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**CHILD SAFETY CONFERENCE (CSC) PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| Children’s Names |  | Referral Date  (Family Preservation Services) |  |
| DHS Referring Worker |  |
| Financial County |  | Family Support Specialist Name |  |
| State ID |  | Contractor Name |  |
| Parent/Caregiver Name |  | | |
| Parent/Caregiver Name |  | CSC Facilitator Name/Author |  |

|  |  |
| --- | --- |
| Describe the threats of danger placing the child(ren) at imminent risk of removal/reason for child safety conference. |  |

**INITIAL CHILD SAFETY CONFERENCE (WITHIN 3 BUSINESS DAYS OF REFERRAL TO FAMILY PRESERVATION SERVICES)**

|  |  |
| --- | --- |
| Initial Child Safety Conference Date/Time | Location |
|  |  |

**ACTION PLAN STEPS**

|  |  |  |
| --- | --- | --- |
| WHO: | Agrees to do WHAT: | By WHEN: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Report Summary**  (Address agreed upon safety plan and interventions to keep child in home with parent, kin, or fictive kin caregivers) |
|  |

**CRISIS PLAN/BACK UP PLAN (What will be done if a crisis happens or the plan breaks down)**

|  |  |
| --- | --- |
| Danger identified and steps to address the danger: | By WHEN: |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Follow Up CSC Scheduled Date/Time | Location |
|  |  |

**FOLLOW UP CHILD SAFETY CONFERENCE (WITHIN 10 CALENDAR DAYS FROM THE DATE OF THE INITIAL CSC)**

|  |  |
| --- | --- |
| Follow Up Child Safety Conference Date/Time | Location |
|  |  |

|  |
| --- |
| **Report Summary**  (Address effectiveness of the initial plan, any required follow up on action steps, and any necessary revisions to the Crisis Plan/Back Up Plan) |
|  |