

## ***Out-of-Home Care Safety Assessment Worksheet Instructions***

### **SECTION I: IDENTIFYING INFORMATION ON PLACED CHILD(REN) BEING ASSESSED**

- Date Completed: Enter the date you completed the form. Note: This date could be, but is not necessarily, the date you signed the form or you received a supervisory signature.
- Family Name: Enter the family name of the client, *i.e.* case name.
- Case #: Enter the case number.
- Caseworker: Enter your name.
- Out-of-Home Family Name: Enter the name of the family being assessed.
- Address: Enter the address of family being assessed.
- Phone: Enter the phone number of family being assessed.
- Placed Child's Name: Enter the name of the child(ren) that is/are the focus of this assessment (Siblings in the same setting may be listed on the same form).
- Age: Enter the age of the child(ren) being assessed.
- Date Placed in this Setting: Enter the date each child listed was/were placed in this setting. This date is used to drive all of the intervals.
- Date Last Seen: Enter the date that the child(ren) was last seen. This field connects the worksheet to the structured case notes.
- Interval: Enter the interval that applies to this assessment.
- The intervals to select from are:
- Within two months from the date of placement in the current setting
  - Within six months (and every six months thereafter) of the previously completed worksheet
  - Within 72 hours upon identification of information

**IMPORTANT: all of these dates are triggered from the date of placement. If the child moves to another setting, the intervals start again. The six month interval is not in conjunction with the permanency hearing.**

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### **SECTION II: HOUSEHOLD MEMBER INFORMATION**

Household Member's Name:	Identify all household members, other than the children listed in Section I of the worksheet. For children in the household identify first name, last initial only.
Age:	Enter the age of each household member.
Role in Household:	For each household member, list the role that they play in that household ( <i>i.e.</i> paternal grandmother, biological daughter, foster son, <i>etc.</i> )
Date Last Seen:	List the date that each household member was last seen. Note, the identified child(ren) and resource family primary caregiver(s) must be seen at each contact, all of the other household members including children must be seen at least once every six months. This, however, does not mean that they all must be seen at the same time.
Affiliated County:	If the household member is a child placed in the setting by another county, list the affiliated county name.

### **SECTION III: PRIVATE PROVIDER INFORMATION (IF APPLICABLE)**

Note, this section is only completed if the child is placed in a private provider run home. If the child is living in an informal arrangement or in a county run home, this section would remain blank.

Private Provider Agency Name and Address:	If applicable, enter provider agency name and address.
Private Provider Caseworker / Case Manager:	Enter the assigned private provider caseworker/case manager name
Agency Phone Number:	Enter the private provider agency phone number.

### **SECTION IV: SAFETY INDICATORS**

For each child listed in Section I, list the name in the space provided (one column per child). Determine if each Safety Indicator is: P= Positive, C= Concerning, or N= Negative for each child.

### **SECTION V: SAFETY ANALYSIS: RESPOND TO THE FOLLOWING ANALYSIS QUESTIONS**

Respond to each of the four analysis questions listed in Section V. Responses should include detailed, behaviorally specific language that describes your findings and your

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analysis of the Safety Indicators. Note, for the first question, if this is the initial (60-day/two-month) assessment, check the box indicating this is the initial assessment.

The information documented in this section is intended to be a synthesis of the information learned from all of the 10 Safety Indicators. It is important to note that any Negative Characteristic identified must be included in the analysis.

### **SECTION VI: SAFETY DECISION: The following decisions should be made in conjunction with your supervisor.**

Indicate your Safety Decision by recording the name of each child (one child per column) next to the applicable Safety Decision. **The Safety Decisions are:**

**Safe:** Sufficient Safety Indicators exist that cause the undersigned persons to confirm that the setting remains safe for this child.

**Unsafe:** Sufficient Safety Indicators exist that cause the undersigned persons to conclude that the setting does not remain safe for this child. Child must be removed from the setting. When this decision is made the following additional steps must occur within the designated timeframe:

- Review the child's current Safety Plan to determine if modifications need to be made and document any and all necessary changes.
- If other children from your own or another county are placed in the home, concerns, as they relate to those children, should be communicated to the appropriate entities according to your County Children and Youth Agency's policy.

Check the box here if the County Children and Youth Agency determines that the child is Unsafe but remains in this setting as a result of a court order. Enter the Date of Order and the date the order was appealed, if applicable.

### **SECTION VII: SIGNATURE OF APPROVAL**

This requires supervisory discussion and the supervisor's signature indicates agreement with the assessment. An electronic supervisor signature is acceptable on the SAW.

Both the County Caseworker and Supervisor sign and date the tool.