

Date of Plan: \_\_\_\_\_ Child/Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Caregiver: \_\_\_\_\_ Relationship to Child/Youth: \_\_\_\_\_

FSW Name: \_\_\_\_\_ Number: \_\_\_\_\_

Provider Agency Worker: \_\_\_\_\_ Number: \_\_\_\_\_

Mobile Crisis Number: \_\_\_\_\_ DCS After Hours Number: \_\_\_\_\_

Provider After Hours Number: \_\_\_\_\_

DCS Child Abuse Hotline/Alternate After Hours Number: 1-877-237-0004

**Behaviors that Require Monitoring:**

- ☐ Danger to Others
- ☐ Sexually Reactive
- ☐ Sexually Aggressive (Check items below as applicable)
- ☐ SIU/CPS Substantiation of allegations that youth engaged in sexually abusive behaviors
- ☐ Adjudication of charges related to sexually abusive behavior
- ☐ Reports/Allegations that youth engaged in sexually abusive behavior
- ☐ Reported allegation    ☐ Pending SIU/CPS Investigation    ☐ Pending charges
- ☐ Other: \_\_\_\_\_

**A safety plan may be created for any behaviors or concerns the team is aware of that pose a risk to the child/youth or others.**

**Describe Specific Unsafe Behaviors and Frequency:**

Unsafe Behaviors	Frequency/Last Occurred

**Supportive People in Child/Youth or Family's Life and Ways They Can Help:**

Support Person	Available Support Provided/Date(s) to be Provided
1.	
2.	
3.	
4.	
5.	



**Prevention Awareness:**

**Early Warning Behaviors or Triggers**

- 1.
- 2.
- 3.
- 4.
- 5.

**Suggestions to Address/Implement in Action Steps (Check Applicable Items for Plan):**

**Address:**

- ☐ Supervision:
  - At home/layout of house
  - During community/social outings
  - Monitor use of sharp objects
- ☐ Limit/prohibit supervision of siblings, other children, vulnerable persons
- ☐ Privacy arrangements/boundaries (Bedrooms/Bathrooms)
- ☐ Sleeping arrangements
- ☐ Random drug screening
- ☐ Internet/Computer access/media (TV, movies, game systems)/phone use
- ☐ Consider/assess need for alarms
  - ☐ Other Positive Coping Strategies
- ☐ Searches of person quarters
- ☐ Searches of living and personal belongings

- ☐ Items to lock up (alcohol, sharps, lighters/matches)
- ☐ Other Supervision/Restriction needed

**Implement:**

- ☐ Implement/increase positive involvement:
  - School Considerations
  - Church/Community
- ☐ Collaboration/Consultation with youth's treatment provider
- ☐ Add important/positive people in the youth's life/team (mentor, coach, teacher, friend's parent)

**Safety Plan Action Steps:**

Action Step:	Responsible Person(s)	Begin Date	End Date



**The team plans to reconvene to review this plan on:**

(Review date must be scheduled quarterly or sooner if needed)

**My signature below indicates I have reviewed and agree to this safety plan.**

*Child/Youth*

*Caregiver/Custodian*

*FSW*

*Caregiver/Custodian*

*DCS Supervisor*

*Regional Mental Health Clinician*

*Other Involved Adult*

*Other Involved Adult*

*Other Involved Adult*

*Other Involved Adult*

*Other Involved Adult*

*Other Involved Adult*