

Plan of Safe Care

Infant

Infant MRN/Case # _____

Infant's Name/Suffix	Infant Date of Birth	Mother's name	Safe Care Plan Date
Plan of Safe Care: This document assists in guiding and directing appropriate services and supports to provide for the safety and well-being of a mother and infant affected by substance use, withdrawal, or FASD, including services for the infant and their family/caregiver.			

Infant's Care Plan

Health	Done	Development	Done	Safety	Done
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Connection to a medical home/pediatrician/PCP with future appt scheduled. Next Appt: _____		Early Intervention Referral Referred by: _____ Referral Date: _____		Assess safety of the environment. Needs assessed and referrals provided	
Referral to specialty healthcare or high-risk infant care follow up if needed.		Developmental Screening and assessment/ re-assessments for services		Family has lockbox for medication, or one has been provided (as applicable)	
Health Insurance		Referral/Connection with home visitation program		Safe sleep instructions	
Feeding Support				Car seat safety	
Protective Factors (across all areas):					

Follow Up

Click or tap here to enter text.

Medical Provider

Pediatrician	Primary Care	Specialty
Social Services Provider (STEPS, ReNew, case manager)		

Scan/copy to: Mother Completing Agency LCCYA Early Intervention Other