

SAFETY ASSESSMENT AND SAFETY PLAN (SASP)

*** If a 24 hr/immediate issue has been identified or if the child is in need of protection, the SASP must be completed**

Case Reference: Samantha Kematch
--

Completed by: (the person who attended home or saw the child(ren)) Sandie Stoker	Actual Date Safety Assessment was completed: 13/07/2004
--	---

Reason for SASP: (check one)

Presenting Issues <input checked="" type="checkbox"/>	Additional Issues <input type="checkbox"/>	Further Information Required <input type="checkbox"/>	Supervisor Review <input type="checkbox"/>
Return Children <input type="checkbox"/>	Update Safety Assessment <input type="checkbox"/>	Update Safety Plan <input type="checkbox"/>	

Factors to Assess Safety		Child/Children's Name(s)			
Consider the children's ability to protect self in combination with the following factors when answering all 18 questions		Phoenix Sinclair			
		Yes	No	U/K	NA
1.	Harm or a real threat of moderate to severe harm, to the child(ren), has been made by caregiver(s). <i>Comments:</i>		X		
2.	The use of discipline by the caregiver(s) is not appropriate. <i>Comments:</i>		X		
3.	Child(ren) sexual abuse is suspected and circumstances suggest that the child(ren)'s safety may be an immediate concern. <i>Comments:</i>		X		
4.	The behaviour of caregiver(s) is violent and out of control. <i>Comments:</i>		X		
5.	The alleged perpetrator has the ability to gain access to the child(ren). <i>Comments:</i>		X		
6.	Child(ren) are fearful of people living in or frequenting the home. <i>Comments:</i>		X		
7.	The child(ren) are a danger to themselves or others. <i>Comments:</i>		X		
8.	The child(ren)'s physical living conditions are hazardous and may cause moderate to severe harm. <i>Comments:</i>		X		
9.	The type and severity of the acts or conditions of the child(ren) increases his/her vulnerability to maltreatment. <i>Comments:</i>		X		
10.	The child(ren)'s age, temperament, behaviour and/or condition increases his/her vulnerability to maltreatment. <i>Comments:</i>		X		
11.	Caregiver(s) have not, will not, or are unable to provide supervision to protect child(ren) from potentially moderate to severe harm. <i>Comments:</i>		X		
12.	Caregiver(s) have not, will not, or are unable to meet the child(ren)'s immediate needs for food, clothing, shelter, and/or medical care. <i>Comments:</i>		X		
13.	Caregiver(s) blame child(ren) for problem / actions toward child(ren) are mostly negative / or has extremely unrealistic expectations of child(ren). <i>Comments:</i>		X		
14.	Alleged or observed mental illness or intellectual limitation(s) of caregivers(s) may seriously effect his/her ability to supervise, protect, or care for the child(ren). <i>Comments:</i>		X		
15.	Caregiver(s) have previously or may have previously abused or neglected a child(ren), and the severity of the maltreatment of the caregiver's response to the prior incident, suggests that the child(ren)'s safety may be an urgent and immediate concern. <i>Comments:</i>		X		
16.	Caregiver(s) may be a victim of domestic violence that affects caregiver's ability to care for		X		

SAFETY ASSESSMENT AND SAFETY PLAN (SASP)

and/or protect child(ren) from imminent, moderate to severe harm. <i>Comments:</i>				
17. Alleged or observed drug or alcohol use of caregiver(s) seriously affects his or her ability to supervise, protect, or care for the child(ren). <i>Comments:</i>		X		
18. The family is about to flee or refuse access to the child(ren). <i>Comments:</i>		X		

Identify the safety decision by checking the appropriate line below. The decision should be based on the assessment of all safety threats, safety interventions, and any other information known about the case. Check one line only.

1. Safe: No immediate harm or danger identified; the family works with the Agency to address identified probability and needs.

2. Conditionally Safe: Immediate harm or danger identified; safety plan in place.

3. Unsafe: Immediate harm or danger identified; placement outside the home is the only protective intervention possible.

All children placed.

The following children were placed

NAME/BIRTHDATE _____

SAFETY PLAN

If you determined that child(ren) was unsafe (selecting "yes" to any question or you do not have enough information please indicate what action was completed to keep the child(ren) safe

Action to Protect Children	Person Responsible for Action	Date Action Occurred (yyyy-mmm-dd)
Choose an item.	Choose an item.	Click here to enter a date.
Choose an item.	Choose an item.	Click here to enter a date.
Choose an item.	Choose an item.	Click here to enter a date.
Choose an item.	Choose an item.	Click here to enter a date.

SAFETY ASSESSMENT AND SAFETY PLAN (SASP)

Safety Plan

For each issue identified as 'Yes' in the Safety Questions, consider the resources in the family or community, or actions taken to help keep the child safe.

Check the Safety Plan elements below and describe how each will support the child's safety.

Ensure that the Safety Plan is developed with the child(ren) and/or guardian and ensure that copies are provided to them.

1. Use the family resources, neighbours, or other individuals in the community as safety resources.

Describe:

2. Use of community agencies or services as safety resources.

Describe:

3. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

Describe:

4. Have the non-abusive caregiver move to a safe environment with the child.

Describe:

5. Have the caregiver(s) place the child outside of the home voluntarily.

Describe:

6. Develop safety strategies to address potential family/domestic violence.

Describe:

7. Legal action to ensure the safety of the child.

Describe:

8. Other:

Describe:

Child/Guardian's Name	Child/Guardian's Signature	Date reviewed (yyyy/mm/dd)
Child/Guardian's Name	Child/Guardian's Signature	Date reviewed (yyyy/mm/dd)
Child/Guardian's Name	Child/Guardian's Signature	Date reviewed (yyyy/mm/dd)
Child/Guardian's Name	Child/Guardian's Signature	Date reviewed (yyyy/mm/dd)
Caseworker's Name	Caseworker's Signature	Date completed (yyyy/mm/dd)
Supervisor Name	Supervisor Signature	Date completed (yyyy/mm/dd)