

**Department of Human Services  
Child Protective Services**

**CHILD SAFETY ASSESSMENT**

**Part 1 - Case Information:**

Case Name:	Case Number:	Intake Number (if new Intake):
Worker Name:	Date:	Time:
Reason (s) for Child Safety Assessment:		
<input type="checkbox"/> Initial Contact (or within 7 working days of the first face-to-face contact) <input type="checkbox"/> Conclusion of the Investigation (within 60 days) <input type="checkbox"/> Prior to Removal <input type="checkbox"/> Reunification Assessment (prior to return of child to the home) <input type="checkbox"/> Change in Visitation Plan <input type="checkbox"/> New Safety Concerns <input type="checkbox"/> Prior to Case Closure		
Comments: _____		
_____		

**Part 2 - Child Safety Assessment:**

The following is a list of behaviors or conditions that may be associated with a child being in danger of serious harm. Check "Yes" for each Safety Factor identified and select the applicable letter(s) from the Safety Factor Guidelines that support the identification of the Safety Factor. Describe the specific behaviors, conditions, and circumstances associated with that Safety Factor that warrant CWS Involvement in the space provided. The description should be based on factual information that supports how the behavior is specific and observable, out of control, immediate or liable to happen soon, can result in severe consequences, and how the child is vulnerable to these behaviors.

Workers are expected to use the Safety Factors Guidelines in the safety planning process and development of In Home Safety Plan, whenever possible.

The following definitions are provided to help identify the presence of a Safety Factor as described below:

**Harm:** Immediate, significant and clearly observable substantial harm occurring to a child in the present requiring immediate CPS protective response. Refer to New Child Protective Act for definitions.

**Imminent Harm:** Without intervention within 90 days, there is reasonable cause to believe harm will occur.

**Threatened Harm:** Any reasonably foreseeable substantial risk of harm to a child. A threat of substantial harm is a state of danger in which family behaviors, attitudes, motives, emotions, and/or situations pose a threat which may not be currently active but can be anticipated to have severe effects on a child at any time. Commonly, it may not be obvious at the onset of intervention or occurring in a present context but can be identified and understood upon more fully evaluating individual and family conditions and functioning. It is a general state of danger within a family that requires safety intervention to prevent severe harm.

**Parent/Caregiver** is defined for the purpose of this tool as: the child/ parent or adult that is the subject of the report and/or others who have a primary caregiving role for the child/ren and/or ongoing access to the child. This may be the mother, father, significant other of the mother or father, grandparent or others that care for the child/ren.

## Safety Factors

1. Behavior of parent/caregiver or others the parent/caregiver has allowed access to the child is violent or threatening violence an. If Yes, list the letter(s) from the Safety Factor Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Parent/caregiver has not, will not, or cannot provide sufficient supervision to protect the child from harm/imminent harm/threatened harm. If Yes, list the letter(s) from the Safety Factor Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Death of a sibling or other child in the household has occurred due to abuse/neglect or uncertain circumstances. If Yes, list the letter(s) from the Safety Factor Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. One or more parent/caregiver's behavior is dangerously impulsive or they will not/cannot control their behavior. If Yes, list the letter(s) from the Safety Factor Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The current abuse or neglect is severe and suggests that there may be harm/imminent harm/threatened harm. to the child. If Yes, list the letter(s) from the Safety Factor Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Parent/caregiver's impairment due to drug or alcohol abuse is seriously affecting his/her ability to supervise, protect or care for the child. If Yes, list the letter(s) from the Safety Factor Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. There have been reports of harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee or refuses access to the child. If Yes, list the letter(s) from the Safety Factor Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Child is fearful of being harmed by people living in or frequenting the home. If Yes, list the letter(s) from the Safety Factor Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Parent/caregiver has not or is unable to meet the child's immediate needs for food, clothing, shelter, or medical care where the absence of these necessities is creating harm/imminent harm/threatened harm to the child. If Yes, list the letter(s) from the Safety Factor Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. The child's physical living conditions are hazardous and present a situation of harm/imminent harm/threatened harm. If Yes, list the letter(s) from the Safety Factor Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Parent/caregiver has a severe or chronic mental or physical illness or disability and current protective factors are not in place to ensure child safety. If Yes, list the letter(s) from the Safety Factor Guidelines:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Child is vulnerable due to their own behavioral condition or the presence of special needs that parent/caregiver are unable to meet, and these are presenting the harm/imminent harm/threatened harm. If Yes, list the letter(s) from the Safety Factor Guidelines:	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Parent/caregiver describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations given the child's age or developmental level, and this presents substantial or imminent ham to the child. If Yes, list the letter(s) from the Safety Factor Guidelines:	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Parent/caregiver lacks the knowledge, skill or motivation to parent and this presents a threat of substantial or imminent harm (present or impending danger). If Yes, list the letter(s) from the Safety Factor Guidelines:	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Parent/caregiver and others with access to the child has made credible threats which could result in substantial or imminent harm (present or impending danger). If Yes, list the letter(s) from the Safety Factor Guidelines:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**For each Safety Factor checked “YES”, describe how the Safety Factor is present in the family below.**

List and specifically describe each Safety Factor and how it is active in the family including when, how often (pattern), under what circumstance, other influences involved, and inability of the family to control the threat to child safety. Include in the description how the behavior is **specific and observable, out of control, immediate or liable to happen soon, can result in severe consequences**, and **how the child is vulnerable to the threats**.

If 1 or more Safety Factors are checked “Yes”, complete Part 3 - Analysis for In-Home Services.

If all Safety Factors are checked “No”, child/ren can remain in the home. Case may be assessed for transfer to VCM or FSS based on risk level, when appropriate.

**Part 3 - Analysis for In-Home Services – Reasonable Efforts (What would it take to keep the child safely in the home?):**

**A. Assess the supports needed to keep the child safely in the home:**

1. Based on all of the Safety Factors identified, describe what can be put in place and specific actions needed to keep the child in the home (protective caregivers–family/friends/community members), family member/person to be home with the children, services, purchased items (using CAN Emergency/WRAP funds, community resources, etc.). If the child is later removed, consider the identified supports needed as conditions for return.
  
2. What actions do the safety plan participants have to take to ensure child safety (e.g., give child prescribed medication at designated times, move in the home to supervise, etc.)?

3. List in the chart below, all people who are available to participate in the In-Home Safety Plan and answer questions A, B and C for each person listed? In the D-CJIS clearance and E-CAN clearance column, Enter "Yes" in the column if the clearance has been completed and the person has been assessed to able to be a safety plan participant (the person does not have any history that would prevent him/her from being a participant in the In-Home Safety Plan). Enter "No" in the column if the clearance has been completed, but the person has a history that was assessed by the worker and supervisor that prevent him/her from being participants in the In-Home Safety Plan. Document that consent was provided to complete the CJIS/CAN checks in Log of Contact.

Name	<b>A</b> Does the safety plan participant understand his/her role and responsibilities to protect the child? (Answer: Yes or No)	<b>B</b> Can the safety plan participant physically respond appropriately to protect the child? (Answer: Yes or No)	<b>C</b> Does the safety plan participant understand the emotional needs of the child? (Answer: Yes or No)	<b>D</b> CJIS	<b>E</b> CAN
1.					
2.					
3.					
4.					
5.					
6.					

In the chart above, if the answer to A, B, and/or C is "No", please describe efforts made to help people understand/carry out the actions needed.

A, B, C, D, and E must be answered "Yes" to include the person in the In-Home Safety Plan. If there are no safety plan participants identified, before the worker leaves the home, explore again with the family other possible options of relative and/or kin. If yes, add to the chart above.

4. If the child needs to stay with someone else now or in the future (possibly VFC or FC) until the home can be made safe, who could this be? Include name, phone number or other contact information, and relationship.

**B. Based on the supports needed to keep the child safe in the home as described above please answer the questions below. Provide justification for each answer in the comments section.**

1. Is the parent/caregiver willing to allow and/or participate with an In-Home Safety Plan? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>2. Can the family living environment be made safe enough for people to come into the home? Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Can an In-Home Safety Plan be put into place without the need for <u>immediate formal</u> evaluations (substance abuse assessments, psychological evaluations, etc.)? Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Are services/resources/people available to carry out the In-Home Safety Plan? Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Is/are there safety plan participant(s) listed on Part 3 A-3 that have the capacity to carryout the In-Home Safety Plan? The safety plan participant that will be involved in the In Home Safety Plan must have "Yes" checked for A, B, C, D, and E. Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If all of Questions 1 through 5 are checked "Yes", complete Part 4 In-Home Safety Plan.

If 1 or more of Questions 1 through 5 are checked "No", proceed to out of home placement. Get supervisor consent by phone prior to removal.

The parent/caregiver has been informed of the Child Safety Assessment. Information was shared with:

Parent/caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: Please describe circumstance below if worker was not able to share information with the parent/caregiver. For example, the parent/caregiver could not be located.

CWS Supervisor consent given by phone: \_\_\_\_\_ Date: \_\_\_\_\_

CWS Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CWS Supervisor Signature (within 2 working days): \_\_\_\_\_ Date: \_\_\_\_\_

Notes: Please describe circumstance if consent given by phone and/or is signed is by a Supervisor or Section Administrator other than the CWS Worker's immediate Supervisor: