



Safety Plan

Child(ren)'s name(s):	Worker:	Date/time Safety Plan completed:
Parent(s)/guardian(s) involved in plan:	Other support(s):	Date Safety Plan to be reviewed (20 business days or fewer):
Temporary caregiver (if applicable):	Incident #:	When Safety Plan is expected to end:

Purpose: A *Safety Plan* is written when it has been determined that a child is in danger. This plan notes safety concerns for your child and describes ways to keep your child safe from harm.

Instructions: You and the DHS worker will participate in developing this *Safety Plan*. Your options will be explained and discussed. You will have the opportunity to review the plan before you are asked to agree and sign. All those who have a responsibility in the Safety Plan will be asked to sign the Safety Plan and will be given a copy of the Safety Plan once it is completed.

SPECIFIC DANGER TO THE CHILD'S WELL-BEING:				
Actions needed right now to keep the child(ren) safe:	Who will do this?	By when?	How will this be checked?	Initials of all Involved in this action

ACKNOWLEDGEMENT OF RIGHTS AND RESPONSIBILITIES			
Parent(s) or Guardian(s)			Initials
I agree this plan does not conflict with any existing court order or parenting plan, or if it does, that any parties affected by the court order or parenting plan agree.			
This safety plan may be reviewed at any time, if I or DHS decides that a modification is needed due to a change in circumstances.			
I understand if I am unable to carry out this plan or my child is considered to be in a dangerous situation, DHS may refer our family for further services, may ask to place the child out of my home until the situation changes, or may involve the court, which could result in temporary loss of custody of the child.			
If I am asked to have my child stay informally and temporarily with a caregiver, I agree that DHS may share any information with the caregiver that is important for the care and safety of my child, so long as the child is staying in the caregiver's home.			
I am in agreement with this plan and also have the right to withdraw my agreement at any time by speaking directly to my DHS worker or the worker's supervisor.			
I understand that during the time frame of this Safety Plan, I retain custody, guardianship, and all legal rights to my child.			
Participation in a Safety Plan is not to be construed as a removal of my child from my custody.			
TEMPORARY CAREGIVER			
(If child temporarily resides outside of the parental home during a Safety Plan)			
If I as the caregiver am unable to carry out this plan or if the child in my care is determined to be in danger, the child may be moved to a different caregiver or further DHS involvement may be necessary, up to and including court involvement.			
FAMILY AND PARTICIPANT AGREEMENT			
Parent or guardian signature:	Date and time:	Temporary caregiver signature:	Date and time:
Parent or guardian signature:	Date and time:	Other signature:	Date and time:
DHS worker signature:	Date and time:	DHS supervisor consulted:	Date and time:
CONTACT INFORMATION			
	Name	Phone number	Email address
DHS Worker			@dhs.state.ia.us
DHS Supervisor			@dhs.state.ia.us
Family Centered Provider			
Family Centered Supervisor			
Other			
Other			
Child Abuse Hotline		1-800-362-2178	