

**COMPREHENSIVE ASSESSMENT PLANNING MODEL – I.S.
SAFETY PLAN FOR CHILDREN**

Section 1: Identifying Information

Case Name	Case Number	Date
Caseworker	Supervisor	Agency Phone Number

Names of the child(ren) included in this safety plan

Names of the parent/guardian/custodian(s)

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IMPORTANT INFORMATION ABOUT SAFETY PLANS

This safety plan is a specific agreement to help ensure your child(ren)'s safety. Your decision to sign this safety plan is voluntary. The custody of your child(ren) does not change under this safety plan. Children Services is here to help you protect your child(ren) when you may not be able to do it on your own.

Signing this safety plan shows your agreement to follow the safety plan. You will be notified by the caseworker when the safety plan ends. The safety plan may also be changed if new or different activities are necessary.

You must contact your caseworker immediately if you decide that you will not or cannot continue following the plan. If you cannot or will not continue following the plan, Children Services may have to take other action(s) to keep your child(ren) safe.

You may contact _____ (Worker Name) at _____ (Phone Number) if you have any questions about this safety plan.

Parent/Guardian/Custodian(s) Initial
(Initial all that apply):

_____ I (We) have read the above information about safety plans.

_____ The above information has been read to me (us).

Check here if Parent/Guardian/Custodian(s) provided verbal approval of the safety plan

_____ Worker initials and Date/Time

Case Name:	Date of Safety Assessment (Optional):
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Section 2: Safety Plan Activities

Identify the safety threat(s) and serious harm from which the child(ren) needs protection.

ACTION STEP(S)

Describe specific activity(ies) necessary to protect the child(ren)	Who will be responsible for the activity(ies):
Phone	
	Name
	Phone
	Name
	Phone

Explain how each activity will control the occurrence of serious harm.

Monitoring Plan

How will the activity(ies) be monitored?	How often will the activity(ies) be monitored?	Who will monitor the activity(ies)?

Section 3: Signatures

Any questions I had about this safety plan were answered by Children Services. I understand and agree to follow the safety plan and have received a copy of the plan.

Parent/Guardian/Custodian's Signature	Date	Other's Signature	Date
Parent/Guardian/Custodian's Signature	Date	Caseworker's Signature	Date
Other's Signature	Date	Supervisor's Signature	Date

Date Safety Plan Discontinued _____
Date of Notification to Parent/Guardian/Custodian(s) _____