

## **Safety Plan Supplement**

Child(ren)'s name(s):	Worker:			Date/time Safety Plan completed:		
SPECIFIC DANGER TO THE CHILD'S WEL	L-BEING:					
Actions needed right now to keep the child(ren) safe:		Who will do this?	By when?	How will this be checked?	Initials of all involved in this action	
SPECIFIC DANGER TO THE CHILD'S WEL	L-BEING:					
Actions needed right now to keep the	child(ren) safe:	Who will do this?	By when?	How will this be checked?	Initials of all involved in this action	
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## Safety Plan Supplement continued

SPECIFIC DANGER TO THE CHILD'S WELL-BEING:				
Actions needed right now to keep the child(ren) safe:	Who will do this?	By when?	How will this be checked?	Initials of all involved in this action
SPECIFIC DANGER TO THE CHILD'S WELL-BEING:				
Actions needed right now to keep the child(ren) safe:	Who will do this?	By when?	How will this be	Initials of all involved
			checked?	in this action