

**Department of Children and Family Services
SAFETY ASSESSMENT**

PRIMARY CLIENT/CASE NAME:		DATE ASSESSMENT INITIATED:	CASE ID (ACESS/TIPS):	
CARETAKERS ASSESSED:		OTHER CARETAKERS ASSESSED:		
PROGRAM:	<input type="checkbox"/> CPS INVESTIGATION <input type="checkbox"/> FAMILY SERVICES <input type="checkbox"/> FOSTER CARE	REASON FOR ASSESSMENT:		
		<input type="checkbox"/> THREAT OF DANGER IDENTIFIED (CRISIS) <input type="checkbox"/> PROGRAMMATIC REQUIREMENT		
CHILD(REN)'S NAME / Age /Sex				
CHILD VULNERABILITY – This refers to the extent that a child can protect himself/herself from identified threats of danger or risk of repeat maltreatment. (Consider factors such as dependence on others to meet basic needs; physical, medical, behavioral or mental condition; ability or inability to communicate their needs, and previous exposure to trauma)				
THREATS OF DANGER – Caretaker's behavior or family situation indicates imminent serious harm to a child			Is there a threat to child safety?	If threat exists, is <u>any</u> child vulnerable to this threat?
Violent Behavior	1. Caretaker's behavior is violent, dangerous and/or impulsive which indicates that child safety is of serious concern. <i>Describe the threat and how each child is or is not vulnerable to the threat.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2. Caretaker's perception or behavior towards child is extremely negative and unrealistic resulting in serious emotional and/or physical harm to a child. <i>Describe the threat and how each child is or is not vulnerable to the threat.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. Caretaker has caused significant harm to a child or made a threat, which indicates child safety is of serious concern. <i>Describe the threat and how each child is or is not vulnerable to the threat.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parental Responsibilities & Decision Making	4. Caretaker is unable, unwilling, or does not meet a child's basic needs for necessary food, clothing, shelter, medical, or mental health and child safety is of serious concern. <i>Describe the threat and how each child is or is not vulnerable to the threat.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	5. Caretaker is unable, unwilling, or does not provide necessary supervision, protection, or care and child safety is of serious concern. This may be due to physical or mental health issues, substance abuse, domestic violence, cognitive or developmental deficits, or poor judgment. <i>Describe the threat and how each child is or is not vulnerable to the threat.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	6. Caretaker refuses access to a child, whereabouts cannot be determined, and/or there is reason to believe family may flee and circumstances indicate child safety is of serious concern. <i>Describe the threat and how each child is or is not vulnerable to the threat.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Significant Safety Concerns	7. Sexual abuse or exploitation is suspected, and circumstances indicate that child safety is of serious concern. <i>Describe the threat and how each child is or is not vulnerable to the threat.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	8. Current circumstances combined with history of abuse/neglect (child welfare agency and/or law enforcement involvement) indicate that child safety is of serious concern. <i>Describe the threat and how each child is or is not vulnerable to the threat.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIMARY CLIENT/CASE NAME:

FAMILY/FACILITY ID:

CARETAKER PROTECTIVE CAPACITIES. Strengths in the way a caretaker thinks, feels, and/or acts that prevents or controls threats of danger. <u>COMPLETE ONLY IF THERE IS A VULNERABLE CHILD TO A SPECIFIC THREAT OF DANGER.</u>	Do <u>all</u> caretakers possess the protective capacity?		
1. History of protecting from harm and unsafe conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Determine
2. Recognizes threats and has ability to implement plan to protect child(ren)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Determine
3. Demonstrates impulse control in order to protect and provide for child's overall care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Determine
4. Understands, has the skills needed, and takes action to meet parenting responsibilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Determine
5. Sets aside own needs where the safety and well-being of child(ren) are the caretaker's priority	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Determine
6. Demonstrates love, empathy, and tolerance of child(ren), and is positively attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Determine
7. Understands child development and has realistic expectations of child's capabilities, needs, and limitations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Determine
8. Is able to meet their <u>own</u> needs, including basic daily and emotional needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Determine
9. Has ability to handle every day, unexpected stressors/crises and has an accurate perception of reality	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Determine
10. Demonstrates ability to obtain concrete supports needed such as food, clothing, housing, social services, transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Determine
11. Caretaker can and will access family and/or friends who are ready, willing and able to help the family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Determine

SAFETY DETERMINATION

Are there sufficient caretaker protective capacities to manage identified threats? Yes No Unable to Determine N/A

Describe:

Is any child Unsafe? Yes No (Check yes if there are any threats a child is vulnerable to, AND if caretaker protective capacities cannot manage the threats, or are unable to be determined due to an emergency safety situation.

SAFETY ANALYSIS IS COMPLETED IF ANY CHILD IS UNSAFE TO DETERMINE THE TYPE OF SAFETY PLAN NEEDED

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<p>Is an In Home Safety Plan feasible?</p> <input type="checkbox"/> Do the caretakers have a living situation that is calm/consistent/stable enough where an in-home safety plan and services can be implemented? <input type="checkbox"/> Are the caretakers willing to accept, be cooperative with, and comply with an in-home safety plan and services? <input type="checkbox"/> Is there a suitable safety monitor who believes that a safety plan is needed, and is able to place the child's safety and needs above their relationship with the caretaker(s)? <small>**Safety Monitors require a DCFS CW clearance per DCFS policy</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<p>Is a Court Ordered Safety Plan feasible?</p> If there is a suitable alternative caretaker or safety monitor(as described above), BUT at least one of the caretakers is not willing or able to cooperate with an in-home safety plan, can a court ordered in-home safety plan be implemented?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	If an in-home safety plan or court ordered safety plan is not possible, is transfer of provisional custody or Foster Care the safety plan?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If Safety Assessment is conducted on a foster care placement, did the Child Welfare Manager approve use of a safety plan as compared to changing the foster care placement?

Safety Plan/Additional Comments:

Worker's Name	Supervisor's Name
Reviewing Worker's Signature _____ Date _____	Reviewing Supervisor's Signature _____ Date _____