SAFETY PLAN

Date:

Locality: Phone:

FSS: Supervisor:

Case Name: Referral #:

Parent/Caretaker/Adult in Home:

☐ Yes ☐ No  Child(ren) is engaged in safety plan process.

Alleged Abuser(s):

Child(ren):

Initial CPS Report:  (Type of Maltreatment, select all that apply)

☐ Physical Abuse  ☐ Mental Abuse/Neglect
☐ Physical Neglect  ☐ Medical Neglect
☐ Sexual Abuse  ☐ Substance Exposed Infant

Sub-Category Concern:

I.  SAFETY CONCERNS/ FACTORS (If yes, indicate the caretaker action/inaction and the impact on the child(ren))

☐ Yes ☐ No  SF1. Caretaker caused or made plausible threat to cause physical harm.

☐ Yes ☐ No  SF2. Caretaker explanation is questionable or inconsistent and nature of injury suggests that the child’s safety is immediate concern.
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☐ Yes ☐ No  **SF3.** Mother used alcohol or other drugs during pregnancy and current circumstances suggest the infant’s safety is of immediate concern.

☐ Yes ☐ No  **SF4.** Family refuses access or believe family is about to flee and available information suggest that child safety is of immediate concern.

☐ Yes ☐ No  **SF5.** Caretaker does not provide supervision necessary to protect child from potentially serious harm.

☐ Yes ☐ No  **SF6.** Caretaker fails to protect child from serious physical harm or threatened harm by others.

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☐ Yes □ No SF7. Domestic violence exists in the home and circumstances suggest that child safety is of immediate concern.

☐ Yes □ No SF8. Caretaker is unable to meet child’s basic needs and this causes child to be in imminent danger.

☐ Yes □ No SF9. Child’s living conditions are hazardous and immediately threatening, based on child’s age/developmental status.

☐ Yes □ No SF10. Caretaker actions cause significant and excessive distress for the child and available information suggest that child safety is of immediate concern.

☐ Yes □ No SF11. Child sexual abuse is suspected and circumstances suggest that child safety is an immediate concern.
Yes □ No □ SF12. Current situation, combined with information that the caretaker has or likely has seriously maltreated the child in the past, suggests that child safety is an immediate concern.

Yes □ No □ SF13. Other safety factors (explain):

II. SAFETY RESPONSE

Planning Capacities of Caretaker(s): (select all that apply)

☐ Caretaker is capable of participating in a safety plan

☐ Caretaker has at least one supporting safe adult who was not involved in the allegation and is willing and able to participate in a safety plan

☐ Caretaker is willing to participate in a safety plan

☐ Other Protecting Interventions (explain)
SAFETY PLAN

Protecting Interventions: (select all that apply)

☐ 1. Monitoring or direct services by family services specialist.  
   Comments must include Who, What and how long:

☐ 2. Use of family resources, neighbors, or other individuals in the community in the development and implementation of a safety plan.  
   Comments must include Who, What and how long:

☐ 3. Use of community agencies or services as a safety resource (specify agency or resource):  
   Comments (Include Who, What and how long):

☐ 4. Alleged offender left the home:
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☐ Voluntarily
☐ In response to police intervention
☐ Legal action
☐ Other (Include Who, What and how long):

☐ 5. Protective caretaker moved to a safe environment with his/her child.
   Comments (include Who, What and how long):

☐ 6. Caretaker placed child outside the home (specify):
   Comments (Include Who, What, Where and how long):

☐ 7. Legal action initiated; child remains in the home (select all that apply):
   ☐ Restraining Order
   ☐ Protective Order
   ☐ Emergency Committal Order
   ☐ Change in custody/visitation/guardianship
   Comments (Include Who, What and how long):

☐ 8. Other intervention to allow child to remain in the home:
   Comments (Include Who, What and how long):
III. SIGNATURES

This plan was developed in partnership between the identified individuals and the Family Services Specialist to address the safety of the child(ren). All parties agree that it is in the best interest of the child(ren) to be safe and this plan will remain in effect as specified above. If either party cannot or no longer wishes to participate in this safety plan, they will contact the other party before any action is taken. Please contact your worker at ( ) to further discuss this plan to identify alternate options if needed.

Parent/Caretaker

Parent/Caretaker

Other Responsible Party

Other Responsible Party

Family Service Specialist

Date

Date

Date

Date

☐ The family verbally agreed but refused to sign.

☐ The family verbally agreed but unavailable to sign.

Additional Comments: