SAFETY PLAN

AGENCY: ___________________________ DATE: __________________

PARENT(S)/CARETAKER(S): ___________ CHILD(REN): _______________

Initial Report, Related to Child Safety: __________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Summary of safety factors identified and any protective capacities that mitigate the safety concerns:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Immediate Needs identified by family and/or worker: _____________________________
____________________________________________________________________________
____________________________________________________________________________

Caretaker(s) actions/referrals/safety plan: _________________________________________
____________________________________________________________________________
____________________________________________________________________________

Worker plans/actions:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Caretaker(s) ___________________________ Date ______________

Worker ___________________________ Date ______________

Others __________________________________ Date ______________

032-02-033-02 (7/13)
SAFETY PLAN
INSTRUCTIONS

How to use this form: This form is intended to be used with the family to determine and document what is needed to keep a child or all the children in the home safe for a limited amount of time. It is designed to be used in conjunction with the Safety Assessment Tool, and is required to be completed if the Safety Decision is Conditionally Safe or Unsafe. (A court order can substitute for the Plan when the child is deemed Unsafe and court intervention is needed.)

1. The first Date should correspond to the Date on the Safety Assessment Tool.

2. The Child Safety Concerns will usually briefly state the allegations in the complaint. However, if the CPS worker immediately identifies other concerns upon first meaningful contact, these should be included here.

3. Initial Assessment of Safety provides space to briefly note the primary safety concerns and any balancing protective capacities identified on the Safety Assessment Tool.

4. Immediate Needs should relate to needs that must be met in order to keep the children safe, not generic needs that may be expressed by family members and met through a prevention case opening or referral.

5. Steps to Be Taken by Caretaker again refers to steps or actions needed to keep the children safe, not a full-blown service plan that may address a multitude of needs and services.

6. Worker Plans/Actions should list any actions the worker has agreed to take to keep the child(ren) safe. This is also the place to note any consequences the worker must take if the Caretaker does not follow through on agreed upon steps listed in # 5.

7. Signature lines are provided so that this form can be an agreement for short-term actions to be taken by all parties to keep the child(ren) safe.

A copy of the form shall be provided to the caretaker and any other parties to the plan. (It has an original and two copies and can be photocopied.)

Document all safety plans in OASIS on the Safety Assessment Tool (Comments section).