

Safety Plan Form



Center: _____ Site: _____

Staff Member's Name: _____

Position: _____ Date of Incident: _____

Head Start ECEAP Early Head Start

Due to a pending investigation, the Early Learning staff member named above will follow the safety plan outlined below. The plan will remain in place until the investigation is complete.

Describe how you will ensure that the staff member named above will NOT be left unsupervised with ECEAP, Head Start, or Early Head Start children. Include any points in the daily schedule where there is potential for the staff member to be left alone and how this will be covered.

I will ensure that the staff member named above will NOT be left unsupervised with ECEAP, Head Start, or Early Head Start children until the investigation is complete.

Center Director: _____ Date: _____

I will not enter a situation where I am left unsupervised with ECEAP, Head Start, or Early Head Start children until the investigation is complete.

Staff Member: _____ Date: _____

I have reviewed and approve this plan.

PSESD Director: _____ Date: _____

Submit to: Incidents (incidents@psed.org)