



SAFETY PLAN

State Form 53243 (R4 / 5-19)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

1. Develop a Safety Plan with the family in each situation for which a child's safety is dependent on an agreed action by the parent, caregiver, and/or Child Family Team (CFT). Upload the plan to the Management Gateway for Indiana's Kids (MaGIK) and review the plan regularly throughout DCS involvement. Develop a new Safety Plan with the family when changes in safety, risk, or protective factors warrant a revision. See policies 4.19 Safety Planning, 4.41 Safety Staffing, and 5.21 Safety Planning for additional information;

Note: When siblings are not placed together and/or have differing safety needs, consider whether creating separate Safety Plans is appropriate. In addition, there may be more than one (1) active Safety Plan when safety needs differ across settings and/or different caregivers are responsible for ensuring safety [e.g., cases involving Domestic Violence (DV) or multiple families living in one (1) household].

2. Use additional forms as needed and complete the page numbers in the upper right corner;
3. Ask the family to sign the Safety Plan and immediately provide each included member with a copy; and
4. Following approval of the Safety Plan, provide a signed copy to the family, all responsible parties, and the court (when there is court involvement).

Date initiated (month, day, year)	MaGIK identification number	Date (month, day, year) and Findings of the most recent Safety Assessment
-----------------------------------	-----------------------------	---

Does this Safety Plan replace a previous plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of previous Safety Plan (month, day, year)	If more than one (1) active Safety Plan, assign a title to differentiate
--	---	--

Is there a Plan of Safe Care for this family? <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Child Safety has been considered in each of the settings indicated. (Check all that apply.) <input type="checkbox"/> Parental / Relative Visitation <input type="checkbox"/> School <input type="checkbox"/> Extracurricular / Community Activities <input type="checkbox"/> Home and/or Placement		
--	---	--	--

Case Type
 Assessment IA In-Home CHINS Out-of-Home CHINS Case or Assessment Closure (no further DCS involvement)

Note: When selecting Case or Assessment Closure, DCS and contracted DCS service providers should not be listed on the Safety Plan, unless a plan is in place for the service to continue without DCS involvement.

Adult household members	Date of birth (month, day, year)	Relationship to the Child	Minor household members	Date of birth (month, day, year)	Relationship to the Child

Protective factors (Possible protective factors may be nurturing and attachment to the child, knowledge of parenting and of child and youth development, parental resilience, social connections, concrete supports, and social and emotional competence of the child.)

Identified safety concerns

SAFETY PLAN

This plan must address each identified safety concern and include details concerning the safety of all minor household members. Details regarding what will be done by whom and who will monitor the activity or action must also be specified. Efforts to ensure the child’s safety in all settings must be considered (e.g., school, extracurricular activities, out-of-home placement, in-home placement, and parental/relative visitation).

Name of Child	Plan to Ensure Safety	Monitored By

NOTE: Any concerns regarding child safety must be reported immediately to the Indiana Child Abuse Hotline at: 1-800-800-5556.

SIGNATURES

Signature of parent / caregiver	Date (month, day, year)	Signature of parent / caregiver	Date (month, day, year)
Signature of other (relationship)	Date (month, day, year)	Signature of other (relationship)	Date (month, day, year)
Signature of other (relationship)	Date (month, day, year)	Signature of other (relationship)	Date (month, day, year)
Signature of Family Case Manager (FCM)	Date (month, day, year)	Signature of reviewing FCM supervisor	Date (month, day, year)
Printed name of FCM	Contact number ()	Printed name of FCM supervisor	Contact number ()

ONGOING SAFETY PLAN REVIEW (If a review of this Safety Plan results in modifications, a new Safety Plan should be completed.)

Signature of Family Case Manager	Date (month, day, year)	Signature of reviewing supervisor	Date (month, day, year)
Signature of Family Case Manager	Date (month, day, year)	Signature of reviewing supervisor	Date (month, day, year)
Signature of Family Case Manager	Date (month, day, year)	Signature of reviewing supervisor	Date (month, day, year)