



I. PLAN OF SAFE CARE (POSC)

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 must be given to the mother upon discharge and should go to the infant’s primary care provider along with the infant’s other medical records. Providers should encourage the mother to share the POSC with those who do and will provide her services and supports. The POSC includes private health information. For an electronic version of this form, visit: <https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/plans-of-safe-care-posc/>.

II. DEMOGRAPHIC INFORMATION

Name of Mother:	Mother’s Medical Providers:
Name of Father:	Infant’s Medical Providers:
Name of Infant:	Mother’s Admission Date:
Name of Other Caregiver (if relevant):	Mother’s Discharge Date:
Infant’s DOB:	Infant’s Discharge Date:
Mother’s Phone Number:	Father’s Phone Number:
Mother’s Health Insurance:	Other Caregiver’s Phone Number:
Current Address:	

III. CURRENT SUPPORTS (e.g. partner/spouse, family/friends, counselor, spiritual faith/community, recovery community, etc.)

Empty box for current supports.

IV. STRENGTHS AND GOALS (e.g. breastfeeding, parenting, housing, smoking cessation, in recovery)

Empty box for strengths and goals.

V. HOUSEHOLD MEMBERS

Name	Relationship to Infant	Age	Name	Relationship to Infant	Age

VI. EMERGENCY CHILDCARE CONTACT/OTHER PRIMARY SUPPORTS

Name	Relationship to Infant	Phone Number

VII. NOTES/HELP NEEDED (please time/date entries)

Empty box for notes/help needed.

VIII. SERVICES, SUPPORTS and NEW REFERRALS					
	Discussed	Active	Referred	Contact Name	Organization/Phone Number
Visiting Nurse Association (VNA)					
Women, Infants, and Children Program (WIC)					
health insurance enrollment					
Family Resource Center (FRC)					
parenting classes					
safe sleep education/plan					
childcare					
other home visiting					
Early Supports and Services					
voluntary child welfare services					
family planning					
mental health					
smoking cessation/no smoke exposure					
housing assistance					
Temporary Assistance for Needy Families (TANF)					
financial assistance					
transportation					
legal assistance					
personal security/Domestic Violence					
substance use					
Medication Assisted Treatment					
recovery support services (e.g. recovery coaching, meetings)					
Drug Court participation					
Other ()					
Other ()					

IX. PRENATAL EXPOSURE		
	Y/N	Notes
Does the infant have prenatal substance exposure?		
Is the prenatal substance exposure a result of prescribed medication?		
Is there prenatal substance exposure in addition to prescribed medication?		

X. IS THE INFANT DISCHARGED IN THE CARE OF SOMEONE OTHER THAN THE MOTHER?		
Name:	Relationship to Infant:	Court Involvement (Y/N):
Phone Number/Address:		

XI. PARENT/CAREGIVER SIGNATURE	
I acknowledge I have participated in the development of this Plan of Safe Care, I have a copy of the Plan of Safe Care, I will share the Plan of Safe Care with my baby's primary care provider, and I will make reasonable efforts to follow-up with the services and supports listed above.	
Signature: _____	Date: _____

XII. STAFF SIGNATURE	
I, _____ provided _____ with the Plan of Safe Care upon discharge.	
Signature: _____	Date: _____

This form complies with NH RSA 132:10-e and NH RSA 132:10-f.