**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:**  |       |

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| **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:**       |