

## Smith Family Safety Plan - Example

<b>I.</b>	<b>Family Name:</b> Smith	<b>Case Number:</b> 0000000000000	<b>Children's Names or Suffixes:</b> Carley and Christian	<b>Date of Safety Plan:</b> 10/17/2000	
<b>II. Safety Plan:</b> 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). <b>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.</b>					
Safety Threat By #	Child Suffix	Responsible Person	Safety Action	Time Period	How Monitored
9, 10	A & B	Clint Nail will facilitate admission. Mom will self-admit.	Crystal will immediately enter Mountainside Substance Abuse Treatment Center for detox to address current addiction.	From today 00/00/0000 to discharge	Clint Nail will notify worker of progress and anticipated discharge date & monitor for mother leaving against medical advice.
14	A & B	MGM, Mother	MGM will voluntarily care for the children in her home, which has been assessed as appropriate through a home visit. Mother agrees to this arrangement for the care of her children.	Now until 15 days post discharge of mother from treatment	Worker will contact MGM weekly by phone and visit once a week.
6, 9, 10	A&B	Mother	Mother agrees to contact CYS worker prior to resuming care of the children without prior agreement among all parties.	While children are with MGM	MGM will contact CYS worker should mother decide without agreement of CYS to resume care of the children. CYS will maintain weekly contact with MGM by phone and in person.
6, 9	A&B	MGM, CYS worker, Clint Nail	MGM, Clint Nail, & CYS worker will assure that all contact is appropriate and in the best interest of the children	While children are with MGM	Through regular contact between MGM, Clint Nail, and CYS worker

**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
Crystal Smith		Mother	
Maternal Grandmother's name		Maternal Grandmother	
Pastor Reed		Family Support	
Clint Nail		Drug and Alcohol Provider	

**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:	