

Safety Plan

Important Information about Safety Plans

This safety plan is to help keep your child or children safe. The Nebraska Department of Health and Human Services is here to help. If you sign this plan, it means you are willing to follow this plan. This plan will be reviewed every week and will be changed when your family situation changes. A safety plan will stay in place until you are able to keep your child or children safe on your own. The need for a safety plan will be determined by DHHS and/or the court.

Safety is not negotiable. This means the Department must give your child's safety top priority. You must tell your Child and Family Services Specialist right away if you decide that you can't or won't follow the plan. If anyone in the plan can't or won't follow the plan, your CFS Specialist will work with you, and family members or friends if you want, to develop a safety plan you can and will follow. When it has been decided there is a safety threat present in your home, the Department of Health and Human Services will make reasonable efforts (or in the case of Indian children, active efforts) to provide effective services to prevent the removal of your child or children from your home. It has been determined that without the services listed below, your child or children are considered unsafe. If a plan cannot be developed that you and the CFS Specialist agree will keep your child or children safe in the home, the Department may take legal action to remove the child or children from your home and place them in a setting where the children will be safe. If you don't agree with this safety plan or can't agree with the caseworker about when you no longer need the safety plan, please contact the supervisor listed below.

Identification

Worker's name	Worker's phone
<input type="text"/>	<input type="text"/>

Supervisor name	Supervisor phone	Emergency (24 hour) contact #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Name	Family Address	City	State	Zip
<input type="text"/>				

Family phone	Intake# or MC#	Other worker/phone	Begin date	End date
<input type="text"/>				

All Household Adults	Role	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

All Household Children	Role	Age	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Safety Plan Participants

Name	Relationship
<input type="text"/>	<input type="text"/>

Address	Phone
<input type="text"/>	<input type="text"/>

Name	Relationship
<input type="text"/>	<input type="text"/>

Address	Phone
<input type="text"/>	<input type="text"/>

Indicate the Safety Assessment finding at the time this Safety Plan is written

- CONDITIONALLY SAFE:** Use this Safety Plan to document the interventions and actions that will allow the child(ren) to remain safely in the home at this time. Describe the threat(s) in accessible language, describe the intervention so that all required actions are clearly identified, and write a Monitoring Plan that will ensure that all safety actions are appropriately completed.
- UNSAFE:** Use this Safety Plan to document how the child's safety will be preserved during visitation with the caregiver. Describe the threat(s) in accessible language, describe the intervention that will contain the threat during visitation so that all required actions are clearly identified, and write a Monitoring Plan that will ensure that all safety actions are appropriately completed. Include in the Monitoring Plan a description of how the caregiver will demonstrate improvement so that he/she may transition to the next least restrictive intervention that will ensure child safety

1. Safety Threat: What specifically must be controlled? What is making the children not safe?

Plan/Services to be implemented to mitigate the safety threat: Interventions/ who is going to do what and when to help the children be safe? What contact is allowed between the parents and children? Parenting time (supervision level/frequency/who will monitor). Who is going to do what and when to help the children be safe (prevent and manage this threat)? Who should the family, children, or safety plan participant call in an emergency or if a new safety threat happens?

What is the contingency plan if someone (a safety plan participant) cannot do what they agreed to do in the plan?

Monitoring and verification of compliance: (What is the monitoring plan and who is responsible?) What will the case manager do to make sure this plan is being followed? Who should the family, children or safety plan participants call in an emergency or if a new safety threat arises? Why is this plan sufficient to mitigate the safety threat?

2. Safety Threat

Plan/Services to be implemented to mitigate the safety threat: Interventions/ who is going to do what and when to help the children be safe? What contact is allowed between the parents and children? Parenting time (supervision level/frequency/who will monitor).

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What is the backup plan if someone (a safety plan participant) cannot do what they agreed to do in the plan?

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Monitoring and verification of compliance: (What is the monitoring plan and who is responsible?) What will the case manager do to make sure this plan is being followed? Who should the family, children or safety plan participants call in an emergency or if a new safety threat arises?

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Family Participation

Did the family, children and everyone that will help with the plan participate in the plans development? Yes No

Signatures and Dates

Caregiver	Date

Caregiver	Date

Worker	Date

Safety plan participant	Date

Safety plan participant	Date

Supervisor	Date

Other	Date

I/we understand the safety plan and have received a copy of it, but I/we do not agree to follow the plan.

Parent/Caretaker	Date

Is parent/caregiver unavailable? Yes No