



Date: _____

Provider ID number: _____

The following is an agreement between the Department of Early Learning and

The facility address is _____

This safety plan is valid from _____ to _____ and will not exceed one month in duration unless an extension is approved by the supervisor.

The safety plan is developed in collaboration with the licensee.

Goals of the agreement:

1. To ensure the safety of children in care.

Conditions of the Agreement:

Please list specific conditions of the agreement, such as space or person restrictions. Include the safety issues, how issues will be corrected, who will make the corrections and dates of completion.

