

## COLORADO SAFETY ASSESSMENT/ PLAN

Family Name: _____	Worker: _____	Date: _____
Reason for a Safety Assessment: _____		Referral: _____

**Summarize the results of each assessment area to determine impending danger:**

Extent of Maltreatment

Surrounding Circumstances of Maltreatment

Child Functioning

Adult Functioning

General Parenting Practices

Disciplinary Parenting Practices

**Safety Concerns**

Select "yes" for all safety concerns present. When determining if a safety concern is present, review the definition for each safety concern. To select a safety concern, the following impending danger criteria must be present:

- Observable threat
- Severe harm could result.
- Out-of control
- Potential of severe harm is imminent.

Below each safety concern marked "yes", describe the behaviors, conditions and/or family circumstance associated with the safety concern. If one or more safety concerns is selected, complete Safety Conclusion and Child Vulnerability to determine if additional sections are required to be completed.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Caregiver(s) in the home is out of control and/or violent.	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Caregiver(s) describes or acts toward the child(ren) in predominately negative terms and/or has unrealistic expectations likely to cause severe harm.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Caregiver(s) has caused severe harm to the child or has made a credible threat of severe harm.	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Caregiver(s)' explanations of severe injuries present are unconvincing
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. The caregiver refuses access to the child or there is reason to believe the family will flee.	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Caregiver(s) is unwilling or unable to meet the child's immediate needs for food, clothing and shelter, which is likely to result in severe harm.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Caregiver(s) is unwilling or unable to meet the child's severe medical or mental health care needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Caregiver(s) has not or is unable to provide sufficient supervision to protect the child from potentially severe harm.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Child is fearful of caregiver(s), other family members, or other people living in, or having access to, the home.	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Child's physical living conditions seriously endanger the child's immediate health.
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Caregiver(s) alleged or observed substance use may seriously affect his or her ability to supervise, protect, or care for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Child sexual abuse is suspected and circumstances suggest that child's safety is of immediate concern.

## COLORADO SAFETY ASSESSMENT/ PLAN

<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Caregiver(s) alleged or observed emotional instability or developmental delay seriously affects his or her ability to supervise, protect or care for the child.			14. Domestic violence exists in the home and places child in danger of physical and/or emotional harm.
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Caregiver(s) has previously abused or neglected a child or is suspected of such, and the severity of the past maltreatment, or caregiver(s) response to previous intervention suggests impending danger to the child.			

### Safety Assessment Conclusion

- NO** Safety Concerns are identified. There are no children likely to be in danger of severe harm. No further safety action is necessary. If checked, stop here.
- One or more safety concerns is identified. Proceed with Child Vulnerability Determination

### Child Vulnerability Determination

Indicate if there is a child in the home who is 0-6 years old or unable to either self-protect, assertively prevent harm, or access protective relationships due to physical and emotional development, inability to communicate needs, mobility, size or lack of robustness or dependence or susceptibility.

- NO** vulnerable child identified in the home. There is no impending danger and children are determined to be safe. No further safety intervention is necessary. If checked stop here after providing justification below regarding the ability of the child(ren) to self-protect in home environment:
- There is impending danger; one or more safety concerns are identified and there is a vulnerable child in the home. Proceed to Safety Decision.

### Safety Decision

#### Caregiver Protective Capacity Determination

The safety decision is based on a consideration of impending danger and caregiver(s) protective capacities. Indicate if there is one or more non-maltreating caregiver(s) and/or other responsible caregiver(s) (i.e. family members) who is/are willing and have the emotional, behavioral, and cognitive capacity to manage identified safety concerns and assure child safety.

- Caregiver protective capacities and family actions address all safety concerns (impending danger). The child(ren) is/are determined to be **SAFE**. No further safety intervention is necessary. If checked, stop here after providing justification below regarding how the caregiver protective capacities and family actions will address family concerns:
- Caregiver protective capacities and family actions do not address all safety concerns (impending danger). The child(ren) is/are determined to be **UNSAFE**. Further safety intervention is necessary to manage safety concerns. Proceed to Safety Intervention Analysis.

#### Safety Intervention Analysis

Analyze and document whether the current home environment is stable enough to support an in-home safety plan, the extent to which caregiver(s) is/are willing to accept and cooperate with the use of an in-home safety plan, and whether there are resources accessible, and the level of effort available, to sufficiently control safety concerns.

- Check one of the following:
- Safety Intervention Analysis does not support in-home safety planning. Safety will be managed through placement in a certified home/facility or a relative/kin placement when Child Welfare has custody. An in-home safety plan will not be done at this time.
  - The home environment is minimally stable, caregiver(s) is/ are willing to support and cooperate with Child Welfare in assuring child safety in the home and sufficient safety actions can be taken to control/address safety concerns. An in-home safety plan will be completed.

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### Safety Plan

All selected safety concerns must be addressed in the safety plan and must meet the following criteria:

- Least restrictive response
- Action-oriented
- Immediately controls for safety
- Actions correspond to each safety threat.
- Safety resources are readily accessible at the level required to assure safety.

Describe what tasks will be done, by whom, and how often and duration. Indicate caseworker activities to oversee the safety plan. Provide copies of plan to parents, caregivers, and others who are a part of the plan.

### Family Agreement with Safety Plan

We have participated in the development of and reviewed this safety plan and agree to work with the providers and services as described above.

Safety Plan Participants and Parent(s) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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### Caseworker / Supervisor Agreement with Safety Plan

Caseworker: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**COLORADO FAMILY RISK REASSESSMENT**

Case Name: \_\_\_\_\_ Worker Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- R1. Prior Investigations (assign highest score that applies)
  - a. None ..... -1
  - b. 1 to 3..... 1
  - c. 4 or more..... 3
- R2. Household has Previously Received Child Protective Services
  - a. No..... 0
  - b. Yes..... 2
- R3. Number of Children in Household
  - a. Two or fewer..... -1
  - b. Three or more ..... 1
- R4. Age of Youngest Child in Household
  - a. 3 or older.....0
  - c. 2 or younger .....1

The following case observations pertain since the initial risk assessment or most recent reassessment that was not prompted by an investigation:

- R5. New CPS Substantiated or Inconclusive Investigation since the Initial Risk Assessment or most Recent Reassessment that was not prompted by an Investigation
  - a. No .....0
  - b. Yes .....3
- R6. Either Caregiver has a Current Substance Use Problem
  - a. No .....0
  - b. Yes .....1
  - d. Yes, and refuses treatment .....3
- R7. Disruptive/Volatile Relationships in the Household
  - a. No problems.....0
  - c. Yes .....2
- R8. Caregiver is Able to Provide Physical Care/Supervision to Children
  - a. Yes .....0
  - b. No, minor problems .....1
  - c. No, major problems .....2
- R9. Primary Caregiver's Use of Treatment/Training Programs
  - a. Not applicable; all services unavailable.....0
  - b. Successfully completed all services recommended or actively participating in services; pursuing objectives detailed in FSP..... -1
  - c. Minimal participation in pursuing objectives in FSP.....1
  - d. Has participated but is not meeting objectives; refuses involvement in services or failed to comply/participate as required.....2
- R10. Secondary Caregiver's Use of Treatment/Training Programs
  - a. Not applicable; all services unavailable .....0
  - b. Not applicable; only one caretaker in home.....0
  - c. Successfully completed all services recommended or actively participating in services; pursuing objectives in FSP..... -1
  - d. Minimal participation in pursuing objectives in FSP .....1
  - e. Has participated but is not meeting objectives; refuses involvement in services or failed to comply/participate as required.....2

TOTAL REASSESSMENT SCORE \_\_\_\_\_

SCORED RISK LEVEL      Assign the family's risk level using the following chart

2   Low      3 - 7      Moderate      8 +      High

POLICY OVERRIDES. Circle yes if a condition shown below either occurred previously or during this reassessment period. If any condition is applicable, override final risk level to high. This overrides the scored risk level.

- Yes 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.
- Yes 2. Non-accidental injury to an infant.
- Yes 3. Serious non-accidental physical injury requiring hospital or medical treatment.
- Yes 4. Parent/Caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).

POLICY OVERRIDE RISK LEVEL (check):      High

DISCRETIONARY OVERRIDE. If a discretionary override is made, circle yes, check override risk level, and indicate reason. Either the scored risk level or the policy override risk level may be overridden one level. If approved, the discretionary override risk level becomes the overall risk level for this assessment period.

Yes If yes, check DISCRETIONARY OVERRIDE RISK LEVEL (Check one):      Low      Moderate      High

Discretionary override reason: \_\_\_\_\_

Supervisor's Review/Approval of Discretionary Override: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## COLORADO FAMILY RISK ASSESSMENT

Case Name: \_\_\_\_\_ Worker Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NEGLECT	Score
N1. Current Allegation is For Neglect	
a. No.....-1	
b. Yes..... 1	_____
N2. Prior <u>Neglect</u> Investigations (assign highest score that applies)	
a. None.....-1	
b. Investigation only..... 1	
c. One substantiated investigation..... 2	
d. Two or more substantiated investigations..... 3	_____
N3. Household has Previously Received Child Protective Services	
a. No..... 0	
b. Yes, previously received services..... 1	
c. Yes, prior CPS child removal from household..... 3	_____
N4. Number of Children in Household	
a. Two or fewer.....-1	
b. Three or more..... 1	_____
N5. Age of Youngest Child in Household	
a. Three or older..... 0	
b. Two or younger..... .1	_____
N6. Primary Caregiver's Assessment of Incident (Check applicable items and add for score)	
a. ___ Not applicable..... 0	
b. ___ Minimizes harm to children..... 2	
c. ___ Displaces responsibility or severity..... 2	_____
N7. Primary Caregiver Provides Physical Care or Supervision Inconsistent with Child's Need	
a. No..... 0	
b. Yes..... 2	_____
N8. Primary Caregiver has a Substance Use Problem	
a. No..... 0	
b. Yes..... 1	_____
N9. Child in Household has Mental Health/Behavioral Problem	
a. No..... 0	
b. Yes..... 1	_____
N10. Recent <u>or</u> History of Domestic Violence in the Household.	
a. No..... 0	
b. Yes......1	_____
N11. Caregiver(s) Have History of Homelessness	
a. No..... 0	
b. Yes......3	_____

ABUSE	Score
A1. Prior Investigations (assign highest score that applies)	
a. None.....-1	
b. 1 to 3..... 1	
c. 4 or more..... 3	_____
A2. Household has Previously Received Child Protective Services	
a. No..... 0	
b. Yes..... 2	_____
A3. Primary Caregiver has History of Abuse or Neglect as a Child	
a. No..... 0	
b. Yes..... 2	_____
A4. Primary Caregiver was Placed in Protective Services as a Child	
a. No..... 0	
b. Yes..... 3	_____
A5. Caregiver(s) Provides Supervision Inconsistent with Child's Needs	
a. No..... 0	
b. Yes..... 1	_____
A6. Caregiver(s) Employs Excessive/Inappropriate Discipline	
a. No..... 0	
b. Yes..... 2	_____
A7. Caregiver(s) Involved in Disruptive/Volatile Adult Relationships	
a. No..... 0	
b. Yes..... 1	_____
A8. Characteristics of Children in the Household (check applicable items and add for score)	
a. ___ Not applicable..... 0	
b. ___ Mental health/behavioral problems..... 2	
c. ___ Physical disability..... 2	_____
A9. Caregiver(s) has History of Mental Health Treatment	
a. No, neither caregiver..... 0	
b. Either caregiver..... 1	
c. Both caregivers..... 2	_____
A10. Secondary Caregiver has a Substance Use Problem	
a. N/A - no secondary caregiver..... 0	
b. No problem with drugs or alcohol..... -1	
c. Alcohol only..... 1	
d. Other drugs or drugs and alcohol combined..... 2	_____

TOTAL NEGLECT RISK SCORE \_\_\_\_\_

TOTAL ABUSE RISK SCORE \_\_\_\_\_

SCORED RJSK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
_____ -3 - -1	_____ -2 - 0	_____ Low
_____ 0 - 7	_____ 1 - 6	_____ Moderate
_____ 8+	_____ 7+	_____ High

POLICY OVERRIDES. Circle yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to high.

- |     |    |  |
|-----|----|--|
| Yes | No | 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.                             |
| Yes | No | 2. Non-accidental injury to an infant.   |
| Yes | No | 3. Serious non-accidental physical injury requiring hospital or medical treatment.                                 |
| Yes | No | 4. Parent/Caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current). |

DISCRETIONARY OVERRIDE. If a discretionary override is made, circle yes, circle override risk level, and indicate reason. Risk level may be overridden one level higher.

- |     |    |  |
|-----|----|--|
| Yes | No | 5. If <u>yes</u> , override risk level and circle one:      Moderate      High |
|-----|----|--|

Discretionary override reason: \_\_\_\_\_

Supervisor's Review/Approval of Discretionary Override: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FINAL RISK LEVEL (circle final level assigned):      Low      Moderate      High