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**Child Safety Assessment / Safety Plan**

To be completed every 6 months, with child safety assessments / safety plan updates completed each time the child is seen.

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| **Name of Child:**       | **Age:**       |
| **Caregivers:**        | **Relationship to the Child:**       |
|  |  |
| **Person Doing Assessment:**       | **Position:**       |
| **Purpose of Contact:**       | **Date of Contact:**       |

**Child Specific Behaviors – Needs**

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| **Affect** | **Yes** | **No** | **Intervention:** **Actions to be taken in Safety Plan** | **Target Date** |
| Does the child appear relaxed and happy? | [ ]  | [ ]  |       |       |
| Does the child appear agitated or fearful or withdrawn around the caretaker or others in the home? | [ ]  | [ ]  |       |       |
| Does the child take pride in his/her belongings and achievements? | [ ]  | [ ]  |       |       |

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| **Relationships** | **Yes** | **No** | **Intervention:** **Actions to be taken in Safety Plan** | **Target Date** |
| Does the child look to the foster/adoptive parent for approval? | [ ]  | [ ]  |       |       |
| Does the child react positively to physical closeness from the parent? | [ ]  | [ ]  |       |       |
| Does the child seem comfortable interacting with members of the family? | [ ]  | [ ]  |       |       |
| Is the child placed in a potentially permanent family? | [ ]  | [ ]  |       |       |

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| **Behaviors** | **Yes** | **No** | **Intervention:** **Actions to be taken in Safety Plan** | **Target Date** |
| Does the child have a negative attitude or perception of the placement that could result in behavior that creates a threat of harm? | [ ]  | [ ]  |       |       |
| Do similarities and differences between the placed child and other children in the placement family pose threats of danger? | [ ]  | [ ]  |       |       |
| Does the child act out sexually?  | [ ]  | [ ]  |       |       |
| Is the child hurting self or others? | [ ]  | [ ]  |       |       |
| Is the child hurting animals?  | [ ]  | [ ]  |       |       |
| Is the child starting fires? | [ ]  | [ ]  |       |       |
| Does the child usually accept reasonable limits?  | [ ]  | [ ]  |       |       |

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| **Needs** | **Yes** | **No** | **Intervention:** **Actions to be taken in Safety Plan** | **Target Date** |
| Is the child receiving the necessary medical attention? | [ ]  | [ ]  |       |       |
| Does the child have any special needs?  | [ ]  | [ ]  |       |       |
| Are those needs being met? | [ ]  | [ ]  |       |       |

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| **Parent/Caregiver Behaviors – Attitudes - Skills** |
| What are the protective capacities of the placement parents?        |
| Are the sources of stress in their own lives that could create threats of harm? If yes, what?       |
| Is the caregiver able to recall examples of recent protective acts?       |

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| **Behaviors** | **Yes** | **No** | **Intervention:** **Actions to be taken in Safety Plan** | **Target Date** |
| Does the caregiver use appropriate disciplinary measures? | [ ]  | [ ]  |       |       |
| Does the caregiver assign age appropriate responsibilities to the child? | [ ]  | [ ]  |       |       |
| Does the caregiver display interest in the child’s school performance? | [ ]  | [ ]  |       |       |
| Does the caregiver participate in any therapy / treatment being provided for the child? | [ ]  | [ ]  |       |       |
| Is the caregiver able to demonstrate impulse control? | [ ]  | [ ]  |       |       |

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| **Skills** | **Yes** | **No** | **Intervention:** **Actions to be taken in Safety Plan** | **Target Date** |
| Is the caregiver capable of demonstrating skills associated with meeting the child’s needs? | [ ]  | [ ]  |       |       |
| Does the caregiver advocate for the child’s needs? | [ ]  | [ ]  |       |       |
| Has the caregiver had preparation training relevant to the needs of this child? | [ ]  | [ ]  |       |       |
| Is the caregiver capable of developing ways to manage threats and respond to a child’s needs? | [ ]  | [ ]  |       |       |
| Is the caregiver capable of generalizing experiences and applying them to new situations? | [ ]  | [ ]  |       |       |
| Does the caregiver have access to adequate support systems and can they utilize support given? | [ ]  | [ ]  |       |       |

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| **Attitudes** | **Yes** | **No** | **Intervention:** **Actions to be taken in Safety Plan** | **Target Date** |
| Does the caregiver demonstrate expectations that match the child’s developmental level? | [ ]  | [ ]  |       |       |
| Does the foster/adoptive parent compliment the child? | [ ]  | [ ]  |       |       |
| Does the caregiver identify and reinforce the child’s strengths? | [ ]  | [ ]  |       |       |
| Do they refrain from making derogatory comments about the child or the child’s family? | [ ]  | [ ]  |       |       |
| Does the caregiver handle problems between the siblings equitably? | [ ]  | [ ]  |       |       |
| Does the caretaker respect professional advice and seek open communication? | [ ]  | [ ]  |       |       |

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| **Environment – Physical Safety** |
| Date of last home safety inspection:        |

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| **Physical Safety Observations** | **Yes** | **No** | **Intervention:** **Actions to be taken in Safety Plan** | **Target Date** |
| Is the home free of any observable health / safety hazards? | [ ]  | [ ]  |       |       |
| Does the caretaker generally respect agency rules and regulations? | [ ]  | [ ]  |       |       |
| Are there too many children in the home for the foster/adoptive parents to provide adequate adult supervision? | [ ]  | [ ]  |       |       |
| Is the caregiver physically able to intervene? | [ ]  | [ ]  |       |       |
| Have other children in the home acted out sexually? | [ ]  | [ ]  |       |       |
| Have other children in the home been aggressive to other siblings or peers? | [ ]  | [ ]  |       |       |
| Does the caretaker respect professional advice and seek open communication? | [ ]  | [ ]  |       |       |

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| **Observations / Concerns:**       |
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| **Interventions / Actions to be taken to assure safety and target date:**       |
| **Person(s) responsible:**       |
| 1.
 | **Target date:**       |
|  |
| **Person(s) responsible:**       |
| 1.
 | **Target date:**       |
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| **Person(s) responsible:**       |
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| **Person(s) responsible:**       |
| 1.
 | **Target date:**       |
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| **Safety Assessment:** (please place an X in the appropriate box) | **[ ]  Initial** | **[ ]  6 Month Update** |
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| **[ ]  Child remains save in this situation give the safety plan is followed** |
|  |
| **[ ]  Child must be removed from this situation** |
|  |
| **Facts Supporting Decision Checked Above:**       |

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| **Caseworker’s Signature:**       | **Date:**       |
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| **Supervisor’s Signature:**       | **Date:**       |