

VOLUNTARY PARENTAL CHILD SAFETY AGREEMENT

The Voluntary Parental Child Safety Placement Agreement is a temporary placement of a child with a caregiver that is selected by the child's parent, guardian, or legal custodian and approved by the local department to ensure the safety of the child. It outlines the expectations of the parent, guardian, legal custodian, caregiver, and the local department of social services. Additional expectations for the care of the child may be included in court orders, the In-Home Services Plan, Family Partnership Meeting (FPM) and Child and Family Team Meeting (CFTM) action plans, financial agreements, and/or other consent documents.

This voluntary agreement is entered into on behalf:

Child's Name: _____

And is an agreement between:

Parent/Guardian/Legal Custodian's Name: _____

Parent/Guardian/Legal Custodian's Name: _____

Temporary Caregiver's Name: _____

Local Department of Social Services (LDSS): _____

Parent/Guardian/Legal Custodian

	Initials
1. I (the Parent/Guardian/Legal Custodian) have met with my LDSS worker and discussed the safety concerns identified on the safety assessment. I understand the concerns indicate my child cannot safely remain in my care.	
2. I (the Parent/Guardian/Legal Custodian) voluntarily consent to the Voluntary Parental Child Safety Placement Agreement and understand that this consent is not an admission of child abuse or neglect.	
3. I (the Parent/Guardian/Legal Custodian) have the right to refuse to enter into the agreement.	
4. I (the Parent/Guardian/Legal Custodian) understand that the Voluntary Parental Child Safety Placement Agreement is not a legal document and may be terminated at any time, by any party, for any reason.	
5. I (the Parent/Guardian/Legal Custodian) understand that if the Voluntary Parental Child Safety Placement Agreement is terminated before the identified safety concerns have been resolved, the LDSS may take court action to protect the child, including the removal of the child.	
6. I (the Parent/Guardian/Legal Custodian) understand that I may seek legal counsel before entering into the agreement.	
7. I (the Parent/Guardian/Legal Custodian) agree to actively participate in an In-Home Services case during the time the Voluntary Parental Child Safety Placement Agreement is in place. I will work on goals and complete services that reduce risk of child maltreatment, build on family strengths, and promote stability.	

8. I (the Parent/Guardian/Legal Custodian) agree to provide the temporary caregiver with information about the child's health insurance, physical and dental health, mental health, medications, and education. I agree to cooperate with the temporary caregiver in accessing health services and completing educational processes as necessary.		
Health Insurance Plan Type:	Member ID:	
Primary Doctor/Pediatrician:	Telephone:	
Important Physical Health Information:	Medications:	
Dentist:	Telephone:	
Important Dental Health Information:	Medications:	
Mental Health Provider (Counselor/Therapist or Psychiatrist):	Telephone:	
Important Mental Health Information:	Medications:	
Name of School:	Telephone:	
Name of Homeroom Teacher:	Grade:	

9. I (the Parent/Guardian/Legal Custodian) agree to the visitation arrangements below that I discussed with the Local Department of Social Services and the temporary caregiver, to promote strong family relationships, ensure child safety, and follow standing visitation orders.	

Temporary Caregiver

1. I (proposed caregiver) am willing to provide care and supervision for the child.	
2. I (proposed caregiver) agree to the visitation arrangements that I discussed with the child's parent, guardian, or legal custodian and the LDSS, to promote strong family relationships, ensure child safety, and follow standing visitation orders.	
3. I (proposed caregiver) will complete a caregiver assessment with the LDSS which includes a background check of all adults in the household and an observation of my home environment.	
4. I (proposed caregiver) or other persons with legitimate interest can petition the court for custody of the child. If I receive custody, the LDSS shall make reasonable efforts to conduct a FPM to discuss ongoing services for the child and family.	
5. I (proposed caregiver) understand that if the LDSS determines that it is not in the child's best interests to be placed with me, the LDSS shall notify all parties of the reasons for the decision. The results of any criminal or child protective services history will not be shared unless I give consent.	
6. I (proposed caregiver) agree to use age appropriate behavior management techniques and to never use corporal punishment.	

The Local Department of Social Services (LDSS)

1. The LDSS has informed the child's parent, guardian, or legal custodian and the caregiver of the alternative option for the child to enter foster care and the potential for the caregiver to become an approved kinship foster parent.	
2. The LDSS has notified the caregiver of any financial assistance available to the caregiver for the period that the agreement is in place, prior to the signing of the Voluntary Parental Child Safety Placement Agreement.	
3. The LDSS has explained that the term of the Voluntary Parental Child Safety Placement Agreement must be no more than 90 days from the date the agreement is signed.	
4. The LDSS must visit the caregiver's home within two weeks of the placement, as well as any time thereafter in accordance with program guidance. The LDSS has explained this requirement to all parties.	
5. The LDSS must outline the visitation agreement and provide it to all parties.	
6. If an extension to the agreement is needed, the LDSS must hold a FPM and assess safety to determine whether the child should be reunified, the agreement should be extended,	

or the local department should seek a child protective order or other court action. If the agreement is extended, LDSS shall make all parties aware that the extension must not exceed one additional 90-day period. The reason for the extension will be documented in the case record.	
7. The LDSS has explained an In-Home Services case will remain open during the duration of the Voluntary Parental Child Safety Placement Agreement. The LDSS will partner with the parent, guardian, legal custodian, caregiver, and child to develop goals and access services to reduce risk, eliminate safety concerns, and strengthen the family.	
8. The LDSS will reassess safety and risk throughout the duration of the In-Home case.	
9. The LDSS will seek appropriate action at any time to protect the health and welfare of the child.	

Signatures

Child's Parent/Guardian/Legal Custodian Signature:	Date:
Child's Parent/Guardian/Legal Custodian Signature:	Date:
Temporary Caregiver Signature:	Date:
Temporary Caregiver Signature:	Date:
Other Signature:	Date:
Child Protective Services Family Services Specialist Signature:	Date:
In-Home Services Family Services Specialist Signature:	Date:
LDSS Supervisor Signature:	Date:

End Date of Parental Child Safety Placement (90 days): _____

REFUSAL: I refuse to consent to a Parental Child Safety Placement Agreement

Signature:	Date:
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REVOCATION: I revoke my consent to a Parental Child Safety Placement Agreement

Signature:	Date:
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