

State of Illinois
Department of Children and Family Services

Safety Plan

A safety plan may only be developed if the safety decision is unsafe and the Child Protection Supervisor has given his or her approval for the development of the plan. **A new safety assessment must be performed and a new safety plan must be written and then approved by the supervisor every 5 working days.**

Section I – Identifying Information

Case Name:	Date:
SCR or CYCIS ID:	Date of Planned Review:
Type of Plan: ☐ Child In-Home ☐ Child Out-of-Home	Date Amended:

Section II – Safety Threats

The following marked Safety Threat(s) from the CERAP Safety Assessment have led to the need for a safety plan:

1. ☐ A caregiver, paramour or member of the household whose behavior is violent and out of control.
2. ☐ A caregiver, paramour or member of the household is suspected of abuse or neglect that resulted in moderate to severe harm to a child or who has made a plausible threat of such harm to a child.
3. ☐ A caregiver, paramour or member of the household has a documented history of perpetrating child abuse/neglect or there is reasonable cause to believe that he/she previously abused or neglected a child. The severity of the maltreatment, coupled with the caregiver's failure to protect, suggests child safety may be an urgent and immediate concern.
4. ☐ Child sex abuse is suspected and circumstances suggest child safety may be an immediate concern.
5. ☐ A caregiver, paramour or member of the household is hiding the child, refuses access or there is some indication that a caregiver may fleeing with the child.
6. ☐ Child is fearful of his/her home situation because of the people living in or frequenting the home.
7. ☐ A caregiver, paramour or member of the household describes or acts toward the child in a predominantly negative manner.
8. ☐ A caregiver, paramour or member of the household has dangerously unrealistic expectations for the child.
9. ☐ A caregiver, paramour or member of the household expresses credible fear that he/she may cause moderate to severe harm to a child.
10. ☐ A caregiver, paramour or member of the household has not, will not, or is unable to provide sufficient supervision to protect a child from potentially moderate to severe harm.
11. ☐ A caregiver, paramour or member of the household refuses to or is unable to meet a child's medical or mental health care needs and such lack of care may result in moderate to severe harm to the child.
12. ☐ A caregiver, paramour or member of the household refuses to or is unable to meet the child's need for food, clothing, shelter, and/or appropriate environmental living conditions.
13. ☐ A caregiver, paramour or member of the household whose alleged or observed substance abuse may seriously affect his/her ability to supervise, protect or care for the child.
14. ☐ A caregiver, paramour or member of the household whose observed or professionally diagnosed or documented mental/physical illness or developmental disability seriously impairs his/her ability to meet the immediate needs of a child.
15. ☐ The presence of violence, including domestic violence, that affects a caregiver's ability to provide care for a child and/or protection from moderate to severe harm.
16. ☐ A caregiver, paramour, member of the household or other person responsible for a child's welfare engaged in or credibly alleged to be engaged in human trafficking poses a safety threat of moderate to severe harm to the child.

Section III – Safety Plan

Safety Plans may only be developed, based on all reasonably available information/evidence that DCFS possesses, that there is an immediate and unmitigated safety threat that would cause moderate to severe harm to a child unless protective custody was taken. Set forth below is the information that you believe is the basis for taking protective custody and for developing a safety plan with the family.

NOTE: Safety Plans should not include a requirement of individual or family therapy or outpatient/inpatient mental health treatment.

1) What actions have or will be taken to protect each child in relationship to the above-indicated safety threat (s)?
2) Who is responsible for ensuring the safety of each child in relationship to the above-indicated safety threat(s)?
3) What must happen in order for this safety plan to be terminated?
4) What estimated time frames have been imposed by this safety plan?
5) Information Pertinent to Care of Child:
Name of child's doctor:
Emergency Contact information for Parent:
Emergency Contact Information for Responsible Adult Safety Plan participant:
Identify who will notify child's school and/or daycare provider of safety plan conditions, if applicable:

Section IV - Signatures

A: I have discussed the attached safety plan and the consequences of non-compliance with the caretaker and all those who are responsible for carrying out the plan. As the assigned Specialist, I attest that a signed copy of this Safety Plan has been added to the hard copy file and a copy provided to all parties. I have their agreement to abide by the terms and conditions of the plan.

Worker's Signature:	Date:
Telephone Number:	
Supervisor's Name:	Telephone:

Note: If you have questions about the safety plan or your rights under a safety plan, call the worker or supervisor at the numbers listed above. You may also contact the DCFS Advocacy Office at 1-800-232-3798.

B: We have discussed the safety plan with the worker. We understand its contents and that it is voluntary. We agree to abide by the terms and conditions of the plan. If something happens that prevents us from carrying out the plan, we will immediately notify the worker. If the worker is unavailable, we will notify the supervisor. We understand that failure to agree to the plan or to carry out the plan may result in a reassessment of our home and possible protective custody and/or referral to the State's Attorney's Office for a court order to remove my children from my home. We will then have the opportunity to plead our case in court. I have been given a copy of the CFS 1441-D thru F, Safety Plan Rights and Responsibilities.

Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:

C: As a Safety Plan Participant, I understand my role and will inform the worker/supervisor if I am unable to fulfill my obligations to this plan. I have been given a copy of the CFS 1441-D thru F, Safety Plan Rights and Responsibilities.

Name:	Signature:
Role/Relationship:	Date:
Name:	Signature:
Role/Relationship:	Date:
Name:	Signature:
Role/Relationship:	Date:

E: Supervisor Approval

☐ Supervisor verbally approved the plan by telephone.

Name:	Date & Time:
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☐ Supervisor's Signature Approval

Signature:	Date & Time:
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Original – Case file Copy 1 & 2 – Parent/Guardian Copy 3 Responsible Adult Caregiver & Plan Participants

Note: A copy of the safety plan will be distributed at time of signatures to all Parents, Guardians, and Responsible Adult Caregivers and Safety Plan Participants. If there are more than three Participants a copy will be mailed to each additional Participant.