

Child's Name: _____

Age: _____


Date: _____

Safety Assessment Worksheet

Threat(s)	Vulnerability	Protective Capacity
<i>Specific, observable, out of control, immediate/liable to happen soon, & severe consequences</i>	<i>Is this child vulnerable to this threat? (yes or no)</i>	<i>Understanding of threat, ability to protect child from the threat</i>


Child Is:
 SAFE
OR
 UNSAFE

Safety Planning	Case Planning
<i>Actions to immediately manage/control threat w/o parent behavior change</i>	<i>Services to build protective capacities to manage/control threat</i>


Does the safety plan manage/control the threat(s)?
 No Yes

Which of the threats is causing the child to remain out of home?

Do any of these threats necessitate supervised or monitored family time?

How will we know when it is safe to move to less restrictive family time?

What are the **current** conditions for return home?