



# Plan of Safe Care Family Care Plan

- Kent
- Landmark
- Newport
- South County
- WIH

Infant Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ MRN \_\_\_\_\_

*The Plan of Safe Care – Family Care Plan coordinates existing supports and provides referrals to new supports that may be helpful after an infant’s birth. The hospital treatment team is responsible for completing this form in consultation with the family.*

| Check all applicable supports and new referrals for parent(s) |                          |                          |                          |                          |              |                                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------------|
| Parent Supports   | New Referral             | Current                  | Discussed                | N/A                      | Organization | Contact person (if applicable) |
| Safe Sleep Education  |                          |                          | <input type="checkbox"/> |                          |              |                                |
| Smoking Exposure Education                                    |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Smoking Cessation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Parenting Support Group                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Family Home Visiting  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Mental Health Counseling                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Substance Use Counseling                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Peer Recovery Coach   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Medication-Assisted Treatment                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Family Treatment Drug Court                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Baby Court  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Basic Needs <i>(housing, food, safety, etc.)</i>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Other <i>(behavioral health, medical, etc.)</i>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Other <i>(behavioral health, medical, etc.)</i>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |

| Check all applicable supports and new referrals for infant <small>(Complete <i>Plan of Safe Care – Foster Family Care Plan form</i>, if applicable.)</small> |                          |                          |                          |                          |              |                                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------------|
| Infant Supports  | New Referral             | Current                  | Discussed                | N/A                      | Organization | Contact person (if applicable) |
| Pediatrician   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Skilled Nursing  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Early Intervention   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| First Connections  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| WIC  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Brown Family Care F/U Clinic   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Other  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |
| Other  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                                |

**Plan of Safe Care was prompted by:**  Self-reported prenatal substance exposure  Infant withdrawal signs  
 Positive toxicology screen (infant/maternal) at, or following delivery  Fetal Alcohol Spectrum Disorder diagnosis

| Prenatal Substance Exposure  | Prescribed               | Not Prescribed           | Prenatal Substance Exposure        | Prescribed               | Not Prescribed           |
|------------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| Methadone                    | <input type="checkbox"/> | <input type="checkbox"/> | Illicit opioids:                   |                          | <input type="checkbox"/> |
| Buprenorphine                | <input type="checkbox"/> | <input type="checkbox"/> |                                    |                          |                          |
| Opioids for pain             | <input type="checkbox"/> | <input type="checkbox"/> | Other known substance exposure(s): | <input type="checkbox"/> | <input type="checkbox"/> |
| Nicotine/tobacco             |                          | <input type="checkbox"/> |                                    |                          |                          |
| Nicotine replacement therapy | <input type="checkbox"/> | <input type="checkbox"/> | Suspected exposure(s):             |                          |                          |
| Marijuana                    | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol                      |                          | <input type="checkbox"/> |                                    |                          |                          |

**Complete the following section with input from family**

|   |  |
|---|--|
| <b>Family Strengths</b> <i>(parenting skills, employment, community supports, etc.)</i> | <b>Family Goals</b> <i>(breastfeeding, quit smoking, recovery, community supports, etc.)</i> |
|---|--|

**Comments**

Plan was reviewed with family  YES  NO

\_\_\_\_\_  
**Parent Signature** **Date** **Attending Physician Signature** **Date**