Date	of Safety Assessment: 10/17/20	Type of Assessment: Conclusion of the Investigation											
I. Family Name: Smith			Case number: 0101010)		Caseworker Name:				
Suf	Child's Name	Age		Suf	(Child	's Nam	ne			Age		
Α	Carley Smith		10										
В				4									
	egiver of Origin's Name	Rel	Date Seen		Careo	give	r of C	Origin's	Name	Rel	Date	Seen	
	tal Smith	М	10/17/200										
Colir	n Levitt	B/f	10/17/200										
II. Id	dentify Safety Threats Bel	List each child by name or suffix in the column. Note: only select Yes if the Safety Threshold was met					Explain how Safety Threshold was met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)						
Date	of Face-to-Face Contact:		10/17/00	10/	17/00								
	aregiver(s) intended to cause	Υ											
S	erious physical harm to the child.	N	Α		В								
	Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.												
			Α		В								
3. C	3. Caregiver(s) cannot or will not												
	xplain the injuries to a child.	N	Α		В								
	Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur. N												
			Α		В								
	Caregiver(s) are violent and/or acting dangerously. I												
a			Α		В								
6. C	Caregiver(s) cannot or will not		Α		В				Crystal has a significant substance about problem, which is directly affecting her parenting, her lack of protectiveness, her perceptions about child safety, and her			er her	
control their behavior.		N							judgment. She is impulsive and frequently leaves the children at home alone to acquand use drugs.				
cl	7. Caregiver(s) react dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior.												
S			Α		В								
	8. Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.												
e			Α		В								

Caregiver(s) in the home are not performing duties and			Y A B					The children are left alone at night (often all night long), often 4 to 5 times per week. Carley is expected to care for Christian and herself, and mother feels Carley is capable					
responsibilities that assure child safety.			N						of this. Although Colin realizes this is inappropriate, he does not take action to assure the children receive proper supervision.				
10. Caregiver(s) lack of parenting knowledge, skills, and/or motivation					Α	В				Crystal's focus on obtaining and using drugs has affected her judgment and resulted in her leaving her children alone, often for extended periods of time, 4 to 5 times per week. As a result of their young ages and			
presents an immediate threat of serious harm to a child.			N						their inability to protect themselves, the threat of serious harm to the children exists. Colin does not demonstrate a consistent presence in the home to protect the children.				
11. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs				Υ									
which presents an immediate threat of serious harm to a child. 12. Caregiver(s) perceive child in extremely negative terms.			N	Α	В								
			Y										
13. Caregiv				N	Α	В							
CPS/GF	S interve	ention; re	fuses	Υ									
	access to a child; and/or there is some indication that the caregivers will flee.			N	Α	В							
	Child is fearful of the home situation, including people living in or				Α	В				Carley expresses anxiety related to being left home alone and of the neighborhood in which the family lives. Christian appeared			
having access to the home.			N						withdrawn and was not very verbal throughout the interview process.				
III. Are S	Safety	Threat	s Present	? ⋈ γ	es? □ N	No? If Y	es co	omplete th	e follow	ina:			
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 enhanced	e caregiver(s) of origin's e Capacities which, when AND used, would mitigate the Safety Threat.				Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced Protective Capacities describe how the selected capacity prepares, enables, or empowers caregiver(s) of origin to be protective. Will the caregiver(s) be able to put the Protective Capacity into action?					
Crystal	6, 9, 10, 14	A & B		caregiver demonstrates impulse control.				This is a diminished Protective Capacity. Crystal's motivation to seek and use drugs compromises any Protective Capacities she usually has when not using drugs. Crystal also demonstrates that she is currently unable or unwilling to demonstrate impulse control as is evidenced by her frequent leaving both of her children unsupervised.					

Colin	6, 9, 10, 14	A & B		The caregiver understands his/her protective role	This is a diminished Protective Capacity. It is unclear whether or not Colin fully embraces his caregiving role. He has previously demonstrated a willingness to be part of the children's lives and has further stated that he is planning on being part of the family for the long-term; however, he has yet to fully acknowledge his role/responsibility for being a caregiver to the children. He does not have a clearly defined role both from the perspective of Crystal and both children.
			The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.	This is a diminished Protective Capacity. While Colin states that he knows the children should not be left alone, he frequently leaves the home before Crystal knowing that Crystal will leave the children unsupervised so he cannot be relied upon.	
Crystal	10	A	The caregiver has accurate perceptions of the child	This Protective Capacity is currently absent for Crystal. She is unaware of and lacks sufficient understanding of child development and has parentified her eldest child, Carley. Crystal's expectation is for Carley to provide care and supervision to Christian and, when she is hung-over, to provide care to Crystal herself.	
			The caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings	that now. In order to be enhanced, Crystal must be able to demonstrate how she can draw from her prior success This is a diminished Protective Capacity. While Crystal shares that she loves her children and has dreams for her children's future, she does not fully recognize that her children are fearful when they are left alone or understand the long-term emotional impact that that fear has on children.	
			The caregiver has a history of	This is a diminished Protective Capacity. While Crystal has periods of being protective in the past, she is not calling upon	

IV. Safety Analysis: As part of your analysis, respond to the following four questions:

How are Safety Threats manifested in the family?

Mother's current level of drug use currently negatively affects her ability to provide adequate care and supervision to the children. Mother leaves the children home alone to locate and use drugs, often overnight, 5-6 times per week. Although Colin is a household member and recognizes that the children should not be left unsupervised, he has not assured the children are supervised by a responsible adult at all times. Mother's judgment is impaired by her drug use, and she feels that Carley is capable of caring for Christian in the absence of an adult caregiver, to include extended periods of time. In addition, Carley exhibits anxiety about being left alone, as well as of the community in which they live. Christian is somewhat withdrawn.

Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CCYA?

No, currently both caregivers in the home demonstrate diminished Protective Capacities and are unable to assure the children's safety with assistance from CCYA.

Is an in-home CCYA managed Safety Plan an appropriate response for this family?

Yes. The supports available to the family cannot be put into place in the children's own home due to mother's inability to put the children's need for constant supervision above her own need to seek out and use drugs and a lack of resources that could be put into place in the home of origin. However, a CCYA managed comprehensive Safety Plan would be an appropriate response for the family, utilizing family supports and community resources to prevent the children from being placed in a formal placement setting and the need for CCYA to petition for formal custody in court.

What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage Safety Threats?

The children could be cared for informally by the maternal grandmother in her residence, utilizing community supports to assure continuity in school attendance and continued contact between the children and their mother. Crystal can enter into a detox program which is slated to last five days. CCYA will collaborate with the D&A provider to monitor progress and assess mother's readiness to resume care of the children. Maternal grandmother can care for the children while mother attends detox and in the time period following Crystals' release from detox. Community support systems, including the pastor from the family's church, will assist grandmother in getting Carley to school, and in allowing for continued contact between the children and their mother. CCYA worker will maintain weekly contact with the grandmother and the children through home visits and phone calls.

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.										
Individuals Not Seen	Age	Justification								
All parties were seen										
VI. Safety Decision -		List each child by name or suffix								
Decision Date:										
<u>Safe</u> : Either the caregiver(s) of or each specific and identified Safety remain in the current living arrang not required.	Threat, or no Safety Threats									
Safe with a Comprehensive Safe Protective Capacities can be suppidentified Safety Threat or the chilarrangement. No court involvement	А	В								
Unsafe: Caregiver(s) of origin's e supplemented by safety actions to cannot remain safely in the currer County Children and Youth Agend not required if the child is removed.										
VII. Signatures of							-			
Approval	Caseworker Name		Signat	Signature						
(Requires Supervisory										
Discussion)	Supervisor Name		Signat	Date						