

Lee County Newborn Plan of Safe Care

| I. PLAN OF SAFE CARE (POSC) | | | | | |
|--|------------------------|-----------------------------|--------------|---------------------------|--------------|
| The POSC should be developed with the mother and other involved caregivers during pregnancy and completed after the infant is born. The goal of the POSC is to ensure mothers, infants and families are connected to appropriate services in their communities. The completed POSC should be sent to the infant's primary care provider at hospital discharge to facilitate communication and follow-up of new referrals. It should be scanned into the infant's medical record and the family should also receive a copy. | | | | | |
| II. DEMOGRAPHIC INFORMATION: | | | | | |
| Name of Mother: | | Mother's DOB: | | Infant's DOB: | |
| Name of Infant: | | Infant's date of discharge: | | | |
| Infant's primary care provider & contact information: | | | | | |
| III. HOUSEHOLD MEMBERS | | | | | |
| Name | Relationship to Infant | Age | Name | Relationship to Infant | Age |
| | | | | | |
| | | | | | |
| | | | | | |
| IV. CURRENT SUPPORTS (include emergency childcare contact and other support persons) | | | | | |
| Name | | Role | | Contact information | |
| | | | | | |
| | | | | | |
| | | | | | |
| V. STRENGTHS AND GOALS (ex: recovery, housing, parenting, smoking cessation, breastfeeding) | | | | | |
| | | | | | |
| VI. SERVICES, SUPPORTS, and REFERRALS | | | | | |
| | Currently receiving | Discussed | New Referral | Organization/Contact Name | Phone Number |
| Infant Supports | | | | | |
| Coordinated Intake and Referral (CI&R) Family Connect: Healthy Start, Healthy Families, Nurse Family Partnership Home Visiting Program (239) 425-6930 | | | | | |
| 2-1-1 United Way | | | | | |
| Pediatric specialty care | | | | | |
| Developmental or behavioral assessment or services. Contact 2-1-1 for Help Me Grow to complete assessment. | | | | | |
| Women, Infants, and Children Program (WIC) | | | | | |
| Caregiver Supports | | | | | |
| Prenatal Care (OB) | | | | | |
| Medication Assisted Treatment (MAT) | | | | | |
| Mental Health Counseling | | | | | |
| Substance Use Counseling | | | | | |
| Recovery Supports (coaching, 12-step group) | | | | | |
| Case Management | | | | | |
| Smoking Cessation | | | | | |
| Parenting Classes | | | | | |
| Housing Supports | | | | | |
| Financial Supports (WIC) | | | | | |
| Childcare Resources | | | | | |
| Transportation | | | | | |
| Legal Assistance | | | | | |
| Family Planning (Contraception) | | | | | |
| Drug Court Participation | | | | | |
| Other: | | | | | |

VII. PARENT/CAREGIVER SIGNATURE

I participated in the development of this Plan of Safe Care, have received a copy, and understand it will be shared with my baby's primary care provider.

Signature: _____ Date: _____

VIII. NOTES/FOLLOW-UP NEEDED

IX. CAPTA/DCF NOTIFICATION

Infant exposures to certain substances during pregnancy are tracked by the Department for Children and Families for reporting to the Children's Bureau based on federal law. The following information is used for reporting:
the number of infants identified under subsection 106(b)(2)(B)(ii);
the number of such infants for whom a plan of safe care was developed; and the number of such infants for whom a referral was made for appropriate services, including services for the affected family or caregiver.

Reminder: For any concerns about child safety, including prenatal use of illicit or unprescribed substances, a report should be made to the Florida Department for Children and Families at 1-800-962-2873.

PRENATAL EXPOSURE (check all that apply):

| | |
|---|--------------------------|
| Medication Assisted Treatment (Methadone/Buprenorphine) | <input type="checkbox"/> |
| Prescribed opioids for chronic pain | <input type="checkbox"/> |
| Prescribed benzodiazepines | <input type="checkbox"/> |
| Marijuana (prescribed or recreational) | <input type="checkbox"/> |

OTHER EXPOSURES (check all that apply):

| | |
|--|--------------------------|
| Alcohol | <input type="checkbox"/> |
| Nicotine/Tobacco/e-cigarettes | <input type="checkbox"/> |
| Other prescribed medications: _____ | <input type="checkbox"/> |
| | |

X. TRACKING

Date POSC initiated: _____ Date(s) Revised: _____ Date Completed: _____

Sent to infant's PCP Copy in infant's chart Copy given to family

For questions about the Plan of Safe Care or CAPTA/DCF notification, please visit the Department for Children and Families website at: <http://centerforchildwelfare.fmhi.usf.edu/PlanSafeCare.shtml>

To address the nation's prescription drug and opioid epidemic Congress passed the Comprehensive Addiction and Recovery Act of 2016 (CARA). Section 503 of the act adds provisions to the Child Abuse Prevention and Treatment Act (CAPTA) related to infants who are affected by prenatal substance exposure. As a result of this federal legislation Florida has enacted policies and procedures to address the complex needs of substance affected infants and their families.