



Child Care Home and Child Development Home Safety Plan

Provider name:	Worker and County:
Date/time <i>Safety Plan</i> completed:	

Below is a *Safety Plan*, which is a written agreement between you and the Iowa Department of Human Services to keep the children in your care safe. The plan notes health and/or safety concerns for your child care or child development home and describes ways to keep your children safe from harm.

Safety concerns: _____

Tasks which assure safety and are done by, for how long, and how often: _____

How plan is monitored: _____

Back-up plan: _____

A *Safety Plan* is written when it's been determined that there is a health or safety concern regarding children in your care. Actions taken to assure safety should fully address all of the signs of present or impending danger identified during the complaint/compliance visit.

Family and Participant Agreement:

I participated in developing this *Safety Plan* and have reviewed it. I agree with this plan and will follow it to keep children in my care safe. I also agree to work with DHS to assure I meet health and safety requirements.

Child Care Provider signature:	Date and time:
Child Care Provider signature (if applicable):	Date and time:
DHS signature:	Date and time:
Other signature:	Date and time:
Name of supervisor consulted and manner of consultation:	Date and time: