SAFETY PLAN

L Eamily	Namai		Case Number:	Childron's N	ames or Suffixe		Data of Safaty Plan:			
I. Family	Name:		Case Number:			53.	Date of Safety Plan:			
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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			F							
Threat	Child Suffix	Responsible Person	Safety Action	n	Time Period		How Monitored			
By #	Sum									
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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					
Agency Representatives:								
Caseworker		Phone:						
Supervisor		Phone:						
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	Signature	Phone:						
Parent or legal custodian name	Signature	Phone:						
Child Name, if applicable	Signature	Phone:						
Child Name, if applicable	Signature	Phone:						
Other Name	Signature	Phone:						