#   FAMILY-INITIATED PARENTAL CHILD SAFETY PLACEMENT AGREEMENT AND SAFETY PLAN

**Purpose:** A Family-Initiated Parental Child Safety Placement (PCSP) Agreement and Safety Plan is implemented when a safety intervention is necessary to ensure child safety, options allowing the parent/legal guardian and the child to remain in home together under supervision, have been exhausted, and parent or legal guardian decided to have the child live with a parental child safety placement caregiver in order for the supervision to occur.

As a parent or legal guardian, you have the right to:

* Refuse to enter into the PCSP agreement.
* Consult an attorney at your own expense.
* Be represented by an attorney or a court appointed attorney if indigent and the department obtains a court order to require participation in services.

**Initial PCSP:** The initial PCSP agreement and safety plan is a written and signed agreement which automatically terminates on the 30th day.

**PCSP Extension:** Once the initial PCSP agreement terminates, CPI/CPS can enter into no more than two additional PCSP agreement and safety plans for good cause that each terminate on the 30th day. If the PCSP agreement and safety plan is found to be necessary after terminating on the 30th day, the parent and PCSP caregiver will be asked to sign a new PCSP agreement and safety plan.

**Directions:** Complete this form with the parent/legal guardian and PCSP caregiver.

| CHILD'S INFORMATION   |
| --- |
| Date:      |
| Case Name:      | Case Number:      |
| Parent/Legal Guardian Name:      | Parent/Legal Guardian Name:      |
| Child(ren) Name:      | PCSP Caregiver:      |

| ACKNOWLEDGMENT  |
| --- |
| NOTICE FOR PARENT OR LEGAL GUARDIAN ENTERING INTO PCSP AGREEMENT: THIS AGREEMENT IS ENTIRELY VOLUNTARY. THE AGREEMENT MAY NOT LAST LONGER THAN 30 DAYS. THE AGREEMENT MAY BE RENEWED NOT MORE THAN TWO TIMES AND FOR NOT MORE THAN 30 DAYS EACH TIME. A CHILD MAY NOT BE PLACED OUTSIDE OF THE CHILD'S HOME FOR LONGER THAN A TOTAL OF 90 CALENDAR DAYS WITHOUT A SIGNED AGREEMENT BY THE CHILD'S PARENT AND THE PARENT'S ATTORNEY OR A COURT ORDER RENDERED UNDER CHAPTER 262.**NOTICE TO PARENT: YOUR AGREEMENT TO THE PARENTAL CHILD SAFETY PLACEMENT IS NOT AN ADMISSION OF CHILD ABUSE OR NEGLECT ON YOUR PART AND CANNOT BE USED AGAINST YOU AS AN ADMISSION OF CHILD ABUSE OR NEGLECT.****Parent Understanding and Agreements** As a parent, you acknowledge:* You agree that this plan does not conflict with any existing court order, or all parties affected by the court order agree to the PCSP Agreement and safety plan.
* The PCSP Agreement and safety plan may be reviewed at any time, if either you or DFPS decides that a modification is needed due to a change in the family's circumstances.
* You understand that DFPS will share any information with the PCSP caregiver that is important for the safety and welfare of your child while the child lives in the caregiver's home.
* This safety plan will cease to be in effect when you are notified as such by your caseworker, or DFPS is no longer investigating or providing services to you or your family.

**PCSP Caregiver Understanding and Agreements**As a PCSP caregiver, you acknowledge:* You have the right to consult an attorney at your own expense.
* You were provided with and reviewed the Keeping Children Safe Wherever You Go Handout.
* There is a plan for safe sleeping arrangements for the child(ren).
* A plan has been developed for any school aged children being placed to ensure the child(ren)'s enrollment in and attendance at school.
* There a plan to ensure the child(ren) receives medical treatment including any dental or behavioral health services needed.
* A plan has been developed for the conditions in which the parent may have access to the child(ren), including frequency.
* The duties of DFPS include visiting your home at least once a month during the duration of the agreement and providing information on resources to ensure the child’s needs are met
 |

| SAFETY PLAN   |
| --- |
| Describe the danger that causes the need for a safety plan:      |
| What actions need to be taken right now to keep the child safe?  | Who is responsible for ensuring that these are met?  | Timeframe  | Parent or Caregiver initials |
|       |       |       |       |

| PRIVACY STATEMENT   |
| --- |
| DFPS values your privacy. For more information, read our [Privacy and Security Policy](https://www.dfps.state.tx.us/policies/Website/). |

| SIGNATURES   |
| --- |
| Parent's Signature:**X**       | Best Contact Number:      | Date Signed:      |
| Parent's Signature **X**       | Best Contact Number:      | Date Signed:      |
| Parent’s Attorney Signature (if appliable):**X**       | Best Contact Number:      | Date Signed:      |
| PCSP Caregiver Signature:**X**       | Best Contact Number:      | Date Signed:      |
| PCSP Caregiver Signature (if applicable):**X**       | Best Contact Number:      | Date Signed:      |
| Caseworker Name:       | Office Phone Number:      | Date Signed:      |
| Supervisor Name:      | Office Phone Number:      | Date Signed:      |