

**CHILD SAFETY CONFERENCE (CSC) PLAN**

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| 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 |  |

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| --- | --- |
| 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)**

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| --- | --- |
| Initial Child Safety Conference Date/Time | Location |
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**ACTION PLAN STEPS**

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| --- | --- | --- |
| WHO: | Agrees to do WHAT: | By WHEN: |
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| **Report Summary**(Address agreed upon safety plan and interventions to keep child in home with parent, kin, or fictive kin caregivers) |
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**CRISIS PLAN/BACK UP PLAN (What will be done if a crisis happens or the plan breaks down)**

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| --- | --- |
| Danger identified and steps to address the danger: | By WHEN: |
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| --- | --- |
| Follow Up CSC Scheduled Date/Time | Location |
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**FOLLOW UP CHILD SAFETY CONFERENCE (WITHIN 10 CALENDAR DAYS FROM THE DATE OF THE INITIAL CSC)**

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