

SAFETY CASE CLOSURE

Case Name: _____ **Case Number:** _____

Report Date: _____

Safety Service Manager: _____

Prior to closure, a final safety re-assessment must be completed and documented.

I. Child Safety

Based on the final safety re-assessment, are the children safe? Yes No

If No, identify status at closure:

- Family-managed safety plan developed and implemented
- Referred to Child Protective Services
- Family refuses safety services
- Unable to locate family

II. Linkages to Community/Natural Supports and Resources

Legend:

Connection

Full and Active = Family has developed full and active connections

Tentative = Family has tentative connections for services

Support/Resource

Formal = Formal/professional services and providers

Informal = Informal/lay services and providers







Natural = Natural supports; within family network

Safety Resources and Supports

Safety Services	Connection	Support/Resource	Provider
Supervision & Observation			
Basic Parenting Assistance			
Social & Emotional Support			
Basic Home Management & Life Support			
Child Care			
Respite			
Routine/Emergency Alcohol/Drug Services			
Family Crisis Counseling			
Routine/Emergency Mental Health Services			
Housing Assistance			
Hospitalization			
Financial Assistance			
Transportation			
Chore Services			

Food/Clothing/Basic Needs			
Routine/Emergency Medical Services			
In Home Health Care			
Child Oriented Services & Activities			

Treatment Resources and Supports

Treatment Services	Connection	Support/Resource	Provider
Individual Counseling/Therapy (Adult)			
Individual Counseling/Therapy (Child)			
Group Counseling (Adult)			
Group Counseling (Child)			
Marital Counseling			
Family Counseling			
Psychiatric/Mental Health Services			
Public Health/Other Health Services			
Alcohol Services			
Drug Services			
Employment Counseling/Training			
Financial Counseling/Training			
Transportation			
Legal Services			
General Educational Services			
Homemaker Services			
Parent Skills Counseling			
Parent Education			
Early Childhood Programs			
Therapeutic Day Care/Play Therapy			
Special Education Programs Child			
Life Management Services			
Community Education/Negotiation			
Crisis Intervention/Management			
Case Management/Advocacy			

Closure Date:

Description of Closure Process and Participants:



Safety Services Manager Signature

Date

Safety Services Supervisor Signature

Date