

PROTECTIVE PLAN

Case Name (Last, First MI)	Case Number	Date (mm/dd/yyyy)
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List each child included in the Protective Plan, including their location.

PRESENT DANGER THREATS TO SAFETY

Maltreatment

- The child is being maltreated at the time of the report / initial contact.
- Severe to extreme maltreatment of the child is suspected / observed / confirmed.
- The child has multiple / different kinds of injuries.
- The child has injuries to the face or head.
- The maltreatment demonstrates bizarre cruelty.
- The maltreatment of several victims is suspected / observed / confirmed.
- The maltreatment appears premeditated.
- Dangerous (life threatening) living arrangements are present.
- The report is serious and there is a history of reports.
- The child is accessible to the maltreater.

Child

- Parent's / caretaker's viewpoint of child is bizarre.
- Child is unable to care for self and is unsupervised or alone at the time of the report (now).
- Child needs medical attention at the time of the report (now).
- Child is fearful or anxious of the home situation at the time of the report (now).

Parent / Caregiver

- Parent / caregiver is intoxicated (alcohol or other drugs) now or is consistently under the influence.
- Parent / caregiver is out-of-control (mental illness or other significant lack of control) now.
- Parent / caregiver is demonstrating bizarre behaviors now.
- Parent / caregiver is acting dangerous now or is described as dangerous.
- Parents / caregivers are unable or unwilling to perform basic care now.
- Parents / caregivers whereabouts are unknown.
- One or both parents / caregivers overtly reject intervention.
- Both parents / caregivers cannot or do not explain the child's injuries and / or conditions.

Family

- The family may flee.
- The family hides the child.
- The child is subject to present / active domestic violence.
- Family is isolated and there is a report of serious maltreatment.
- Situation may / will change quickly and there is a report of serious maltreatment.

No Present Danger Threats to Safety Identified.

Describe the caregivers / providers that will be used; e.g., reliability, commitment, availability. How was this confirmed?

Describe how the Protective Plan will control identified threat(s) to each child's safety, including the name(s) and phone number(s) of Responsible / Protective Adult(s) related to each protective action and their relationship to the family. Describe the actions / services, including the frequency and duration.

Describe access of alleged maltreater and parent / caregiver to the child.

Describe how CPS will oversee / manage the Protective Plan, including communication with the family and providers.

Yes No Is the child Native American? If "Yes", the Indian Child Welfare Act may apply.
 Yes No Has the tribe been notified?
 If "Yes", provide time and date of notification. | Time - _____ | Date - _____
 If "No", document the reason the tribe wasn't notified.

SIGNATURES



SIGNATURE – Parent / Caregiver

Date Signed



SIGNATURE – Parent / Caregiver

Date Signed



SIGNATURE – Responsible / Protective Adult

Date Signed



SIGNATURE – Responsible / Protective Adult

Date Signed



SIGNATURE – Worker

Date Signed



SIGNATURE – Supervisor

Date Signed