DHS & CONTRACTOR INSTRUCTIONS
FOR SAFETY PLAN SERVICES (SPS)
15-DAY SUMMARY REPORT

The 15- Day Summary Report is completed by the Contractor which provides written documentation that summarizes activities utilized to support the Safety Plan and how these activities impacted the child(ren)'s safety.

Case Information. All fields in this section of the 15-Day Summary Report must be completed, including:

- Billing Child Name
- State ID
- Case ID
- County
- DHS worker
- 15-Day Summary Report Date
- Required Frequency of Contact
    - Identify if contact was daily or other as specified in the Referral Face Sheet/Safety Plan or subsequent electronic communication.
- Date 15-Day Summary Report was provided to DHS worker
- Author of 15-Day Summary Report /Care Coordinator Name
- Contractor and Address

Dates of Service Provision. Document the following:

- Date and Time of Referral (DHS call to Contractor)
- Date and time of Contractor Call to DHS (within 1 hour)
- Contacts
    - Type of Contact
        - Initial Face-to-Face
        - Face-to-Face
        - Phone
    - Date and Time
    - Location
    - Participants
    - Reason for No Contact
    - Email sent within 24 hours
        - Initial Face-to-Face Contact on 1st referral only
    - Email sent by end of the next calendar day of each contact
        - All other ongoing contacts

Summary of Involvement. Document the reason for referral, steps taken to address safety concerns, and steps taken to ensure services were culturally sensitive/responsive. This Summary Report includes verification that safety checks were conducted as indicated on the Safety Plan, Referral Face Sheet, or subsequent electronic communication.

- **FTDM or YTDM Meeting Attendance.**
    - Document attendance at any Family Team Decision-Making meetings or Youth Transition Decision-Making meetings during provision of Safety Plan Services. If

no meeting was scheduled during provision of service, check N/A. If a meeting was scheduled, check yes or no if attended and include the date of the meeting.

- **Court Hearing Attendance.**
  - Document attendance at court hearings during provision of Safety Plan Services. If no hearing was scheduled during provision of service, check N/A. If a hearing was scheduled, check yes or no if attended and include the date of the hearing.
- **Removal and Child Abuse Assessments**
  - Check yes or no in relation to any child removal from the home during provision of Safety Plan Services.
  - Check yes or no if there was another confirmed or founded report of child abuse that occurred during the provision of Safety Plan Services. If there was one, list the date of the report.
- **Crisis Response**
  - Check yes or no if any crisis situations were handled during the provision of Safety Plan Services and describe the situation and response.
- **Flex Funds**
  - Check yes or no if any funds were expended. If yes, document the amount and purpose of the flex funds.
- **Community Resources**
  - Check yes or no if any community resources were engaged during provision of Safety Plan Services. If yes, identify and list the resources.

Case Safety Status at Service Termination. Describe the threats of maltreatment, child vulnerability, and protective capacity.

Completion/Distribution/Reporting Requirements

The Contractor completes the 15-Day Summary Report for each unit of service and provides to the DHS worker by the end of the next calendar day of the final day of service.

The 15-Day Summary Report will be e-mailed to the referring DHS worker. The naming convention in the subject line should be S or P (for type of service) – County Number – State ID#. So, for Safety Plan Services provided for a child from Wapello County, the email would have a subject line of S-90-123456A. The Case Termination Summary can also be sent in written form to the DHS worker.

If the Contractor's electronic communication service is temporarily interrupted, then the Contractor can fax the 15-Day Summary Report to the DHS worker.

Location of Forms

All Safety Plan Services forms can be accessed at the following website:

http://dhs.iowa.gov/Consumers/Child_Welfare/BR4K/FamilySafety