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|  | Safety Plan | | |  | |
| A Safety Plan is required for all children where there is a safety threat(s) indicated on the Safety Assessment. The Safety Plan is a written arrangement between a family and DCYF that identifies how safety threats to a child will be immediately controlled and managed. Note: When creating an In-Home Safety Plan the following criteria in the Safety Plan Analysis must be present.   * There is at least one parent/caregiver or adult in the home. * The home is calm enough to allow safety providers to function in the home. * The adults in the home agree to cooperate with and allow an In-Home Safety Plan. * Sufficient, appropriate, reliable resources are available and willing to provide safety services/tasks. | | | | | |
| CASE NAME | | | | CASE NUMBER | |
| CASE WORKER NAME | | | | TELEPHONE NUMBER | |
| **Safety Plan Participants Date of Birth** | | | | | |
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| **Safety Activities / Tasks** | | | | | |
| Identified Safety Threat(s): | | | | | |
| Activities / Tasks: | | | START DATE | | TARGET END DATE |
|  | | | | | |
| What will be done (describe activities / tasks that will be done to manage the child’s safety, how the plan will work, etc.): | | | | | |
| By Whom: | | | | | |
| Frequency (what times, days of the week, etc.; include all those times the threat is likely to occur): | | | | | |
| Identified Safety Threat(s): | | | | | |
| Activities / Tasks: | | | START DATE | | TARGET END DATE |
|  | | | | | |
| What will be done (describe activities / tasks that will be done to manage the child’s safety, how the plan will work, etc.): | | | | | |
| By Whom: | | | | | |
| Frequency (what times, days of the week, etc.; include all those times the threat is likely to occur): | | | | | |
| Identified Safety Threat(s): | | | | | |
| Activities / Tasks: | | | START DATE | | TARGET END DATE |
|  | | | | | |
| What will be done (describe activities / tasks that will be done to manage the child’s safety, how the plan will work, etc.): | | | | | |
| By Whom: | | | | | |
| Frequency (what times, days of the week, etc.; include all those times the threat is likely to occur): | | | | | |
| Identified Safety Threat(s): | | | | | |
| Activities / Tasks: | | | START DATE | | TARGET END DATE |
|  | | | | | |
| What will be done (describe activities / tasks that will be done to manage the child’s safety, how the plan will work, etc.): | | | | | |
| By Whom: | | | | | |
| Frequency (what times, days of the week, etc.; include all those times the threat is likely to occur): | | | | | |
| COMMENTS  Document evidence Family Time supervision level for each parent.    (Document pertinent safety related information regarding: Conditions for Return Home, Trial Return Home, reunification with a non-custodial parent, etc.) | | | | | |
| **Reporting Concerns: In case of Emergency or immediate safety threats, call 911.**  For questions or concerns regarding the Safety Plan, participants should contact the case worker at the telephone number at the top of this plan or **Central Intake at 1-866-363-4276** evenings or on weekends and holidays. | | | | | |
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| Failure to comply with this agreement may result in the filing of a dependency petition and recommendation that the child or children be placed out of the home. | | | | | |
| **Signatures** | | | | | |
| SIGNATURE DATE | | SIGNATURE DATE | | | |
| SIGNATURE DATE | | SIGNATURE DATE | | | |
| SIGNATURE DATE | | SIGNATURE DATE | | | |