



FLORIDA SAFETY DECISION MAKING METHODOLOGY

Child Safety Plan

Case Name: **Martin** Intake/Investigation ID: **444555777**

Worker Name: **Shane Conley** Effective Date: **2/22/xx**

Safety Plan Purpose: **Present Danger**

Child Name	Date of Birth	Age
Sierra Martin	1/14/xx	13 months
<i>If there are more than five children, please list all remaining children in this row:</i>		

I. DANGER THREAT(S) DESCRIPTION

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

Upon making contact with the Ms. Martin (1:15pm today), I found her to be disoriented and unable to stay focused on conversations. Although she was able to converse and answer questions, she appeared extremely tired and on two occasions she nodded off. The child, who is two years old, was left unattended on the floor and the mother was not responsive to her cries. The mother smelled of alcohol. The mother acknowledged drinking heavily “wine” the night before but denied that she had used substances today. Given the mother’s current physical and mental state she is currently unable to sufficiently care for her daughter.



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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	Who is Responsible for Monitoring
<p>The daughter will go to a friend's house tonight. The friend will drop the child back off with the mother tomorrow between 9am and 2pm while she is at work. The friend will pick the child back up after she gets off work. This arrangement will remain in place until the FFA is completed and the decision is reached regarding the safety of the child.</p>	<p>Kelley Fry: 1084 Casadia Dr. Apt 4.</p>			



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III. TERMINATION

Termination Date:

Reason Plan is No Longer Required: **Select a Reason**

Other Reason Plan is No Longer Required:

IV. SIGNATURES

Caregiver:

Date:



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Caregiver:

Date:

Other:

Date:

Other:

Date:

Other:

Date:

Worker:

Date:

Supervisor:

Date:
