**Template Plan of Safe Care**

|  |  |
| --- | --- |
| Mother’s Name: | Provider’s Name: |
| Anticipated delivery date: | Provider Contact #: |

Plans of Safe Care address the health and substance use disorder treatment needs of the infant and affected family or caregiver. Consistent with good casework practice, the plan should be developed alongside of the mom with input from the other parent or other caregivers, as well as any collaborating professional partners and agencies involved in caring for the infant and family. ***A Plan of Safe Care and subsequent CAPTA Notification is for mothers who are prescribed medications during their pregnancy that may result in withdrawal symptoms in the newborn.***

* Check all substances used by mother prenatally:

|  |  |  |  |
| --- | --- | --- | --- |
| Methadone |  | Benzodiazepines |  |
| Buprenorphine (Subutex, Suboxone) | ☐ | Marijuana | ☐ |
| Opioids |  | Cocaine |  |
| Alcohol |  | Other: |  |

* Identify all applicable services currently engaged and new referrals for infant, mother and/or caregivers:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Discussed | Current | New Referral | Organization |
| Medication Assisted Treatment ((Methadone, Buprenorphine, Naloxone) |  |  |  |  |
| Mental Health Counseling |  |  |  |  |
| Substance Use Counseling |  |  |  |  |
| Safe Sleep Plan |  |  |  |  |
| 12 Step Group |  |  |  |  |
| Recovery Supports |  |  |  |  |
| Childcare |  |  |  |  |
| Home visiting |  |  |  |  |
| WIC |  |  |  |  |
| Birth to Three |  |  |  |  |
| Housing Assistance |  |  |  |  |
| Financial Assistance |  |  |  |  |
| Parenting Groups |  |  |  |  |
| Other |  |  |  |  |

* Identified Family Strengths, Supports and Goals (Eg: breastfeeding, housing, parenting, and recovery):

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Signature of parent /caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check if any of the following are applicable:

* Plan of Safe Care was completed and will be provided to infant’s PCP for ongoing monitoring
* Mother was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
* Additional referrals were made for services at the time of delivery for the infant and/or mother/caregivers

Name of hospital staff (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of hospital staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_