# Safety Plan

**Purpose:** A safety plan is used only when there is an immediate danger to a child that requires supervision provided by someone not involved in the safety concerns or requires a child be with their parent but away from the danger. The plan must be created with the family; must be written in practical, action-oriented language; and must utilize the family’s network of support.

**Instructions:** The caseworker fills out all fields on the form. The caseworker reviews the form with each parent and safety plan monitor involved. The caseworker ensures that the parent or safety plan monitor has read or understands the form and has initialed each applicable field. The caseworker will work with the family to arrange for a review of the plan. The caseworker then provides a copy to each person who signs the form. All persons involved in the safety plan must sign the form

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| --- | --- | --- | --- | --- | --- |
| **Family Name:** | | **Case ID (optional):** | | | |
| **Describe the danger that causes the need for a safety plan.** | | | | | |
| **Safety Plan Interventions** | **What actions need to be taken right now to keep the child safe?** | | **Who is responsible for ensuring that these actions are taken?** | **Timeframe (Within 30 days)** | **Parent or Safety Plan Monitor’s initials** |
| **Parent-child contact will be supervised**  **Parent and child will reside together but away from the danger.** |  | |  |  |  |

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| STATEMENTS OF UNDERSTANDING AND AGREEMENT | | | | | |
| PARENT OR SAFETY PLAN MONITOR | | | | | **Initials** |
| You (the parent or safety plan monitor) agree that this plan does not conflict with any existing court order, or if you are affected by a court order, all parties affected by the court order agree to voluntarily waive or limit his or her own visitation rights over the child for a specified time. | | | | |  |
| This safety plan may be reviewed at any time, if either you (the parent or safety plan monitor) decide or DFPS decides that a modification is needed due to a change in the family's circumstances. | | | | |  |
| This safety plan will cease to be in effect when you (the parent and safety plan monitor) are notified as such by your caseworker, or DFPS is no longer investigating or providing services to you or your family. | | | | |  |
| If you (the parent or safety plan monitor) are unable to carry out this plan successfully, or if the child is considered to be in an unsafe situation, the parent may choose to change the safety plan agreement and further DFPS involvement may be necessary, which may include legal intervention. | | | | |  |
| If you (the parent) agree to be supervised while caring for your child, you understand that DFPS will share any information with the safety plan monitor that is important for the safety and welfare of your child while the safety plan is actively in place. | | | | |  |
| SIGNATURES | | | | | |
| Child's Parent or Legal Guardian:  X | Date Signed: | Child's Parent or Legal Guardian:  X | | Date Signed: | |
| Child's Parent or Legal Guardian:  X | Date Signed: | DFPS Caseworker:  X | | Date Signed: | |
| Safety Plan Monitor:  X | Date Signed: | DFPS Supervisor:  X | | Date Signed: | |
| Other Party:  X | Date Signed: | Other Party:  X | | Date Signed: | |
| **Who Can I Call or EMAIL?**  **(Who can I contact if circumstances change, or if I have questions about DFPS involvement or this safety plan?)** | | | | | |
| DFPS Caseworker's Name: | | Phone Number: | Email address:       @dfps.texas.gov | | |
| DFPS Supervisor's Name: | | Phone Number: | Email address:       @dfps.texas.gov | | |