RISK SEXUAL SAFETY PLAN

Name of alleged offender: _______________________________________________   Date: __________________
Person completing this form: ___________________________  Relationship to alleged offender: _______________
Description of target environment &/or residence being evaluated:

A Safety Plan is developed to assist an alleged offender and the family in managing future sexual risks. The goal of a Safety Plan is to prevent any inappropriate sexual behavior in a specific environment &/or residence. When completed, this document will serve as a written Safety Plan. Except when otherwise stated, the following questions should be answered as it now exists in the target environment &/or residence identified above.

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Mark all of the following that are within walking distance from the target environment &/or residence listed above:

☐ Nursery/pre-school  ☐ High school  ☐ Library  ☐ Park/playground
☐ Elementary school  ☐ Bus stop  ☐ Recreational facility  ☐ Store
☐ Junior high school  ☐ Adult book store/club  ☐ Other _______________________

Type of residence: ☐ Apartment  ☐ Trailer home  ☐ Single family dwelling  ☐ Other _______________________

Complete the following table for ALL individuals (including family members) who typically spend the night at the alleged offender’s target environment &/or residence or who may spend the night in the next six months:

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>GENDER</th>
<th>Relationship to alleged offender</th>
<th>Has knowledge about alleged offender’s sexual behavior?</th>
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The following are about the target environment &/or residence listed above. Please mark “yes” or “no”.

Yes  No

Do all bathrooms have working doors?______________________
Do bathrooms have locking doors?______________________
Do all family members have their own bedroom? If No who shares?______________________
Do all the residents of the house bath/shower alone? If No who bath/shower together?______________________
Does the alleged offender have access to transportation? If Yes what?______________________
Is there cable or satellite TV. If Yes describe which channels?______________________
Is there a computer with Internet access?______________________
Is access to the Internet protected? If Yes how?______________________
Are there subscriptions coming to the residence of magazines with pictures of unclothed/naked persons or partially unclothed persons? If Yes which ones?______________________
Are there computer games, magazines, books, videos or any other materials with pictures or animation of unclothed/naked persons?______________________
Are “1-900” (Dial-a-porn) telephone numbers blocked on phones at the residence?______________________
Are there any weapons? If Yes describe?______________________
Is there alcohol or illegal drugs? If Yes describe?______________________
Who knows about the alleged offender's sexual behavior in the following locations: (Please list their names.)

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>School/work</th>
<th>Church</th>
<th>Extended family</th>
</tr>
</thead>
</table>

Please mark “Yes” or “No”

Yes  No

To your knowledge, has the court or any other professional given the alleged offender direction as who s/he may not have contact with? Explain

Will the alleged offender have contact with anyone s/he is not supposed to have contact with in the next six months? If Yes who?

In your opinion during the next six months will any of the following occur? Please mark “Yes” or “No”

Yes  No

Will the alleged offender have any contact with others who have had sexual problems of any kind? Explain.

Will the alleged offender have any contact with any prior alleged victim or an alleged victim’s family member? Explain.

Will the alleged offender have any contact with persons similar in age and gender to any prior alleged victim? Explain.

Will the alleged offender have any contact with children other than immediate family members? Examples might include children being babysat, receiving music lessons, playmates of younger siblings, etc. Explain:

Will the alleged offender be exposed to any situations which would be similar to situations in the past that have been associated with his/her alleged inappropriate sexual behavior? (For example, babysitting). Explain:

Will there be any responsible adults involved in monitoring/watching the alleged offender? Explain who and how this will be done.

Will there be any court or mental health professionals involved in monitoring/watching the alleged offender? Explain

Mark all of the following who in your opinion do not want the alleged offender to be at the target environment &/or residence?

☐ Immediate or extended family members  ☐ Neighbors or members of the community including church members

☐ Alleged victim or any of he the alleged victim’s family members  ☐ Other

☐ I know of no one who does not want the alleged offender at the target environment &/or residence.
Please draw a simple floor plan of the residence. Be sure to include bedrooms and bathrooms.
Identify who sleeps in which bedroom.
During a typical day describe current “rules” as to who will be left alone with the alleged offender.

Describe current “rules” as to who the alleged offender can and cannot physically touch. This includes touches involving hugging, kissing, wrestling, personal care of others (such as toileting), or any other behavior in which the alleged offender physically touches another.

Describe the current “rules” related to the alleged offender’s contact with any prior alleged victim or victim’s family member.

Describe how often and at what times would the alleged offender currently be left without adult supervision or monitoring.

Describe the current "rules" associated with night time dress and behavior related to the bathroom.

Describe any other current “rules” you may have established to prevent future inappropriate sexual behavior in the alleged offender’s target environment & /or residence. (If necessary attach additional paper.)

In your opinion will the alleged offender, you and others likely comply with the “Safety Plan” and related rules?

☐ Yes ☐ Probably ☐ No ☐ I’m not sure

Is it likely any of the information shared on this form may change within the next six months? ☐ Yes ☐ No

If “Yes,” Please describe:

I agree to follow the Safety Plan as it is described above. I will inform proper authorities of any changes.

_________________________________/ ______________________   ___________________________________/ ______________________
Person completing form       Alleged offender

******************************************************************************For evaluator use only******************************************************************************

Has a criminal background check (NCIC) been completed on those adults living at the target environment? ☐ Yes ☐ No

Based on the information available, the current Safety Plan for ____________________________________________ is judged

___ adequate    ___ inadequate    at ___________________________________________________ UNTIL ____________________________

(Location being assessed)

_________________________________/ __________
Evaluator