



## DIVISION OF FAMILY AND CHILDREN SERVICES

### Plan of Safe Care

**Date of Plan:** Click or tap here to enter text.

#### Family Information

**Child(ren) and age(s):** Click or tap here to enter text.

**Primary Caregiver and age:** Click or tap here to enter text.

**Secondary Caregiver and age:** Click or tap here to enter text.

**Description of the impact of substance abuse on the primary caregiver, infant, other child(ren) in the home and secondary caregiver(s):** Click or tap here to enter text.

### Plan of Safe Care

*Refer to policy 19.27 Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder for guidance in creating plan.*

#### Meeting

**Date of meeting:** Click or tap here to enter text.

**Participants including name of agency:** Click or tap here to enter text.

**Needs of Infant:** *(address medical needs (primary pediatrician and specialists as needed); developmental screening and assessment; linkage to early intervention Services; early care and education program)*

Click or tap here to enter text.

**Date of Referral to Children's 1<sup>st</sup>:** Click or tap here to enter text.

**Safe Sleep discussed with primary caregiver (describe sleeping arrangements):** Click or tap here to enter text.

Recommendations Based on Need(s) Identified: *(include names of service providers, dates of appointments, person responsible for making referral/appointment.):* Click or tap here to enter text.

**Needs of Mother:** *(include findings of WTRS assessment; substance abuse; medical and mental health; mother child bonding (including breast feeding if recommended); parenting and family support; coordinated case management; child care; benefits eligibility determination; employment; housing; transportation; and supportive network):*

Click or tap here to enter text.

Recommendations Based on Need(s) Identified: *(include names of service providers, dates of appointments, person responsible for making referral/appointment etc.):*

Click or tap here to enter text.

**Needs of Other Children in Home:** *address medical needs (primary pediatrician and specialists as needed); developmental screening and assessment; linkage to early intervention Services; early care and education program)*

Click or tap here to enter text.

Date of referral to Children's First: (if applicable) Click or tap here to enter text.

Recommendations Based on Need(s) Identified: *(include names of service providers, dates of appointments, person responsible for making referral/appointment etc.)*

Click or tap here to enter text.

**Needs of Secondary Caregivers:** *(include: substance use disorder assessment and treatment; mental health assessment and treatment; pain management; medication management; parenting skills; ability to meet the care and protection needs of infant and other children living in the home)*

Click or tap here to enter text.

**Recommendations Based on Need(s) Identified:** *(include names of service providers, dates of appointments, person responsible for making referral/appointment etc.)*

Click or tap here to enter text.

**Roles and Responsibilities of Participants:**

*Describe a participant's action step(s) in addressing and following up to ensure child safety and well-being and the enhancement of the caregiver's ability to protect and care for children in the home.*

Click or tap here to enter text.