

MAPPING FOR ACTS OF PROTECTION

Danger Statement:

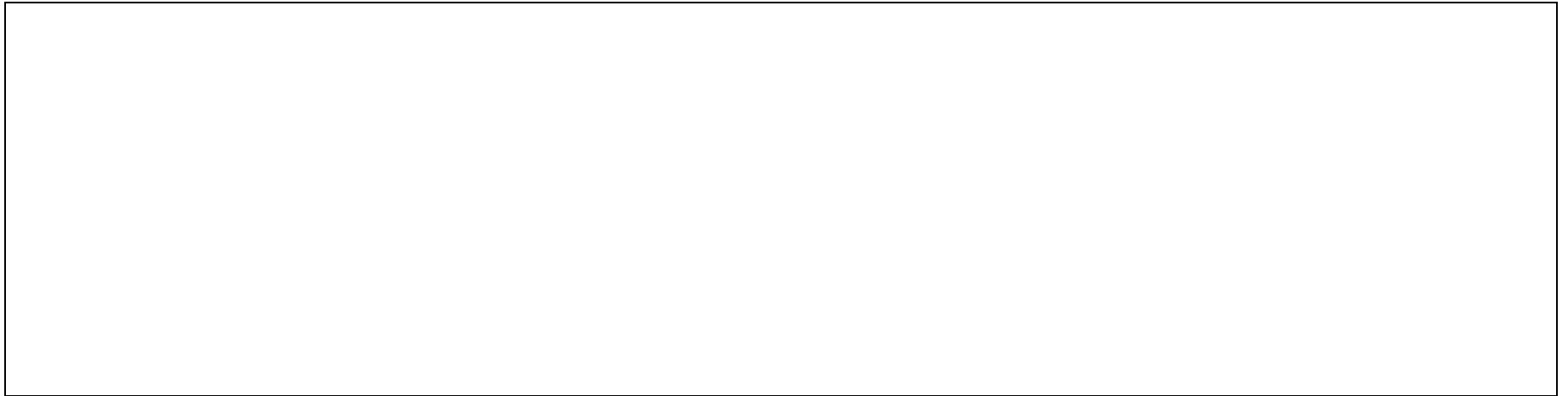
Safety Goal:

What's working well to build safety now, or what worked well in the past to keep the child safe?

What are the worries or potential barriers to future safety?



What needs to happen to build more safety in the future?



SAFETY PLAN WORKSHEET

(For Safety-Organized Practice workshop use only)

Child Name: _____ Family Name: _____ Worker Name: _____

Phone #: _____

Date of Plan: _____ Date This Plan Will Be Reviewed: _____ Referral Case

Danger Statement(s):

Safety Goal(s):

SDM Safety Threat(s): _____

SDM Risk Level (if ongoing case): _____

SAFETY NETWORK ACTION PLAN

Who?

What action will be taken by when?

How will we know it worked?

Parent #1 Signature: _____

Date: _____

Parent #2 Signature: _____

Date: _____

Social Worker Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____