PLAN OF SAFE CARE

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| Prevention and Protection Services | | | | | | Page 1 of 2 |
|--|-------------------------------|---------------------------|------------|-------------------------|----------------------------|---------------|
| Section I Identifying Ir | nformation: | | <u> </u> | | | |
| Case Name: | | | Case #: | | Event #: | |
| Infant Name: | | Γ | Date Compl | eted: | | |
| CPS Specialist: | | CFSP/ CWCMP Case Manager: | | | | |
| Section II Plan of Safe | Care Description: | | | | | |
| PPS 2008 Plan of Safe | e Care pamphlet has be | een provided a | nd expla | ined to the f | family. | |
| Section III Assessment | : | | | | | |
| At the time of the plan of safe general functioning, develope date(s) may be completed at | ment, safety and any specia | al care needs. Th | ne service | (s) identified t | | |
| 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 safe and preparation to care for ar service(s) identified to address monitoring provider. | n infant with special care no | eeds of the famil | y or careg | iver (<i>Include</i> i | all affected family | members). The |
| Family Member(s) Name | Need(s) identified | | Servio | ee | Family Accepted Service | Referral Date |
| | | | | | ☐ Yes ☐ No | |
| | | | | | ☐ Yes ☐ No | |
| | | | | | ☐ Yes ☐ No | |
| | | | | | ☐ Yes ☐ No | |

☐ Yes ☐ No

☐ Yes ☐ No

| List the family's strengths and resources: | | | | | |
|--|--|--------------------------|--|--|--|
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| List the Monitoring Provider(s) (Family Prese | rvation Services Community Family S | ervice Provider, other): | | | |
| | | | | | |
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| Section IV SIGNATURES (All participating Participant: | g individuals are to sign this plan and the Role: | Date: | | | |
| 1 articipant. | Role. | Date. | | | |
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Distribution: Family, Case File

