**Child Safety Assessment / Safety Plan**

**Update**

**The Update is to be completed each time a member of the family service team sees the child.**

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| **Name of child:** |  | | | |
|  | | | | |
| **Name of caregiver(s):** | |  | | |
|  | |  | | |
|  | |  | | |
| **Person doing update:** | |  | **Position:** |  |

|  |  |
| --- | --- |
| **Type of Contact:** | |
| **Date of contact:** | |
| **Purpose of Contact:** | |
| **Participants (Name & Relationships):** | |
| Participant1 | Relationship1 |
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| **Content of Contact:** |
| **Observations:** |

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| **Safety Assessment:** (please place an X in the appropriate box) |
| Child remains save in this situation give the safety plan is followed |
| Child must be removed from this situation |
| Facts supporting decision checked above: |
|  |
| 6 month child safety assessment / safety plan needs updated to reflect additional observations /  concerns |
| 6 month child safety assessment / safety plan does not need updated |
| Facts supporting decision checked above: |
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| **Caseworker’s Signature:** | **Date:** |
|  |  |
|  |  |
| **Supervisor’s Signature:** | **Date:** |