GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Stabilization Action Plan (SAP)

PURPOSE OF STAFFING: To assess the stability of the child/youth and preserve the placement

This Plan Completed By		Date	

CHILD INFORMATION	SOCIAL WORKER INFORMATION
Child's Full Name	**Social Worker Full Name**

Child's D.O.B.	**Client ID**	**Supervisory Social Worker Full Name**

Child's Current Placement | **Administration/Program/Unit**

Child's Current Placement		Administration/Program/Unit
☐ Traditional Resource Home ☐ Specialized Resource Home (e.g., professional, intensive, DOC) ☐ Kinship Resource Home ☐ Professional Resource Home ☐ Respite	☐ Pre-Adoptive Placement ☐ Emergency Shelter ☐ Group Home ☐ ILP: Teen Parent Program ☐ Residential Treatment ☐ Other (specify below)	Use acronyms to indicate the Administration/Program/Unit e.g., Office of Youth Empowerment (OYE) **Entity with case management responsibility:** ☐ CFSA ☐ Private Agency (add agency name below)

Name and address of current placement

Placement history since child's initial entry into care (include the number and type of placements)

STAFFING PARTICIPANTS (Please use the drop-down menu to indicate whether a participant is required or optional)

Name	Title	Required/ Optional?	Email	Phone

STABILIZATION STAFFING INFORMATION (Primary reason for staffing request)

CHILD'S STRENGTHS AND WHAT IS WORKING WELL IN THE PLACEMENT

NEEDS AND BEHAVIORS OF CHILD/YOUTH CONTRIBUTING TO PLACEMENT CHALLENGES

What are the needs (i.e. medical, dental, social, behavioral, educational) for the child? Please provide as much relevant information as possible for the specific child being reviewed.

☐ No presenting concerns	
☐ Trauma history: (including holidays and/or other triggers)	
☐ Autism (list behaviors, if any)	
☐ Behavioral history	
☐ Human trafficking history	
☐ Health/mental health history	
☐ Hospitalization history	
☐ Intellectual Disability history	
☐ Residential stay history	
☐ Substance Abuse history	
☐ Teen parent history	
☐ Other	

NEEDS OF PROVIDER CONTRIBUTING TO PLACEMENT CHALLENGES (What is needed to stabilize the placement?)

Youth Input	
Caregiver Input	
Other Input	

INTERVENTIONS TRIED (What has been tried to stabilize this placement and what were the outcomes?)

INTERVENTIONS PROPOSED

Plans to support the child (Please list services, resources, formal and informal supports)

Plans to support the provider (Please list services, resources, formal and informal supports)

Action Step	Responsible Party	Completion Date

STABILIZATION STAFFING FOLLOW-UP		
Is a follow-up staffing required?	☐ Yes ☐ No	Follow-up date (if needed)