

## COLORADO FAMILY SAFETY ASSESSMENT

The Colorado Family Safety Assessment shall be completed at the time of initial response with the family. If the family is not available at the time of initial response, the Colorado Family Safety Assessment shall be completed based on the information available. As soon as the family is available, an additional Colorado Family Safety Assessment shall be completed with the family.

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### GENERAL INFORMATION

<b>Referral ID:</b>		<b>Family Name:</b>	
<b>Date Completed:</b>		<b>Completed By:</b>	
<b>Reason for Assessment:</b> (Drop down in Trails)			
<b>Primary CG:</b>		<b>Secondary CG:</b>	

### Children in Household:

### Child Functioning

### Caregiver(s) Functioning

**General Parenting and Disciplinary Practices**

***SECTION 1: CHILDREN/YOUTH'S VULNERABILITIES***

List the names of all children/youth in the household and then select whether or not the following conditions create vulnerability for each particular child/youth.

	<b>Under 6 years of age</b>	<b>Non-verbal</b>	<b>Diagnosed medical condition</b>	<b>Diagnosed mental health condition</b>	<b>Diagnosed developmental delay</b>	<b>Diagnosed developmental disability</b>	<b>Limited physical capacity</b>
<b>Name of Child 1:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments about Child 1:							
<b>Name of Child 2:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments about Child 2:							
	<b>Under 6 years of age</b>	<b>Non-verbal</b>	<b>Diagnosed medical condition</b>	<b>Diagnosed mental health condition</b>	<b>Diagnosed developmental delay</b>	<b>Diagnosed developmental disability</b>	<b>Limited physical capacity</b>
<b>Name of Child 3:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments about Child 3:							

<b>Name of Child 4:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments about Child 4:							
<b>Name of Child 5:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments about Child 5:							

**SECTION 2: PRESENT OR IMPENDING DANGER**

This section shall be completed with the family during the assessment at the time of initial response. Select whether or not, as a result of the assessment at the time of initial response, the child/youth is in present or impending danger of moderate to severe harm as a result of each behavior or condition listed below.

**Present danger** means an immediate, significant, and clearly observable threat to child safety that is actively occurring and will likely result in moderate to severe harm to a child

**Impending danger** means threats to child safety not occurring at present but likely to occur in the near future and likely to result in severe harm to a child.

**Moderate to severe harm** is the consequence of maltreatment at a level consistent with a moderate, severe or fatal level of physical abuse, sexual abuse and/or neglect.

When determining if current danger is present, review the definition for each behavior or condition. **To select "yes" to a behavior or condition in the Safety Assessment, ALL of the following criteria must be present:**

- **Specific and observable threat** (Danger is real, can be seen, can be reported, is evidenced in explicit, unambiguous ways.)
- **Out-of-control** (Individual and/or family conditions are unrestrained, unmanaged, not subject to influence or internal control.)
- **Child is vulnerable to the threat of harm** (A child is vulnerable to the threat of harm due to his/her age, status, etc.)
- **Harm is likely to occur if not controlled** (Without intervention to control, the child will be harmed.)
- **Potential of moderate to severe harm** (The consequence of the maltreatment are at a level consistent with a medium, severe or fatal level of physical abuse, sexual abuse or neglect.)

For each question answered "yes" on the Safety Assessment, describe the behaviors or conditions that exist to cause immediate or impending danger to the child/youth, including specific examples.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Caregiver(s) substance use impacts ability to supervise, protect and/or care for the child/youth.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Caregiver(s) is unwilling or unable to meet the child/youth's immediate needs for food, clothing and shelter.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Caregiver(s) is unwilling or unable to meet the child/youth's significant medical or mental health care needs.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Caregiver(s) is unwilling or unable to take protective action in response to child/youth's inflicted <u>or</u> credible threat of moderate to severe harm to self.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Domestic violence exists in the home and places child in danger of physical and/or emotional harm.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. The living situation is physically hazardous and/or immediately threatening to the child/youth's health or safety based on the child's age or development.

<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Caregiver(s) does not provide supervision necessary to protect the child/youth, based on the child/youth's age or development.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Moderate to severe physical injury caused by caregiver(s) or adult household member.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Child/youth is in current danger of harm due to suspected or confirmed child sexual abuse.
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. The caregiver(s) refuses access to the child or there is reason to believe the family will flee based on current concerns.

**SECTION 3: STRENGTHS/PROTECTIVE CAPACITIES**

Select all of the following strengths and/or protective capacities that exist within the family system and provide descriptions of all selected items. Strengths or protective capacities are resources and skills within the family and/or the family's network or community that are important to building safety but **may not be** direct actions of protection. For each strength or protective capacity selected below, describe the specific resources and skills.

<b>Select if Present</b>	<b>Strengths/Protective Capacities</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Caregiver(s) has realistic expectations of the child/youth.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Caregiver(s) provides for child/youth's basic needs.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. There is evidence of a supportive relationship between caregiver(s) and child/youth.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Caregiver(s)' explanation is consistent with child/youth's injury or circumstances.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Caregiver(s) has supportive relationships with three or more persons.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Caregiver(s) presently or historically demonstrates <b>use of</b> identified supportive relationships in providing safety and protection for the child/youth.

<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Caregiver(s) presently or historically demonstrates the ability and willingness to use resources necessary to protect their child/youth as needed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Caregiver(s) presently or historically exhibits the ability to put the child/youth's safety ahead of his/her/their own needs and wants.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Other:

**SECTION 4: ACTIONS THAT RESPONDED TO THE PRESENT OR IMPENDING DANGER**

Based on an analysis of the Children/Youth's Vulnerabilities, Present or Impending Danger AND Strengths/Protective Capacities, select one of the following:

- 1. No present or impending danger to the child/youth is identified as part of this assessment. No further action is necessary.
- 2. Present or impending danger to the child/youth is identified as part of this assessment AND caregiver(s)' or family's actions DO CONTROL FOR all identified danger.
- 3. Present or impending danger to the child/youth is identified AND caregiver(s)' strengths/protective capacities and/or family actions DO NOT CONTROL FOR all identified danger. The child/youth are determined to be UNSAFE. Further intervention is necessary to manage identified danger. **Proceed to Section 5: Safety Intervention Analysis.**

**SECTION 5: SAFETY INTERVENTION ANALYSIS** (This section is only completed if Section 4, #3 is selected.)

Select one of the following interventions:

- A safety plan can reasonably be expected to control all danger to the child/youth and will be completed. If selected, outline the safety plan created with the family and its support network below, which should include how:
  1. Caregiver(s) and support person(s) are able, willing and available to assist in the development and implementation of a safety plan AND adult(s) other than the alleged person responsible for the danger to the child/youth are responsible for the implementation of the plan.
  2. Resources are accessible at the level necessary to control all identified danger to the child/youth.
- An out-of-home placement is the only plan that is sufficient to control all danger to the child/youth.