



Plan of Safe Care (POSC) Template

Plan of Safe Care	Patient Name	
	Estimated Delivery Date	
	County	
	Tribal Affiliation	
	Dates of Assessment	

Background: Plans of Safe Care (POSC) federal legislation (Child Abuse Prevention and Treatment Act-CAPTA) requires that all substance-exposed Infants have a POSC that addresses their needs and those of their pregnant caregiver. This POSC, developed collaboratively with the mother and other involved caregivers, reinforces existing supports and coordinates referrals to new services to help infants and families stay safe and connected when they leave the hospital. The POSC should address the use of both legal and illegal drugs including the use of medication assisted treatment (MAT). The POSC should be initiated as soon as the child is identified as substance-exposed, whether this is prior to, during or after delivery. Ideally, the POSC should be initiated during the mother’s pregnancy and developed with the mother, her health care provider, other service providers and her personal support system in order to identify resources needed to address the unique challenges for substance-exposed infants and their caretakers.

PRENATAL EXPOSURE

Substance (including MAT and other prescription medications)	Date(s) of exposure	Does the patient have an active prescription for this substance?	Notes

DEMOGRAPHIC INFORMATION

	Name	Phone	Address
Pregnant Caregiver			
Medical PCP			
OB/Midwife Group			
OB/Midwife Clinic SW			
SUD Provider (If Applicable)			
Infant’s Anticipated PCP			

Plan of Safe Care	Patient Name	
	Estimated Delivery Date	
	County	
	Tribal Affiliation	
	Dates of Assessment	

ADDITIONAL SUPPORTS (i.e. partner/co-parent, family/friends, counselor, spiritual/faith community, recovery community, foster parent, etc.)

	Name	Phone	Address
Partner/Co-Parent			
Case Manager			
Public Health Nurse			
Other (e.g. family/friends, counselor, spiritual faith/community, recovery community, foster parent, etc.)			

STRENGTHS and GOALS (e.g. breastfeeding, bottle feeding, parenting, housing, smoking cessation, sobriety)

--

DELIVERY PLAN

Planned Delivery Location	
Actual Delivery Location	
Labor Support Person(s)	
Hospital SW (Name and Phone)	

DISCHARGE PLAN (complete near time of delivery)

With Whom Will Baby Discharge?	
Relationship to Infant	
Court Involvement (Yes or No)	
CPS Contact Info (If Applicable)	
Infant's Scheduled PCP (Name and Location)	

Plan of Safe Care	Patient Name	
	Estimated Delivery Date	
	County	
	Tribal Affiliation	
	Dates of Assessment	

SERVICES, SUPPORTS and NEW REFERRALS (enter dates, provider initials)

	Discussed	Referred	Active	Comments
Food Security (WIC, SNAP, food shelves, meal programs)				
Financial (TANF, grant programs, employment support)				
Housing (shelter resources, pregnancy housing, low-income housing listings)				
Maternal Mental Health (medication management referral, therapist referrals, PHPs)				
Maternal Chemical Health (smoking cessation, MAT, SUD treatment, drug court support, recovery support)				
Infant Care (health insurance, pediatric care, parenting classes, safe sleep ed, child care, public health nurse, early support services, family planning resources)				
Infant Supplies (car seat, crib, clothing, stroller, bottles,				

Plan of Safe Care	Patient Name	
	Estimated Delivery Date	
	County	
	Tribal Affiliation	
	Dates of Assessment	

PARENT/CAREGIVER SIGNATURE

I acknowledge I have participated in the development of this Plan of Safe Care (POSC) and have been provided a copy to reference.

Name: _____ Name of Infant: _____

Signature: _____ Date: _____

STAFF SIGNATURE

Name: _____

Signature: _____ Date: _____