|  |  |  |  |
| --- | --- | --- | --- |
|  | **Plan of Safe Care** | CASE NAME | CASE ID |
| DATE COMPLETED  |
| CASEWORKER’S NAME | CASEWORKER’S TELEPHONE NUMBER |
| CHILD’S NAME | DATE OF BIRTH |
| **Participant Signatures** |
|  |  |
|  |  |
| A Plan of Safe Care is required for all screened-in intakes that identify a newborn as affected by substances(s), and for all newborns born to a dependent youth to include youth in Extended Foster Care. A Plan of Safe Care is recommended for screened-in intakes that identify a new born as substance exposed. |
| [ ]  ESIT Referral was made below |
| **All newborns experiencing prenatal substance exposure are automatically eligible for ESIT services.** |
|  | **Plan** | **Person / Organization** | **Contact Information** |
| **Medical Care for Newborn** |  |  |  |
| **Safe Housing** |  |  |  |
| **Safe Sleep** |  |  |  |
| **Routine Child Care** |  |  |  |
| **Emergency Child Care** |  |  |  |
| **Parenting Support** |  |  |  |
| **Plan for inconsolable crying (i.e., PURPLE crying)** |  |  |  |
| **Service Referrals****(SUD/MH/DV)** |  |  |  |
| **Referrals to Resources – for example, ESIT, First Steps, Parent Child Assistance Program, Public Health Nurse, Help Me Grow, etc.** |  |  |  |