

SAMPLE SAFETY PLAN

Family Name: Sample Safety Plan **Referral/Case #:** _____ **Date:** 10/14/19

This plan will be reviewed on 11/4/19 or no more than 30 days from the safety plan's date.

Today, at least one child in the _____ Mom's Name _____ 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 Threats	Describe the Specific Situation or Actions That Cause the Child to Be Unsafe (Danger, Risk, or Worry Statement)	Name(s) of Child(ren) in Danger
1 and 3	<p>Mom tested positive for methamphetamine when admitted to Mercy Hospital to deliver baby. Baby girl was born six weeks early, and she also tested positive for methamphetamine upon delivery. Baby girl was observed to have withdrawal symptoms that included jittery body movements that caused her distress, poor suck reflex, and loose bowel movements and required special care by the hospital following her birth.</p> <p>The Department of Children and Family Services, the doctor and hospital staff, and the baby's father, are all worried that:</p> <ul style="list-style-type: none"> • Baby girl will be physically or emotionally harmed (not have basic needs met like feeding, clothing, or being held as babies should) if mom continues to use methamphetamine and becomes distracted and unavailable. • Baby girl will be physically harmed (become seriously ill) if mom continues to use methamphetamine, breastfeeds, and passes the methamphetamine to her and/or if baby girl finds the drugs and gets exposed to them. 	Baby Girl

WHAT IS THE PLAN TO KEEP THE CHILD SAFE?

Safety Threat #	What Actions Will Be Taken to Address the Danger?	Who Will Take These Steps?	What Will Be Done if These Actions Are Not Working?
1 and 3	<p>Mom agrees that she and baby girl, upon discharge from the hospital, will immediately stay with mom’s sister Sally and her partner Bob; and Sally (and Bob or Maternal Grandmother when Sally needs to go out) will continuously oversee Mom’s care of baby girl for the next week while she takes steps to enter a women’s residential treatment program—making sure that she is watched over, is fed regularly in the amounts recommended, is cleaned and changed, is soothed and held, and gets help for any medical needs that develop.</p> <p>Mom understands that her doctor does not believe it is safe for her to breastfeed at this time and agrees that she will not breastfeed but will use formula prescribed by the pediatrician.</p>	<p>Sally, Bob, and Maternal Grandmother all agree to take turns continuously overseeing Mom’s care and feeding of Baby Girl for the next week.</p> <p>Mom and Sally will take baby girl to all follow-up visits with the pediatrician and other specialists during the next week.</p> <p>Mom, with Maternal Grandmother’s help, will enroll in Women, Infants, and Children program to obtain formula, diapers, and car seat for baby before she is discharged.</p> <p>Mom, with Sally’s help, will contact Maternal, Infant, and Early Childhood Home Visiting Program through Child Health and Disability Prevention and set up regular home visits.</p> <p>Caseworker will provide mother with needed referrals and phone numbers and will also assist her in contacting and interviewing for entry into the women’s residential treatment home.</p> <p>Caseworker will conduct both scheduled and unannounced visits to the home to monitor the safety plan and will set up a child and family team meeting by November 4, 2019, to review the safety plan.</p>	<p>Mom agrees that if she decides that she wants to leave Sally’s home, Sally, Bob, or Maternal Grandmother will call child protection right away to get help in keeping baby girl safe.</p>

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.

Parents/Legal Guardians Mom _____ _____	Worker/Supervisor Caseworker _____ Supervisor _____
Children Baby girl _____ _____ _____ _____	Other Participants Mom's sister Sally _____ Mom's brother-in-law Bob _____ Maternal Grandmother _____ _____

WHOM TO CALL IF THE PLAN IS NOT WORKING

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