


Part 3 – Safety Analysis

1. Have any changes (positive or negative) occurred within the resource family since your last assessment that resulted in a change in response to the ten (10) safety factors? Describe the changes and explain what prompted the change.
2. Describe in behavioral terms, any negative factors that are present. Include intensity, frequency and duration of the characteristic and the impact on this child or other children in the home. If there are negative factors and the decision is to leave the child in this home, describe the rationale and justification for this decision. **Supervisory signature below indicates agreement with this rationale.**
3. Consider and describe any factors that are rated as “Concerning”. Are there supports (e.g. respite care, child care, training on the child’s specific needs, etc.) that will enhance the resource family’s ability to provide a safe environment for the child? Provide your rationale for this judgment. For supports already in place, describe the effectiveness/impact/continued need for that support.

Part 4 – Safety Decision


<i>For each child listed in Part 1, list the name in the space provided. (one column per child) Indicate your safety decision by placing an “X” next to the applicable safety decision—safe or unsafe.</i>	Child	Child	Child
Safe: Sufficient factors exist to confirm <i>that the placement remains safe</i> for this child.			
Unsafe: Sufficient factors exist to conclude <i>that the placement does not remain safe</i> for this child. Child must be removed from the placement. When this decision is made the following additional steps must occur within the designated timeframe: *Identify another placement. If other children are foster children in the home, contact the child(ren)’s worker to inform them of the safety concerns. Provide the date of the removal under the child’s name. If there are safety concerns for any of the other children in the home written and/or verbal documentation should be provided. Record, in the space provided, the date that the documentation was sent to: Other Worker _____ Section Administrator _____ Other _____			
<input type="checkbox"/> Check here if the agency determines that the child is unsafe but remains in this setting as a result of a court order. Date of Order: _____ Date of Appeal: _____ Date of Motion for Reconsideration: _____			

Part 5 – Signature of Approval (requires supervisory discussion)

 _____
 Worker’s Signature

Print Name: _____

_____/_____/_____
 Date

 _____
 Supervisor’s Signature

Print Name: _____

_____/_____/_____
 Date