

Client/Parent Safety Plan

The following is a safety plan between Washington County Community Services and/or Children's Mental Health Case Management and _____ (client). Place initials by the following conditions that apply in order to address the safety concerns identified.

- _____ I will not go to any place where younger children are often present, such as parks, pools, playgrounds, schools, daycares, facilities, etc. unless I receive prior approval from my parents and social worker/case manager.
- _____ I will not have contact/associate with anyone _____ years younger than me unless accompanied by a responsible adult. This adult must be aware of my sexually aggressive behaviors and be approved by my parents and social worker/case manager.
- _____ I must reside in a residence approved by my parents and social worker/case manager and will not change my residence without obtaining permission from my social worker/case manager.
- _____ I will submit to random searches by my parents or social worker/case manager, or law enforcement in order to confiscate drugs, sexually explicit material, computer storage discs, camera phones and MP3 players, if believed to contain images deemed not appropriate by my parents and/or social worker/case manager.
- _____ I will not view, possess, or own any sexually explicit pictures or images including electronic images of sexually explicit or pornographic material, pornographic videotapes, DVDs, movies, or television shows.
- _____ I also will not purchase or utilize phone sex lines or internet chat lines.
- _____ I will not associate with or be found in the presence of anyone whom I know or have reason to believe is an untreated sex offender unless I am participating in group therapy.
- _____ I will not spend the night away from my home unless approved by my parents and social worker/case manager. Any vacations, family activity, school activity, or other event that requires me to be away from home for more than 14 hours requires the pre-approval of my social worker/case manager at least 48 hours prior to the event.
- _____ If I have any contact, even incidental or accidental, with other children from whom I am restricted, I will remove myself from the situation in a safe and responsible manner and within 24 hours, notify my parents and social worker/case manager.
- _____ Other _____

We as parents of _____ agree to the following safety plan:

_____ We as parents will commit to providing consistent and constant supervision of our child. This means that we will not leave our child unsupervised at any time and if we leave our child in the care of another adult we will ensure this adult has knowledge of our child's sexually aggressive behaviors.

_____ We as parents agree to inform our child's social worker/case manager of any concerning behaviors exhibited by our child.

_____ We as parents agree to execute random searches of our child's belongings and room in order to confiscate drugs, sexually explicit material, computer storage discs, camera phones and MP3 players, if believed to contain images deemed not appropriate. We immediately will inform our child's social worker/case manager.

_____ We as parents agree to follow the case plan and recommendations made by our child's treatment team. We agree to comply with all face-to-face meetings as described within the case plan.

_____ We as parents understand that failure to follow and comply with this Safety Plan as described may result in a referral to the County Attorney's Office.

By initialing the above conditions and signing this Safety Plan we agree to follow the plan.

Client

Parent

Parent

Social Worker/Case Manager

Date