Division of Safety and Permanence

## **Protective Plan**

**Use of Form:** CPS must take protective action the same day Present Danger Threats are identified. The Protective Plan is used as an immediate, short-term response to provide supervision and care to control for or shield a child / children from identified Present Danger Threats.

**Instructions:** Complete each section of this form in detail regarding the family and the agreed upon plan to address any identified Present Danger Threats. Protective planning and Protective Plans with Indian children must include timely communication, collaboration, and coordination with the appropriate tribe(s). The plan must be approved by a supervisor, or their designee, and signed by all parties. The completed form must be scanned into eWiSACWIS within two business days of the Protective Plan being implemented. For the duration of the Protective Plan, CPS must review the adequacy of the Protective Plan weekly and make modifications, when necessary. Information provided on this form may be shared with others for secondary purposes [Wis. Statutes, s.48.981(7)].

Case Full Name (Last, First, MI)					
Case Number	Date Protective Plan S	tarted	Date of Review		
Family Address	I		Telephone Number		
Child(ren) Included in This Plan				Birthdate	
Parents / Caregivers AND Other House	sehold Members Included	in This Plan			
Family Strengths and Resources					
Description the Present Danger Thre	ats identified and how the	ov play out in th	is family?		
Decomption are Frederic Bullyer Fine	ato identifica dila flori dila	y play out in th			
How Are the Identified Present Dang	ger Threats Being Addres	sed? (Name ea	ch protective	Provider, the days per week	
and hours per day of their participati this plan)					
Provider Name	Pi	ovider's Role:			
Address and Telephone Number	When:	When:			
	Where:	Where:			
	Parent/Caregiver's F	Parent/Caregiver's Role:			

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		essed? (Name each protective Provider, the days per week nt/caregiver's role in this plan and any Tribal involvement in		
A. Provider Name		Provider's Role:		
Address and Telephone Number	When:			
	Where: Parent/Caregiver's Role:			
B. Provider Name		Provider's Role:		
Address and Phone Number	When:			
	Where:			
	Parent/Caregiver's	s Role:		
C. Provider Name		Provider's Role:		
Address and Phone Number	When:			
	Where:			
	Parent/Caregiver's	s Role:		
*If extra boxes are needed attach a second	l sheet			
Describe how CPS will support and comproviders.	municate with the	e participants in the Protective Plan, including family and		
Agency Contact Full Name and Phone Nur	nber			
Indian Child Welfare Act (The below quest	ions must be aske	d as part of the initial contact with the family)		
A. Yes No Does the child have N	ative American An	cestry? If "Yes", which tribe?		
B. Yes No Has the Tribe been no	Tribe been notified of the CPS Report?			
C. Yes No Has the tribe been co	ntacted to discuss	the Protective Plan?		
If "Yes", provide time, date of notificat	ion and full name o	of Tribal Representative.		
Time / Date of Notification	Tribal Representat	ive Full Name		
If "No", document the reason the tribe	wasn't notified an	d the steps that the agency will take to engage the Tribe:		
Contact Numbers for the Wisconsin Tribal https://dcf.wisconsin.gov/files/cwportal/v				

This protective plan is a voluntary, short-term plan and signing it means you agree to follow the plan and make sure the child(ren) are safe until your CPS worker can learn more information. See attached sheet for more information about your agreement to this plan.

Additionally, the "Safety Planning Guide for Natural Supports" was created to help Natural Support individuals who are providers on this protective plan. Please scan this QR code or visit the link below to access the guide and learn more about the CPS process, safety planning, your role, and other helpful tools and resources.



https://media.wcwpds.wisc.edu/Natural-Supports/Modules/natural-supports/story.html

	NATURES Parent / Caregiver	Date
В.	Parent / Caregiver	Date
C.	Parent / Caregiver	Date
D.	Parent / Caregiver	Date
E.	Provider	Date
F.	Provider	Date
G.	Provider	Date
H.	Provider	Date
l.	Worker	Date
J.	Supervisor	Date

#### What is a protective plan?

It is an immediate, short-term plan to keep the child(ren) safe. It can change court ordered visitation. By signing the plan, you agree to keep your child safe while the worker learns more information. Family, friends, and/or neighbors can be part of the plan. The agency may have other resources available to offer support throughout the Protective Plan. The voluntary Protective Plan keeps the child(ren) safe while keeping families together.

Signing the Protective Plan does not mean you agree that your family needs a plan. It just means you agree to follow the plan.

### What are the goals of a protective plan?

The goal of a Protective Plan is to work together to keep the child(ren) safe and families together. This allows the worker to learn more information about the family during this time.

## What if my child(ren) has Native American Ancestry?

Tell your worker right away if your child(ren) have Native American ancestry. The worker must tell the tribe about Child Protective Services (CPS) involvement and work with the tribe to make sure your family has access to tribal resources. We encourage families to also contact their tribe as they may have resources to offer.

## What if I change my mind after agreeing to the protective plan?

If you have concerns with the plan or with the providers used in the plan, tell your worker because changes can be made. You have the right to stop following the plan at any time. If you change your mind and no longer agree to the plan you should contact your worker immediately. If the plan isn't followed, the agency may need to take further action.

## Can the county agency change the protective plan?

The goal of the Protective Plan is to allow the worker to learn more about your family. This includes understanding the safety of your children. The Protective Plan may change as more or new information is learned. The Protective Plan will not change unless you agree to the changes.

# What if I have agreed to the protective plan, but the other parent or household member has not agreed or is not following the plan?

A Protective Plan is voluntary. If you have concerns about someone not following the plan, contact your worker immediately. If the plan is not followed the agency may need to take further action.

#### Should I involve an attorney?

You have the right to speak with an attorney at any time. The agency employees are not attorneys and cannot give legal advice.

#### When will the protective plan end?

The Protective Plan is meant to be short term. The plan ends when either danger threats are no longer present or when the assessment ends. If safety continues to be a concern, your family may work with the agency after the Protective Plan ends. Talk with your worker about questions or concerns. This is an important part of working together to keep children safe. Your worker must review the Protective Plan weekly to see if it is working and if it is still needed.

#### Role Clarification in Protective Planning

**Parent/Caregivers-** Are responsible for following the Protective Plan to keep their children safe. This includes talking with the agency worker when things are not working with the plan.

**Protective Providers-** Are responsible for following the plan to keep children safe. This includes communicating with the agency worker if there are issues with the plan.

**Agency Workers-** Are responsible for learning about the family. This includes working together to keep the children safe. **Children-** Children are not responsible for keeping themselves safe. They should not be a provider on the plan.