



# Safety Plan Supplement

<b>Child(ren)'s name(s):</b>	<b>Worker:</b>	<b>Date/time Safety Plan completed:</b>
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**SPECIFIC DANGER TO THE CHILD'S WELL-BEING:**

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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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