

**South Carolina Department of Social Services**  
**SAFETY PLAN**

Name of Parent/Caretaker(s): \_\_\_\_\_

Name of Child/ren: \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

A report of child abuse and/or neglect has been received by the Department. At this point in the investigation safety concerns have been identified by the agency and steps must be taken to make the children safe pending the completion of the investigation.

Danger or Description of the reported harm/safety threat to the child(ren). Describe specific behaviors that cause the children to be unsafe:

\_\_\_\_\_  
\_\_\_\_\_

Describe the effects the reported harm has had on the child(ren):

\_\_\_\_\_  
\_\_\_\_\_

DSS and the parents named above have agreed to this Safety Plan because the actions described in this plan are necessary to protect the child. Without these protective measures, the child would be at risk of being removed from the home and placed in foster care for the child's protection during the investigation. This agreement cannot be changed without the written consent of DSS or until the investigation is completed and the agency finds that the child was not abused or neglected.

**Actions that will protect the child during the investigation:**

Action: \_\_\_\_\_ Protector: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Protector's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Numbers: (Work or additional contact numbers) \_\_\_\_\_

Identify the Start Date: \_\_\_\_\_ Expected Ending Date: \_\_\_\_\_ No later than 90 days.

Have all names of **protectors** and **other adults** in the household been screened thru the CPS system and SLED, Sex Offender to determine if they have had previous involvement with the CPS division in any capacity?  Yes  No

If yes, list names and dates of all checks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What, if any special skills or knowledge will the protector need to care for the child(ren)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the alleged perpetrator leaves the home during the investigation, what visitation is allowed:

Location: \_\_\_\_\_

Frequency: \_\_\_\_\_

Who will monitor and how: \_\_\_\_\_

**Parents/Guardian/Significant Other:**

I (we), \_\_\_\_\_, parent(s) of \_\_\_\_\_ agree by signing this Safety Plan, I (we) understand \_\_\_\_\_, also referred to as the child's protector, will be responsible for my child during the investigation. I, (we) agree to the steps outlined in this plan until the investigation is completed. I (we) understand that by signing this agreement that I am acknowledging concern for my child, but I am not admitting that I have abused or neglected my child. I agree that if at any time I find that I cannot or will not comply with any or more of the terms of this agreement, I must notify DSS immediately.

Worker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**Protector:**

I, \_\_\_\_\_, agree to act in the capacity of protector for \_\_\_\_\_ and to provide for the child's care and to assure that the steps outlined will be followed. I agree that if at any time I find that I cannot or will not comply with the one or more of the terms this agreement, I am to immediately contact the Department's Social Services.

Worker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

After-Hours Emergency Number: \_\_\_\_\_ or Law Enforcement Number: \_\_\_\_\_

I understand that I am not to allow the parent to have unsupervised contact with the child during the investigation. I agree that should the parent attempt to remove the child from my immediate supervision or in any other way have unsupervised contact with the child I am to contact DSS.

Protector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DSS agrees** to complete the investigation in the time as indicated above and to monitor the safety plan for compliance as outlined. DSS agrees to reassess the safety plan if, through the investigation, the child's risk of danger is decreased. If the report is unfounded, the Safety Plan will end and the agency will notify both the parents and the protector in writing of the termination of the Safety Plan and case decision. If the report is founded, the agency will conduct a family team meeting to develop additional services or alternative plans for the children.

DSS Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Refused to Sign on: (Date) \_\_\_\_\_ Worker's Initials: \_\_\_\_\_

**If the parent(s) refuse to sign a valid safety plan, an out of home placement must be sought by Law Enforcement or Ex parte Order to keep the child safe, pending the completion of the investigation.**

**These services represent an effort by the Department of Social Services to assist this family to strengthen its capacity to protect, guide and nurture this child within the family home or with a protective caregiver who is going to provide care for the child during the investigation. Should these services prove ineffective and it is no longer possible for this child to remain safely within the family home, out-of-home care is the planned arrangement for this child.**

**Yes**    **No**