Vermont Newborn Plan of Safe Care *(Revised 11/10/17)*

Name of infant: DOB: Admission date: Discharge date:
Infant's PCP:

Household members:

Name	Age	Relationship to infant	Name	Age	Relationship to infant

Identified supports:

Check box(es) next to applicable criteria:

Methadone / Buprenorphine	
Prescribed opioids for chronic pain	
Prescribed benzodiazepines	
Marijuana	

Additional exposures:

Nicotine/tobacco	
Alcohol	
Other	
Other	

Comments:

Check box(es) for all applicable services and new referrals for infant and mother/caregivers:

	Discussed	Current	New Referral	Organization	Contact person (if applicable)
Medication Assisted Treatment					
Mental Health Counseling					
Substance Abuse Counseling					
12 Step Group					
Recovery Supports					
Smoking Cessation					
Parenting Groups					
Home visiting					
WIC					
Children's Integrated Services					
Housing Assistance					
Financial Assistance					
Childcare					
Safe Sleep Plan					
Other					

Post-discharge Family Strengths and Goals (Eg: breastfeeding, housing, smoking cessation, parenting, recovery)

Comments:

Signature of parent /caregiver: _____ Signature of staff: _____

Please fax copy to infant's PCP and file in infant's chart; proceed to CAPTA Notification