



**Arkansas Department of Human Services
Division of Children and Family Services
Protection Plan**

Family Name: _____ Referral Number: _____ Date: _____

Children in Home (include age of each child): _____

1) List identified safety factors that pose immediate danger to each child's (as applicable) health or physical well-being.

2) What actions have or will be taken to protect each child in relation to identified safety factors? For each action include person responsible for the action, when action will occur, duration, and frequency.

3) How will the plan be monitored (frequency, duration, by whom, etc.)?

IMPORTANT INFORMATION ABOUT THIS PROTECTION PLAN

- DCFS is involved to help you keep your child safe.
- This Protection Plan is an agreement to help make sure your child is safe.
- **Each person's signature on this Protection Plan means that he or she understands and agrees to this Protection Plan.**
- This Protection Plan may be changed if different actions become necessary as determined by DCFS.
- **You must immediately call the DCFS worker listed below if at a later point you decide or think you cannot follow this plan.**
- If this plan is not followed exactly as described above, DCFS will take the appropriate action to make sure your child is safe.

Caregiver 1 Signature

Date

Caregiver 2 Signature (if applicable)

Date

Other Signature (if applicable)

Date

FSW Signature

Date

FSW Name (please print): _____

FSW Phone #: _____

FSW Supervisor Approval Received by Phone

FSW Supervisor Name: _____

Date: _____

Time: _____