

SAMPLE SAFETY PLAN

Family Name:		Referral/Case #:	Date:
This plan w	vill be reviewed on or no more than 30 days from the	safety plan's date.	
everyone f safety of th County chi worries are remain saf	east one child in theeels sure that the child will be safe. The family, its support network to the children while everyone works together to resolve the identified protective services workers believe that if we work together, the resolved. This plan describes our shared understanding of why the until the plan is reviewed.	ork, and the agency have worke fied worries. Everyone in the fan we can help all children in the f	ed together to identify ways to ensure the nily, its support network, and theamily stay at home safely while these
	THE DANGER? (SDM® SAFETY THREAT)		
Safety Threat #	Describe the specific situation or actions that cause the child to	be unsafe (danger statement).	Name(s) of Child(ren) in Danger

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WHAT IS THE PLAN TO KEEP THE CHILD SAFE?

Safety Threat #	What are the actions that will be taken to address the danger?	Who will take these steps?	What will be done if these actions are not working?

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While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We understand that if the plan does not keep all children safe, we will need to work together again to create a new plan, or the children may have to stay with someone other than their parents/legal guardians.

Parents/Legal Guardians	Worker/Supervisor			
Children	Other Participants			
WHO TO CALL IF THE PLAN IS NOT WORKING				
Assigned Child Welfare Worker	Telephone Number			
Name:				
Name:	<u> </u>			
Child Welfare Supervisor	Telephone Number			
Name:				
After-Hours Child Welfare Services Worker	Telephone Number			
(Before and after business hours; weekends and holidays)	receptione runiber			

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Instructions: