

Prevention Plan Form

REPORT #			DATE:			
PARENT/GU	ARDIAN/C	RELATIONSHIP TO CHILD				
NAME OF CHILD(REN) INCLUDED IN PLAN:						

<u>Notice:</u> You have the right to have another person of your choice present during the discussion of and the signing of plan.

The goal of the Prevention Plan is to support the parent in enhancing protective capacities through accessing necessary services to mitigate safety concerns that have been identified through CFSD assessment. Signing this Prevention Plan indicates your desire to partner with CFSD in ensuring your child's safety. The Prevention Plan will remain in effect until the safety concerns have been mitigated for and the parent has gained the protective capacities to continue to ensure the safety of the child, or a parent request to discontinue with the plan.

If the parent request to discontinue with the plan, the Child Protection Specialist will staff with their Child Protection Specialist Supervisor to assess if the safety concerns cross the threshold for CFSD to further be involved. Further involvement could be adapting the prevention plan with parents input or filing for legal involvement.

In the case another report is made to Centralized Intake a Child Protection Specialist (CPS) will conduct another safety assessment of the child. The safety assessment will determine if any further action will be taken.

Child and Family Services Division (CFSD) is committed to prevention efforts across Montana. CFSD has made significant efforts to identify, increase and implement evidence-based prevention models.

Children's safety is paramount and is central to child well- being. Children must be protected from the trauma of abuse and neglect. When safe to do so, children must also be protected from the trauma of separation from their families by effectively utilizing prevention services.

**If you cannot follow this plan, contact your Child Protection Specialist. For afterhours emergencies call Centralized Intake at 1-866-820-5437 to speak with an oncall Child Protection Specialist.



JUSTIFICATION OF IMPENDING DANGER			SERVICES TO BE CONDUCTED			BY WHOM GOAL OF COMPLETIC DATE FOR SERVICE			
CFSD has the responsibility of mocollaboration/coordination with se Explain how and when this will be									
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ACKNOWLEDGEMENT:									
I (We) understand this plan and agree to fully participate in the activities assigned. I (We) understand that I (We) may inform the CPS at any time that I (We) no longer wish to participate in this plan. At that time, the CPS will staff with their supervisor, and will again assess if the safety concerns cross the threshold for CFSD to further be involved. Further involvement could be adapting the Prevention Plan or filing for legal involvement.									
Parent (s)/Guardians(s)/Caretakers Initials: I (We) have read and understand the above information about the Prevention Plan. The Prevention Plan has been read to me (us) and I (we) understand it.									
DATES OF PLAN IN Start			en read to me (do) and r		End				
EFFECT	Date:				Date	:			
NAME/ROLE:	SIGNATURE: DATE:			DATE:	CONTACT INFORMATION (PHONE/EMAIL)				