

*Tool 4*

JV#, Child first and last name

Choose an agency

*If Other, specify:* **Enter agency**

Safety Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **FRAME #** | Enter FRAME # | **Assessment #** | Enter Assessment # |
| **Safety Plan Type**  | [ ]  In-Home  Safety Plan | [ ]  Out-of-Home  Relative/Kinship Safety Plan  | [ ]  Out-of-Home  Foster Care Safety Plan  |
| **Date Effective** | Select date | **Date of Next Review** | Select date |
| **Worker Name** | First and last name | **Supervisor Name** | First and last name |
| **Case Name** | First and last name |
| **Child(ren)** |
| First and last name | Age **years old** | **DOB:** MM/DD/YY |
| **Parents / Caregivers** |
| First and last name | **Relationship to Child(ren)**Relationship |
| **Other Adults** |
| First and last name | **Relationship to Child(ren)**Relationship |

1. **Impending Danger Threats**

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| *List all identified Impending Danger threats that will be managed through this Safety Plan and a brief description on how these threats operate within the family.*Impending Danger threats & description |

1. **Safety Actions**

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| **SAFETY SERVICE DESCRIPTION** | **Click or tap here to enter text** |
| **Frequency** | List frequency of safety action |
| **Start Date** | Select date |
| **Anticipated End Date** | Select date |
| **Safety Participant/Role** | List all safety participants/roles associated with this safety action |
| **Contact Information** | Contact information for all safety participants associated with this safety action |
| **Background Check Clearance Date** | Select date |
| **Capacity to Protect Description** | Describe the safety participant(s) capacity to protect |
| **How will this be monitored?** | Identify how the safety action will be monitored |

1. **Family Interaction Plan**

*Only applicable when there is an Out-of-Home Safety Plan.*

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| **Family Interaction Plan Summary***Frequency, location, duration, family members involved, when it will be reviewed, who will monitor and how.*Detail the family interaction plan |

1. **Signatures**

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| --- | --- | --- | --- |
| **Print Name** | **Signature** | **Role** | **Date** |
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**For all safety plan participants:** By signing this safety plan you are acknowledging that 1) you were informed of the action or task you have agreed to perform; 2) you understand and are in agreement with the requirements and will fulfill them to the best of your ability; 3) you agree to contact the case worker if you are unable to perform your responsibilities. Either you have received a copy of this plan or one will be mailed to you within the next 48 hours. **Absent effective safety management services, the child(ren) may be placed into protective custody if the participants in this plan are unwilling or unable to carry out the agreed upon safety plan activities.**

**Supervisor’s Approval**

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| --- | --- |
| **Signature** | **Date** |