



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)