

**SAMPLE SAFETY PLAN**

**Family Name:** \_\_\_\_\_ **Referral/Case #:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ This plan will be reviewed on \_\_\_\_\_ or no more than 30 days from the safety plan's date.

Today, at least one child in the \_\_\_\_\_ family is in some danger, and immediate actions must be taken so everyone feels sure that the child will be safe. The family, its support network, and the agency have worked together to identify ways to ensure the safety of the children while everyone works together to resolve the identified worries. Everyone in the family, its support network, and the \_\_\_\_\_ County child protective services workers believe that if we work together, we can help all children in the family stay at home safely while these worries are resolved. This plan describes our shared understanding of why people are worried and what we agree to do to make sure the children remain safe until the plan is reviewed.

**WHAT IS THE DANGER? (SDM® SAFETY THREAT)**

| Safety Threat # | Describe the specific situation or actions that cause the child to be unsafe (danger statement). | Name(s) of Child(ren) in Danger |
|-----------------|--|---------------------------------|
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**WHAT IS THE PLAN TO KEEP THE CHILD SAFE?**

| <b>Safety Threat #</b> | <b>What are the actions that will be taken to address the danger?</b> | <b>Who will take these steps?</b> | <b>What will be done if these actions are not working?</b> |
|------------------------|---|-----------------------------------|--|
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|                        |   |                                   |  |

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We understand that if the plan does not keep all children safe, we will need to work together again to create a new plan, or the children may have to stay with someone other than their parents/legal guardians.

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|---|--|
| <b>Parents/Legal Guardians</b><br><hr/> <hr/> | <b>Worker/Supervisor</b><br><hr/> <hr/>              |
| <b>Children</b><br><hr/> <hr/> <hr/> <hr/>    | <b>Other Participants</b><br><hr/> <hr/> <hr/> <hr/> |

**WHO TO CALL IF THE PLAN IS NOT WORKING**

|   |  |
|---|--|
| <b>Assigned Child Welfare Worker</b><br><br><b>Name:</b> _____  | <b>Telephone Number</b><br><br>_____ - _____ - _____ |
| Child Welfare Supervisor<br><br><b>Name:</b> _____  | <b>Telephone Number</b><br><br>_____ - _____ - _____ |
| <b>After-Hours Child Welfare Services Worker</b><br><i>(Before and after business hours; weekends and holidays)</i><br><br><b>Instructions:</b> _____ | <b>Telephone Number</b><br><br>_____ - _____ - _____ |