**Ministry of Children, Community and Social Services**

**Optional - Safety Assessment, Safety Plan and**

**Safety Plan Review Templates**

**Purpose:**

This optional template was created by the Ministry of Children, Community and Social Services (ministry) to assist licensees in complying with their obligations under the *Child, Youth and Family Services Act, 2017 (CYFSA)*, [Sections 86](https://www.ontario.ca/laws/regulation/180156#BK130) to [86.8](https://www.ontario.ca/laws/regulation/180156#BK138) and [Sections 129](https://www.ontario.ca/laws/regulation/180156#BK195) to [129.5](https://www.ontario.ca/laws/regulation/180156#BK200) of O. Reg. 156/18, respecting safety assessments and safety plans, effective July 1, 2023.

These requirements apply to foster care licensees (including Children’s Aid Societies), children’s residence licensees (other than a place of secure or open custody or detention licensed to provide out of home care), staff-model home licensees and placing agencies (including Children’s Aid Societies).

These requirements do not apply to licensees providing care for young persons ordered into detention or custody by a youth justice court.

Where a safety assessment has determined an individualized safety plan is required for a child, the plan should be trauma-informed and be specific to the child or youth. The licensee must ensure that the child is consulted when developing the safety plan and should strive to include the child’s voice in establishing what they feel would best meet their needs and they would respond to. The child or youth should play an integral role in the development of the safety plan and any reviews.

It is important to note that a safety plan is only required where the licensee has determined from the safety assessment that:

1. The child engages in behaviours that may pose a risk to themselves or others, or
2. The view of the person placing the child or who placed the child, or the placing agency is that a safety plan is required.

**Note:** Although the term ***residential*** is a legal term under the CYFSA and its regulations, the ministry is using the term “out-of-home care” instead of “residential” care to acknowledge the traumatic history of the Residential School system in Canada

**Terms of Use/Disclaimer:**

Licensees may choose to use their own template or forms to demonstrate compliance with the safety assessment and safety planning requirements.

**All licensees are required to ensure that any documentation pertaining to the safety assessment and safety planning requirements complies with all applicable requirements of the Act, its regulations and ministry directives. The template is a resource only and does not have the force and effect of the law. It does not replace the obligations set out in O. Reg. 156/18 pertaining to safety assessments and safety planning and reference should always be made to the official version of the regulation.**

Licensees requiring assistance with the interpretation of regulatory requirements, including those requirements specific to safety assessments and safety planning, should seek legal advice.

**Items marked with an \* are recommended and not a regulatory requirement.**

**Safety Assessment**

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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:**

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**\*Name of child/youth’s First Nation, Metis or Inuit band or community (where applicable):**

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

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|  **Safety Assessment** |

Unless a safety plan has already been created in accordance with the requirements below, a safety assessment must be conducted by the licensee:

* In the case of a child who is to be admitted to the licensed setting, the assessment must be completed **before** the child’s admission or placement,
* In the case of a child/youth or foster child, during the development their plan of care, during a review of their plan of care, immediately following any situation during which the child engages in any behavior which may pose a risk to the safety of the child or others or during which the child’s safety is otherwise put at risk.

For children already residing in licensed out of home care settings as of July 1, 2023:

* No later than July 30, 2023, the licensee is required to conduct a safety assessment and, if a safety plan is required, develop one as soon as possible in accordance with the regulatory requirements.

**~~I~~dentify the reason(s) for the completion of the safety assessment:**

[ ]  Safety assessment required prior to the child/youth’s admission into a licenced site or placement in a foster home

[ ]  Safety assessment required for a child or youth currently residing in a licensed setting, during the development of their written plan of care

[ ]  Safety assessment required for a child or youth currently residing in licensed setting, during the review of their written plan of care

[ ]  Safety assessment required following a situation in which the child or youth has engaged in behaviour that may pose a risk to the safety of themselves or others

[ ]  Safety assessment had not been completed prior to the new requirements which come into effect on July 1, 2023, and the child resided in the licensed setting prior to that date

☐ Safety assessment to review pre-existing safety plan created by placing agency and determine if the information is still accurate, where applicable[[1]](#footnote-1).

**A summary of any behaviours the child engages in that may pose a risk to the safety of themselves or others, or any other risks to the child’s safety:**

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**Brief overview of the material or documents reviewed when completing the assessment above, including any Serious Occurrence Reports or other information collected by the licensee as part of the pre-admission/placement assessment process:**

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**View of the person or agency placing the child/youth or who placed the child regarding any safety risks identified for the child/youth:**

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**\*View of the child/youth’s FNIM band or community regarding any safety risks identified for the child/youth:**

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

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| **Identified Need for a Safety Plan**  |

*To be populated following the completion of the safety assessment:*

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| Based on the results of the safety assessment, does the child engage in behaviours that may pose a risk to the safety of themselves or others or are there other risks to the safety of the child?  | ☐ Yes ☐ No *\*If yes, a safety plan is required.*  |
| Is it the view of the person who is placing or who placed the child or the placing agency, as the case may be, that a safety plan is needed? | ☐ Yes☐ No *\*If yes, a safety plan is required.*  |

**\*Child/youth’s view of safety assessment:**

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**Rationale for not requiring a Safety Plan**:

*[Provide a rationale for why a safety plan is not required, based on the results of the safety assessment]*

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**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:**

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**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]*

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| 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 |

*[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]*

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| For example: The child has a history of being physically aggressive toward staff and peers.  |

**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]*

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| 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.  |

**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.]*

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| 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. |

**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.*

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| 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:**

**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 why and a description of any efforts made to engage them (to the extent possible given their age and maturity):**

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**Additional participants required to be engaged on the development of the child’s safety plan, in addition to the child themselves (to the extent possible given their age and maturity):**

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| --- | --- | --- | --- |
| **Name** | **Contact Information** | **Role or Relationship, if applicable** | **Date Consulted** |
| *[Insert name of placing agency representative if the placing agency is not the licensee]* |  |  |  |
| *[Insert name of child’s parents, if appropriate]*  |  |  |  |
| *Insert name of foster parent or parent(s) if appropriate* |  |  |  |
| *[In the case of a First Nation, Inuk or M*é*tis child, the name of a representative chosen by each of the child’s First Nation, Inuit or Métis communities]* |  |  |  |

**If the placing agency was not involved in the development of the child’s safety plan, indicate the reasons why and a description of any efforts made to engage them (only applicable if the placing agency is not the licensee):**

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**If the child’s parent(s) were not involved in the development of the child’s safety plan, indicate the reasons why and a description of any efforts made to engage them (where appropriate):**

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**If the child’s foster parent(s) were not involved in the development of the child’s safety plan, indicate the reasons why and a description of any efforts made to engage them (where applicable):**

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**In the case of a FNIM child, if a representative chosen by the child’s band or FNIM community was not involved in the development of the safety plan indicate the reasons why and a description of any efforts to engage them:**

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**Additional optional participants in the development of the child’s safety plan:**

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| --- | --- | --- | --- |
| **Name** | **Contact Information** | **Role**  | **Date Consulted** |
| *[Insert the names of optional participants that were engaged in the development of the child’s safety plan]*  |  |  |  |
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*Indicate the date and format the safety plan was provided to each participate.*

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| **Name of participant and role** | **Date safety plan provided** | **Format** |
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**\*Has a safety plan been developed by the placing agency and provided to the licensee to be reviewed and considered when developing the safety plan?**

[ ]  **Yes** [ ]  **No**

**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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**Indicate the person(s) who were involved in determining the current safety plan still adequately keeps the child/youth and others safe:**

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**Note:** Once a licensee has determined that a review of updated safety plan is required, they must ensure that the same process and requirements for the development of a Safety Plan under the Development of a Safety Plan as above are followed. This process also highlighted under [O. Reg. 156/18, s. 86.4](https://www.ontario.ca/laws/regulation/180156#BK134)  and [O. Reg. 156/18, s. 129.1.](https://www.ontario.ca/laws/regulation/180156#BK196)

**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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Identify the following information on **persons who provide direct care to the child/youth, including foster parents where applicable.** Completing the chart below should indicate that these persons have reviewed the safety plan or amended safety plan.

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| **Full Name**  | **Role** | **Date** | **Initials** |
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**Note**: Duplicate additional lines as required.

Where applicable, identify the following information on **persons who supervise or support foster parents**. Completing the chart below should indicate that these persons have reviewed the safety plan or amended safety plan.

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| **Full Name**  | **Role** | **Date** | **Initials** |
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**Note**: Duplicate additional lines as require

**Amended 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:**

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**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 amended safety plan completion:** Click or tap to enter a date.

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| **Safety Plan** |

**Child Risks:**

*[Describe the any new or changes to child/youth’s behaviours that may pose a risk to the safety of the child or youth]*

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| 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 |

*[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]*

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| For example: The child has a history of physically aggressing towards peers and staff.  |

**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]*

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| For example: The child will receive 1-1 staffing supervision, 24 hours a day in the licenced site to assist in preventing the child from engaging in self-harming behaviours. The child will receive regular (weekly) counselling to assist in addressing concerns about engagement in self-harming behaviours.  |

**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.]*

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| For example: Clearly identify any changes to procedures from the previous safety plan that was developed and is now being reviewed and changed. |

**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.*

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| For example: Medication reviews to be conducted to determine if medication is at appropriate levels.  |

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| **Engagement on Safety Plan Review** |

**Date(s) of meeting(s) with the child regarding safety plan review:**

**Note:** It is a requirement for the child to be consulted on the review 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 review of their safety plan, indicate the reasons why and a description of any efforts made to engage them (to the extent possible given their age and maturity):**

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**Additional participants required to be engaged on the review of the child’s safety plan, in addition to the child themselves (to the extent possible given their age and maturity):**

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| --- | --- | --- | --- |
| **Name** | **Contact Information** | **Role** | **Date Consulted** |
| *[Insert name of placing agency representative if the placing agency is not the licensee]* |  |  |  |
| *[Insert name of child’s parents, if appropriate]*  |  |  |  |
| *Insert name of foster parent of parent(s) if appropriate* |  |  |  |
| *[In the case of a First Nation, Inuk or M*é*tis child, the name of a representative chosen by each of the child’s First Nation, Inuit or Métis communities]* |  |  |  |

**If the placing agency was not involved in the review of the child’s safety plan, indicate the reasons why and a description of any efforts made to engage them (only applicable if the placing agency is not the licensee):**

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**If the child’s parent(s) were not involved in the review of the child’s safety plan, indicate the reasons why and a description of any efforts made to engage them (where appropriate):**

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**If the child’s foster parent(s) were not involved in the review of the child’s safety plan, indicate the reasons why and a description of any efforts made to engage them (where applicable):**

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**In the case of a FNIM child, if a representative chosen by the child’s band or FNIM community was not involved in the review of the safety plan indicate the reasons why and a description of any efforts to engage them:**

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**Additional optional participants in the development of the child’s safety plan:**

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| --- | --- | --- | --- |
| **Name** | **Contact Information** | **Role**  | **Date Consulted** |
| *[Insert the names of optional participants that were engaged in the review of the child’s safety plan]*  |  |  |  |
|  |  |  |  |

*Indicate the date and format the safety plan was provided to each participate.*

|  |  |  |
| --- | --- | --- |
| **Name of participant and role** | **Date amended safety plan provided** | **Format** |
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The licensee is required to ensure that the child’s safety plan is reviewed by the following persons:

1. Any person providing direct care to the child on behalf of the licensee, including in the case of a foster child, the child’s foster parents.
2. In the case of a foster child, the person assigned by the licensee to supervise and support the foster parents.

Please refer to the regulation for guidance on requirements applicable to when safety plans must be reviewed.

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| **Safety Plan Sign Off Sheet**  |

**Name of child/youth**: *[Insert name of child/youth]*

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

Identify the following information on **persons who provide direct care to the child/youth, including foster parents where applicable.** Completing the chart below should indicate that these persons have reviewed the safety plan or amended safety plan.

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| --- | --- | --- | --- |
| **Full Name**  | **Role** | **Date** | **Initials** |
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**Note**: Duplicate additional lines as required.

Where applicable, identify the following information on **persons who supervise or support foster parents**. Completing the chart below should indicate that these persons have reviewed the safety plan or amended safety plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name**  | **Role** | **Date** | **Initials** |
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**Note**: Duplicate additional lines as r

1. Please note that this is not a requirement, but strongly recommended. [↑](#footnote-ref-1)