

Safety Plan

Section 1: Identifying Information

| | | |
|---|-----------------------------|----------------------------|
| Case Name: | Initial Intake Date: | Agency Name: |
| Case # : | Intake # : | Date of Completion: |
| Name and Unit of Worker Completing Assessment: | | |

Child(ren) included in this safety plan

| Child Name | Age |
|------------|-----|
| | |
| | |
| | |
| | |

Caregiver(s) included in this safety plan

| Caregiver Name | Age |
|----------------|-----|
| | |
| | |
| | |
| | |

Other participant(s) included in this safety plan

| Name | Relationship | Contact Information |
|------|--------------|---------------------|
| | | |
| | | |
| | | |

Section 2: Safety Plan

| NEED FOR PROTECTION | | |
|---|--|---|
| What are the specific concerns related to child safety? | | |
| SAFETY ACTIONS: What specific actions have or will be taken to provide immediate child protection? | ABILITY TO IMMEDIATELY PROTECT: How do these actions directly provide child protection? | MONITORING PLANS: How will these actions be confirmed? |
| 1. | | When: |
| | | Frequency: |
| | | Who: |
| 2. | | When: |
| | | Frequency: |
| | | Who: |
| 3. | | When: |
| | | Frequency: |
| | | Who: |
| 4. | | When: |
| | | Frequency: |
| | | Who: |

I M P O R T A N T I N F O R M A T I O N A B O U T T H E S A F E T Y P L A N

- This safety plan is a specific agreement to help ensure your child's safety. Your decision to sign this safety plan is voluntary.
- Our involvement is intended to help you protect your child) when you may need assistance.
- Each person's signature on the safety plan means that they agree to the plan.
- The safety plan will remain in effect until your child can be safe without agency involvement in your child's protection.
- The safety plan may be changed if different actions become necessary, or by court order (if needed).
- When the safety plan ends or needs to be changed, you will be encouraged to take an active part in this decision.
- You must contact your worker immediately if you decide that you will not follow the plan, no longer are able to follow the plan or for any other reason cannot follow the plan. If that should occur, other actions may be necessary to keep your child safe.

You may contact _____ (Worker Name) at _____ (Phone Number) if you have any questions or concerns about this safety plan.

(Caregiver) *initial all that apply:*

_____ I (We) have read the above information about safety plans.

_____ The above information has been read to me (us).

_____ Check here if caregiver(s) provided verbal approval of the safety plan.

| | | | | | |
|--------------------------------|----------------|----------------|--------------------------------|----------------|----------------|
| Caregiver: | Date Approved: | Date Received: | Case Manager: | Date Approved: | Date Received: |
| Caregiver: | Date Approved: | Date Received: | Other Safety Plan Participant: | Date Approved: | Date Received: |
| Caregiver: | Date Approved: | Date Received: | Other Safety Plan Participant: | Date Approved: | Date Received: |
| Child Protective Investigator: | Date Approved: | Date Received: | Supervisor: | Date Approved: | Date Received: |

Supervisor Phone Approval

Supervisor Name: _____ Date: ___/___/___ Time: _____