

Integrated Team Plan of Safe Care Staffing

Plan of Safe Care

Date \_\_\_\_\_ Name of Mother \_\_\_\_\_

Name of Infant \_\_\_\_\_ Date of Birth \_\_\_\_\_

**a. Mother's Substance Use and Mental Health Needs (please include all available information including mother's self-report)**

(1) Substance Use History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Mental Health History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) Treatment History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Medication Assisted Treatment History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) Referrals for Services \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(6) Plan for Mother \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b. Infant's Medical Care**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(1) Prenatal Exposure History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Hospital Care (NICU), length of stay, diagnosis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(3) Other Medical or Developmental Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Pediatric Care and Follow Up \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) Referral to Early Intervention and other services \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. **Mothers Medical Care** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(1) Prenatal Care History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Pregnancy History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) Other Medical Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Screening and Education \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) Follow up Care with OB/GYN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. **Family/Caregiver History and Needs** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1) Prior involvement with child welfare \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Child safety or risk concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Parent-child relationship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Family history \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5) Living Arrangements \_\_\_\_\_  
\_\_\_\_\_

6) Current support network \_\_\_\_\_  
\_\_\_\_\_

7) Current services \_\_\_\_\_  
\_\_\_\_\_

8) Needed supports/services \_\_\_\_\_  
\_\_\_\_\_

Case Manager/Responsible Representative for Follow Up \_\_\_\_\_

Agency \_\_\_\_\_ Phone Number \_\_\_\_\_

Recommendation \_\_\_\_\_

Additional Staffing Needs \_\_\_\_\_ Follow-Up Date \_\_\_\_\_

Admission to NICU Date \_\_\_\_\_ Estimated Discharge Date \_\_\_\_\_

Identified Goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother/Caregiver Name (Please Print) \_\_\_\_\_

Mother/Caregiver Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Caregiver Contact Information: \_\_\_\_\_

Other Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_