

# SAFETY ANALYSIS

Child's Name: \_\_\_\_\_

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

<b>Threat</b> (specific, observable, out of control, immediate or liable to happen soon, & severe consequences)	<b>Is this child vulnerable to this threat?</b> (yes or no; why?)	<b>Missing Parental Protective Capacity</b> (understanding of threat, can physically protect and/or wants to)	<b>Possible Short-Term Offset(s)</b> (safety plan elements needed)	<b>Possible Long-Term Solutions</b> (case plan elements needed)

Which of these threats necessitates supervised or monitored family time?	How when we know it is safe to reduce restrictions to visits?
Which of these threats is causing the child to remain out of home?	How will we know when it is safe return home?

