



## Colorado Family Safety Assessment Tool Instructions (2.2022)

### SECTION 1: GENERAL INFORMATION

#### TO BE COMPLETED

#### *Program Area 4 and Program Area 5*

The Colorado Family Safety Assessment Tool shall be completed with household members:

#### IN ASSESSMENTS

- At the time of initial response, if the family is not available at the time of the interview /initial response, the Colorado Family Safety Assessment shall be completed based on the information available and based on the interview or observation of the alleged victim child(ren)/youth.
- Whenever there is a significant change in household circumstances or situations that might pose a new or renewed threat to the safety of child(ren)/youth.
- Prior to end-dating a safety plan.

#### CASE EVENTS [12CCR 2509-2, 7.107.11]

- Whenever there is a significant change in household circumstances or situations that might pose a new or renewed threat to the safety of child(ren)/youth.
- Prior to reunification.
- Prior to child(ren)/youth returning home.
- Prior to en-dating a safety plan.
- Case Closure

When NO current or impending danger is identified after completing Sections 1-2B, the remainder of the tool must be completed, documented, reviewed, and approved by a supervisor as soon as possible. [12 CCR 2509-2, 7.107.11 (D), 7.107.14, 7.107.15]

When current or impending danger IS identified, the caseworker must complete the remainder of the tool during the interaction with the household members and their supports. The Safety Assessment Tool must be documented in the state automated case management system and approved by a supervisor as soon as possible. [12 CCR 2509-2, 7.107.18, 7.107.15 (B)(C)]

#### HOUSEHOLD DEFINITION

“Household” is defined as:

1. One or more adult(s) and child(ren), if any, related by blood, or law, residing together.
2. Where adults, other than spouses, domestic partners, or spousal equivalent reside together, each is considered a separate household. Emancipated minors and children



living under the care of individuals not legally responsible for that care are also considered separate households. [12 CCR 2509-1, 7.000.2 (A)]

**Example:** Adult siblings residing in the same home with their own children, each sibling would be considered their own household and assessed.

If the alleged person responsible for abuse and/or neglect is a relative (e.g., uncle, cousin, grandparent) who does not reside in the household and is not a caregiver to the child/youth, but was visiting the household at the time of the alleged incident—or if the alleged incident occurred outside of the household (e.g., at a family reunion, holiday gathering, family celebration)—**then the assessment should be completed on the household of the legal caregiver.** Sections 1-2B of the Colorado Family Safety Assessment should be completed with each household member. Additional information gathered from these household members should be added to Sections 3-5. [12 CCR 2509-2, 7.107.2 (A)]

For PA4 assessments in which the child is residing with an individual/caregiver not legally responsible for their care, the safety assessment may be completed with the caregiver they are residing with and the parent(s) and legal caregiver(s) shall be engaged in the safety assessment.

A child’s parent, stepparent, guardian, legal custodian, relative, or any other person who resides in the child’s home or who is regularly in the child’s home for the purpose of exercising care over the child. It also includes the spousal equivalent or domestic partner of a parent and/or legal guardian, or informal long term caregiving arrangements. A “caregiver” shall not include a person who is regularly in the child’s home for the purpose of rendering care for the child if such person is paid for rendering care and is not related to the child. [12 CCR 2509-1, 7.000.2 (A)]

Use the table below for guidance in determining which household is to be assessed when you are completing the Colorado Family Safety Assessment with a family.

<i>Circumstance</i>	<i>Primary Caregiver</i>	<i>Secondary Caregiver</i>
Two caregivers living in the same household.	<ul style="list-style-type: none"> <li>The caregiver who provides the most child care. May be 51% of care.</li> <li>If child care is precisely 50/50, complete the assessment with the alleged person responsible for abuse or neglect.</li> <li>If both contributed equally or there is no alleged caregiver, complete the assessment with either caregiver. At the discretion of the caseworkers via interview and observations with VIC, document.</li> </ul>	<ul style="list-style-type: none"> <li>Another adult in the household who contributes to the care of the child.</li> </ul>
Two caregivers and any other adult living in household	<ul style="list-style-type: none"> <li>The caregiver/s who are legally responsible and who are more than 51% of care.</li> <li>If child care is precisely 50/50, complete the assessment with the alleged person responsible for abuse or neglect.</li> </ul>	<ul style="list-style-type: none"> <li>The caregiver who is legally responsible and who are less than 51% of care.</li> <li>Other adults in the household who are not legally responsible and provide 51% of the care.</li> </ul>



Two caregivers living separately (regardless of custody, equal or less than equal time).	<ul style="list-style-type: none"> <li>The caregiver in the household where the incident occurred.</li> <li>If the incident occurred outside of the household, then the assessment should be completed on the household of the legal caregiver who was responsible at the time of the incident.</li> </ul>	<ul style="list-style-type: none"> <li>Another adult in the household who contributes to the care of the child.</li> <li>If multiple adults live in the household, select the person who contributes to most of the care.</li> <li>If none of the other adults contribute to child care, there is no secondary caregiver.</li> </ul>
Single caregiver and any other adult living in household.	<ul style="list-style-type: none"> <li>Complete the assessment with the single caregiver.</li> </ul>	<ul style="list-style-type: none"> <li>Another adult in the household who contributes to the care of the child.</li> <li>If multiple, select the person who contributes most of the care.</li> <li>If none of the other adults contribute to child care, there is no secondary caregiver.</li> </ul>
Single caregiver, no other adult in household.	<ul style="list-style-type: none"> <li>Complete the assessment with the single caregiver.</li> </ul>	<ul style="list-style-type: none"> <li>No secondary caregiver.</li> </ul>

## **SECTION 2: CURRENT OR IMPENDING DANGER**

To determine if there is current or impending danger, use the information provided in the three lists below: I. Definitions of Danger and Harm, II. Definitions of the 5 Safety Threshold Criteria, and III. Definitions and Examples of the 10 Standardized Current or Impending Dangers.

### ***I. Definitions of Danger and Harm***

<b>Severity level</b>	<b>Definitions</b>	<b>Questions to consider &amp; Examples (not limited to)</b>
<b>Current Danger</b>	means an immediate, significant, and clearly observable threat to child/youth safety that is actively occurring and will likely result in moderate to severe harm to a child/youth.	
<b>Impending Danger</b>	means threat(s) to child/youth safety not occurring at present, but likely to occur in the near future and likely to result in moderate to severe harm to a child/youth. <b>IMPENDING DANGER:</b> Child/youth is returning to the alleged PRAN	Examples:



	and danger would likely occur in the <b>NEAR</b> future	PRAN was arrested and there is a high likelihood of bonding out  Switching parenting time to the alleged PRAN
<b>Moderate to Severe Harm</b>	<p>is the consequence of maltreatment at a level consistent with a moderate, severe, or fatal level of physical abuse, sexual abuse, and/or neglect</p> <p><i>Moderate neglect, for the purpose of determining severity level, is when the physical or emotional needs of the child are inadequately met resulting in some impairment in the child's Functioning.</i></p> <p><i>Moderate physical abuse, for the purposes of determining severity level, is excessive or inappropriate force used resulting in an injury that may require medical attention</i></p>	<p>If this appears gray or intangible, please consider the following:</p> <p><b>Questions to consider?</b> What is the impact of the patterns and history?</p> <p>How are we incorporating the global assessment to determine impact to the child(ren)/youth?</p> <p><b>MODERATE:</b> In considering the child(ren)/youth functioning, what is the impact on the child?</p> <p><b>SEVERE:</b> Physical abuse with injury needing medical attention</p> <p>Neglect overtime impact to the child/youth results in longer term development concerns, failure to thrive near/fatal level.</p>

## II. Definitions of the 5 Safety Threshold Criteria

When completing Trails, the safety assessment tool will help guide you in understanding whether the 5 safety threshold criteria are applicable.

**Note: ALL 5 safety threshold criteria must be present to mark a yes.**

- **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, and not subject to influence or internal control.
- **Child/youth is vulnerable to the threat of harm:** A child/youth is vulnerable to the threat of harm because of their age, verbal abilities, diagnosed mental-health conditions, diagnosed developmental delays, diagnosed developmental disabilities, or limited physical capacities, or is considered vulnerable because of professional observations. Professional observations include information gathered by caseworkers, medical personnel, law enforcement, school staff and other professionals.
- **Harm is likely to occur if not controlled:** Without intervention to control, the child/youth will be harmed.
- **Potential for moderate to severe harm:** The consequences of the maltreatment are at a level consistent with a medium, severe, or fatal level of physical abuse, sexual abuse, or neglect.

## III. Definitions and Examples of the 10 Standardized Current or Impending Dangers



## 1. Caregiver(s)' substance use impacts ability to supervise, protect, and/or care for the child/youth.

This area of current or impending danger is concerned with substance use causing a person to

- postpone or set aside important needs;
- be undependable;
- not avoid destructive behavior;
- not use good judgment; or
- act impulsively.

These things undermine child/youth safety and the caregiver's protective capacity. *Impairment* suggests that a caregiver's use of substances prevents them from being able to adequately perform parental duties and responsibilities. *Drug use* includes the use of prescription drugs, alcohol, or traditional street drugs. .

### Application of the Current-Danger Threshold Criteria

The danger is of moderate to severe effects on children/youth as caregivers lash out at them, fail to supervise them, leave them alone, or leave them in the care of irresponsible others. There may be a problem with poor impulse control related to the addiction/substance use.

This area of current or impending danger is illustrated in the examples listed below. **This is not intended to be an all-inclusive list. Other behaviors may rise to the level of current danger. Remember that *ALL* of the 5 safety threshold criteria listed above must be present as well.**

- Caregivers are observed to be unable to perform basic care or duties, or fulfill essential protective duties.  
Caregiver is chemically dependent and unable to control the dependency's effects.
- Caregiver makes impulsive decisions and plans that leave the children/youth in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Caregivers spend money impulsively, resulting in a lack of basic necessities.  
Caregivers have addictive patterns or behaviors (e.g., addiction to substances, gambling, or computers) that are uncontrolled and leave the children/youth in unsafe situations (e.g., failure to supervise or provide other basic care).
- Caregiver is delusional or is experiencing hallucinations.
- Substance issues prevent the caregivers from protecting or providing for their children/youth.
- Caregivers use illegal substances/alcohol/prescription drugs in front of the children/youth or leave paraphernalia in areas accessible to the children/youth..
- Caregiver operates an automobile/machinery, with the child/youth in or on the vehicle, when legally impaired.
- Baby is exposed to substances in utero.
- Caregiver has abused one or more drugs, alcohol, or other substances to the extent that control of their actions is significantly impaired.
- Substance issues prevent the caregiver from protecting or providing for the children/youth.

## 2. Caregiver(s) are unwilling or unable to meet the child/youth's immediate needs for food, clothing, and shelter.

*Inability to meet immediate needs* refers to (1) lacking minimal resources for providing shelter, food, and clothing or (2) lacking the capacity to use resources if they are available.



### Application of the Current-Danger Threshold Criteria

There are not sufficient resources to meet the safety needs of the child/youth. There is nothing within the family's reach to address and control the absence of needed protective resources. The absence of basic resources could cause moderate to severe injury, serious medical or physical health problems, starvation, or serious malnutrition.

This area of current or impending danger is illustrated in the examples listed below. **This is not intended to be an all-inclusive list. Other behaviors may rise to the level of current danger. Remember that ALL of the 5 safety threshold criteria listed above must be present as well.**

- Family has no money, food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g., medical care) that, if unmet, could result in a threat to child/youth safety.
- Caregivers lack life management skills to properly use resources when they are available. Resources may be used for things like drugs instead of meeting the child/youth's basic needs.
- No food is provided or available, or the child/youth is deprived of food or drink for prolonged periods.
- Child/youth appears malnourished, has distended stomach, has gray skin, and/or has height or weight inappropriate for his or her age.
- Child/youth is without minimally protective clothing.
- No housing or emergency shelter is provided: child(ren)/youth must sleep in streets.

### **3. Caregiver(s) is unwilling or unable to meet the child/youth's significant medical or mental-health care needs.**

*Significant* suggests there are implications for immediate intervention (e.g., extreme physical medical symptoms, extreme emotional vulnerability, extreme antisocial conduct, suicidal thoughts or actions).

*Medical needs* refers to serious physical effects that are life-threatening, or that require medical intervention for an injury, illness, or disease that must be medically managed. Harm is likely to occur if the child/youth's condition will not improve or will worsen if left unattended.

*Mental health needs* refers to emotional and behavioral conditions of the child/youth that are so extreme that the child/youth is seriously disturbed or behaves in ways that could cause others to be a danger to him or her.

### Application of the Current-Danger Threshold Criteria

This area of current or impending danger is illustrated in the examples listed below.

**This is not intended to be an all-inclusive list. Other behaviors may rise to the level of current danger. to be an all-inclusive list. Other behaviors may rise to the level of current danger. Remember that ALL of the 5 safety threshold criteria listed above must be present as well.**

- Child/youth has moderate to severe injuries or multiple or different kinds of injuries.
- Child/youth has injuries to head or face.
- Child/youth appears to be suffering from failure-to-thrive or is malnourished.
- Child/youth emotional state is such that immediate mental-health/medical care is needed.
- Child/youth will run away and place themselves in a dangerous situation..
- Child/youth is a physical danger to others.



- Child/youth has exceptional needs that the caregiver does not meet.
- Child/youth shows effects of maltreatment, such as serious emotional symptoms, behavior control issues, or physical symptoms, or is lethargic or has flat affect. physical symptoms, or is lethargic or has flat affect.
- Caregivers do not seek treatment for a child(ren)/youth's immediate and dangerous medical condition.
- Caregivers do not follow prescribed treatment for such condition, and harm is likely to occur.

**4. Caregiver(s) is unwilling or unable to take protective action in response to child/youth's inflicted or credible threat of moderate to severe harm to self.**

The child/youth emotional and behavioral conditions are so extreme that the child/youth is seriously disturbed and self-destructive.

**Application of the Current-Danger Threshold Criteria**

This area of current or impending danger is illustrated in the examples listed below.

This is not intended to be an all-inclusive list. Other behaviors may rise to the level of current danger. to be an all-inclusive list. Other behaviors may rise to the level of current danger.

Remember that **ALL** of the **5 safety threshold criteria listed above must be present as well.**

- Child/youth threatens suicide, attempts suicide, or appears to be having suicidal thoughts, and the caregiver does not take protective action.
- Child/youth is capable of and likely to self-mutilate, and the caregiver does not take protective action..
- Child/youth abuses substances and may overdose, and caregiver(s) do not take protective action.
- Caregivers do not recognize the condition or view it as less serious than it is.

**5. Caregiver(s) is engaged in domestic violence in the home and places child/youth in danger of physical harm, emotional harm, or both.**

Domestic violence refers to aggression, fighting, brutality, cruelty, and coercive control. Emotional harm from domestic violence may also occur when there are extreme verbal assaults, intimidation and threatening behavior, or belittling or constant double-binding. Domestic violence may be immediately observable, regularly active, or in a constant state of unpredictability.

**Application of the Current-Danger Threshold Criteria**

Domestic violence must be active and/or a general representation of how a person behaves. It moves beyond being angry or upset, particularly related to a specific event. An individual's aggressive nature or tendencies demonstrate a pattern of coercive control.

The perpetrator of the domestic violence could easily lash out at the spouse, significant other, or other family members and children/youth, who may be targets or bystanders. Children/youth who cannot self-protect or who cannot get out of the way and who have no one to protect them could experience serious physical or emotional harm from the violence.

**This area of current or impending danger is illustrated in the examples listed below. This is not intended to be an all-inclusive list. Other behaviors may rise to the level of current danger. to be an all-inclusive list. Other behaviors may rise to the level of current danger. Remember that ALL of the 5 safety threshold criteria listed above must be present as well.**





Child/youth has previously been injured in a domestic violence incident.

- Child/youth exhibits anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- Child/youth cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of the domestic violence.
- Child/youth is in danger of physical injury.
- Child/youth's behavior increases the risk of physical injury (e.g., attempting to intervene during violent dispute, participating in the violent dispute).
- Guns, knives, or other instruments are used in a violent, threatening, and/or intimidating manner.
- Alleged person responsible for abuse/neglect demonstrates unrestrained behavior with no feelings of regret.
- Alleged person responsible for abuse/neglect demonstrates a lack of empathy for the child/youth. Alleged person responsible for abuse/neglect uses the child/youth in a manipulative manner in order to gain access to the non-offending caregiver.  
Alleged person responsible for abuse/neglect has retaliated or seriously threatened retribution against child/youth for past incidents.
- There is an escalating pattern of maltreatment or coercive control by the alleged offender. Alleged person responsible for abuse/neglect does not acknowledge or take responsibility for prior inflicted harm to the child/youth or attempts to justify incident(s) and shows no remorse, regret, or guilt.
- Alleged person responsible for abuse/neglect or non-offending caregiver does not explain injuries or conditions.

**6. Caregiver(s) and child/youth's living situation is physically hazardous and/or immediately threatening to the child/youth's health or safety based on the child/youth's age or development.**

This area of current or impending danger refers to conditions in the home that are immediately life threatening or that endanger a child/youth's physical health or safety

**Application of the Current-Danger Threshold Criteria**

Living arrangements are deplorable and present immediate danger. Vulnerable children/youth who live in such conditions could become extremely sick, experience extreme injury, or acquire life-threatening or severe medical conditions.

Remaining in the environment could result in moderate to severe injuries and health repercussions today or in the next few days.

This area of current or impending danger is illustrated in the examples listed below.

This is not intended to be an all-inclusive list. Other behaviors may rise to the level of current danger. to be an all-inclusive list. Other behaviors may rise to the level of current danger. Remember that **ALL** of the **5 safety threshold criteria listed above must be present as well.**

- The family home is being used for methamphetamine or marijuana production; products and materials used in the production of methamphetamine or marijuana are being stored and are accessible within the home.





- Housing is unsanitary, filthy, or infested, and is a health hazard.
- The physical structure of the house is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, or stoves are hazardous and accessible.
- The home has easily accessible open windows or balconies in upper stories.
- Gas is leaking from the stove or heating unit.
- Dangerous substances or objects are stored in unlocked lower shelves or cabinets, under sink, or in the open.
- Water or utilities (heat, plumbing, etc.) are lacking, and no alternate provisions have been made, or alternate provisions are unsafe (stove, space heater, etc).
- Windows/doors are open, broken, or missing.
- Accumulated garbage or spoiled food threatens health.
- Serious illness or significant injury has occurred as a result of living conditions, and these conditions continue to exist (e.g., lead poisoning, ratbites).
- Evidence of human or animal waste throughout the living quarters.
- Evidence of insect or rodent infestation that presents a current danger.
- Guns and other weapons are not locked and pose a danger to the children/youth.

## **7. Caregiver(s) does not provide supervision necessary to protect the child/youth, based on the child/youth's age or development.**

This area of current or impending danger refers to caregivers providing supervision at a basic level to prevent a child/youth from being exposed to moderate to severe harm.

### **Application of the Current-Danger Threshold Criteria**

Lack of sufficient supervision is an omission of parenting responsibilities. The vulnerability of each child/youth in the home may differ. This affects how the current- danger criteria would apply to each child/youth. The more vulnerable the child/youth is (by age and developmentally), the higher the likelihood of severe effects.

**This area of current or impending danger is illustrated in the examples listed below.**

**This is not intended to be an all-inclusive list. Other behaviors may rise to the level of current danger. to be an all-inclusive list. Other behaviors may rise to the level of current danger. Remember that ALL of the 5 safety threshold criteria listed above must be present as well.**

- Caregivers have left or frequently leave the child/youth alone. (Note: acceptable time period varies with age and developmental stages.)  
Caregiver makes inadequate or inappropriate baby-sitting or child care arrangements, or demonstrates very poor planning for child/youth care.
- Caregiver does not attend to child/youth to the extent that need for adequate care goes unnoticed or unmet (e.g., although caregivers are present, child/youth can wander outdoors alone, play with dangerous objects, play on unprotected window ledges, or be exposed to other serious hazards).
- Caregiver has abandoned child/youth.
- Caregiver's whereabouts are unknown or the caregiver has been removed from home (e.g., the parent is currently incarcerated and has not made appropriate plans for the care of the child/youth)

## **8. Caregiver(s) or adult household members caused moderate to severe physical injury.**



“Harm” that is caused as the result of caregiver behavior and maltreatment is moderate to severe.

#### **Application of the Current-Danger Threshold Criteria**

The caregiver has hurt the child/youth.

This area of current or impending danger is illustrated in the examples listed below. **This is not intended to be an all-inclusive list. Other behaviors may rise to the level of current danger.**

- Caregiver causes injury (e.g., fractures, poisoning, suffocating, shaking, shooting, choke marks, burns, moderate to severe bruises/welts, bruising in the head/face or genital areas, bite marks).
- Caregiver uses torture or uses physical force that exceeds reasonable discipline.
- Caregiver uses action, inaction, or threat to identify how he or she will harm the child/youth or what sort of harm he or she intends to inflict (e.g., kill, starve, lock out of home).
- Caregiver describes disciplinary incidents that have become out of control.
- Environmental factors or circumstances are inconsistent with a child(ren)/youth’s injury.
- Explanation for an observed injury is inconsistent with casework/law enforcement/medical evaluation of the injury.

#### **9. Caregiver(s) is unwilling or unable to protect child/youth from current danger of harm due to suspected or confirmed child sexual abuse.**

##### **Application of Current-Danger Threshold Criteria**

Information collected during the initial assessment clearly indicates that there is reasonable cause to believe that sexual abuse has occurred. Information provided indicates reasonable concern that a caregiver’s sexual impulses demonstrate a pattern of unrestrained behavior that leaves a child/youth in a vulnerable and threatening situation.

This area of current or impending danger is illustrated in the examples listed below. This is not intended to be an all-inclusive list. Other behaviors may rise to the level of current danger. **Remember that ALL of the 5 safety threshold criteria listed above must be present as well.**

- It appears that rape, sodomy, or other sexual assault or contact has occurred with the child/youth.
- It appears that the child/youth has been forced or coerced to engage in sexual activities (including deliberate exposure to pornography, sex trafficking or commercial sexual exploitation).
- Child/youth is not protected by a non-offending caregiver, and maltreating caregiver has immediate unrestricted access to the child/youth.
- There is reason to believe that there will be retaliation against the child/youth for making sexual -abuse and/or sex trafficking allegations.

#### **10. The caregiver(s) refuses access to the child/youth or there is reason to believe the family will flee based on current concerns.**

This area of current or impending danger is selected if the facts suggest that the family is hiding the child/youth from CPS. Attempts to prevent CPS access to a child/youth can include not allowing CPS to



enter the home to see a child/youth or to conduct a routine initial assessment. This threat also applies when there are indications that a family will change residences or leave the jurisdiction to avoid CPS.

### **Application of the Current-Danger Threshold Criteria**

This area of current or impending danger is illustrated in the examples listed below. **This is not intended to be an all-inclusive list. Other behaviors may rise to the level of current danger. Remember that *ALL* of the 5 safety threshold criteria listed above must be present as well.**

- Caregiver has previously fled in response to a CPS investigation.
- Caregiver has removed the child/youth from the hospital against medical advice.
- Caregiver manipulates in order to avoid any contact with CPS, makes excuses for not participating, misses appointments.
- Caregiver refuses to allow CPS to see or speak with a child/youth, does not inform CPS where the child/youth is located, and will not disclose the location of the child/youth.
- Caregiver has history of keeping child/youth at home, away from peers, school, and other outsiders for extended periods.
- There is a precedent of avoidance and flight.
- There are or will be civil or criminal complications that the family wants to avoid.
- There are other circumstances that might prompt flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness).

### **SECTION 2A: DECISION MAKING**

1. If no current or impending danger is identified, the remainder of the tool must be completed, documented, reviewed, and approved by a supervisor.
2. If current or impending danger is identified, the caseworker must complete the remainder of the tool during the initial interactions with household members and available supports. The Colorado Family Safety Assessment must be documented in the state automated case management system and approved by a supervisor.

### **SECTION 2B: INITIAL FAMILY ENGAGEMENT**

- If sections 1-2B of the Colorado Family Safety Assessment tool have been completed with the family/household, mark “yes.”
- If sections 1-2B of the Colorado Family Safety Assessment tool have not been completed with the family/household, you must document why.
- All members of the household should be engaged in completing sections 3-7 of the Colorado Family Safety Assessment Tool.

### **SECTION 3: CAREGIVER’S STRENGTHS/PROTECTIVE CAPACITIES**

Strengths or protective capacities are resources and skills within the family or within the family’s network or community that are important to building safety, but that **may not be** direct actions of



protection.

Select all of the following strengths and/or protective capacities that exist within the family system. If any of the following strengths and/or protective capacities are identified, describe and document the specific resources and skills within the safety assessment.

**1. Caregiver(s) has realistic expectations of the child/youth.**

The caregiver is able to express and demonstrate that they have clear expectations of the child/youth, through both verbal and nonverbal communication, and those expectations are observed to be age/developmentally appropriate.

**2. Caregiver(s) provides for child/youth's basic needs.**

The caregiver is able to express the ways in which they currently meet or have historically met the needs of the child/youth for supervision, stability, basic necessities, mental- health/medical care, and development/education. The caregiver is able to express their commitment to the continued well-being of the child/youth.

**3. There is evidence of a supportive relationship between caregiver(s) and child/youth.**

The caregiver displays appropriate behavior toward the child/youth, demonstrating that a healthy relationship with the child/youth has been formed. There are clear indications through both verbal and nonverbal communication that the caregiver is concerned about the emotional well-being and development of the child/youth. The child/youth interacts with the caregiver in a manner evidencing that an appropriate relationship exists and that the child/youth feels nurtured and safe.

**4. Caregiver(s)' explanation is consistent with a child/youth's injury or circumstances.**

The caregiver is able to explain how the injuries/circumstances occurred, which are supported by fact and, if possible, confirmation of explanations from the child(ren)//youth.

**5. Caregiver(s) has supportive relationships with three or more persons.**

The caregiver can identify local or long-distance family members and friends, or co-workers or neighbors as supports, and can express their willingness to accept the assistance of those individuals. Assistance includes, but is not limited to, provision of child care or securing of appropriate resources and services in the community and may include emotional and financial support.

**6. Caregiver(s) presently or historically demonstrates use of identified supportive relationships in providing safety and protection for the child/youth.**

The caregiver presently seeks or has historically sought to provide safety and protection for the child/youth by using a variety of methods and resources, including assistance offered by friends, neighbors, and community members.

**7. Caregiver(s) presently or historically demonstrates the ability and willingness to use resources necessary to protect their child/youth as needed.**

The caregiver presently or historically demonstrates the ability to access resources for safety planning and is able to utilize community resources to meet any identified needs in safety planning (e.g., able to obtain food, provide safe shelter, provide medical care/supplies).

**8. Caregiver(s) presently or historically exhibits the ability to put the child/youth's safety ahead of**



their own needs and wants.

The caregiver presently or historically exhibits the ability to make arrangements for appropriate and safe child care before engaging in risky behavior; caregiver makes best efforts to ensure that child/youth is safe or removed from volatile situations; and caregiver ensures that the child/youth's needs for food, clothing, and shelter are met before their own.

9. Other (includes any other information that demonstrates strengths/protective factors and is not captured in the eight statements listed above).

## **SECTION 4: CAREGIVER(S)' FUNCTIONING**

### **Caregiver(s)' Functioning**

*How do the caregiver(s) function on a daily basis?*

*Caregiver general functioning* is concerned with how the adults in the family feel, think, and act on a daily basis, not how the caregiver responds to the CPS intervention. Collection and gathering of information from collaterals, professionals, service providers and caregiver self reports is documented in this section.

### **Recommended Areas of Assessment**

#### **Behavioral Patterns**

- Substance use, substance misuse, dependency
- Self-control, impulsivity, aggression, violence
- Relationship/interaction with others, social isolation
- Communication
- Flexibility
- Adherence to social norms

#### **Emotional Patterns**

- Coping, stress management, stressors unmanageable
- Emotional control
- Stability
- mental health

#### **Cognitive Patterns**

- Problem solving
- Judgment and decision-making
- Reality orientation
- Thought processing
- Cognitive functioning

### **General Parenting and Disciplinary Practices**

*What are the overall, typical parenting practices used by the caregiver(s)? What are the disciplinary approaches used by the caregiver(s), and under what circumstances?*

Collection and gathering of information, but not limited to, from children(ren)/youth, and parent (s)/caregivers is documented in this section.



## **Recommended Areas of Assessment (General)**

### **Parenting Style**

- Expectations
- Consistency in parenting
- Tendency toward positive parenting
- Control in parenting role

### **Feelings and Perceptions About Being a Caregiver**

- Reasons for being a caregiver
- Degree of satisfaction in caregiving role
- Motivated as a caregiver

### **History of Parenting**

- Parenting successes
- Perceived parenting challenges, struggles, or failures
- History of protective behavior

### **Perceptions of Child/Youth**

- Viewpoint of child/youth and influence on parenting practices

### **Caregiver Protective Capacities, Including Emotional, Behavioral, and Cognitive Capacities**

- Empathetic and nurturing
- Demonstration of attachment and bonding
- Sensitivity to child/youth
- Aligned with and supportive of child/youth
- Responsive to child's needs above own needs
- Provides basic necessary care
- Understands and acts on child/youth strengths, limitations, and needs
- Parenting protectiveness
- parenting skill
- Has parenting knowledge necessary to care for child(ren)/youth

## **Recommended Areas of Assessment (Discipline)**

### **What is the caregiver(s)' typical approach to discipline?**

- Disciplinary approaches are varied, creative, effective
- Discipline is inconsistent
- Discipline is harsh
- Caregiver uses negative approaches
- Caregivers lack parenting knowledge related to disciplinary approaches.
- Discipline is unpredictable

### **How does the caregiver maintain themselves when carrying out disciplinary measures?**

- Caregiver maintains self-control
- Discipline is applied in fair and just ways
- Caregiver holds reasonable expectations for the child(ren)/youth
- Caregiver is sometimes reactive or loses control when disciplining
- Discipline may sometimes be the result of anger or frustration
- Caregiver may deliberately vent anger and frustration on the child(ren)/youth



### What purpose does the discipline serve for both the child/youth and caregiver(s)?

- Caregiver recognizes child/youth growth and control needs
- Caregiver appropriately balances setting boundaries and teaching
- Caregiver attempts to balance teaching and punishing
- Caregiver views discipline primarily as punishment
- Caregiver demonstrates disciplinary expectations that child/youth cannot meet
- Discipline is used as a method for intimidation, control, and obtaining compliance
- Discipline is viewed as the primary, essential function of parenting

## **SECTION 5: CHILD/YOUTH'S VULNERABILITIES AND FUNCTIONING**

*Child/youth's vulnerability and functioning* refers to circumstances that place a child/youth at a greater risk for abuse and/or neglect. For each child/youth in the household, select whether the vulnerabilities listed below currently exist.

### **Child/Youth Vulnerabilities**

1. **Under 6 years of age?**
2. **Nonverbal?** The child/youth may be so young that they have not yet developed speech, or the child/youth may be of an age at which they should have some ability for speech but they have not achieved that ability.
3. **Diagnosed medical condition?** A determination has been made by a medical professional indicating that a condition (a disease, illness, or injury) is the cause of the child/youth's signs or symptoms.
4. **Diagnosed mental-health condition?** Any mental-health condition for which the child/youth is receiving mental-health treatment or is taking medication, and is being monitored by a psychiatrist.
5. **Diagnosed developmentally delayed (*for infants and toddlers birth through three years*)?** A Community Center Board has determined through evaluation that a child has a developmental delay. The evaluation has included the following steps:
  - Administering of an evaluation instrument;
  - Documenting of the child's history, including interviewing of the caregiver;
  - Gathering of information from other sources, such as family members, other caregivers, medical providers, and other professionals working with the child and family.
  - Identification of the child's level of functioning in each of the following developmental domains:
    - o Adaptive development;
    - o Cognitive development;
    - o Communication development;
    - o Physical development, including vision and hearing; and
    - o Social or emotional development.
6. **Diagnosed developmental disability (*for children and youth over the age of three*)?**  
The Code of Colorado Regulations defines persons with a developmental disability as those who have a "disability that is manifested before the person reaches twenty-two (22) years of age, which constitutes a substantial disability to the affected individual, and is attributable to





mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. For children under five (5) years of age, eligibility is based on determination of either a developmental delay or factors putting the child at risk of having a developmental disability.”

#### **7. Limited physical capacity?**

This refers to any observed or reported limitations to the child/youth’s physical ability to perform activities of daily living beyond limitations that would be expected for a child/youth of their age. Observed or reported limitations may coincide with a diagnosed medical condition, developmental delay, or developmental disability.

### **Child(ren)/Youth Functioning**

#### ***How does the child/youth function on a daily basis?***

Child/youth functioning is concerned with the way child/youth typically acts day-to-day, not with the child/youth’s response to the abuse or neglect or to the CPS intervention. The assessment should consider the child or youth’s *physical, behavioral, emotional/temperamental, and cognitive functioning*.

### **Recommended Areas of Assessment**

#### **Behavioral Patterns:**

- Substance use, substance misuse, dependency;
- Self-control, impulsivity, aggression, violence;
- Relationship/interaction with others, social isolation;
- Capacity for attachment;
- Verbal and nonverbal communication, responsiveness to others;
- Adherence to social norms; and
- Hobbies and general activities.

#### **Emotional Patterns:**

- Coping, stress management, stressors unmanageable;
- Emotional control;
- Mental health;
- Expressions of feelings and emotions; and
- Self-control.

#### **Cognitive Patterns:**

- Problem solving;
- Judgment and decision making;  
Reality orientation;
- Thought processing;
- Cognitive functioning; and  
Perceptions of self, perceptions of others.

#### **Child/Youth Development:**

- Academic performance (if applicable),
- Physical health, and
- Developmental milestones.

## **SECTION 6: ACTIONS THAT RESPONDED TO THE CURRENT OR IMPENDING DANGER**



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

1. No current or impending danger to the child/youth has been identified as part of this assessment. The child/youth are determined to be **SAFE**. Complete the entire Colorado Family Safety Assessment tool, document the information in the state automated case management system, and have it approved by a supervisor. **No further action is necessary.**

**STOP HERE IF NO CURRENT/IMPENDING DANGER HAS BEEN IDENTIFIED**

2. Current or impending danger to the child/youth has been identified as part of this assessment, **AND** caregiver(s)' or family's actions **DO CONTROL FOR** all identified danger. The child/youth is determined to be **SAFE**. Complete all sections of the Colorado Family Safety Assessment tool. The decisions made should be reviewed and approved by a supervisor. at the time of contact. The Colorado Family Safety Assessment tool must be documented in the state automated case management system, and approved by a supervisor.

**STOP HERE IF CURRENT/IMPENDING DANGER IS CONTROLLED FOR**

3. Current or impending danger to the child/youth has been identified, **AND** caregiver(s)' strengths/protective capacities and/or family actions **DO NOT CONTROL FOR** all identified danger. The child/youth is determined to be in **CURRENT OR IMPENDING DANGER**, and further intervention is necessary to manage identified danger. Complete all sections of the Colorado Family Safety Assessment tool and **proceed to Section 7: Safety Intervention Analysis**. The decisions made should be reviewed and approved by a supervisor at the time of contact. The Colorado Family Safety Assessment tool must be documented in the state automated case management system, and approved by a supervisor.

**SECTION 7: SAFETY INTERVENTION ANALYSIS**

(This section is only completed if Section 6, #3 is selected.)

Per Volume 7.104(B)(2), if the child is unsafe, the safety assessment, safety plan, or decision to initiate an out-of-home placement must be reviewed and approved by a supervisor as soon as possible and at most within twenty-four (24) hours. If the supervisor review and approval occurs outside of this tool, it must be documented in a report of contact note.

Select one of the following interventions:

1. A safety plan can reasonably be expected to control all danger to the child/youth and will be completed. If you select this option, **proceed to Section 8: Safety Planning** and outline the safety plan that will be created with the family and its support network.
2. Human or Social Services custody is the only plan that sufficiently controls all danger to the child/youth. If you select this option, **do not complete section 8.**

**SECTION 8: SAFETY PLANNING**

(This section is only completed if Section 7, #1 is selected)

A safety plan shall be developed for all child(ren)/children/youth in current or impending danger and an



in-home (custody remains with caregiver) safety plan can reasonably be expected to control for all identified dangers. All children/youth in the household assessed to be in current or impending danger shall be included in one plan.

Safety plans are “action oriented” and should **NOT** include services (e.g., random UAs). The alleged caregiver/person responsible for abuse/neglect shall **NOT** be in charge of controlling for current/impending danger on the safety plan.

Parents, caregivers, and others who are a part of a safety plan shall sign the safety plan and receive a copy. All signatures and paper forms shall be retained in the file. Safety plans should be regularly reviewed by the caseworker and supervisor while they remain in place. Best practice is to review safety plans at least every 7 days. For further guidance, please refer to county specific policies.

**Safety plans shall include the following:**

1. Identification of each family member and safety management provider participating in the plan;
2. Caregiver acknowledgement of current or impending dangers and a willingness to participate in the plan;
3. Description of actions to be taken that addresses each specific current or impending danger, including frequency of each action and who is responsible for each action. **The safety management response is at the level required to ensure safety.** These safety responses must have an **immediate impact** and on controlling for identified current or impending dangers, are the least restrictive to ensure safety and short-term.
4. Caseworker activities to oversee the safety plan (specific action steps identified by the county).

