Safe Plan of Care

Incident Number

A *Safe Plan of Care* is created to address the safety and well-being of infants identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder and must be developed with the family for all infants as well as any family or caregiver affected by substances.

Infant Affected		
Name	DOB	FACS ID

Household Composition				Substance Dependency (as applicable)					
Name	DOB	FACS ID	Relationship to Child	Alcohol	Cocaine	Marijuana	Methamphetamine	Opioid (e.g., Heroin, Fentanyl, Methadone	Other (please explain in "Note" section)
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				Note:					
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				Note:					
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				Note:					

Infant Health Needs

Family/Caregiver Substance Use Disorder Treatment and Health Needs

Plan for Infant

Service	Person/Organization Making Referral (include referral date)	Need (include date of next appointment)	Person/Organization Responsible for Monitoring	Contact Information	Duration of Monitoring Needed
Medical Care					
Early ACCESS					
Safe Sleep					
State Assistance Program Application					
Other Referrals					

Plan for Caregiver

Service	Person/Organization Making Referral (include referral date)	Need (include date of next appointment)	Person/Organization Responsible for Monitoring	Contact Information	Duration of Monitoring Needed
Medical Care					
Substance Abuse					
Home Visiting					
Domestic Violence					
Mental Health					
State Assistance Program Application					
Other Referrals					

Family and Participant Agreement

I participated in developing this *Safe Plan of Care*. I agree that all relevant needs are adequately addressed and agree to fulfill my roles as identified above.

Parent or Caregiver Name (printed)	Signature	Date
Parent or Caregiver Name (printed)	Signature	Date
DHS Name (printed)	Signature	Date
Health Care Provider Name (printed)	Signature	Date
Other Participant Name (printed)	Signature	Date
Other Participant Name (printed)	Signature	Date
Other Participant Name (printed)	Signature	Date
Other Participant Name (printed)	Signature	Date