

Family Name: _____ **Case Manager Name:** _____

Investigation ID: _____ **CPS** **FSS**
 For each significant harm factor identified, describe the immediate protective interventions, which will be implemented to specifically address the issue. **Exception:** If all children are removed under a protective custody order, it is not necessary to complete the immediate protection agreement. Use additional pages if necessary.

Significant Harm Factor:
 Abandonment Drug Exposed Child Domestic Violence Lack of Supervision Environmental Neglect Medical Maltreatment Nutritional Neglect Educational Neglect Sexual Abuse Psychological Harm Physical Abuse Death
 Other

Details:

Plan/Intervention to be Implemented to Address/Alleviate the Significant Harm Factor:



Monitoring and Verification of Compliance (<i>What is the plan for monitoring compliance and who is responsible?</i>) DCS: Custodian: LE:	Expected completion Date:
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The undersigned understand that this document is not a court order. It is a voluntary agreement between the signed parties.

Caregiver: _____ Date: _____

Caregiver: _____ Date: _____

Caregiver: _____ Date: _____

Caregiver: _____ Date: _____

Case Manager: _____ Date: _____

Approval TL : _____ Date: _____

Approval TC or Designee: _____ Date: _____

Date and Time DCS Legal Counsel Notified: _____

Legal Consult: _____

This voluntary agreement can be revoked at any time. If a change occurs, please contact your Case Manager at _____ or if after hours, the weekend, or a holiday, please contact the Child Abuse Hotline at 877-237-0004.

In the case of an Emergency, please call 911.