



Safety Plan

A Safety Plan is a written agreement between a family and DCYF that identifies how safety threats to a child(ren) will be immediately controlled and managed.

CASE NAME	CASE ID
CASEWORKER'S NAME	CASEWORKER'S PHONE NUMBER (INCLUDE AREA CODE)

Safety Threat

Describe safety threat(s):

Required Action(s) to Keep the Child(ren) Safe

DESCRIBE REQUIRED ACTIONS	PARTICIPANTS AND PHONE NUMBERS (INCLUDE AREA CODES)	START AND TARGET END DATES
1.		
2.		
3.		
4.		
5.		

Signatures

Failure to comply with this agreement may result in the filing of a dependency petition and recommendation that the child or child(ren) be placed out of the home. By signing below, the participants understand the reason for the required actions, agree to follow the safety plan and will notify the caseworker if they unable to carry out the required actions.

PARENT / CAREGIVER'S SIGNATURE	DATE	PARENT / CAREGIVER'S SIGNATURE	DATE
SAFETY PLAN PARTICIPANT'S SIGNATURE	DATE	CASEWORKER'S SIGNATURE	DATE

Reporting Concerns: In case of emergency or immediate safety threats, call 911.

For questions or concerns regarding the Safety Plan, participants should contact the caseworker at the phone number at the top of this plan or **Central Intake at 1-866-363-4276** evenings or on weekends and holidays.