



FAMILY SAFETY CONTRACT

CLIENT NAME _____

This contract is designed to keep everyone safe in this family. All the children (youth) in this family have signed this agreement. It lists the rules for living together safely in this family for respecting the rights of others, and for ensuring the personal safety of everyone. Your signature on the bottom acknowledges that these rules have been discussed with you, that you understand these rules, that you will follow them, and that you will help other children in this family to follow these rules.

1. I understand that before I go into another person's bedroom, I must get permission first.
2. I understand that if no one is home to give me permission, I am not to go into another person's bedroom.
3. I understand that when visiting another person's bedroom, the door must be open.
4. I understand that if someone is visiting my bedroom, the door must be open.
5. I understand that if my Foster-Adopt parent(s) talk with me in my bedroom, the door must be open.
6. I understand that undressing is allowed only in my bedroom and in the bathroom with the door closed.
7. If the door is closed, I understand that there is to be only one person in the bathroom at one time. Specific exceptions to this item are as follows: if the child is a toddler, parents close the door if house is too cold, will only be an exception while they are in need of assistance in bathing.
8. I understand that everyone sleeps in his or her own bed.
9. I understand that children do not regularly sleep in the same bedroom with the Foster-Adopt parents. (Children 0-1 may sleep in the bedroom with Foster-Adopt parents.)
10. I understand that if I am six years of age or older, I will not share a bedroom with a person of the opposite sex.
11. I understand there is to be no sexual contact or sexual touching between children in this family. The only individuals who have sex together in this home are Mom and Dad and always with the door closed.
12. I understand that there will be no sexual play and sexual touching and that includes playing doctor, nurse, or things like that.
13. I understand that all-inappropriate sexualized language (references to body parts, sexual activity) and sexualized behaviors (back rubs, foot tickling, wrestling, "horse play", etc.) will not be permitted. Not pertaining to biological children in reference to "horse play", foot tickling, or wrestling).
14. I understand that I will not have access to or bring into the home any inappropriate sexually oriented materials (books, pictures, magazines, videos, Internet access etc.) other than that which is used for the purpose of appropriate sex education.
15. I understand there is to be no masturbation in front of other people.

- 16. I will tell an adult if anyone sexually touches me and I will continue to tell until someone believes me.
- 17. I will obey these rules of privacy, e.g. no touching of another's private parts, purses, notebook, private notes, diaries, no opening another's mail, etc.
- 18. Following are the ways that _____ can touch me in a way that I will feel safe: (name(s) of caretaker(s))

- 19. I understand that any plans for me to baby-sit in or outside the home must be discussed with and approved by the caseworker.
- 20. I understand that I am responsible for obeying these rules.
- 21. I understand that I am responsible if I break these rules.
- 22. I understand these and the following rules clearly.

Signature of Child - AGE 5 and over MUST SIGN

Date

Signature of Foster Parent

Date

Signature of Foster Parent

Date