

I. IDENTIFYING INFORMATION ON PLACED CHILD(REN) BEING ASSESSED				Date Completed:
Family Name:		Case #:	Caseworker:	
Out-of-Home Family Name:		Address:		Phone:
Placed Child's Name: (Siblings may be listed on same form)	Age:	Date placed in This Setting:	Date Last Seen:	Interval:

II. HOUSEHOLD MEMBER INFORMATION				
Household Member's Name - Identify all household members. For children identify first name, last initial only	Age:	Role in Household:	Date Last Seen:	Affiliated County For children under CCYA supervision, list the county name

III. PRIVATE PROVIDER INFORMATION (IF APPLICABLE):		
Private Provider Agency Name and Address	Private Provider Caseworker / Case Manager	Agency Phone Number

IV: SAFETY INDICATORS					
<i>For each child listed in Section I, list the name in the space provided. Then determine if each indicator is: P= Positive, C= Concerning, or N= Negative for each child.</i>	Name	Name	Name	Name	Name
1. Child Functioning: How are the children functioning cognitively, emotionally, behaviorally, physically, and socially?					
2. Adult Functioning: How are the adult out-of-home family members functioning cognitively, emotionally, behaviorally, physically, and socially?					
3. Caregiver Supervision: How are out-of-home caregiver(s) actively caring for, supervising, and protecting the children in the home?					
4. Discipline: How are discipline strategies used with the children in the home?					
5. Acceptance: How do the out-of-home family members demonstrate in observable ways that they accept the identified child into the home?					
6. Community Supports: How do the out-of-home family members access/use community supports to help assure child safety?					
7. Current Status: How do the out-of-home family members respond to the current issues, demands, stressors within the home that affect the child's safety?					
8. Placed Child's Family– Out-of-home Family Dynamics: How do the dynamics between the caregiver(s) of origin and the out-of-home family support the safety of the child?					
9. Oversight: How does the out-of-home family demonstrate that they are agreeable to and cooperative with CCYA and other formal resources?					
10. Planning: How do the out-of-home caregiver(s) demonstrate that they are capable of and actively engaged in planning for the identified child's day to day safety?					

**V. SAFETY ANALYSIS: RESPOND TO THE FOLLOWING ANALYSIS QUESTIONS**

1. Have any changes (positive or negative) occurred within the out-of-home family since your last assessment? Describe the changes and explain what prompted the change. Include in the explanation whether or not the change in the family resulted in a change in response to the 10 Safety Indicators. (Note: if this is the initial assessment, check here ).
2. Considering all of the 10 Safety Indicators, are there sufficient positive Safety Indicators present and in operation that give you confidence that the child will remain safe in the setting? Provide your rationale for this judgment.
3. Describe in behavioral terms, any Negative Characteristic and/or Safety Indicators that are present. Include intensity, frequency, and duration of the Characteristic and/or Safety Indicator and the impact on this child. If there are negative Safety Indicators and the decision is to leave the child in this home, describe the rationale and justification for this decision. **Supervisory signature below indicates agreement with this rationale.**
4. A) Consider and describe any Safety Indicators that are rated as “concerning”. B) Are there supports (e.g. respite care, child care, training on the child’s specific needs, etc.) that will enhance the resource family’s ability to provide a safe environment for the child? Provide your rationale for this judgment. For supports already in place, describe the effectiveness/impact/continued need for that support.

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

<i>Indicate your Safety Decision by recording the name of each child (one child per column) next to the applicable Safety Decision.</i>	Name:	Name:	Name:	Name:	Name:
<b>Safe:</b> Sufficient Safety Indicators exist that cause the undersigned persons to confirm <b>that the setting remains safe</b> for this child.					
<b>Unsafe:</b> Sufficient Safety Indicators exist that cause the undersigned persons to conclude <b>that the setting does not remain safe</b> 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: <ul style="list-style-type: none"> <li>• Review the child’s current Safety Plan to determine modifications needed and document any and all necessary changes.</li> <li>• If children from 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.</li> </ul>					
<input type="checkbox"/> Check 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.	Date of Order:	Date of Order:	Date of Order:	Date of Order:	Date of Order:
	Date of Appeal:	Date of Appeal:	Date of Appeal:	Date of Appeal:	Date of Appeal:

<b>VII. SIGNATURE OF APPROVAL</b> (requires supervisory discussion)		
	<b>County Children and Youth Agency Caseworker Name</b>	Signature _____ Date _____
	<b>County Supervisor Name</b>	Signature _____ Date _____