

SAFETY ASSESSMENT

Name – Reference Person Mother Example	Case Number 9223401
Name – Assessed Family	Date of Safety Assessment and Plan

I. Safety Threats

- | | | | | | |
|----|---|--|-----|---|--|
| 1. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | No adult in the home will perform parental duties and responsibilities. | 7. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | One or both parents/caregivers intend(ed) to seriously hurt the child. |
| 2. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | One or both parents/caregivers are violent. | 8. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | One or both parents/caregivers lack parenting knowledge, skills or motivation necessary to assure the child's basic needs are met. |
| 3. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior. | 9. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | The child has exceptional needs which the parents/caregivers cannot or will not meet. |
| 4. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | One or both parents/caregivers have extremely negative perceptions of the child. | 10. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Living arrangements seriously endanger the child's physical health. |
| 5. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Family does not have or use resources necessary to assure the child's basic needs. | 11. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | The child is profoundly fearful of the home situation or people within the home. |
| 6. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | One or both parents/caregivers fear they will maltreat the child and/or request placement. | | | |

II. Safety Assessment and Conclusion

Yes No One or more factors that negatively affect safety are identified:

If the answer to the above question is "NO", then the child(ren) is safe. Proceed only with the required documentation of contacts, interview content or observations, and supervisory approval.

If the answer to the above question is "YES", then the child(ren) may be unsafe. Proceed with the Safety Assessment and Planning to consider the parent / caregiver protective capacities and the need to control for safety.

III. Signatures

Waukesha Worker

Name – Worker

SIGNATURE – Worker

Date Signed

Waukesha Worker

Name – Supervisor

SIGNATURE – Supervisor

Date Signed