**Safety Plan**

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| **Child Information** |

**Child or Youth Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Name of placing agency or person who placed/is placing the child:** Click or tap here to enter text.

**Date of Admission or Placement (applicable where the child is already residing in the licensed setting)** Click or tap to enter a date.

**Date of Safety Plan Completion:** Click or tap to enter a date.

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| **Safety Plan** |

**Child Risks:**

*[Describe the child/youth’s behaviours that may pose a risk to the safety of the child or youth].* For example: The child engages in self-harming behaviour (further describe the behaviour) and has suicidal ideations; the child has a history of frequent unexplained absences; known involvement in sex trafficking.

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*[Describe the child/youth’s behaviours that may pose a risk to the safety of others and any other reasons for which the safety of the child or youth is at risk].* For example: The child has a history of being physically aggressive toward staff and peers*.*

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**Safety Measures:**

*[Describe safety measures, including the amount of any supervision required, to prevent the child or youth from engaging in behaviours that may pose a risk to the safety of the child/youth or others or to otherwise protect the child/youth and which are informed by the information provided by the person who is placing or who placed the child/youth or the placing agency respecting the safety measures that should be implemented].* For example: Describe how the child will receive 1:1 staffing supervision, 24 hours a day in the licenced setting to assist in preventing the child from engaging in self-harming behaviours. Describe how the child will receive regular (weekly) counselling to assist in addressing concerns about engagement in self-harming behaviours.

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**Procedures:**

*[Describe procedures to be followed by the licensee’s staff and any other persons providing direct care to the child/youth on behalf of the licensee (including foster parents) in circumstances in which the child engages in behaviours referred to above or in which the safety of the child is otherwise at risk.]* For example: In the case of a child who frequently has unexplained absences from the out of home care setting, ensure they have a cell phone.

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**Additional Support:**

*[Describe any recommendations, to which licensee has access, from persons that provided or are providing specialized consultation services, specialized treatment, or other clinical supports to address the child/youths behaviours described above]. \*Include the child/youth’s views on what is most helpful and effective, where applicable.* For example: Medication reviews to be conducted to determine if medication is at appropriate levels.

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| **Engagement on Safety Plan Development** |

**Date(s) of meeting(s) with the child regarding safety plan development:**Click or tap to enter a date.

**Note**: It is a requirement for the child to be engaged on the development of their safety plan, to the extent possible given their age and maturity.

**\*Document in the child/youth’s words, what supports they would need and what situations/action could indicate they are having difficulty, as well as coping strategies the child or youth finds effective:**

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**If the child was not involved in the development of their safety plan, indicate the reasons Reason and a description of any efforts made to engage them (to the extent possible given their age and maturity):**

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| **Name:** | **Role or Relationship to Child/Youth (these participants must be consulted and review) :** | **Date:** | **Initials:** |
|  | Foster Parent |  |  |
|  | Foster Parent |  |  |
|  | Case Manager |  |  |
|  | Society Representative |  |  |
|  | Family Support Worker |  |  |
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| *Note: duplicate lines as required* | | | |

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| **Name:** | **Role or Relationship to Child/Youth***:* | **Were they consulted in the development of the Plan shared: (No, Yes, NA):**  **Date shared (if Yes):**  **Reason not shared (if No):** | **Case Managers Initials:** |
|  | FNIM Representative (if the child is Indigenous) | No  Yes  N/A  Date Shared:  Reason not shared: |  |
|  | Biological Parents | No  Yes  N/A  Date Shared:  Reason not shared: |  |
|  |  | No  Yes  N/A  Date Shared:  Reason not shared: |  |

**Safety Plan Review**

**Date of safety plan review initiation:** Click or tap to enter a date.

**Date of safety plan review completion:**Click or tap to enter a date.

**A review of the safety plan must occur when any of the following occurs. Indicate**

**which action has prompted an immediate review of the safety plan:**

The child/youth has engaged in behaviour that poses a risk to the safety of themselves or others or a situation has occurred in which the child/youth is put at risk.

An incident occurs during which the measures set out in the safety plan are shown to be ineffective in preventing the child/youth from engaging in behaviours that may pose a risk to the safety of the child or others or from otherwise being put at risk.

New information comes to the attention of the licensee respecting the safety risks posed by the child, or to which the child/youth’s subject, or behaviours of the child that has implications for the information contained in the safety plan.

The child/youth or a person consulted with and involved in developing the safety plan has requested that the safety plan be reviewed.

The Child’s Plan of Care is being developed or being reviewed.

**Based on the review, does the current safety plan still adequately keep the child/ youth and others safe?**

Yes

No

**Indicate the rationale:**

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**Summarize any amendments that were made to the safety plan as a result of the review:**

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**Describe information that was considered about the child/youth’s behaviours that informed the review of the safety plan, including but not limited to information collected from the child’s foster parent or parents and persons providing direct care to the child on behalf of the licensee:**

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**Describe any recommendations received by the licensee from any individual named as a resource person for the child under section 5 or any person who provides direct care to the child on behalf of the licensee, other than the foster parent or parents, are incorporated into the safety plan:**

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| **Name:** | **Role or Relationship to Child/Youth (these participants must be consulted and review) :** | **Date:** | **Initials:** |
|  | Foster Parent |  |  |
|  | Foster Parent |  |  |
|  | Case Manager |  |  |
|  | Society Representative |  |  |
|  | Family Support Worker |  |  |
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| *Note: duplicate lines as required* | | | |

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| **Name:** | **Role or Relationship to Child/Youth***:* | **Were they consulted in the development of the Plan shared: (No, Yes, NA):**  **Date shared (if Yes):**  **Reason not shared (if No):** | **Case Managers Initials:** |
|  | FNMI Representative (if the child is Indigenous) | No  Yes  N/A  Date Shared:  Reason not shared: |  |
|  | Biological Parents | No  Yes  N/A  Date Shared:  Reason not shared: |  |
|  |  | No  Yes  N/A  Date Shared:  Reason not shared: |  |