
















# SAFETY ASSESSMENT

|   |   |
|---|---|
| Name – Reference Person<br> | Case Number<br>                        |
| Name – Assessed Family<br>  | Date of Safety Assessment and Plan<br> |

## I. Safety Threats

- |   |  |
|---|--|
| <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No No adult in the home will perform parental duties and responsibilities.<br/></p>  | <p>7. <input type="checkbox"/> Yes <input type="checkbox"/> No One or both parents / caregivers intend(ed) to seriously hurt the child.<br/></p>  |
| <p>2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No One or both parents / caregivers are violent.<br/></p>   | <p>8. <input type="checkbox"/> Yes <input type="checkbox"/> No One or both parents / caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.<br/></p> |
| <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No One or both parents' / caregivers' behavior is dangerously impulsive or they will not / cannot control their behavior.<br/></p> | <p>9. <input type="checkbox"/> Yes <input type="checkbox"/> No The child has exceptional needs which the parents / caregivers cannot or will not meet.<br/></p>   |
| <p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No One or both parents / caregivers have extremely negative perceptions of the child.<br/></p>                                     | <p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No Living arrangements seriously endanger the child's physical health.<br/></p>  |
| <p>5. <input type="checkbox"/> Yes <input type="checkbox"/> No Family does not have or use resources necessary to assure the child's basic needs.<br/></p>                                     | <p>11. <input type="checkbox"/> Yes <input type="checkbox"/> No The child is profoundly fearful of the home situation or people within the home.<br/></p>   |
| <p>6. <input type="checkbox"/> Yes <input type="checkbox"/> No One or both parents / caregivers fear they will maltreat the child and / or request placement.<br/></p>                        |  |

## II. Safety Assessment and Conclusion

Yes  No One or more factors that negatively affect safety are identified:

If the answer to the above question is "NO", then the child(ren) is safe. Proceed only with the required documentation of contacts, interview content or observations, and supervisory approval.

If the answer to the above question is "YES", then the child(ren) may be unsafe. Proceed with the Safety Assessment and Planning to consider the parent / caregiver protective capacities and the need to control for safety.

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### III. Signatures

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Name – Worker

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**SIGNATURE** – Worker



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Date Signed



---

Name – Supervisor

---

**SIGNATURE** – Supervisor



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Date Signed