Date	of Safety Assessment:	Type of Assessment:									
I.	Family Name:	Case number:					Caseworker Name:				
Suf	Child's Name			Age	Suf	Child	's Nan	ne			Age
Caregiver of Origin's Name Rel				Seen	Care	giver of	Origin	's Name	Rel	Date	Seen
, , ,											
II. Id	dentify Safety Threats Belo	List each child by name or suffix in the column. Note: only select Yes the Safety Threshold was met			y select	Yes if	Explain how Safety Thre (Safety Threshold: vulnera of control, imminent, and s	fic, out-			
Date	of Face-to-Face Contact:										
Caregiver(s) intended to cause serious physical harm to the child.											
2. Caregiver(s) are threatening to severely		Υ									
harm a child or are fearful that they will maltreat the child.											
Caregiver(s) cannot or will not explain											
the injuries to a child.											
4. Child sexual abuse is suspected, has		Υ									
	occurred, and/or circumstances suggest abuse is likely to occur.										
	·										
<ol><li>Caregiver(s) are violent and/or acting dangerously.</li></ol>											
	Caregiver(s) cannot or will not control their behavior.										
		N Y		1							
	<ol> <li>Caregiver(s) react dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior.</li> </ol>										
b											
8. C	Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.										
cl											
	aregiver(s) in the home are not erforming duties and responsibilities	Y		1							
	that assure child safety.										
	10.Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious										
р											
harm to a child.		N									
11.Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.		Υ									
		N									
		Υ									
12.Caregiver(s) perceive child in extremely negative terms.											
13.Caregiver(s) overtly rejects CPS/GPS intervention; refuses access to a child;		N Y		†							
				1							
and/or there is some indication that the caregivers will flee.											
14.Child is fearful of the home situation,				†							
including people living in or having access to the home.				+							
a	cess to the nome.	N									

III. Are Safety Threats Present?   Yes?   No? If Yes, complete the following:  Protective Capacities: A Protective Capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has Protective Capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified Safety Threat. What Protective Capacity must be enhanced and in operation to mitigate that threat? For enhanced Protective Capacities, describe specifically how that Protective Capacity would prevent the Safety Threat from reoccurring in the near future.													
Caregiver of Origin's Name	Safety Threat By #	Child Suffix/ Name	Protective C enhanced AN		if the Protective Capacity is enhanced, diminished For enhanced Protective Capacities describe how capacity prepares, enables, or empowers caregived be protective. Will the caregiver(s) be able to put Protective Capacity into action?								
							-		,				
		_											
		_											
IV Safet	ν Δnalv	<b>reie</b> : Δe r	art of your s	analysis	respond to t	he followir	na four	nuetion	ue.				
	, ,			ariarysis,	respond to t	i ie ioliowii	ig ioui i	questioi	13.				
How are Safety Threats manifested in the family?													
Can an able,	motivated	d, responsible	e adult caregiver	adequately	manage and cor	ntrol for the ch	ild's safety	without d	irect assis	tance from	CCYA?		
Is an in-home CCYA managed Safety Plan an appropriate response for this family?													
What safety	responses	s, services, a	ctions, and provi	iders can be	deployed in the	home that will	adequate	ly control a	and manag	ge Safety T	hreats?		
V. Caregiver(s) of Origin and Children Who Were Not Seen: Every effort should be made to see each caregiver of origin and child in the family face-to-face to determine if the child(ren) is/are safe. If there is a caregiver of origin or child in the family that was not seen (e.g. child runaway or adult caregiver of origin out of town), list their name, age, role within the family, and provide justification as to why they were not seen, how long it has been since someone has seen them, and the plan identified to see/locate them and to assure that child's safety.								. child					
Individual	s Not Se	en		Age	Family	Role	Justification						
VI. Safety Decision -								List each child by name or suffix					
Decision Date: Safe: Either the caregiver(s) of origin's existing Protective Capacities sufficiently control													
each specific	and ident	ified Safety	Threat, or no Sal ment or with the	safely									
Safe with a Comprehensive Safety Plan: Either the caregiver(s) of origin's existing Protective Capacities can be supplemented by safety actions to control each specific and identified Safety Threat or the child must temporarily reside in an alternate informal living													
arrangement. No court involvement is necessary; however a Safety Plan is require													
Unsafe: Caregiver(s) of origin's existing Protective Capacities cannot be sufficiently supplemented by safety actions to control specific and identified Safety Threats. Child cannot remain safely in the current living arrangement or with the caregiver(s) of origin; County Children and Youth Agency must petition for custody of the child. A Safety Plan is not required if the child is removed by court order as a result of the safety threat(s).													
•			,			,							
VII. Signatures of Approval Caseworker Name					lame			Signature					
(Requir	es Superv	isory					Cinneture					<b>D</b> (	
Discussion) Supervisor Name						Signature						Date	