

SAFETY CONCERNS AND VISITATION ANALYSIS

Child's Name: _____

Date: _____

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)

<p>Level of Visit Supervision Recommended</p> <p> <input type="checkbox"/> Unmonitored <input type="checkbox"/> In the community <input type="checkbox"/> Monitored <input type="checkbox"/> Supervised </p> <p>Who can monitor/supervise visits:</p> <p>Any restrictions on virtual/telephone visits?</p> <p>Any restrictions on co-parenting (parent-caregiver) opportunities?</p>	<p>How/when will we know it is safe to reduce restrictions to visits?</p> <hr/> <p>Approved Location(s):</p>
<p>Recommended In-Person Frequency (per week)</p> <p> <input type="checkbox"/> X2 <input type="checkbox"/> X3 <input type="checkbox"/> Daily <input type="checkbox"/> Weekends </p> <p>Recommended Duration</p> <p> <input type="checkbox"/> 2 hrs <input type="checkbox"/> 4 hrs <input type="checkbox"/> 8 hrs <input type="checkbox"/> Other: </p>	<p>Overnights Permitted?</p> <p>Anything else:</p>
<p>How will we know when the child can safely return home?</p>	

