COLORADO SAFETY ASSESSMENT/PLAN

Family Name:	**Worker Name:**	**Assessment Begin Date:**

Reason for a Safety Assessment:

_____ Referral _____ Reunification Assessment _____ Case Closure Assessment _____ Other

Safety Assessment

The following is a list of behaviors or conditions that may be associated with a child being in danger of moderate to severe harm. When assessing the child(ren)'s safety, consider the effect that adults who have access to them could have on their safety. Identify the presence of each factor by checking "Yes" which is defined as "clear evidence or other cause for concern." For all safety concerns marked "yes", describe the specific individuals, behaviors, conditions, and circumstances associated with that safety concern. Complete assessment within seven days of first contact-but continue to document observations as the assessment proceeds.

☐ YES ☐ NO	1. Caregiver(s) in the home is out of control and/or violent.
☐ YES ☐ NO	2. Caregiver(s) describes or acts toward the child(ren) in predominately negative terms and/or has unrealistic expectations likely to cause harm.
☐ YES ☐ NO	3. Caregiver(s) has caused harm to the child or has made a credible threat of harm.
☐ YES ☐ NO	4. Primary caregiver has not or is unable to protect child.
☐ YES ☐ NO	5. Explanations of injuries present are unconvincing.
☐ YES ☐ NO	6. The family refuses access to the child or there is reason to believe the family will flee.
☐ YES ☐ NO	7. Caregiver(s) is unwilling or unable to meet the child's immediate needs for food, clothing and shelter.
☐ YES ☐ NO	8. Caregiver(s) is unwilling or unable to meet the child's moderate to severe medical or mental health care needs.
☐ YES ☐ NO	9. Caregiver(s) has not or is unable to provide sufficient supervision to protect the child from potential harm.
☐ YES ☐ NO	10. Child is fearful of caregiver(s), other family members, or other people living in, or having access to, the home.
☐ YES ☐ NO	11. Caregiver(s) 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, along with at least one other safety concern, suggests imminent danger to the child. Mark all that apply: ___Bodily injury to a child due to assault ___Death of child due to abuse/neglect ___Prior placement of any child due to maltreatment ___Prior termination/relinquishment of parental rights due to maltreatment ___Other

COLORADO SAFETY ASSESSMENT/PLAN

Family Name:

☐ YES ☐ NO	12. Child's physical living conditions endanger the child's health.
☐ YES ☐ NO	13. Caregiver(s) alleged or observed substance use seriously affects his or her ability to supervise, protect, or care for the child.
☐ YES ☐ NO	14. Child sexual abuse is suspected and circumstances suggest that child's safety is of immediate concern.
☐ YES ☐ NO	15. Caregiver(s) alleged or observed emotional instability or developmental delay seriously affects his or her ability to supervise, protect, or care for the child.
☐ YES ☐ NO	16. Domestic violence exists in the home and poses a danger of physical, and/or emotional harm to the child.
☐ YES ☐ NO	17. Child is unable to self-protect, assertively prevent harm, or access protective relationship to assure safety; and at least one of the above safety concerns exists.

Safety Decision

Directions: Identify the safety decision by checking the appropriate box below.

__No safety concerns are identified. There are no children likely to be in danger of moderate to severe harm. No further safety action is necessary.

__One or more safety concerns are identified. Further planning/decision making is necessary to address safety concerns. Proceed to Analysis.

Analysis

Assess and document current conditions or family actions that may contribute to controlling for safety. Describe how these address identified safety concerns:

_____

_____

_____

_____

_____

Check One

☐ Current conditions or family actions address all identified safety concerns. Therefore a safety plan will not be completed.

☐ Current conditions or family actions do not fully address all identified safety concerns. A safety plan will be completed.

☐ Current conditions or family actions do not fully address all identified safety concerns. Court involvement and out-of-home placement is initiated because a safety plan cannot address all identified safety concerns.

COLORADO SAFETY ASSESSMENT/PLAN

Family Name:

Safety Plan
Describe what tasks will be done to assure safety, by whom, how often, and duration. Indicate how the caseworker will be monitoring the plan. Describe a back-up plan if conditions of safety plan cannot be met.

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.

Parent(s)_____ Date:_____

_____ Date: _____

Comments:

Caseworker/Supervisor Agreement with Safety Plan

Caseworker_____ Date:_____

Supervisor_____ Date:_____