DELAWARE DIVISION OF FAMILY SERVICES
CHILD SAFETY AGREEMENT REVIEW

Case Name: _____ FACTS No.: _____ Date of review: _____

Date of Plan Being Reviewed: _____

- ☐ The current Child Safety Agreement will continue.
- ☐ The current Child Safety Agreement will be amended as described below.
- ☐ The current Child Safety Agreement is terminated.

1. **What is working well in the family?** Document evidence of any **protective actions** or family strengths that can be used to address safety threats (e.g., positive relationships, community affiliations, supports, achievements).

2. **What is causing the immediate safety threats to the child(ren)?** Describe the conditions or behaviors in the home that place any child in **imminent threat of serious harm.**

3. **What needs to happen to keep the child(ren) safe, and who will assume responsibility for the actions needed?** Explain how each of the safety threats will be contained. Who will take action? What will they do? When does their task need to be accomplished? For how long must the intervention continue? Also, describe how the family and the worker will know everyone is completing their assigned tasks.

The Child Safety Agreement is effective until _____ or for a maximum of thirty days after signature. Prior to the expiration date, the agreement will be reviewed to determine if the agreement will continue, be amended, terminated or a new agreement will be developed. Your signature indicates you will comply with this agreement. Failure to comply with this agreement will require decisions/actions to make your child safe, which may include legal action, placement, etc.

Parent/Caregiver	Date	Other Participant	Date
Parent/Caregiver	Date	DFS Caseworker	Date
Alternative Caregiver	Date	DFS Supervisor	Date of Approval

ORIGINAL – DFS CASE RECORD