Case Name:

Louisiana Department of Children and Family Services
SAFETY PLAN

Safety Assessment Date:

Caretaker(s):

Children:

Describe what makes the Agency worried about child safety, and why this safety plan is necessary (threats of danger that the child(ren) are vulnerable to, and that caretaker protective capacities cannot manage).

What safety actions need to be taken to keep the child(ren) safe? Describe WHEN, WHERE, and WHAT safety actions will occur including timeframes and WHO is responsible for ensuring that these actions are taken.

List the Safety Provider/Monitors and emergency contact numbers for each.

Case Name:

Agreement

The child/children may be placed into protective custody if the participants in this safety plan are unwilling or unable to carry out the plan activities.

The DCFS Confidentiality Policy has been explained to all parties. All parties agree to maintain the confidentiality of the information gained from any communication, documentation or any other information known about this situation. All parties understand that violation of the provisions of LA R.S. 46:56 involve a maximum penalty of a fine of two thousand five hundred dollars ($2500.00) or two (2) years in prison or both.

In addition, by signing this safety plan you are acknowledging that (1) You were informed of the action or task you have agreed to perform; (2) you understand and are in agreement with the requirements and will fulfill them to the best of your ability; (3) you agree to contact the worker/supervisor at the phone numbers listed below if any safety concerns arise or if you are unable to perform your responsibilities; (4) you agree to call 911 or local law enforcement for any life threatening emergencies. Either you have received a copy of this plan or one will be mailed to you within the next 48 hours.

I agree with the safety plan Yes No

Caretaker's Signature Date

I agree with the safety plan Yes No

Parent/Caretaker's Signature Date

I agree with the safety plan Yes No

Safety Provider/Monitor's Signature Date

I agree with the safety plan Yes No

Safety Provider/Monitor's Signature Date

Worker Name Supervisor Name

Worker/Supervisor Office Number Supervisor Cell Number

Worker Cell Number Supervisor Signature Date

Worker's Signature Date

Reassignment of Worker/Supervisor:
As of , the new worker for the case is . New Worker/Supervisor Office Number New Worker Cell Number New Supervisor Office Number New Supervisor Cell Number

All reports of suspected abuse and/or neglect are to be made immediately to the Child Protection Hotline at 1-855-452-5437.