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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.
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| CASE NAME | CASE NUMBER |
| CASE WORKER NAME | TELEPHONE NUMBER |
| **Safety Plan Participants Date of Birth** |
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|  |  |
|  |  |
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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): |
| COMMENTSDocument 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  |