

**STATUS:**

**Identifying Information:**

Case Name: \_\_\_\_\_ FACTS Case # \_\_\_\_\_ FACTS Event # \_\_\_\_\_  
 Social Worker: \_\_\_\_\_ Date of Assignment: \_\_\_\_\_

Child is safe in police protective custody at time of safety assessment.

**If child is in police protective custody, assess safety of child(ren) to return home.**

**Section I: Imminent Danger and Other Safety Factors**

Identify the imminent danger that exists for any child(ren) in the home or returning home prior to any DCF intervention (e.g. service, worker action, referral, use of family resources). Each danger type "yes" shall be qualified. Danger types related to the allegations which are met with a "no" shall be qualified.

<b>Imminent Danger Type</b>	<b>Yes</b>	<b>No</b>
1. There has been or is a plausible threat/likelihood of serious physical harm.	<input type="checkbox"/>	<input type="checkbox"/>
2. Sexual abuse is suspected or substantiated and the (alleged) perpetrator continues to have access to the child.	<input type="checkbox"/>	<input type="checkbox"/>
3. Caregiver actions or omissions have caused or are likely to cause serious impairment of a child's social, emotional, or intellectual functioning.	<input type="checkbox"/>	<input type="checkbox"/>
4. Caregiver is unwilling, or unable, to meet child's needs for food, clothing, or shelter including where living conditions are hazardous and imminently threatening.	<input type="checkbox"/>	<input type="checkbox"/>
5. Caregiver is unable or refuses to seek treatment for a child's medical condition, or to administer prescribed treatment for a diagnosed medical condition that poses a serious threat to the child's physical health.	<input type="checkbox"/>	<input type="checkbox"/>
6. Caregiver has not, cannot or will not provide supervision necessary to protect child from potentially serious harm.	<input type="checkbox"/>	<input type="checkbox"/>
7. Caregiver has given up or deserted a child with stated or apparent intention to not resume the relationship.	<input type="checkbox"/>	<input type="checkbox"/>

**Narrative** (Questions 1-7)

**Other Safety Factors to Consider**

	<b>Yes</b>
8. Explanation for the injury is unconvincing	<input type="checkbox"/>
9. The family refuses access to the child or there is reason to believe that the family is about to flee and/or the child's whereabouts cannot be ascertained.	<input type="checkbox"/>
10. Caregiver has previously maltreated a child and the severity of the maltreatment, or the caregiver's response to the previous incident(s), suggests that child safety may be an imminent concern.	<input type="checkbox"/>
11. Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.	<input type="checkbox"/>
12. Caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect or care for the child.	<input type="checkbox"/>
13. Caregiver's behavior is violent or out of control.	<input type="checkbox"/>
14. Caregiver describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.	<input type="checkbox"/>
15. Caregiver's mental illness seriously affects his/her ability to supervise, protect, or care for the child.	<input type="checkbox"/>

16. OTHER (Specify):

**Narrative** (Questions 8-

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**Section II: Immediate Medical Concerns (screen)**

**WAS A MEDICAL EXAMINATION OR TREATMENT RELATED TO ABUSE OR NEGLECT NEEDED?**     YES     NO

**If YES, describe the reasonable actions taken to provide medical care.**

\_\_\_\_\_  
\_\_\_\_\_

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**Section III: Safety/Harm Description and Protective Action Response**

Each danger type "yes" shall be qualified. Danger types related to the allegations which are met with a "no" may be qualified.

Please describe the following, specifying which child is affected by that danger type.

1. The immediate danger and safety factor(s) indicated including the frequency of incident, context of situation, and conditions or circumstances surrounding the abuse or neglect. The narrative may include other safety factors if they apply.
2. Reasonable efforts to prevent out of home placement and/or protective action taken to protect the child considering the following actions and resources available to the family:
  - family resources, neighbors, or other individuals in the community
  - community agencies or services
  - alleged perpetrator leaves the home voluntarily or in response to legal action
  - non-maltreating care giver and child move to a safe environment
  - worker action taken or agency services/resources provided

If safety plan is completed, you may reference the safety plan for safety response taken. If no protective action (reasonable efforts) can be developed to protect the child explain below.

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**Section IV: Safety Decision**

Identify your safety decision by checking the appropriate box below. Check only one box. This decision should be based on the assessment of all safety factors and any other information known about this case. "Safe" should be checked only if no safety factors were identified in Section I.

**Safe** There are no children/youth in imminent danger of serious harm and no protective action is required at this time.

**Conditionally Safe** Controlling safety interventions have been taken since the intake was received, and those interventions have resolved the unsafe situation for the present time. Check any below that apply:

DCF recommends the protective action - Safety Plan required.

The following protective action has been taken by another agency &/or family - Safety Plan optional:

Person responsible: \_\_\_\_\_ Task: \_\_\_\_\_

**Unsafe** Without controlling interventions (removal from home), one or more children/youth will likely be in imminent danger of serious harm.

**Is the child abandoned?**  Yes  No If **NO**, answer the following 3 questions.

Is the child in imminent danger?  Yes  No

Does the perpetrator have access to the child?  Yes  No

Is the non-abusing parent unable to protect the child?  Yes  No

**NOTE:** If a child is not abandoned, the other 3 responses must be "Yes" before DCF requests law enforcement protective custody or ex-parte order of custody.

**Did DCF request law enforcement protective custody or an ex parte order of custody?**  Yes  No

Child in police protective custody:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## SAFETY ASSESSMENT

Ex-parte court order of protective custody:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

