

SAFETY ASSESSMENT FOR EVERY CHILD (SAFE-C)

Date Assessment Initiated:		Date of Last Safety Plan:	
Casehead's Name:		Child's Name:	
Relationship:		CPS/Case ID:	
Name of Caregiver:	Client ID:	CIS ID:	Age:
Section I: Other Children in Household			
Name		Age	
Section II: Timeframe for Completion			
CPS Investigations/SFC/ Out of Home Maltreatment Investigations/ROA			
At the initial face to face contact with the alleged victim and contact or attempted contact with the caregiver When the Safety Plan is re-evaluated (date of last Safety Plan _____)			
At the completion/closure of the investigation/AR if the case has been opened longer than 3 months			
In-Home Family Services			
Within 7 working days of case acceptance in services When the Safety Plan is re-evaluated (date of last Safety Plan _____) Before completing a case reconsideration			
Out of Home Placement Services			
At time of trial home visit with caregiver's		Before completing a reconsideration	
Within 10 working days of the assignment or transfer of the case to the assessor		Within 7 working days before beginning unsupervised visitation	
		Within 7 working days prior to returning the child home	
Common to all Timeframes			
When the case assessor discovers there is a significant change in the composition of the individuals in the home			
When circumstances suggest that the child's safety may be jeopardized			
Section III. Factors Influencing Child Vulnerability			
<input type="checkbox"/> Age 0-5 years old		<input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)	
<input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, non-verbal)		<input type="checkbox"/> School age, but not attending school	
<input type="checkbox"/> Significant diagnosed medical or mental disorder		<input type="checkbox"/> Child's extreme anxiety or fear about the current placement or home environment	

Section IV: Danger Influences	Yes	No
1. Caregiver fails to protect the child from serious harm or threatened harm by others. (This may include failure to protect the child from physical abuse, sexual abuse, or neglect.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Caregiver made a plausible threat to cause serious physical harm to the child or HAS caused serious physical harm to the child as indicated by: verbal threat of serious injury OR serious injury to the child OR threat of retaliation against the child OR caregiver fears he/she will harm the child.	<input type="checkbox"/>	<input type="checkbox"/>
3. There has been a current act of maltreatment since the last SAFE-C, where excessive discipline or physical force against the child, in which a weapon or object (e.g., gun, knife, cord, hanger, etc...) was used to inflict or threaten harm to the child.	<input type="checkbox"/>	<input type="checkbox"/>
4. Child sexual abuse is suspected and circumstances suggest that the child's safety may be of immediate concern.	<input type="checkbox"/>	<input type="checkbox"/>
5. Caregiver describes the child in predominately negative terms or acts towards the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.	<input type="checkbox"/>	<input type="checkbox"/>
6. Caregiver's suspected or observed substance abuse/use seriously impairs his/her ability to supervise, protect or care for the child OR child is a drug exposed newborn/infant and the caregiver is unable or unwilling to cooperate with treatment for substance abuse/use.	<input type="checkbox"/>	<input type="checkbox"/>
7. Caregiver's emotional instability, developmental status, lack of knowledge, skills or motivation to parent, cognitive deficiency or behaviors resulting from mental or physical illness or disability, seriously impairs his/her current ability to supervise, protect or care for the child.	<input type="checkbox"/>	<input type="checkbox"/>
8. Caregiver's explanation for an injury to the child is questionable or inconsistent with the type of injury and the nature of the injury suggests that the child's safety may be of immediate concern.	<input type="checkbox"/>	<input type="checkbox"/>
Comments (1-8):		
9. Caregiver's justification or denial of his/her own harmful behavior or the harmful behavior of others, places the child in immediate danger. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Caregiver does not or refuses to provide supervision to protect the child, based on the child's age and developmental needs and there is no substitute caregiver to adequately plan for the child's supervision, and this places the child in immediate danger. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Domestic violence exists in the home and poses an imminent danger of serious physical and or emotional harm to the child. (A lethality assessment may be needed to protect other persons in the home.) <i>Lethality Assessment Completed</i> <input type="checkbox"/> <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>

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Section IV: Danger Influences	Yes	No
12. Caregiver does not meet the child's current/imminent environmental needs for food or clothing or adequate shelter and there are no substitute caregivers who are capable of obtaining resources to meet the needs. <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
13. The child's whereabouts are unknown, the family refuses access to the child or there is reason to believe that the family is about to flee. <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
14. The child has special needs, behaviors or medical concerns and the caregiver does not meet the child's needs for current/immediate medical, dental or mental healthcare. <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. The child is extremely anxious or fearful about the current home environment. <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
16. The child is unable to protect self and conditions in the home indicate immediate danger. <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
17. Previous services to the caregiver regarding similar harmful behaviors resulted in no change in the caregiver's behaviors towards the child(ren). <i>Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
18. There have been multiple reports from the community or since the last SAFE-C regarding this family, where there were previous concerns about the safety of the child (ren). Date of Multidisciplinary Team Meeting: _____	<input type="checkbox"/>	<input type="checkbox"/>

Section V: Protective Capacity of the Child

Child Child has the cognitive, physical and emotional capacity to participate in safety interventions

Caregiver

- Caregiver is able and willing to participate in creating and carrying out safety interventions to protect the child.
- Caregiver is able and willing to use resources that are necessary to protect child.
- Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning AND caregiver is willing and able to accept their assistance.
- Caregiver exhibits self control and puts the child's safety ahead of his/her own needs and/or wants.
- There is evidence of a healthy relationship between caregiver and child.
- Caregiver has demonstrated effective problem solving.

Community

- Relevant community services or resources are immediately available.

SECTION VI: Safety Decision

Danger Influences Identified:

- Child is Safe (Influences 1-18 Marked No)
- Child is Conditionally Safe (Any Influences 1-16 is checked and there is a completed Safety Plan that is signed by all parties)
- Child is Conditionally Safe (Any Influences 17-18 is checked "Yes" all actions in a required case staffing have been implemented")
- Child is Unsafe
 - Any Influences 1-18 was checked "Yes" and there is NO Safety Plan
 - "Child currently has an Out of Home Program Assignment and it is not safe for the child to return to this caregiver."
 - Caregiver did not agree to a Safety Plan
 - Danger cannot be addressed via Safety Plan

SECTION VII: COMMENTS

LDSS:	Worker's Name: Title: Safety Assessment Completion Date:	Supervisor's Name: Title: Safety Assessment Approval Date:
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