

Agape Manor Home



Child Placing Agency

**Safety Plan**

**Agency Home Location:** \_\_\_\_\_ **Child:** \_\_\_\_\_

I \_\_\_\_\_ make the following promise(s) that I will  
(Name of the Child)

**follow in order to protect my safety and the welfare of others:**

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

**If I break this promise(s), I will take the following consequence(s)**

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

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Child)

**Witnesses**

_____	_____
(Facility Manager/Staff Parent)	(Agency Case Manager- Optional)
_____	_____
(CPS Case worker- Optional)	Other
_____	_____
Other	Other