



*For Youth...Someplace To Go.
Someone To Help.*

Arbor Youth Service, Inc.

536 West Third St.

Lexington, KY 40508

859-254-2501

Safe Place Site Agreement

Company: LFUCG Division of Family Services, Family Care Center

Address: 1135 Harry Sykes Way

City: Lexington State: KY Zip: 40504

Hours of Operation: Time: 6:30am-5:30pm Days Mon-Fri

Primary Contact Elaina Howard

Secondary Contact Joanna Rodis

Phone 859 288 4040 Fax 859 288 4061

Email Address ehoward2@lexingtonky.gov

Responsibilities of Safe Place Locations

To designate responsibility for Safe Place program to a management level staff member (who is at least 21 years of age at each site)

1. To provide a safe environment (such as a lounge or Manager's office) where the youth in crisis can wait until a Safe Place volunteer can respond and check on him/her as needed.
2. To be supportive of the youth, to relay information about him/her to our shelter staff and to keep such information confidential.
3. To display the Safe Place sign in a highly visible area on outside of the building or display the Safe Place decal on the entrance of your business that the youth would use when requesting Help and to keep the Safe Place procedure sheet in a location where all staff can have easy access to.
4. To inform all new staff about Safe Place, including the procedures to follow if a youth requests help.
5. To remove the Safe Place sign from the building if site is no longer participating with Safe Place program.

Responsibilities of Sponsoring Agency to Safe Place Locations

1. To hold an orientation for staff members at each location prior to its opening as a Safe Place site. (Will take place once we receive contract)
2. To provide procedure sheets that includes step-step instructions for Safe Place.
3. To dispatch Safe Place volunteers to assist at the request of the Safe Place location.
4. To make available a Safe Place sign and other materials.

Annual Membership Fee: \$150.00 covers signage, materials, training fees.

Arbor Youth Services Inc. accepts the responsibilities to the Safe Place locations

I understand and accept the responsibility of being a Safe Place location

Mary Kate _____ [Signature] _____

Safe Place Coordinator

Company Representative

Date 10/1/20

[Signature]