



PLAN OF SAFE CARE FOR SUBSTANCE EXPOSED INFANTS, MOTHERS AND CAREGIVERS AFFECTED BY PRENATAL SUBSTANCE EXPOSURE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 485 (12-2024)

| INFANT *Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------|----------|--|------|--|------------------|--|---------|------|-------|----------|---------------|--|--|--|------|--|------------------|--|---------|------|-------|----------|---------------|--|--|--|------|--|------------------|--|---------|------|-------|----------|---------------|--|--|--|
| Health Needs | <ul style="list-style-type: none">* Routine Medical care -Verify Pediatrician, provide well baby clinic and immunization schedules* Safe Sleep - referral if needed* Safe Housing free of substance exposure* Verify receipt of the Period of Purple Crying material | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Use Disorder Treatment Needs | <ul style="list-style-type: none">* Referral to Part C Infant Development Services* Screening and any treatment follow up needed for NAS or SEI symptoms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAREGIVER/MOTHER *Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Needs | <ul style="list-style-type: none">* Pregnancy and Post-partum medical care / follow up* Medical follow up regarding any health concerns* MAT Oversight (if applicable)* Pain Management (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Use Disorder Treatment Needs | <ul style="list-style-type: none">* Referral to necessary substance abuse treatment services (evaluation, in/outpatient treatment, MAT, etc.)* Ongoing recovery supports* Relapse / Crisis Plan* 3 Safety Supports agree to provide emergency care for the infant: <div><div>1.</div><table border="1"><tr><td colspan="2">Name</td><td colspan="2">Telephone Number</td></tr><tr><td>Address</td><td>City</td><td>State</td><td>ZIP Code</td></tr><tr><td>Email Address</td><td colspan="3"><input type="checkbox"/> CPS Index Check <input type="checkbox"/> Court Check <input type="checkbox"/> Agreement</td></tr></table></div> <div><div>2.</div><table border="1"><tr><td colspan="2">Name</td><td colspan="2">Telephone Number</td></tr><tr><td>Address</td><td>City</td><td>State</td><td>ZIP Code</td></tr><tr><td>Email Address</td><td colspan="3"><input type="checkbox"/> CPS Index Check <input type="checkbox"/> Court Check <input type="checkbox"/> Agreement</td></tr></table></div> <div><div>3.</div><table border="1"><tr><td colspan="2">Name</td><td colspan="2">Telephone Number</td></tr><tr><td>Address</td><td>City</td><td>State</td><td>ZIP Code</td></tr><tr><td>Email Address</td><td colspan="3"><input type="checkbox"/> CPS Index Check <input type="checkbox"/> Court Check <input type="checkbox"/> Agreement</td></tr></table></div> | | | | Name | | Telephone Number | | Address | City | State | ZIP Code | Email Address | <input type="checkbox"/> CPS Index Check <input type="checkbox"/> Court Check <input type="checkbox"/> Agreement | | | Name | | Telephone Number | | Address | City | State | ZIP Code | Email Address | <input type="checkbox"/> CPS Index Check <input type="checkbox"/> Court Check <input type="checkbox"/> Agreement | | | Name | | Telephone Number | | Address | City | State | ZIP Code | Email Address | <input type="checkbox"/> CPS Index Check <input type="checkbox"/> Court Check <input type="checkbox"/> Agreement | | |
| Name | | Telephone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CAREGIVER/MOTHER (continued) | | |
|--|--|--|
| Optional Services / Considerations (continued) | Other | Other |
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| Supports/Resources | Family/ Friends/ Coworkers/ Tribal Members/ Foster Parents/ Parents' Friends/ Neighbors/ Faith Based Community Members/ Clergy/ Child's Friends' Parents/ Doula/ Midwife/ Child Care Providers/ Sponsor/ Hairdresser / Massage Therapist | Recovery Coach/Sober Home or Shelter Staff/ Mental and Medical Health Professional/County Public Health/ MAT Provider/ Addiction Counselor/ Early Intervention/ Early Childhood Tracker/ OPOP/ Teachers/ Caseworkers/ Social Workers/ Probation Officer/ Domestic Violence Advocate/ Parent Aide |
| Who do you call for help? | | |
| AGENCIES | | |
| Additional Community Specific Supports and Resources | Human Service Zone | Abused Adult Resource Center |
| | Youthworks / AmeriCorps | Hope House Sober Living |
| | Salvation Army | FACE program |
| | Community Action | Women's Care Center |
| | Community Options | Custer Family Health |
| | Family Voices of ND | Public Health |
| | Parent Resource Centers | NDSU Extension |
| | United Way | Gods Child Project |
| The Village Family Service Center | Ministry of the Margins | |
| Catholic Charities | Anne Carlson Center Community Services Youth | |
| Local Law Enforcement/ PYB Officer | for Christ Parent Life Ministry | |
| North Dakota Domestic and Sexual Violence Coalition (NDDSVL) | Dakota Hope Clinic | |
| Ronald McDonald House | Pediatric Partners | |
| Infant Development Program | The ARC | |
| | Perry Center | |
| | St Gianna's Home | |
| | F5 Project | |
| | Other | Other |
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