

## 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:

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**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

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Yes    No **SF11.** Child sexual abuse is suspected **and** circumstances suggest that child safety is an immediate concern.

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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):

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## II. SAFETY RESPONSE

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

Caretaker is capable of participating in a safety plan

Caretaker is willing to participate 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

Other Protecting Interventions (explain)

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**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):

## **SAFETY PLAN**

**COMMENTS:**

**SAFETY PLAN**

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**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	Date
Parent/Caretaker	Date
Other Responsible Party	Date
Other Responsible Party	Date
Family Service Specialist	Date

The family verbally agreed but refused to sign.

The family verbally agreed but unavailable to sign.

Additional Comments: