

previdenceTM CORPORATION **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.*

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:

NAME	AGE	GENDER	Relationship to alleged offender	Has knowledge about alleged offender's sexual behavior?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

The following are about the target environment &/or residence listed above. Please mark "yes" or "no".

Yes No

- ___ ___ Do all bathrooms and bedrooms 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 baths/showers 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.)

Neighborhood	School/work	Church	Extended family

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 suppose 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"

___ ___ 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. _____

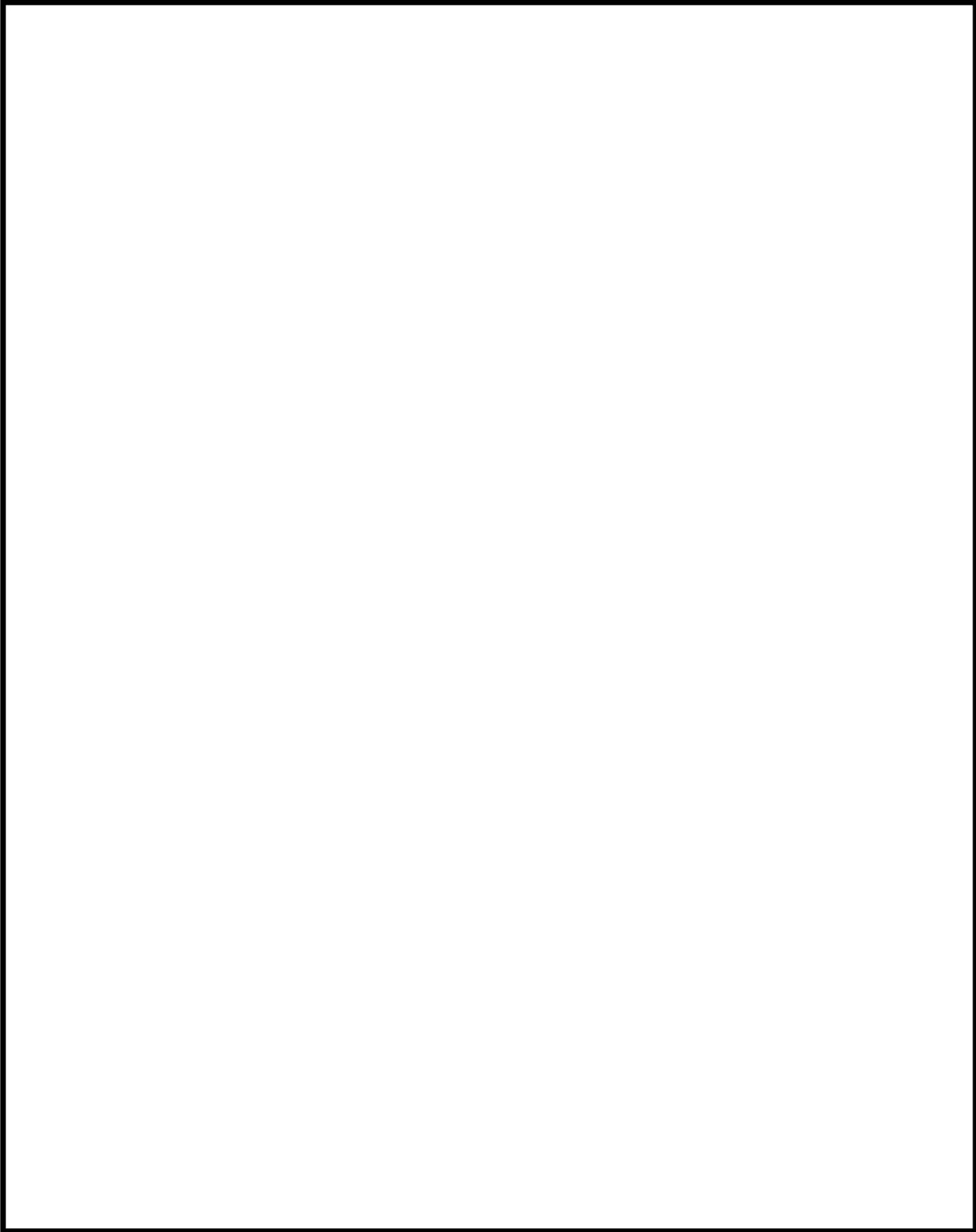
___ ___ Will there be any court or mental health professionals involved in monitoring/watching the alleged offender?

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 ____ ***in***adequate at _____ (Alleged offender) UNTIL _____

(Location being assessed)

_____/_____

Evaluator