PLAN OF SAFE CARE

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Prevention and Protection Services					Page 1 of 2
Section I Identifying In	nformation:				
Case Name:		C	Case #:	Event #:	
nfant Name:		Г	Pate Completed:	I	
CPS Specialist:		CFSP/ CWCMP	Case Manager:		
Section II Plan of Safe	Care Description:				
PPS 2008 Plan of Safe	e Care pamphlet has bee	en provided a	nd explained to th	e family.	
Section III Assessment	:				
At the time of the plan of saf general functioning, develop date(s) may be completed at	ment, safety and any special	l care needs. Th	ne service(s) identifie		
Infant Need(s)		Service(s)		Family Accepted Service	Referral Date
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
At the time of the plan of saf and preparation to care for a service(s) identified to addre monitoring provider.	infant with special care ne	eds of the famil	y or caregiver (Include	de all affected family n	nembers). The
Family Member(s) Name	Need(s) identified		Service	Family Accepted Service	Referral Date
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
	 		+		+

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

List the family's strengths and resources:				
List the Monitoring Provider(s) (Family Preservati	on Services Community Family S	ervice Provider, other):		
Section IV SIGNATURES (All participating indi	ividuals are to sign this plan and the	family is to notain a comp		
Participant:	Role:	Date:		

Distribution: Family, Case File

