Plan of Safe Care

Section I: Identifying Information

Case Name:		**Case #:**		**Event #:**	
Infant Name:		**Date Completed:**			
Child Protection Specialist:		**Service Provider/ Case Manager:**			

Section II: Plan of Safe Care Description

☐ PPS 2008 What is a Plan of Safe Care? has been given and explained to the family.

Section III: Assessment

At the time of the Plan of Safe Care, list the needs of the infant including physical health, substance use disorder treatment needs, general functioning, development, safety, and any special care needs. The services identified to address the needs and the referral dates may be completed at the time of the Plan of Safe Care, or by the service provider.

Infant Needs	**Services**	**Family Accepted Service**	**Referral Date**
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

At the time of the Plan of Safe Care, list the physical/social/emotional health, substance use disorder treatment, parenting capacity, and preparation to care for an infant with special care needs of the parents or caregivers. Include all affected family members. The services identified to address the needs and the referral dates may be completed at the time of the Plan of Safe Care, or by the service provider

Family Members' Name	**Needs Identified**	**Service**	**Family Accepted Service**	**Referral Date**
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

List the family's strengths and resources:

List the monitoring providers (Family Preservation, community program, other)**:**

Section IV: Signatures (All participating individuals are to sign this plan and the family is to retain a copy)

Participant:	**Role:**	**Date:**