

Name: _____ Date: _____

INDIVIDUAL SAFETY WORK PLAN

1. My title/role in the Fall River Diocese is: _____

2. I will/may be interacting with children in the following ways:

- _____
- _____
- _____
- _____

3. The potential problem areas are:

- _____
- _____
- _____
- _____

4. To protect myself while at work, I will employ the following solutions:

- _____
- _____
- _____
- _____

5. Individuals I may need to use as resources or supports are:

- _____
- _____
- _____
- _____

6. If any concerns should arise, my reporting agent is: _____

Office for Child Protection
Debora Jones, Coordinator
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Website: www.cssdioc.org/OCP or www.fallriverdiocese.org