SAFETY PLAN

Case Name	Case Number
Effective Date	Worker Name

A. SAFETY FACTOR DESCRIPTION

Describe safety concerns that would pose immediate or serious harm or threats of harm. Consider factors that pertain to child vulnerabilities, protective capacities, and signs of immediate or emerging danger.

B. CONSIDERATIONS

Can in-home services work for this family?

Yes	No	
☒	☐	The parents/legal custodian are willing for services to be provided and will cooperate with service providers.
☒	☐	The home environment is calm and stable enough for services to be provided and for the service providers to be in the home safely.
☒	☐	Safety actions that control all of the conditions affecting safety can be immediately put in place.
☒	☐	Parent/Legal Custodian resides in the home.

C. SAFETY PLAN

1. Describe the specific safety actions to be taken. For each action include the person responsible for the action, when the action will occur, duration, frequency, and person responsible for monitoring the safety plan.

2. Describe how these specific actions provide protection from immediate danger of serious harm, for each child, thus decreasing child vulnerability and increasing protective capacities.

3. Can available resources keep the child(ren) safe in his/her home?

Yes	No	
☒	☐	All needed services exist.
☒	☐	Needed services/providers are currently available at the level/time required.

D. SAFETY RESOURCES

Indicate the safety resource(s), the frequency and the amount of time or time period the service is needed to control conditions affecting safety (e.g., 3 x wk. / 2 hrs., or every afternoon from 3:00 to 5:00, one time only, etc.), and the person and/or agency who will provide the service.

Service Category	Service Type	Frequency
Begin Date	Provider	Other Provider

E. SIGNATURES

_____ _____

SIGNATURE – Family Member Date Signed

_____ _____

SIGNATURE – Family Member Date Signed

_____ _____

SIGNATURE – Other Date Signed

_____ _____

SIGNATURE – Worker Date Signed

_____ _____

SIGNATURE – Supervisor Date Signed