



# FLORIDA SAFETY DECISION MAKING METHODOLOGY

## Child Safety Plan

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Case Name: Morgan, Sara Intake/Investigation ID: 123456

Worker Name: Wilson, Mitchell Effective Date: 5/16/xx

Safety Plan Purpose: Impending Danger

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Child Name	Date of Birth	Age
Marcus Morgan		3 Years Old
<i>If there are more than five children, please list all remaining children in this row:</i>		

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### I. DANGER THREAT(S) DESCRIPTION

Specific Threats to Child Safety – Describe safety concerns that would pose present or impending danger

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Marcus Morgan has spent the last year of his life moving from home to home with his mother who is addicted to methamphetamine. During this time his medical needs and daily needs are often unmet and his mother is frequently unavailable to take care of him. Marcus has adapted to his life with his mother through feeding himself and entertaining himself while his mother is abusing methamphetamine. The environments that he has resided in are often frequented by other addicts and household environments that present a danger to Marcus due to his asthma. Sara's use is daily, often times frequently injecting methamphetamine multiple times a day. When under the influence her actions are erratic and are focused on her needs rather than those of Marcus. The lack of supervision and her erratic behavior have left Marcus in danger frequently throughout the past year. Sara has a strong support network, with her mother and siblings, that are able and willing to assist in the care of Marcus and Sara.

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### II. SAFETY PLAN

Actions to Keep Child Safe	Who is Responsible for the Action?	Resources or People Who Will Help	Freq. of Intervention	Who is Responsible for Monitoring
Marcus will remain with his MGM, Lisa Wells in out of home care.	Lisa Wells	Relative Provider	Daily	CBC CM
CM will facilitate family time with Sara Morgan and Marcus at XX Agency.	CM and Lisa Wells	Lisa Wells CM	Every MOnday, Wednesday, and Friday for 2 hours in the afternoon.	CM
Marcus will attend Little Steps daycare on Tuesday and Thursday for social intercation due to his developmental needs.	Lisa Wells	Little Steps Day Care	Tuesday/Thursday-Weekly	CM



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### III. TERMINATION

Termination Date:

Reason Plan is No Longer Required:                      Select a Reason

Other Reason Plan is No Longer Required:

### IV. SIGNATURES

Caregiver:

Date:



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Caregiver:

Date:

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Other:

Date:

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Other:

Date:

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Other:

Date:

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Worker:

Date:

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Supervisor:

Date:

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