



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

**Safety Assessment -
Oklahoma Children's Services (OCS) Version**



Case name	Case number
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Date of intake staffing: _____

Section 1. Safety assessment. Details about any new or newly revealed factors that are checked are documented either in the case record or in a Critical Incident Report.

1. Child factors	2. Person responsible for child (PRFC) factors
<ul style="list-style-type: none"> • Under age of three years <input type="checkbox"/> • Three or more children under seven years <input type="checkbox"/> • Medically fragile <input type="checkbox"/> • Developmentally delayed <input type="checkbox"/> • Physical handicap, real or perceived <input type="checkbox"/> • Substance exposed or addicted <input type="checkbox"/> • Child living with caretaker, not his or her parent <input type="checkbox"/> • Inadequate supervision <input type="checkbox"/> • Behavior disorder or emotionally disturbed <input type="checkbox"/> • Fearful of caretaker <input type="checkbox"/> • Cannot seek help <input type="checkbox"/> • School problems <input type="checkbox"/> • Other <input type="checkbox"/> <p>Explain _____</p>	<ul style="list-style-type: none"> • Demonstrates lack of parenting skills <input type="checkbox"/> • Non-protecting parent or caretaker <input type="checkbox"/> • Criminal, violent, or bizarre behavior <input type="checkbox"/> • Behavior indicates serious lack of self control <input type="checkbox"/> • Signs or history of mental illness <input type="checkbox"/> • Developmental delay or disabilities <input type="checkbox"/> • High level of parental stress <input type="checkbox"/> • Impulsive, negative responses, or unreasonable expectations <input type="checkbox"/> • Substitute caretaker <input type="checkbox"/> • Social or emotional isolation <input type="checkbox"/> • Young age <input type="checkbox"/> • History of abusive childhood violence, sexual abuse, or chronic neglect <input type="checkbox"/> • Unemployed <input type="checkbox"/> • Physical handicap or illness <input type="checkbox"/> • Lack of support system <input type="checkbox"/> • Leaves child alone, with strangers, or unsuitable caretakers <input type="checkbox"/> • Divorce custody disputes <input type="checkbox"/> • Drug or alcohol abuse <input type="checkbox"/> • Depression <input type="checkbox"/> • Other <input type="checkbox"/> <p>Explain _____</p>

3. Severity or chronicity factors	4. Environmental or family factors
<ul style="list-style-type: none"> • Serious injury, neglect, or sexual abuse to victim <input type="checkbox"/> • Injury to head, face, neck, stomach, or genitals <input type="checkbox"/> • Old and new injuries present <input type="checkbox"/> • Child needs medical attention <input type="checkbox"/> • Child hospitalized <input type="checkbox"/> • Multiple victims <input type="checkbox"/> • Previous terminations or adoptions <input type="checkbox"/> • Previous Child Abuse and Neglect reports <input type="checkbox"/> • Previous Child Abuse and Neglect fatality in home <input type="checkbox"/> • Current fatality - surviving siblings <input type="checkbox"/> • Failure to thrive or malnourishment <input type="checkbox"/> • Abandonment or caretaker not available <input type="checkbox"/> • Fractures, burns, or extensive bruising <input type="checkbox"/> • Other <input type="checkbox"/> <p>Explain: _____</p>	<ul style="list-style-type: none"> • Continued access by perpetrator <input type="checkbox"/> • Hazardous home environment or surroundings <input type="checkbox"/> • Chaotic lifestyle <input type="checkbox"/> • Lack of appropriate boundaries between parents and children <input type="checkbox"/> • Neighborhood identified as dangerous <input type="checkbox"/> • Isolated location from family or telephone <input type="checkbox"/> • Child without supervision in dangerous environment <input type="checkbox"/> • Without basic necessities - food, shelter, or clothing <input type="checkbox"/> • Inadequate income or financial problems <input type="checkbox"/> • Domestic abuse <input type="checkbox"/> • Flight risk <input type="checkbox"/> • Drug, alcohol, or weapons, suspected or known <input type="checkbox"/> • Other <input type="checkbox"/> <p>Explain: _____</p>

Section 2. Risk and safety assessment summary. Check most appropriate.

1. How vulnerable is the child(ren)?	Not at all <input type="checkbox"/>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	
2. How serious are the risk factors involving the caretaker(s)?	Not at all <input type="checkbox"/>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	
3. What is the extent of the injuries or harm from the alleged abuse or neglect?	None <input type="checkbox"/>	Minor <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Child death <input type="checkbox"/>
4. How serious are the risk factors in the environment?	Not at all <input type="checkbox"/>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	

Section 3. Safety determination.

Compare factors with those from prior safety assessments. Explain any changes.

Section 4. Safety plan.

For each condition identified in **Section 1. Safety assessment**, consider the resources available in the family and in the community that might help to keep the child(ren) safe. Check each response taken to protect the child(ren) and explain below. Indicate all safety interventions taken or immediately planned by the contract case manager (CCM), CCM supervisor, and family and explain how each intervention can protect the child(ren).

Action taken by CCM. Check all that apply:

- consulted with Child Welfare (CW) worker or OCS contract liaison
- increased contract frequency to _____ visits monthly
- submitted Critical Incident Report
- made report to the Child Abuse/Neglect hotline
- no action required, risk conditions have stabilized or improved
- other: _____

Comments:

Signature of CCM

Date

Signature of CCM supervisor

Date