Iowa Department of Human Services

Safety Plan

Child's name:		Worker and: County:
Incident #:	FACS ID:	Date/time *Safety Plan* completed:

Below is a *Safety Plan*, which is a written agreement between you and the Iowa Department of Human Services to keep your child safe. The plan notes safety concerns for your child and describes ways to keep your child 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 a child is conditionally safe in their home. Actions taken to assure the child's safety should fully address all of the signs of present or impending danger identified in the *Safety Assessment*.

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 my child safe. I also agree to work with DHS and providers to assure my child's safety.

Parent or caregiver signature:	Date and time:
Parent or caregiver signature:	Date and time:
DHS signature:	Date and time:
Other signature:	Date and time:
Name of supervisor consulted and manner of consultation:	Date and time: