

Template Plan of Safe Care

Mother/Birthing Person'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/birthing person 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/birthing persons who are prescribed medications during their pregnancy that may result in withdrawal symptoms in the newborn.***

- Check all substances used by mother/birthing person prenatally:

Methadone	<input type="checkbox"/>	Benzodiazepines	<input type="checkbox"/>
Buprenorphine (Subutex, Suboxone)	<input type="checkbox"/>	Marijuana	<input type="checkbox"/>
Opioids	<input type="checkbox"/>	Cocaine	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Other:	<input type="checkbox"/>

- Identify all applicable services currently engaged and new referrals for infant, mother/birthing person 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 (Ex: 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/birthing person 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: _____