



# FLORIDA SAFETY DECISION MAKING METHODOLOGY

## Child Safety Plan

This safety plan contains highly sensitive information and may only be released to the survivor of intimate partner violence and under no circumstances can be released to the perpetrator of intimate partner violence.

**Case Name:** \_\_\_\_\_ **Intake/ Investigation ID:** \_\_\_\_\_

**Worker Name:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Safety Plan Purpose:** \_\_\_\_\_

Child Name	Date of Birth	Age

**Comment [AJ1]:** Pre-fills with the FSFN Case Name associated with the Safety Plan page from which the template was launched.

**Comment [AJ2]:** Pre-fills with the Intake/ Investigation ID (20##-#####) associated with the Safety Plan page from which the template was launched; if the Safety Plan page was NOT created from an Investigation, this field will be blank (null).

**Comment [AJ3]:** Pre-fills with the Worker Name who created the Safety Plan page, which populates from the Safety Plan page.

**Comment [AJ4]:** Pre-fills with the Effective Date captured on the Safety Plan page.

**Comment [AJ5]:** Pre-fills with the Purpose captured on the Safety Plan page. This is either Present Danger Plan or Impending Danger Safety Plan.

**Comment [amj6]:** Pre-fills with the participants for whom the check box is selected within the Child(ren) Under Safety Management group box.

**Comment [AJ7]:**

### I. DANGER THREAT(S) DESCRIPTION

Specific Threats to Child Safety – Describe safety concerns that would pose present or impending danger

\_\_\_\_\_

**Comment [AJ8]:** Pre-fills from the Danger Threat(s) Description narrative text field on the Safety Plan page.



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#### II. SAFETY PLAN

Actions to Keep Child Safe	Who is Responsible for the Action?	Resources or People Who Will Help	Freq. of Intervention

**Comment [A]9:** This table populates with ALL Safety Plan Actions that DO NOT OR DO NOT HAVE the associated check box selected within the "Do Not Share with Perpetrator of Intimate Partner Violence" column. Again, if the "Do Not Share with Perpetrator of Intimate Partner Violence" is checked or NOT checked for the Safety Plan Action ALL of the will populate the template.



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### III. TERMINATION

Termination Date:

Reason Plan is No Longer Required:

Other Reason Plan is No Longer Required:

**Comment [AJ10]:** Pre-fills with the Termination Date captured on the Safety Plan page.

**Comment [AJ11]:** Pre-fills with the Reason Plan is No Longer Required captured on the Safety Plan page.

**Comment [AJ12]:** If Other is selected from the Reason Plan is No Longer Required drop down this field pre-fills with the associated narrative text for "Other".



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### IV. SIGNATURES

**Comment [AJ13]:** The signature lines are not user entered on the template and are physically signed and dated by the person.

Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_



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Supervisor:

Date:

Worker will provide a copy to persons included in the plan to ensure child safety

Original: Caregiver

Copy: File