# SDM Safety Assessment Immediate Safety Plan

**Arkansas State Police and Division of Children and Family Services**

**Family Name:** Click or tap here to enter text. **Case ID:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Worker Name:** Click or tap here to enter text.

**Harm and/or Worry Statement(s):** What harm, if anything has already occurred? What is the agency and/or the family worried will happen to the children if nothing else changes?

|  |
| --- |
| Click or tap here to enter text. |

| **DESCRIBE THE SAFETY THREAT**  (caregiver + behavior + impact on child) | **WHAT WILL BE DONE TO ADDRESS THE SAFETY THREAT UNTIL THE REVIEW DATE?** | **WHO WILL DO IT, BY WHEN?** | **HOW WILL WE KNOW IT IS WORKING?** |
| --- | --- | --- | --- |
|  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Who has agreed to be part of this plan?** (Must include at least one legal custodian or guardian.)

| **FAMILY MEMBER OR NETWORK MEMBER** | **CONTACT DETAILS** | |
| --- | --- | --- |
| **PHONE** | **EMAIL** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **WHEN WILL THE IMMEDIATE SAFETY PLAN BE REVIEWED?** *(Must be within 14 days)* | |
| **Date/time:**  Click or tap here to enter text. | **Who will be involved (caregivers, network, and agency)?**  Click or tap here to enter text. |

|  |  |
| --- | --- |
| **WHAT WILL PEOPLE DO IF THEY ARE WORRIED OR IF THE IMMEDIATE SAFETY PLAN  IS NOT WORKING?** | |
| Caregivers/legal guardians | Click or tap here to enter text. |
| Network members | Click or tap here to enter text. |
| Child | Click or tap here to enter text. |
| DCFS | Click or tap here to enter text. |

| **WHOM TO CALL IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING** | | |
| --- | --- | --- |
| **NAME** | **PHONE NUMBER** | **EMAIL ADDRESS** |
| **Assigned worker name:**  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Supervisor name:**  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **On-call contact:**  (After business hours, weekends, and holidays)  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

## Agreement to Implement Immediate Safety Plan

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to take legal action. If I am unable to follow this plan, I will contact my DCFS worker to develop a new plan.

|  |  |
| --- | --- |
| **Legal custodians or guardians**  Click or tap here to enter text. | **Worker/supervisor**  Click or tap here to enter text. |
| **Children**  Click or tap here to enter text. | **Network members**  Click or tap here to enter text. |