

Hummel Family Safety Plan

I.	Family Name: Hummel	Case Number:	Children's Names or Suffixes: Bobby (A), Cathy (B), David (c)	Date of Safety Plan: Xx/xx/xxxx	
II. Safety Plan: Identify the Safety Threat, the person responsible for ensuring that the safety action is completed, the safety action and the child (by name and suffix). Note: for In-Home Safety Plans, it is agreed that these actions are necessary to maintain the child(ren) safely in their own home. If these actions are not achieved, do not provide for the safety of the child, and/or additional safety threats are identified which make the child unsafe in their own home, consideration will be made for the removal and placement of the child(ren) to ensure safety.					
Safety Threat By #	Child Suffix	Responsible Person	Safety Action	Time Period	How Monitored
3, 5, 6, 9, 10 & 14	A, B, C	April	April agrees to voluntarily let Frank have temporary custody of the three children. See VPA dated: XX/XX/XXXX	30 days	The caseworker will maintain contact with April weekly by phone and in person.
3, 5, 6, 9, 10 & 14	A, B, C	Frank	April may visit the children at Franks' home. Earl will have no contact with the children; he will not be included in these visits.	Minimum of Weekly for 30 days	Frank will contact the caseworker if Earl comes to his home with April for a visit. Caseworker will maintain contact with Frank via the phone and in person.
3, 5, 6, 9, 10 & 14	A, B, C	Frank, Mary, Susan	Frank, Mary, Susan, and April agree that Earl will have no contact with or access to the children. If anyone ever has reason to believe Earl has or attempted to have contact with the children, they will immediately contact the caseworker.	30 days	Frank, Mary, and Susan will contact the caseworker by phone if Earl attempts to contact the children.
3, 5, 6, 9, 10 & 14	A, B, C	Frank	Frank will take Bobby and Cathy to school, on time, each morning of a school day.	Monday Through Friday for 30 days	Caseworker will contact the school to ensure that Bobby and Cathy are in routine attendance
5, 6, 9, 10 & 14	A, B, C	Frank	Frank will take David to day care each week day morning.	Monday Through Friday for 30 days	Caseworker will contact the day care to ensure that David is in attendance.
3, 5, 6, 9, 10 & 14	A, B, C	Mary and Susan	Mary and Susan will pick up Bobby and Cathy from school and David from day care every school day afternoon and will care for and provide supervision of all three children until Frank return's home from work.	Monday Through Friday for 30 days	Caseworker will contact the school and day care to ensure all three children are picked up by either Mary or Susan.
3, 5, 6, 9, 10 & 14	A, B, C	Mary and Susan	Mary and Susan agree to provide support to Frank on weekends, as needed.	Weekends for 30 days	The caseworker will maintain contact with Mary and Susan by phone and in person.

III. Plan Agreement: Signature on the safety plan indicates that the responsible person agrees to follow the safety plan as prescribed. The responsible person also agrees to notify the child and youth caseworker and/or private provider staff if they are in need of assistance, unable to fulfill their responsibilities as detailed in the plan, and/or if other individuals attempt to have unapproved contact with the child.			
Responsible Persons Print Name/ Address	Signature	Relationship to Children	Date
Frank Hummel	FRANK HUMMEL	Biological Father	xx/xx/xxxx
Susan Hummel	<i>Susan Hummel</i>	Paternal Grandmother	xx/xx/xxxx
Mary Hummel	<i>Mary Hummel</i>	Paternal Aunt	xx/xx/xxxx
			xx/xx/xxxx
Agency Representatives:			
Caseworker: Robert Douglas	<i>Robert Douglas</i>	Phone: 000-000-0000	xx/xx/xxxx
Supervisor: Marcia Gonzalez	MARCIA GONSALEZ	Phone: 000-000-0000	xx/xx/xxxx
IV. Parental / Legal Custodian Waiver (Sign Below): "I authorize the release of all of the information on the Safety Assessment and Plan to all participants in the Safety Plan, for the purpose of providing information about their role in enforcing the Safety Plan. I hereby waive any rights to confidentiality that I may otherwise have concerning the information on the Safety Plan."			
Parent or legal custodian name April Hummel	Signature <i>April Hummel</i>	Phone: 000-000-0000	xx/xx/xxxx
Parent or legal custodian name	Signature	Phone: 000-000-0000	xx/xx/xxxx
Child Name, if applicable	Signature	Phone: 000-000-0000	xx/xx/xxxx
Child Name, if applicable	Signature	Phone: 000-000-0000	xx/xx/xxxx
Other Name Earl Carter	Signature <i>Earl Carter</i>	Phone: 000-000-0000	xx/xx/xxxx