**SAFETY CONCERNS ANALYSIS**

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Threat** (specific, observable, out of control, immediate or liable to happen soon, & severe consequences) | **Is this child vulnerable to this threat?** (yes or no; why?) | **Missing Parental Protective Capacity** (understanding of threat, can physically protect and/or wants to) | **Possible Short-Term Offset(s)** (safety plan elements needed; include recommendation(s)) |  | **Possible Long-Term Solutions** (case plan elements needed) |
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| Which of these threats necessitates supervised or monitored family time? | How when we know it is safe to reduce restrictions to visits? |
| Which of these threats is causing the child to remain out of home? | How will we know when it is safe return home? |