

# OUT-OF-HOME SAFETY PLAN

Case Name <input type="text"/>	Case Number <input type="text"/>
Report Date <input type="text"/>	Name - Child <input type="text"/>
Name - Supervisor <input type="text"/>	Name - Worker <input type="text"/>

## A. Jurisdiction

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there jurisdiction for court-ordered placement?
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are parents/caregivers willing to or have they signed a voluntary placement agreement?

If you answered "No" to BOTH of the above questions, there is no jurisdiction to place the child and the out-of-home safety planning process should be discontinued.

## B. Placement Conditions

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child can function within a family setting.
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Child needs a family setting.
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Family relative / friends are suitable and available.
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Child needs separation from own family network (relatives / friends / neighbors).
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Child can best be served by a group setting.

## C. Placement

1. In-home Safety Plan  
Clearly outline what is needed for safety to be managed in order for the child to return home with an in-home safety plan.
2. Family Interaction Plan  
Document the family interaction plan (Specifically describe the parent's responsibilities to arrange/confirm visits, plan and prepare activities, assist their child with the transition at the conclusion of family interaction, and how any necessary transportation will take place).

## D. Safety of Placement

1. Placement
2. Knowledge and Skills of Placement Provider  

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do the placement providers need to acquire any special skills or knowledge to meet the needs of the child and handle the behaviors of the child in a safe manner?
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Describe below.
3. Assessing Safety in Placement  
Evaluating Safety in Unlicensed and Licensed Home When Placing a Child in Out-of-Home Care as part of either a protective plan or an out-of-home safety plan. Provide information related to the assessment and evaluation of the safety of the placement.  
  
Reassessment of the Safety of Placement. For six month re-assessment of the safety of placement provide information and justification related to confirmation of the continuing suitability of the providers, absence of safety threats, the presence of indicators that the environment is safe and the child's adjustment to the placement.
4. Other Individuals in the Out-of-Home Placement  
Note: "Individuals" includes birth or adoptive children of the placement providers, other children in placement, children receiving day care services, and unrelated adults receiving care and maintenance.
  - a.  Do behaviors of other individuals in the Out-of-Home Placement present a concern for the child's safety?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aggressive behaviors
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Sexually abusive behaviors
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other behaviors (mental health or AODA issues, fire settings, etc.)
  - b.  Do behaviors of this child present a concern for the safety of other individuals in the Out-of-Home Placement?

- |                                     |     |                                     |    |   |
|-------------------------------------|-----|-------------------------------------|----|---|
| <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No | Aggressive behaviors  |
| <input checked="" type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | Sexually abusive behaviors  |
| <input checked="" type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | Other behaviors (mental health or AODA issues, fire settings, etc.) |

Describe below.

5. Plan to Assure Safety in Facility

Check all that will be provided or will occur to assure safety.

- Additional or special training for placement providers
- Additional contact by agency or other providers
- Rearrange living arrangements
- Closer supervision of children by caregivers
- Additional house rules
- Install special equipment (ramp, electrical generator, door alarm, etc.)

Describe below.

**E. Signatures**

\_\_\_\_\_  
Name - Worker

\_\_\_\_\_  
**SIGNATURE** - Worker

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name - Supervisor

\_\_\_\_\_  
**SIGNATURE** - Supervisor

\_\_\_\_\_  
Date Signed