

**PROFESSIONAL
PARENTING**
Specialized Foster Care & Adoption Services

SAFETY/SUPERVISION PLAN FOR xxxxx¹

This agreement is to keep everyone in this family safe and all family members have signed and agreed to follow these rules below. These rules help us live together safely, have respect for the rights of others and make sure everyone stays safe. I understand that my body belongs to me and if anyone touches me in a sexual way or in a way that makes me feel uncomfortable or scared I will say “no,” and I will tell someone immediately.

SLEEPING ARRANGEMENTS:

1. xxxxxx will have own separate bedroom.
2. xxxxx bedroom door will remain open with the following exceptions:
door closed when dressing and undressing
3. A motion detector/alarm will be used each night to determine xxxxxx whereabouts in the home.
4. xxxxx is not allowed in the bedroom of the foster parents during the night. xxxxxx may enter the bedroom only if requested to do so and given permission from a parent.
5. xxxxxx will always be fully dressed when coming out of the bedroom. For example, appropriate pajamas at nighttime, appropriate clothing for school or play at other times.
6. NO SLEEP OVERS ALLOWED WITHOUT TEAM APPROVAL.

PROCEDURE FOR FAMILY/FRIENDS VISITING IN HOME:

1. If visitors are in the Professional Parenting home, the parents will supervise xxxxxx location and will monitor their interactions with visitors.
2. If the Professional Parenting family is expecting visitors for an extended period of time (overnight, weekend, etc.), the parents will call the Program Manager to notify of this arrangement. The family and staff member will discuss the specific plans for the visit before it occurs.

BATHROOM ARRANGEMENTS:

1. xxxxxx will be the only person in the bathroom (with the door always closed).
2. After using the bathroom, xxxxxx will come out fully dressed. xxxxxx will be fully dressed after taking bath and will come out with pants up and zipped after using bathroom.
3. In homes of other persons, at school, etc., xxxxxx will be the only person in bathroom. If door is closed, xxxxxx will knock and wait to be given permission before entering.

¹ Developed by Professional Parenting/Appalachian Family Innovations in Morganton, NC.

APPROPRIATE ACTIVITIES/GAMES:

Organized team sports **with team approval.**

Skating.

Basketball/Baseball/Playing Catch.

Riding Bicycle (**within designated areas**).

Swimming (**with adult supervision**).

INAPPROPRIATE ACTIVITIES/GAMES:

Tickling.

Hide and Seek.

Wrestling and Physical Horseplay.

Sitting on Laps without permission.

Picking Other Children Up.

Massages/Rubs of any type.

TV/MOVIES/RADIO/WRITTEN MATERIALS:

1. **xxxxx** will not be allowed to watch/listen to/read any materials which contain sexual and/or violent themes. These will be monitored by the Professional Parents at all times.
2. **xxxxx** will be allowed to watch G rated movies. PG rated movies can be shown if parents have okayed their content.
3. **xxxxxx** will be supervised with regards to reading materials and will not be allowed to read any type of sexual materials, catalogs depicting themes of nudity/sex/violent materials/etc.
4. **Xxxxxx** will not be allowed to watch and/or listen to movies, TV or music which depict persons as objects or which target violence towards women or children in general.

APPROPRIATE TOUCH RULES:

1. The foster parents and **xxxxx** will ask permission to give hugs (teaching respect of others right to say yes or no). Appropriate hugs can be "side hugs" or hugs which do not involve any full body contact for a brief period of time.
2. The Professional Parents will use the following other examples of affection: pat on back/shoulder, pat on head, handshakes, "high fives", etc.
3. **xxxxx** will remain at arms-length away from other persons to help teach concept of personal space and boundaries. This includes times when talking to others, watching TV, etc.
4. **xxxxx** will not touch, grab or brush up against the private body parts of others.

***ALL INAPPROPRIATE ACTIVITIES WILL BE CONFRONTED IMMEDIATELY. EACH ACTION WILL BE USED TO TEACH APPROPRIATE BEHAVIOR.**

EXAMPLES OF INAPPROPRIATE TOUCH:

Touching of any Private Area of Another Person or Pet.
Fondling of Any Type (person or animal).
Foot Massages/Back Massages.
Kissing.

RULES FOR RESPITE PROVIDERS:

Respite providers will be trained in **xxxxxx** safety plan and will discuss rules, consequences, routine, etc. with the primary family before respite begins.

1. Respite providers for **xxxxxx** will follow safety plan with no exceptions

RULES FOR OUTSIDE PLAY:

2. **Xxxxxx** will not be allowed to have any unsupervised time outside at this point.
3. When **xxxxxx** has earned time outside to play during daily routine, an adult will be present at all times to supervise interactions with other children and to monitor **xxxxxx** location and safety.
Examples: when **xxxxxx** is outside riding bike/skating/etc., the adult will be present and will keep **Shane** within sight at all times -- no exceptions.

GENERAL SAFETY AND RESPONSIBILITY:

1. I understand these rules clearly and will follow them in public places also.
2. I know that all family members are responsible for following these rules.
3. I know that I am responsible for keeping myself safe at all times and with all people. This means telling someone if I don't feel safe anytime, anywhere.
4. I understand that anyone who watches me will also follow these rules.
5. I know that the grown-ups in charge might add some rules and my job will be to follow them since their job is to keep me safe. I will talk calmly with people about any rules I want to talk about.

OTHER HOUSE RULES:

(FILL IN SECTION WITH INDIVIDUAL HOUSE RULES)

1. Have fun
- 2.
- 3.
- 4.
- 5.

SPECIAL PROVISIONS:

I understand that the above plan is an important part of treatment. I have read all of the above provisions and understand the rationales for this plan. I agree to follow the safety plan in order to provide safety for xxxxxxx and others in the community. Signing this agreement means that we all understand the rules and we agree to help each other follow them.

Professional Parenting reserves the right to remove a foster child from the home if the above Safety Plan and its provisions are not adhered to.

Foster Parent / Date

Foster Parent/ Date

Program Manager/ Date

Child /Date

Important Numbers:

Professional Parenting : xxxxx

Program Manager's #:xxxxxx

Social Worker: xxxxxxxx

Therapist: xxxxxxxx