	Washington	State Departmer	nt of
	CHILDREN,	YOUTH & FAMI	LIES

CASE NAME	CASE ID					
D. 175 001 101 5750						
DATE COMPLETED						
CASEWORKER'S TELEPHONE NUMBER						
0,1021101112110122						

CHILDREN, YOUTH & FAM	MILIES Plan of Safe C	Care	DATE COMPLETE	ED
CASEWORKER'S NAME	_		CASEWORKER'S	TELEPHONE NUMBER
CHILD'S NAME		DATE OF BIRTH		
	Participant Sign	atures		
all newborns born to a depend	ed for all screened-in intakes that ide dent youth to include youth in Exten n intakes that identify a new born as	ded Foster (Care. A Plan of Sa	
☐ ESIT Referral was made b	elow			
All newborns experien	ncing prenatal substance exposur	e are autor		
	Plan		Person /	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				