



SAFETY PLAN

Case Name <input type="text"/>	Case Number <input type="text"/>
Effective Date <input type="text"/>	Worker Name <input type="text"/>

Comment [d1]: Pre-fills from header group box.

Comment [d2]: Pre-fills from header group box.

Comment [d3]: Pre-fills from header group box.

Comment [d4]: Pre-fills from header group box.

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.

Comment [d5]: Pre-fills from the corresponding text field on the Safety Considerations tab, within the Safety Factor Description group box.

B. CONSIDERATIONS

Can in-home services work for this family?

- | Yes | No | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The parents/legal custodian are willing for services to be provided and will cooperate with service providers. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The home environment is calm and stable enough for services to be provided and for the service providers to be in the home safely. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Safety actions that control all of the conditions affecting safety can be immediately put in place. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Parent/Legal Custodian resides in the home. |

Comment [d6]: Pre-fills from the corresponding question on the Safety Considerations tab, within the Considerations group box.

Comment [d7]: Pre-fills from the corresponding question on the Safety Considerations tab, within the Considerations group box.

Comment [d8]: Pre-fills from the corresponding question on the Safety Considerations tab, within the Considerations group box.

C. SAFETY PLAN

- 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.
- Describe how these specific actions provide protection from immediate danger of serious harm, for each child, thus decreasing child vulnerability and increasing protective capacities.
- Can available resources keep the child(ren) safe in his/her home?

Comment [d9]: Pre-fills from the corresponding question on the Safety Considerations tab, within the Considerations group box.

Comment [d10]: Pre-fills from the corresponding text field on the Safety Actions tab, within the Safety Plan group box.

Comment [d11]: Pre-fills from the corresponding text field on the Safety Actions tab, within the Safety Plan group box.

Comment [d12]: Hard coded text in the template.

Comment [d13]: Pre-fills from the corresponding questions on the Safety Actions tab.

Comment [d14]: Pre-fills from the corresponding questions on the Safety Actions tab.

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All needed services exist. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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

Comment [d15]: Pre-fills from the corresponding field on the Safety Actions tab, within the Safety Resources group box.

Comment [d16]: Pre-fills from the corresponding field on the Safety Actions tab, within the Safety Resources group box.

Comment [d17]: Pre-fills from the corresponding field on the Safety Actions tab, within the Safety Resources group box.

Comment [d18]: Pre-fills from the corresponding field on the Safety Actions tab, within the Safety Resources group box.

Comment [d19]: Pre-fills from the corresponding field on the Safety Actions tab, within the Safety Resources group box.

Comment [d20]: Pre-fills from the corresponding field on the Safety Actions tab, within the Safety Resources group box.

E. SIGNATURES

SIGNATURE – Family Member	Date Signed
SIGNATURE – Family Member	Date Signed
SIGNATURE – Other	Date Signed
SIGNATURE – Worker	Date Signed
SIGNATURE – Supervisor	Date Signed