've identified is out of control. We may have to be looking at substitute caregivers and those substitute caregivers or persons providing those actions are there to address what the danger is, which is often related to diminish caregiver protective capacities. When we talk about controlling for danger, we look at two distinct points in time, one being present danger and one being impending danger. And we are gonna be talking about being pending danger safety plan, in a couple of webinars forward. Today, we're just gonna focus in on the present danger safety plan. Oftentimes present danger safety plans are done around initial contact, it's when we're identifying present danger. That's not to say that we can't identify present danger later on in the case, as we discussed last week. And we look at these present danger safety plans to control for safety long enough to allow information collection to occur to come to a decision about whether or not a child is unsafe due to impending danger. So when we think about this, we think about the safety plan at present danger being short term. And we're

gonna talk a little bit more about what we mean by short-term in a couple of slides. When we talk about safety management services and actions, which are the primary components of our safety plan, we're looking at active and intentional efforts made by the agency, whether that's a CPI or the case manager. And that we're looking at utilizing family maybe informal and formal resources that are going to assume the responsibility for assuring the child's basic needs and safety are met. So if you think about if you're a sports fan, I use this analogy a lot. And if you're playing fantasy football right now, you may have seen some of your players with the O next to them, or the injured reserve is that we're thinking about actions and people that can come in and replace what the parents or caregivers are unable or unwilling to do at that point in time. The safety management and services are used for both in-home and out-of-home safety plans. So a lot of times we get the question about, well don't these just apply to in-home? No, they apply to out-of-home as well, because if we're using somebody to provide substitute care for kids, we need to ensure that they are able to do what we've just said the parents are unable or unwilling to do. The safety management services and actions are used for both present and impending danger. So as we go through the definition of the safety management service and actions, keep in mind that they're used for all safety plans. When we think about safety management services at present versus impending danger, there are some differentiations between the two. At present danger, we need to make sure that those services are immediately accessible. So when we're at the home and we're trying to develop a present danger safety plan, we can't rely on services that may occur in a couple of days. We need to ensure that those services are immediately available. So we need to confirm with our safety service providers that they can do what we're asking them to do immediately. We also have to think about the safety service providers and their ability to provide for the safety of children for a minimum of seven to 14 days. This is not to say that we can't extend a present danger safety plan longer than 14 days, but we try to have a sense of urgency about our information collection so that we can make decisions about whether or not children are impending danger or not sooner rather than later. We also are looking at safety service providers that are formal or informal at this point in time. And one of the things that we have to focus in on is validating the people that we are entrusting to do the safety actions are willing and able and that they're aligned with child safety. So when we talk later on in the presentation about assessing caregivers can and will protect in terms of the safety plan, we need to make sure that those folks have the capacity to be able to do what we're asking them to do. In terms of impending danger when we look at safety management services, we need to make sure that our safety service providers are available and accessible for an indeterminate amount of time. Safety plans are not stagnant plans, and there is no finite point in time where they will or will not end. We can't tell safety service providers, this will just be for 30 days, 60 days, 90 days, 120 days, because we don't know because it's gonna be dependent upon the family and what is going on in terms of change intervention. We need to be looking at safety actions in terms of formal and informal providers as well, that are willing and able and must be aligned with child safety. So we're gonna move in and talk about the safety management services. And these are specific services to control for danger. So when we think about safety services we have divided them up into five distinct categories, behavior management, crisis management, social connection, resource support and separation. And we are gonna go through each one of these safety management services. And they can also be located in 170-7 chapter eight. So if you want further definitions of the safety management services or examples of safety management services, I highly encourage you to check out 170-7, chapter eight. The first safety management service category that we talk about is behavior management. When we talk about behavior management, we're looking at specific actions that controls not treats the caregiver behavior that's a threat to child safety. This is not to say that our

safety service providers may not be performing some form of treatment. But the primary focus of their intervention is behavior management. This is broken up into three distinct categories in terms of behavior management. We have supervision and monitoring, which tends to be the one that's used most frequently. And this is where we have somebody that is supervising the caregivers behaviors, or the child's condition or the home setting in terms of the implementation of those specific actions, okay. They're responsible for the supervision and the monitoring to act. We also have stress reduction, which is the engagement of activities that relieve the family of whatever stress is occurring, that's part of the family condition. Lastly is behavior modification which is where we're directing the changing of the unwanted behaviors by means of feedback or conditioning. So we're gonna go through and talk specifically about each one of these components in terms of behavior management as a safety action. So when we think about supervision and monitoring, as I mentioned, this is one of the most used safety actions and is frequently used in conjunction with behavior modification and separation as a safety action. We're looking at formal or informal safety service providers that are in the home during specific times or days to provide the supervision of the parents behaviors, and take the action to cease or divert those behaviors. We have to identify people that are responsible for taking that action during those specific times that are needed. So an example of a safety action would be in terms of behavior management, is what I've provided here. Which is we have Sally Freeman, she's our safety service provider, she's gonna be in the home, Monday, Wednesday and Friday evenings between six to 11 pm. So you can see that specific times that we are having somebody in the home. When Sally is in the home, what we want her to do is to observe Maria's interactions with her son, Jose, and intervene should Maria become overwhelmed with Jose's behavior. Should Maria not be able to manage Jose's behavior and Sally's not able to de escalate Maria, then we're expecting Sally to take Jose with her to her home for that evening. So it's very specific actions that we're asking Sally to do during very specific times that are based upon behavior of the mother Maria, during those periods of time. This would mean that we've identified that when danger occurs, is usually around this Monday, Wednesday, Friday, in the evening time. A second example of behavior management safety action in terms of behavior modification is the use of informal or formal safety service providers that provide direct feedback to the parent or caregiver and take action immediately. A key factor in behavior management as a safety action is that the providers whether they're formal or informal, must be aware of what behaviors are and how to recognize when they are occurring or about to occur. So if you think about some of the safety plans that you may have seen, or maybe even some of the ones that you've developed, we leave things very loose to say, we'll take action. Well, what are some of the triggers or some of the behaviors that are specific to the parent or the child in some cases, that we need to have our informal and formal safety service providers be attuned to? So an example here that I've provided to you is Maria demonstrates anger towards Jose during routine parenting practices, getting ready for bed, eating dinner and getting ready for school. She'll verbally yell at Jose, throw items at Jose and call him names. Sally Freeman, who is our safety service provider will be in the home Monday, Wednesday and Friday from 6 pm to 11 pm. And she will observe Maria during these times and will provide redirection to Maria, should she exhibit being overwhelmed, or begin to lose her temper with Jose. If Maria does not respond to Sally's intervention, Sally will perform the parenting tasks and ensure Jose's safety. So this is allowing then Sally to provide that opportunity to redirect, to modify Maria's behavior. And if she doesn't respond to that redirection, then the expectation is that Sally will step in and perform the parenting tasks that are needed in order to ensure the needs of Jose are met, and he is safe. Our next safety management service is around crisis intervention. So when we think about crisis intervention, we oftentimes think about catastrophic events.

In terms of our families, though, crisis intervention may have to do with a perceived event or experience that they are perceiving as horrible, threatening, or disorganizing. Crisis is in relation to the family and how they are experiencing that crisis. It overwhelms them to the point where it's affecting their emotions and their abilities, their ability to utilize resources and problem solve. Intervening in terms of a safety management action for crisis, we're looking to de escalate and halt a crisis. We're looking to mobilize some problem solving around that perceived crisis. And we're also looking to control the danger that may be associated to that crisis. We also sometimes see crisis management in terms of when we have safety plans that may be disrupting and so therefore, we are reinforcing caregivers participation in the safety plan, or sometimes we even have some of our safety service providers that get into a state of crisis because of their participation in safety plans. And so we may have to reinforce the safety management providers and resources to ensure their participation in the safety plan. We also wanna make sure that, that crisis does not disrupt the safety plan. Some examples that we use in terms of crisis management, and again the focus being that we're seeking to reduce the current crisis, impact the frequency or the occurrence is that we may be looking at resources. We may be looking at a combination of other safety management actions. We need to make sure that the associated actions are related to the parents behaviors that are a result of the crisis. So in this case example that I've been referencing of Maria, she's been homeless for the past four months due to losing her job due to COVID. They've been staying with relatives, it's very small. And there's frequent arguing regarding Maria's inability to assist with finances and the lack of availability. So this has resulted in weekly occurrences where Maria and Jose are asked to leave the home by relatives, which increases Maria's anxiety, resulting in decreased tolerance and parenting Jose. So the crisis in this family in terms of the safety plan is that we have a location, but that location is unstable because of the stress that is going on within the home. So a safety action that we may put into place, is removing Jose and Maria from the home during periods of time during the week, to allow for de escalation, to allow for separation between Maria, Jose and the family members. So that may be that we're utilizing an informal safety service provider, as example I provided here, which is maybe that there's a pastor from the church who will be picking up Maria and Jose on Tuesday and Sunday afternoons, to participate in family night through the church. And then it's gonna assist in socialization, and also allow for separation within that household to decrease those stress levels, and avoid the potential disruption of housing for Maria and Jose. Our third safety management service is social connection. When we think about social connection, we are concerned with danger that is existing that's an association or influenced by caregivers feeling of being disconnected from others. During this period of time of COVID, we know that we have several families that are feeling very isolated from their formal and their informal safety service supports. And so we look at this isolation that has resulted in non-productive or non-protective behavior. When we think about socialized isolation, we often see feelings of low self esteem, depression, anxiety, loneliness, anger, self doubt, that are occurring within our caregivers. So we're looking at this social connection to reduce the isolation, and enhance and provide social support. We have four distinct categories underneath social connection in terms of our safety management services, the first being friendly visiting, and we often see that a lot in some of our safety plans. And that's, again looking at to reduce that social isolation and connecting the caregivers to social support. We also have basic parenting assistance, which is these are specific safety services that are associated to child safety. They're focusing on essential knowledge and skill a caregiver is missing or failing to perform. We also have supervision and monitoring as a social connection, where this is where conversations occurring during routine safety management service visits that facilitate social connection. And then we also have social networking,

which is this organizing, creating and developing a network for the caregiver. And that the term network is used very liberally. So it doesn't have to be especially in today's world of virtual technology and virtual connection is that, that network could be something that is online, as well as in person. Some examples of social connection as a safety action. And again, making sure that our social connection is associated to those parents feelings is that for this case I've been referencing which is Maria, she has been experiencing some social isolation due to COVID and also losing her job. So we may use in conjunction with our prior safety service action, we may have the same safety action in terms of crisis reduction, for the pastor to be picking up Maria and Jose on Tuesday and Sunday afternoons to participate in that family night. You can have safety actions that address multiple safety management services. So this is a good example of how we are facilitating social connection, while also reducing crisis, okay. Our next safety action, our safety management action is resource support. So when we think about resource support, we're looking at how the family's resources and the utilization of those resources has directly resulted in concerns for child safety, i.e present danger. We're looking at these activities and services around resource support to address what we've just identified as being absent and affecting child safety. We look at resource support in terms of the acquisition of whatever items or needs the family may have that affects the child's safety. Sometimes we look at transportation as a resource support, there may be financial or income or employment that's related to the safety issues, or housing, general health care, food and clothing and home furnishings. So a lot of times we see resource support being associated to such danger threats as hazardous household conditions, child with medical needs, and or a child with mental or behavioral needs. We are looking at the resource support safety action to address those resources associated with the danger. So if we think about this case that I've been mentioning, is that our child, in this case has ADHD and has some pretty significant behaviors. The mother has not been able to obtain the necessary services for the child due to lack of transportation and missing therapy appointments. So a primary resource that's missing in this family is his transportation, and access to services. So our safety action that we have built around the safety for this in particular case, is that we need somebody that's able to transport the child and the mother to the therapy appointments. And it may be that we have the pastor who is transporting as well. And we also want the pastor to be able to observe and monitor Maria's interactions and take action as well. So you can combine your safety actions with your safety service providers. Our last safety management service is around separation. There is a lot of questions that get raised about separation. So when we talk about separation, oftentimes folks say you're sheltering, you're removing into that home safety plan. Separation can be used on an in-home and an out-of-home safety plan. When we talk about separation we are concerned with those danger threats and the parents actions and reactions. And that we may need to provide respite for both those caregivers and the children. We're looking at that separation, basically taking the child and parent or parents and separating them for a period of time. And when we separate them, we're looking at whoever is going to be caring for the children or child during that period of time to assume the parenting responsibilities and meeting the child's needs. Separation refers to any member or members of the family out of the home for a period of time. So this could be separation that a child is going to grandma and grandpa's, it could be that dad is gonna relocate for a period of time or mom's gonna relocate for a period of time. Or it could be the most intrusive separation, which is we're looking at out-of-home safety plan. So some examples of separation that we see are planned absence of caregivers from the home. Respite care, daycare and school is a separation, after school care is separation, planned activities, maybe around a separation, and really any arrangements to care for the child out of the home, whether it be short-term, weekend, several days or a few weeks. We think about

separation in terms of the safety action is again it can be anyone in the household. If you're separating children from parents and caregivers, then you are utilizing separation, right. The parent child relationship is the determining factor when considering if separation is safety action, you can use formal or informal safety service providers. And I wanna be very clear that out-of-home safety plans have separation as a primary safety action. It is not the safety action. It is a primary safety action that has to be detailed. When we look at safety actions on the out-of-home safety plan, we should be addressing what is needing to be controlled for the family condition that was identified as part of the impending danger or the present danger threat. So when we think about the reason why we're looking at out-of-home safety plan and utilizing separation we need to make sure that we are addressing those behaviors and the safety actions as well. So an example of a safety action description for separation is Maria's frequently overwhelmed with caring for Jose and she's been struggling with depression and anxiety due to her loss of employment and relationship with her boyfriend. Jose will be staying with his paternal grandparents from Saturday 10 am to Monday morning. The grandparents will transport Jose to school on Monday morning. And this will allow Maria a break from caretaking Jose and ensure Jose's safety during the weekends. When we think about safety or separation as a safety action, in terms of an out-of-home safety plan, we will be looking at identifying very specific actions that we are looking for those out-of-home safety plan providers to do. So in this case, again we have Jose who's going to be going to stay with his paternal grandparents. They need to ensure that he's getting his daily medications for ADHD, they need to be able to provide for his daily structure to decrease his outbursts. We also need to ensure that they can transport and participate in Jose's therapies. And we also want to factor in what the contact would look like between Jose and his mother. So in this case we're looking at supervising those visitations. And if Maria's unable to manage Jose's behaviors, or becomes frustrated, then we need for the grandparents to either remove Jose from the environment until Maria's able to calm down and or ask her to leave the visit and or end the visit. And then we've outlined when those visits will occur, Monday, Wednesday, Friday and Sunday from 1 pm to 4 pm. at the location of Michael and Diane's choosing, and visits may occur in Maria's home. So we are facilitating that contact while also providing for Michael's basic needs and in this case, his needs around his ADHD. So I wanna pause there for a second, I see lots of questions that are coming in. And so I'm gonna try and address some of them in terms of frequency. Let me just back up really quick to this last slide sorry. When we talk about frequency on the safety plan, you do need to identify who is responsible. So in this case here, the persons that would be responsible would be Michael and Diane, who are the paternal grandparents. The frequency in terms of say Jose's ADHD meds would most likely they'd be daily or have their preset time, say in the morning and in the evening, then your frequency will be daily at x time and y time. In terms of the last safety action that identified in terms of supervised visits, your frequency would be Monday, Wednesday, Friday, and Sunday from 1 pm to 4 pm. And the people that would be responsible would be the paternal grandparents, Michael and Diane. So I give you these examples sort of rolling up the frequency and who is responsible when you go to document your safety plan in and on the form, you would want to specify out this specific who and the frequency of when those actions would be occurring. The same thing for the other examples that I provided when we looked at the pastor, he was picking them up, I think on Tuesdays and Sundays or Tuesdays and Thursdays. Again, you would wanna be specific about those days and those times, okay. Another question that's come up and it came up last week, and I'm sure it will continue to come up. If we utilize separation as an out-of-home safety plan does this mean a shelter? No, it does not necessarily mean a shelter. When we think about our levels of intrusiveness in facilitating a present danger safety plan, we start first and foremost with whether or not

we can do an in-home safety plan. And that would be dependent upon obviously our engagement and our ability to build that with the family. If we are unable to collaborate and partner with parents to build a sufficient present danger safety plan, that we may need to seek the judicial oversight in order to institute an out-of-home safety plan that would entail separation as part of your safety actions. So next, we're gonna talk about the safety management service providers. And I mentioned to you that we have a duty and a responsibility to ensure that the people that we are pulling together as part of our present danger safety plan, are the right people to do what we need for them to do. So we have to conduct an assessment of those individuals. Now oftentimes we're looking at family, friends, neighbors, church members, coaches, mentors, that may be your informal safety service providers. We also have formal safety service providers as well, that we contract out with and that are available to us, depending on the jurisdiction that you're in. When we are looking at assessing those safety service providers in 170-7 appendix B, we have some parameters that we wanna make sure that we were exploring with all of our safety service providers. I think a misnomer or a myth out there is that our safety service providers are held to the same standard, as if we were looking at them for out of home placement. Sometimes we have family and friends that are associated with the families that we work with, that may not have the most squeaky clean records, they may not have the best history. But if what we're asking them to do is not to the level of say placement, we have to assess whether or not despite what may be in their history, whether or not they can do what we're asking them to do. So for example, the pastor that I referenced we wanted him to transport and bring Maria and Jose to a family night at the church. That pastor may have had a DUI 20 years ago. That may not preclude him from doing what we need for him to do, if he has a license, he's insured, he doesn't have any other overt barriers or challenges. Or if he is not aligned with the child that would not necessarily exclude him from being a participant on your safety plan. Now, if we were looking at the pastor, as an out-of-home safety plan provider, and he had recent verified CPS history, then that would be a barrier to being able to utilize that pastor in terms of what we needed him to do. So some of the things that we assessed for in our safety service providers, is their demonstration of awareness of need for a safety plan. So if you have grandma, or friend or neighbor who says like, I don't think that this is really necessary, this seems really intrusive to me, I don't get why you're doing this, then the chances are that that is not somebody that is going to be aligned with your safety plan, and is really demonstrating the awareness of the need for the safety plan. We also wanna make sure that they're free from any of their own concerns. And what I mean by concerns is that they aren't somebody that is newly in recovery and is struggling to meet their own basic needs or struggling to maintain their own adult functioning, or somebody that is maybe physically incapacitated. And what we need for them to do is chase after one and a two year old and they're unable to move, then they obviously would not be an appropriate person to have on your safety plan. We also wanna make sure that these individuals are aligned with the child and can identify the behaviors and the family conditions that are dangerous. So as we're having conversations with our informal and formal safety service providers, we need to be transparent about what we are concerned with in terms of the family's behaviors, and how dangerous those behaviors are. If a family member is unable or even a formal safety service provider is unable to identify when somebody is under the influence of substances, then that is gonna be a barrier to utilizing them say for supervision and monitoring. We also need to make sure that they're aligned with child safety. That their primary focus is the child's safety. And not that we aren't concerned with parents, but that they're gonna do what is necessary because their first priority is child safety. We also wanna make sure that they have the resources to participate on the plan. There is nothing worse than having to safety plan your safety plan providers because they lack the resources or

the ability to do what we've asked them to do. So when we're having conversations with our informal and formal safety service providers if they don't have those resources, either A, we need to ensure that those resources are obtained, or B, we may not be able to use them as a safety plan provider. All right. So we're gonna go through and do a review of the present danger webinar. If you were unable to attend last week, we do have a brief overview of the cases that we went through. If you attended last week, then these families will look very familiar to you. And we also will be refreshing throughout the case examples, right. So we're gonna go through, we're gonna review each of the case examples. Then we're gonna talk through identifying some safety management actions that can be utilized to control for the present danger threats that we have identified. And then we're gonna talk about the safety management actions to control for the present danger, right. So last week, you may recall that we saw Michael and Michael we identified was in present danger due to the fact that there were reports of serious harm and his whereabouts could not be ascertained. And at that point in time, we validated that present danger as it being immediate because yes, the location of the child was unknown. We identified it as being significant because the mother has a lengthy history of alcohol abuse to include recent hospitalizations. She had recently assaulted her boyfriend and was arrested and that we had been informed that she was using alcohol daily and that she had currently disappeared with a child. There's also a history of depression, and that Michael had articulated, that he could identify his mom's alcohol use, and also the need for her help. We further qualified this by being observable, because we have the reports of others. We had the police reports, and we also had not been able to access either Michael or his mother, okay. So our present danger safety plan developed. And when we think about this present danger safety threat, what do we need to do? So I'm gonna go ahead and have Terilyn launch the poll. So one of the things that has come up in particular to this danger threat is oftentimes we have folks that believe that there's not a need for a present danger safety plan, when we're identifying this as the present danger threat is sort of a wait and see. And I'm glad to see that the majority of our responses said, no, we need to do something, okay. So what we need to do is to locate the family, right? So some things that we can consider is contacting local authorities. We wanna go by the residence multiple times, contact the school. We may even as part of our safety plan development, we may even secure a pickup order with CLS and we may even start thinking about identifying potential placement options, should when we find the family, should we validate that yes, in fact, all of these things are occurring. And yes, in fact Michael is in present danger. You may recall last week, it was brought up several times about well, is it violent, impulsive and acting dangerously? We weren't able to access the family to validate that what is being reported was actually occurring. So that's not to say that our present danger safety plan can't change once we locate the family. And we validate that yes, in fact, all of the things that have been reported to us are in fact true, then we would be looking at modifying our present danger safety plan, because we have identified that the child is in present danger, and that we may even have to change our present danger threat to violent, impulsive and acting dangerously based upon that information. So our present danger safety plan actions. Some of the things that you would articulate on there is CPI will visit the family residence daily, there's your frequency, they will be going by daily, alternating the times of day to contact the mother and the child. So it may be that one day the CPI is going in the mornings, in the afternoon, and maybe that they're going the afternoon or midday, but that we've identified that every single day, the CPI will be going by this residence to try and contact Michael and his mother. That the CPI will request child welfare checks the home for Saturday and Sunday evenings to attempt to contact the mother and the child. Again, we're looking at Saturday and Sunday what the CPI will do. And that the CPI will contact the school daily to determine if the child is in school,

and that they will provide the school with a copy of the department pickup order so that if he should get there, and the mother attempts to go and get him before the CPI can get there, you have a safety action in place, okay. A question just came up what if the child is a runaway? So in terms of the child being a runaway, again, all of our safety actions have to be associated back to whatever the danger threat is that we've identified. So the question that I would ask is, do we have concerns, right? So if we go back to this danger threat that we identified, do we have reports that for this runaway that they are in serious harm, and their whereabouts are unknown? And if so and they are on the run, then we would be looking at similar actions about what the agency is doing in order to address the present danger threat, which is that we are unable to find this child, right? The next case that we worked with last week was Maria. You may recall that Maria is an 18 month old that had unexplained broken arms that was close to two weeks old, and that the parents and caregivers offered no explanation. There were two significant breaks to the arm that were unnoticed for approximately two weeks. And we validated our danger threat through the reports of the mother and the caregiver not being able to explain the confirmed break by doctors and the timeframe and also the observation of the child to have limited mobility. So when we think about developing a safety plan, a present danger safety plan for Maria, we can look at one of two things. We may wanna look at an in-home plan or we need to go look at an out-of-home plan. So we're gonna go through and talk through if we were to develop an in-home plan with this type of danger threat, which is that the child has serious illness or injury indicative of child abuse that's unexplained or the parent or caregiver, explanations are inconsistent. We have to be able to look at the fact that neither the grandmother, or the mother can be left in a position to provide for unsupervised, unmonitored contact with the child. Because at this point in time and present danger, we do not know whether or not the mother or the grandmother inflicted this injury, caused the injury, or it was something else. So we have to be thinking about this present danger safety plan is gonna have a high level of intrusiveness on an in-home safety plan. And more often than not, is going to require somebody moving into the home, because of the fact that what we know about 18 month olds is that they are oftentimes limited verbal, and they also are pretty mobile, okay. So some things that you could look at in terms of your safety plan, and that you'd want to ensure that you're addressing are that access to the child, the caregiving to the child. And as I mentioned most often times, you're gonna have somebody that is probably moving into the home at this point in time. So in this case, you may have a relative and in this case we had an aunt, who was willing to reside in the home with the mother and the child. We wanna make sure that the aunt moving into the home is clear about what her role and responsibilities are in terms of the caregiving to the child. So we're outlining that she's the one that is going to be responsible for providing for the daily needs, and Maria, while she's in the home. And that she will be responsible for monitoring and supervising the interaction between Maria and her mother. She's gonna ensure that during the times the mother's at the home, that Maria and her mother's contact is supervised, and that she will remove Maria from the environment, should she identify that the mother is acting violently with the child. We also wanna specify and if you've ever been in any of my trainings, there is no 24/7 safety plan, right? It's people sleep, people have to go to the bathroom, people shower. So we wanna specify what would the sleeping arrangements look like for Maria, because we can't leave Maria during that period of time, in a situation where her mother may have access to her that is not monitored and supervised. So we're gonna have the aunt who's gonna sleep in the room with Maria and is gonna lock the door at night, right? We also are gonna have the aunt who's gonna provide the care for Maria during the day when the mom's at school because if you recall last week, during the case example is that the mom was attending school. We also need to identify that this aunt also needs to go and probably maybe grocery

shop or has appointments or has things that she needs to do. So we need to have that conversation of what exactly that would look like in terms of who would then would be providing care for Maria during that period of time. So we need to specify that if Alyssa should need to leave the residence for appointments or other activities that Maria will be with her or Alyssa may utilize the maternal uncle, who is your backup for care during these times. Again, oftentimes folks will say are we restricting the mom's access at this point in time? We would not be developing these safety actions without having discussions and engagement with the family. Obviously, we can't say to you we're moving your sister into the home. We can't force somebody to move into somebody else's home. So this would require that we have collaborated, engaged with the mom, with Alyssa, the maternal uncle, and that the mom is able and willing and agreeing to the development of this present danger safety plan and that she is part of the development of the present danger safety actions. If she's not, and she is unable and does not want somebody to live in her home and we are unable to provide safety and intervention in the home to ensure Maria's safety we would be looking then at an out-of-home present danger safety plan. And when we think about reasonable efforts to prevent removal everything that you do, whether you're a PI or case manager as your engagement, as your facilitation, as your explanation with the family prior to making that determination that an out-of-home safety plan is needed are your reasonable efforts prevent removal. So I just wanna reiterate that. Everything that you do in terms of sitting down, explaining the present danger, explaining the need for present danger safety plan, soliciting the family's input and thoughts in terms of developing a safety plan are your reasonable efforts to prevent removal. We cannot force anybody into a present danger safety plan. So if the mom in this case said, "I don't want my sister here, I don't want my daughter leaving, I'm not willing to do anything, I didn't do anything wrong," and you're unable to engage her in the development of that in-home present danger safety plan, then you would be looking at an out-of-home safety plan. And most likely part of your out-of-home safety plan would be seeking the legal oversight in order to put that plan into place. An example of an out-of-home safety plan action in terms of Maria and her mother. Again, we need to consider what that access would look like in between the mom and the child. And also wherever this child is going in terms of the out-of-home safety plan, that, that provider has the ability to meet the needs of the child. So in this case we have Maria who's going to reside with her maternal aunt, Alyssa, and that she's gonna be responsible for providing for the daily needs of Maria, including that she attends her medical appointments related to her injuries. And that the visitation between Angela and Maria will be everyday in the home of Alyssa. Visits will occur between the hours of five and 8 pm. And that Alyssa will monitor and supervise interaction between Maria and her mother during this time, she'll ensure that during the times her mother's at the home will contact a supervisor and that she'll remove Maria from the environment should she identify that the mother is acting violently with the child. So I just wanna pause before we talk about Miguel. And just scroll some of the questions really quick. So the question is does supervise indicate that Alyssa is always present with the mother and child? In this case, yes. So supervise. So for example, I'm sitting in my living room right now. I'm sitting over in the corner of my living room, I may have if I'm Alyssa I may have Maria and her mom that are interacting across the room. I'm here, my ears are open, my eyes are open, I'm supervising, I don't necessarily need to be on top of them. But I need to have my ears and my eyes open and aware of what that interaction is and being able to act immediately should I start to see the mom maybe getting a little aggressive or rough or overwhelmed in regards to her interaction with Maria. So sometimes we think about, keeping people in little rooms, and we're supervising and we're on top of them. Supervising and monitoring, if you think about just sort of our life in general, or if you've had kids, we all are supervising and monitoring little

kids that are wandering around, but we're not necessarily having to sit right next to them. They should be in the room in the vicinity, eyes, ears open and attuned to what is occurring, right. Another thing that came up is the documentation of the willingness. You're absolutely right. So when we talk about the development of our safety plans, your case notes are critical to be able to document how you engage the family, how they were or were not able to collaborate on the present danger safety plan, and how you had to move your level of intrusiveness in terms of your reasonable efforts to prevent removal, okay. All right. So let's talk about Miguel. If you remember last week Miguel has cystic fibrosis, he was currently hospitalized and he was set to discharge and his parents and caregivers have not been participating in his care and had not been addressing his daily needs around his cystic fibrosis. We identified that Miguel was in present danger, because his medical needs were not being met, those essential medical needs. Oftentimes we see this danger threat that's utilized for things that are not essential medical needs. For example, I just reviewed a case recently, where the mom didn't pick up the child's prescription in a timely fashion. It was like one or two days later, it wasn't an essential medical need. The child was not going to have any serious ramifications. It wasn't life threatening medication or illness. The worker had identified this as a danger threat. And we had the discussion to say we're talking about essential medical needs, that absent those medical needs, something severe could happen in this case for Miguel what we know about cystic fibrosis is left untreated, is that his outcome is very poor in terms of lung functioning, breathing, living, okay. So when we think about the safety plan development for Miguel, in particular this danger threat is concerned with Miguel's specific medical needs. So the things that we have to consider is his medical needs, who's appropriate to provide for those needs, and also the variation throughout the day for assessing and treating those needs. So as we know with Miguel's medical condition that can change throughout the day. He can have a need in the morning, that is not evident in the evening, okay. Oftentimes, when we're looking at a medical condition, we may be looking at more formal safety service providers because of the degree of the medical need. So if we look at a present danger safety plan action example in regards to Miguel, it may be that we have the ability prior to Miguel leaving the hospital to identify a visiting home nurse. And in this case, due to the case management at the hospital, they were able to identify a provider. So we're gonna have a visiting home nurse who will visit the home daily to administer daily medications and treatments to Miguel. She'll visit Monday through Sunday 6:30am to 7:30 and 4 pm to 6 pm. She'll observe Miguel taking his medications and will inventory Miguel's medical supplies to ensure they're sufficient, right. So that's a resource and it's an action that is occurring. We also are gonna have the visiting home nurse will meet with Miguel's parents during this time to assess their involvement and understanding of his needs. Should the parents demonstrate resistance or lack of understanding, the nurse will ensure that Miguel's medical needs are met for the morning and evening. Or if there are additional leads that cannot be met in the home the nurse will contact Miguel's doctor for further guidance. So if you remember we talked about our safety management actions in terms of behavior modification. This would be a perfect example of behavior modification is that if the parents are doing what they needed to be doing, then we're gonna validate and the nurse doesn't necessarily need to do because the parents have done. If they have not done, then we have the nurse, encouraging, redirecting, and ultimately doing what is needing to be done if the parents are unable or unwilling to do so. We also have separation here for Miguel because he's going to school Monday through Friday. So while he's at school we're gonna have the school nurse will check in with Miguel prior to the start of the day at lunch. And prior to departure to assess his medical condition. Should it deteriorate, the school nurse will contact Miguel's doctor, the home nurse and the parents to identify what additional medical services are immediately needed. So we have Miguel's days, covered

through specific times during the day that are covered, his weekends covered and his medical needs being met, right. I just wanna back up really quick before I move away from Miguel. If we were unable to do this, an in-home safety plan. With Miguel maybe it's because the parents were not willing to have a visiting nurse into their home. Some ideas or thoughts around an out-of-home present danger safety plan would be very similar to the actions that we've just outlined here. Because regardless, we still need for Miguel's medical needs to be met. So a shelter which I often see and sometimes those are safety actions would not address Miguel's medical needs, it would address the legal authority to do an out-of-home safety plan. But what we need to have done the specific safety actions to control the specific present danger threat is somebody to take action to meet the medical needs of Miguel. So you may have very similar safety actions on your out-of-home safety plan for Miguel, that you would have on your in-home safety plan, because we have identified that we have a caregiver, parent or caregiver that is unable to meet his medical needs. So if we take Miguel and we move him to a different home, whoever's in that home has to be able to meet those needs. And if they can't meet those needs, then who are the formal safety service providers that will meet those needs? So he may still have a visiting home nurse that's coming to the out-of-home placement. He may still have the visiting nurse that is coming and encouraging the safety plan provider to learn and adapt to meet those needs so that maybe the nurse is no longer needed. The additional component that you would have for an out-of-home safety plan for Miguel would be what the contact would look like between Miguel and his parents. And ensuring that when he's having contact that his medical needs are being met while he is spending time with his parents. So say for example, he was to go home and was able to visit in his own home with his parents, who would be there to monitor his medical needs and to take action should it be needed, okay. So a question just came up. So the visiting home nurse and the school nurse would need to sign the safety plan. Yes, they would. They would need to sign the safety plan and agree that this is what they're willing to do in order to ensure Miguel's safety. If individuals are refusing to sign the safety plan, so if you think about it this way. I'm agreeing to the safety plan, but I can't sign it. You can document in your case notes that they have agreed to the safety plan, and maybe because of liability with their agency, they're unable to sign it, you'd wanna understand what the barrier is to their signature on the safety plan is. And if they are verbally committing to it, then you'd wanna make sure that in your case note, you're clearly articulating their verbal awareness acknowledgement agreement to the safety plan, and maybe even capture why they were unable to formally sign the safety plan. If they're saying, we're not gonna sign it, we will help out but that's not our role. Then they may not be the most appropriate person in terms of your safety plan. And it may be that you don't have the resources of a visiting home nurse. And if that's the case, then you have to look at are there other informal safety service providers that maybe they don't have a nursing degree, but they have the experience, or they can get trained by the hospital to be able to come into the home and do what we need for them to do to monitor and assist in providing for Miguel's medical needs, right. Our next case was Isabella. We identified that Isabella was in present danger because the parent was violent, impulsive or acting dangerously. We qualified this so that she's three months old, she was in the home where violence was occurring that resulted in injuries to the mother and destruction of property to the home. The police had been to the home numerous times in the last month due to the violence. We qualified the significance of it due to our observations of the mother's facial injuries as well as the home condition, the physical location of where the child was at when it occurred and the fact that she could have been injured due to the violence that was occurring in the home. The observable we qualified by the police reports, the mother's injuries, the observation of the home, the mother's reaction to the assessment, and also the father's

actions and response to the assessment. When we think about the present danger safety plan that involves intimate partner violence, domestic violence, we have to be considering that we're looking at two safety plans. So we have our confidential survivor safety plan and our perpetrator safety plan. We also have to as part of our reasonable efforts to prevent removal is we have to be thinking about the ability and willingness in order to partner with the mother to ensure not only her safety, but also the child's safety. We wanna try and keep families together first and foremost hence the reasonable efforts to prevent removal. We also have to think about the father's willingness and his ability to engage in the present danger safety plan. And we also have to think about in that there may not be any formal or informal safety service providers, as we noted that the family was fairly isolated. So we've broken this up into two different safety actions, right. As I mentioned, we have our survivor safety plan. And we also have our perpetrator safety plan. So Alan being the perpetrator, we are going to identify and this is gonna be an out-of-home safety plan is that Isabella will reside in the home of the foster parents, and that they're gonna provide for the daily needs of Isabella. You notice here we don't give a last name in terms of the foster parents or location. That's to ensure not only Isabella's safety, but also the safety of the foster parents. In terms of the contact because we're utilizing separation as the primary safety action within this safety plan is that Alan's gonna visit with Isabella on Tuesday and Thursday afternoons from 4:30 to 5:30 at the visitation center. We want this visitation to be supervised, it's gonna be supervised by the agency, and the observation of the visit will ensure that Alan does not become violent with Isabel or others. And if he does become violent, raises his voice or postures violence, the visit will be immediately terminated. And Isabel will be removed from the environment to a safe location. So we've put in some parameters around what it may look like when Alan is starting to get violent, or when he may be posturing in terms of exerting some or attempting to exert some power and control over others as raising his voice or maybe even positioning himself during the visit in a position of authority. So that would be on his perpetrator safety plan. On Tara's confidential safety plan, his survivor safety plan, again, we're gonna identify that the child is gonna be in the home of foster parents who are gonna provide for daily needs. And that the visits for Tara will be on Monday and Wednesday. So notice we're not having Alan and Tara's visits on the same day, or even closely remote lead to the same time of day. That they'll be at the visitation center as well. The observation of the visit will ensure that Tara and Isabella are safe from violence and no other adults will be allowed during the visitation time. So we're specifying this is just between Tara and Isabella, and that no other person will be allowed into that visitation, including the father. We also wanna clarify what will happen if Alan because what we know from her case example last week is that he was not cooperative, he was not engaging. He was outright sort of defined in terms of the need for safety action. So if Alan attends a visit with Tara the visit will not occur until Alan either leaves and if he refuses to leave, Isabella will be removed from the environment to ensure her safety by the visitation provider. And the visit for Tara will not occur. So if he shows up, if they show up together, then the choice is either he leaves, and the visit can occur with Tara, or if he is unwilling to leave, then the mom will not be able to visit with him being present there, okay. So I wanna pause here because this oftentimes, again, brings up the whole shelter, right, and again, shelter is a legal action in which to develop an out-of-home safety plan. And what it means is that we've gotten to a point where we are unable to engage, partner, collaborate with the parents to do what is necessary to ensure child safety. You can do an out-of-home safety plan, without taking legal action. You may have a family that as part of your engagement with them, discussion, exploration, they identify that they have relatives that they think that maybe Isabella should go and stay with for a couple of days, or maybe Miguel should go and stay with for a couple of days. That doesn't necessarily need the judicial

intervention, if you are still ensuring that there is contact between the parents and the children. Part of the development of those safety actions is exploring what are we willing to do? What are we not willing to do? What can we do or what can we not do? So in this case, if you recall from our case example, last week, we had both Alan and Tara who were not willing to engage matter of fact weren't even willing to engage in the assessment. So it makes it very hard to be able to facilitate an in-home safety plan, when you have parents and caregivers that are not able to discuss or align with the need for safety action. So in this case, because we are enforcing separation, we are restricting access to the highest level, we need the legal authority in order to do so. We just can't go and take kids randomly out of their homes and put them somewhere else without having judicial oversight, right. In terms of when this plan would be in place. When we do a present danger plan as I mentioned earlier, it's immediate. I'm not leaving the home of Alan and Tara and Isabella, until I've put a plan into place. And in this case, I would want to be securing that plan, talking to them about their visitation separately, right. I'm building my survivor safety plan with Tara separately and privately that's between her and I in terms of what the contact would look like. Because it's confidential. Now if she chooses to share that with Alan, that is between her and Alan. When I'm at the home, we probably wanna be consulting with our DV advocate, we may have a service that we want to get Tara linked up to in terms of our DV advocate at that point in time. And again, those reasonable efforts to prevent removal. It may have been that I've had a conversation with Tara prior to getting to this point about options of maybe utilizing a shelter for her and for Isabella. If she is unwilling to do that, then I still have to take the necessary action to ensure Isabella's safety, okay. So I just wanna scroll the questions really quick, so bear with me. How long for an out-of-home safety plan can be in place with no judicial intervention? What factor should you consider besides reviewing the case every 14 days? It's a great question. If your safety plan is working and it's sufficient, and there hasn't been any disruptions to it, then you could have your present danger safety plan, go 7, 14 days. At the 14 day mark it is required that there is a supervisory consultation, to specifically identify the need for the present danger safety plan to continue past 14 days. And what is being done to come to a conclusion about impending danger in terms of decision making. So if you need to extend say to 21 days, the conversation between the worker and the supervisor should be around where we're at in information collection, where we're at, excuse me for identifying impending danger, how the safety plan is working, is it sufficient? Can the safety plan providers hold on for another seven days? Or are they saying like, hey, we can't do this anymore. And if they can't, then we may need to modify our present danger safety plan. At the point in time that you've identified impending danger, you may still continue to use an out-of-home safety plan and the same sort of oversight and management for the impending danger safety plan, you'd wanna ensure. And again, if once you come to that point where you're developing an impending danger safety plan, you're gonna be talking about conditions for return. And you're gonna be monitoring whether or not those conditions for return have been met. And if they have then kids should go back home. So as I mentioned earlier, there's not a finite date in terms of impending danger safety plans, there are I will say finite and present danger. But there are what are called bumper rails and present danger is at 14 days, if we need to extend we can, it's not like you have to terminate it right then and there. But that our sense of urgency should be towards coming to a conclusion about impending danger for these families sooner rather than later. So if you think about some of these examples that we went through, you had situations where you may have had kids on out-of-home safety plans. And if you come to the conclusion that you know what, there's not impending danger, then we need to end those present danger safety plans sooner rather than later so that families can be back in their own homes together again. If you come to conclusion that there is impending danger, then we are looking at the

safety planning analysis on whether or not the family condition dynamics have changed in that 14 days, that we'd be looking at it in-home safety plan and decrease our level of intrusiveness. And so when we talk about the impending danger safety plan, which will be in a couple weeks, we're gonna spend a lot of time talking about the safety planning analysis, the conditions for return. And in two weeks when we talk about information collection, we're gonna talk about how through your information collection, you are working to inform that safety planning analysis as well, okay. Good questions here, how much documentation is too much? And how much is too little for in-home and out-of-home safety plans? Let me see if I can answer this as succinctly as possible. Word count is not the defining factor of too much or too little. It's quality and focus. So when we're thinking about our documentation, let's say in terms of a reasonable efforts to prevent removal. We wanna be clear about our documentation being focused on the conversation that was had and the key points to support the decision that was made for an out-of-home safety plan. So, that may be more robust in the case notes than others. Or you may be able to be very clear and concise based upon what the situation is. If the parents said, forget you I'm not talking to you, I'm not developing a safety plan, then your documentation is probably gonna be pretty short and pretty concise. If you spent time trying to engage the family and ultimately, you weren't able to identify safety service providers, you may need to document more robustly in terms of the efforts that you made, right. All right. Another question just came up about partner violence. How do we articulate just heard that parents have to have separate visitations, even if they are choosing to remain together, continue to live together. Because we're trying to ensure the safety of our survivor parent. And so that would be the primary designation is that we can control, we're controlling for the violence by separating them during that period of time when they're having contact with their child. Does the section frequency of intervention mean for the case manager or for the safety manager? Great question. So the frequency of intervention has to do with what the action is that you identified. So I'm just gonna scroll up here really quickly back to Miguel. So frequency here, right. So this very first one is a visiting nurse. Our action is, is that she'll be at home daily to administer medications and treatment to Miguel. The frequency or the person responsible is gonna to be the visiting home nurse, whether that we have a name for her or him, and the frequency is gonna be Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday at 6:30 to 7:30am and 4 pm to 6 pm. That's your frequency. So frequency has to do with the action that is being articulated, right. You bring up a really good question in terms of frequency and something that I've seen recently on safety plans that I just wanna take a moment to address. I've been seeing a lot on safety plans where it has CPI will or case manager will do an unannounced home visit once every 25 days or one time a week. An unannounced home visit in and of itself is not a safety action. So you need to be thinking about your role if I'm the PI, what am I going there to do in terms of the safety management, services and actions? So you remember we talked earlier about those five safety management services, behavior management, crisis management, social connection, resource support and separation? If I'm going to the home, and my name is on the safety plan as a safety action, what am I specifically doing? Am I going the home for a period of time, say an hour, two hours, where I'm providing the supervision and monitoring and behavior modification? And if so what are the specific actions that I'm responsible for? If I'm going to the home, to assess the sufficiency and perform safety management, right? That doesn't go on the safety plan. That's me just doing my job of management and monitoring of the safety plan. So that's a perfect transition into our next section, which is around safety management. So when we talk about safety management at present danger, and as I mentioned, I get asked a lot what is management of the plan, who's responsible for this? What's the difference between monitoring, assess and management? So these are the answers. Management is the active monitoring

of the safety plan to ensure that the plan is working to protect children from danger threats. Who's responsible, the primary child welfare professional, who's responsible for the case. So if that present danger, the primary child welfare professional that's responsible is the PI. The PI is the person that's responsible for the management of the present danger safety plan. They may be managing or an action that they may be doing as part of their management of the plan is that they're going by the home one time a week to check in with the family to make sure that the safety plan is working, to meet with the safety plan provider who may be in the home, then that is their management role, not a safety action on the safety plan. If the case is open to case management, and say a new incident happens that there was present danger identified and a present danger safety plan was put into place. The primary child welfare responsible for that is the case manager. Now I know that there may be a PI that is working the investigation, but the primary child welfare professional that is responsible for that case, not investigation, the case is case management. So they are then responsible for the management of that present danger safety plan. When we talk about monitoring, assessing, those are the skills that are used by that primary child welfare professional to accomplish the management of the plan. So monitoring means I'm calling, right. I'm having a conversation with my safety service providers. So think about Miguel. We have the school nurse, and we had an in-home service provider. My monitoring and assessing is gonna be calling the school nurse, calling the home health nurse, and asking specific questions about their role in the safety plan, whether they believe it's working or not working. Whether or not there needs to be any modification to the safety plan. Validating with them whether or not they're willing to continue being on the safety plan. That's my monitoring and assessing in terms of the management of the safety plan. I then also will go to the home, and I'll check in with Miguel separately and privately and have a conversation with him about "hey, Miguel, how are things going? Is the nurse showing up every day? Is she staying for the times that she's supposed to be staying? Is she meeting your medical needs?" I'm gonna follow up with the parents as well. Are they still willing to have the home health nurse into the home every single day. Has something changed for them, that maybe they're not willing to do that anymore, okay. So I'm having communication with my family. I'm having communication with my safety service providers, and I'm engaging with all of them to determine that the plan is still sufficient, is still working and that there's not gonna be any disruptions to that plan anytime in the near future, okay. Monitoring and assessing. So these are some guidelines for you if you are the primary child welfare worker responsible for the monitoring and assessing. Some things to be considering as you're making those phone calls, or having those face to face conversations. Are they aware of the plan? Are they doing what's described in the plan? Is it working? Have they had any challenges in ensuring that the plan is working? Has there been any instances when the plan did not work? And are they still willing to participate in the plan? So those are things that as the primary child welfare worker, each and every single time that you're having those conversations, whether it be on the phone or in person, these should be at the forefront of your mind, and should be explored with all of your contacts, right. Documentation. I will tell you that it is very rare that in cases that I review, whether it be at the PI stage, or the case management stage, that we see documentation that reflects safety management sufficiently. So when we're thinking about and this sort of speaks to one of the questions that was asked, like, what is too much, what is too little? We wanna be clear on the key points of focus for the documentation to support your safety management, okay. We wanna make sure that you've identified the who and the what is the role on their plan. So if I'm calling the home health nurse, I'm identifying who I'm speaking to, and what their role is on the plan. I wanna document what they have to say about the plan and the effectiveness of the plan. I want to document that they are still willing to

continue being a safety plan provider and participate in the safety plan. If they've identified any challenges or concerns regarding the effectiveness of the plan, I need to document that. And then the most significant thing is that if there have been challenges or changes to the willingness, or there's a resource disruption is what actions I took, as a primary child welfare professional to address those challenges, the needed changes and the effectiveness and or the intrusiveness. So, for example I just read a case the other day, actually, last night, that said that the safety service provider was no longer willing to be on the plan. And matter of fact, she said, "I haven't gone over in the last five days." She was supposed to be going over every single day. So immediately right then and there, I needed to amend my safety plan. It's a call to action. I cannot wait. I must take some sort of action. So in that case, I'm gonna document that I may have tried to amend the situation and still reengage the person in being on the safety plan. If I'm not able to, then my immediate action is that I'm going to contact the family, contact providers and make an amendment to that safety plan immediately, because I have safety that is now being unmanaged. Unfortunately, I hate to report this. In this case, it went another two weeks before anything happened with the safety plan. So that means that we left a child and this is an in-home safety plan. In-home without safety actions in an unsafe situation which is unacceptable. So we need to be able to document what our actions are to address the fact that we've had a disruption in that safety plan. I'm providing here to you a sample of a case note in terms of safety management and monitoring, right. This would be a case note that if I was the primary child welfare professional, I would document the contact that I was made. So you'll see here I identify clearly that I was face to face with Miguel, Whitney, the home health nurse, and the parents and where it was at. Documenting that Whitney was actually there doing the safety actions as part of the safety plan, and that both the parents were there, but they weren't observing or interacting with Whitney as she administered Miguel's medications. I'm gonna specify that I spoke to Miguel separately from Whitney and his parents. And then I'm also gonna specify that I spoke to Whitney, separate from Miguel and the parents as well. You see that we articulated that there were no concerns about her role. She comes to the home Monday through Friday, and another nurse comes on the weekends. And then I also do an interview with Miguel's parents that was conducted jointly. So I wanna make sure that I'm not saying that I interviewed them separately, I did it jointly. And what they are saying in terms of the safety plan, that they say they're less stressed they've been observing the treatments, they are learning some, and that they don't have any concerns about the safety plan and are agreeable to continuing it in their home, okay. My conclusion as a worker based by my contact is that there's no changes to the safety plan are needed, and that the safety plan is ensuring Miguel's medical needs are being met. Modification of the safety plan. So had I identified that Miguel needed a modification of the safety plan, then I would have to take action as I mentioned. Modification of a safety plan at present danger means that there's a need for increased or decreased safety management actions based upon the family condition. This could be because a child's location changed. Maybe the parents to engage in the safety plan changed, or the provider's commitment changed, or maybe we have identified a new provider. You need to terminate the safety plan due to no identified impending danger threats, if you've come to the conclusion, right. So that would be a modification as well. Or you need to modify the safety plan due to identified impending danger. So this would be the rationale. There's three reasons that you would modify, your present danger safety plan. Ceasing it due to impending danger safety plan development, ceasing it because there is no impending danger, or there is something that has changed in the present danger situation, I haven't come to a conclusion about impending danger. And I need to change the present danger safety plan to ensure child safety. I'm trying to be respectful of time, I have like 30 seconds. I know I just sped through that

last one. But we are gonna be talking about modification of safety plans when we talk about impending danger, too. But just keep in mind that you can modify a present danger safety plan, you don't need to end it and move automatically to an impending danger safety plan if you're not there yet. So if you haven't come to that conclusion, and even though it's 14 days, you can modify and extend your present danger safety plan, okay. All right. So, there are several questions that have come through, is it okay to put telephone numbers on the safety plan? Yes, it is. You want people to be able to reach people, obviously. But I wanna thank you guys for your time, your attention, your willingness, we had over 500 participants which is awesome. And hope that you all have a great rest of your afternoon. Please be safe. Take care of yourself and each other.