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|  | State_Seal3 DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Protective Action Plan** | | | |
| A Protective Action Plan is a written agreement between a family and DCYF that identifies how present danger to a child(ren) will be controlled and managed through immediate and short-term actions. | | | | |
| CASE NAME | | CASE ID | | |
| CASEWORKER’S NAME | | CASEWORKER’S PHONE NUMBER (INCLUDE AREA CODE) | | |
| **Present Danger** | | | | |
| Describe the present danger: | | | | |
| **Protective Action(s) to Keep the Child(ren) Safe** | | | | |
| **A Voluntary Placement Agreement, protective custody, or court order must be used when out-of-home placement is necessary.** | | | | |
| DESCRIBE PROTECTIVE ACTIONS | | | PARTICIPANTS AND PHONE NUMBERS (INCLUDE AREA CODES) | START AND TARGET END DATES |
| 1. | | |  |  |
| 2. | | |  |  |
| 3. | | |  |  |
| 4. | | |  |  |
| **Signatures** | | | | |
| Failure to comply with this agreement may result in the filing of a dependency petition and recommendation that the child or children be placed out of the home. By signing below, the Protective Actions participants understand the reason for the Protective Action(s) Plan, agree to follow the plan and will notify the case worker if they unable to carry out the protective actions. | | | | |
| PARENT / CAREGIVER’S SIGNATURE DATE | | PARENT / CAREGIVER’S SIGNATURE DATE | | |
| SAFETY PLAN PARTICIPANT’S SIGNATURE DATE | | CASEWORKER’S SIGNATURE DATE | | |
| **Reporting Concerns: In case of emergency or immediate safety threats, call 911.**  For questions or concerns regarding the Protective Action Plan, participants should contact the caseworker at the phone number at the top of this plan or **Central Intake at 1-866-363-4276** evenings or on weekends and holidays. | | | | |