Safety Plan Example

Date	
Family Name	Case ID
Worker Name	Worker Phone Number
Primary Caregiver	Secondary Caregiver

This plan will be reviewed on or no more than 21 days from the safety plan's date.

Name	Relationship to Child	Phone Number	

1. What has happened that leads FCS to be concerned?
2. What is the department and/or the family concerned will happen to the children if nothing else changes?
3. What action steps need to be taken to ensure the children are safe?
4. Who is responsible for ensuring this action occurs?
While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to take legal action.
Signatures:
Caregivers/Legal Guardians:
Worker/Supervisor:
Children:
Other participants:

Who to call if the plan is not working?

	Name	Phone Number
Assigned FCS Worker		
FCS Worker Supervisor		
After Hours Contact		

N	ot	e	S	:
---	----	---	---	---