

Kentucky Department for Community Based Services

# Safety Plan

Family Name: \_\_\_\_\_

Social Service Worker: \_\_\_\_\_

For each safety concern and/or identified threat, describe the immediate safety intervention to be implemented to address the issue:

**Safety concern/identified threat (list all which apply):**

**Intervention to keep child(ren) safe (list all which apply):**

**Observation and documentation of outcomes(who will observe and document outcomes):**

**This plan is valid for fourteen (14) working days from the signing date.**

**It will expire on:**

**The plan may be extended voluntarily with the agreement of all parties.**

This voluntary agreement may be revoked at any time. If a change occurs, immediately contact your social service worker at \_\_\_\_\_.

In case of an emergency, please call 911.

The undersigned understand this document is not a court order. It is a voluntary agreement between the signed parties. All parties listed above on the intervention must sign below. Identify your relationship with the child on the signature line.

<b>Parents:</b>	_____	<b>Date:</b>	_____
<b>Parent:</b>	_____	<b>Date:</b>	_____
<b>Caregiver:</b>	_____	<b>Date:</b>	_____
<b>Caregiver:</b>	_____	<b>Date:</b>	_____
<b>Caregiver:</b>	_____	<b>Date:</b>	_____
<b>Other:</b>	_____	<b>Date:</b>	_____
<b>SSW:</b>	_____	<b>Date:</b>	_____