Best Practice Recommendations for:

Collaboration and Integration of Plans of Safe Care Implementation in Colorado

SuPPoRT Colorado

Supporting Perinatal substance use Prevention, Recovery, and Treatment in Colorado

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Best Practice Recommendations for

Collaboration and Integration of Plans of Safe Care Implementation in Colorado

In order to ensure systems, and the people who work within them, develop policies and practices with families that support warm handoffs and standardize practices to address inequities, the Colorado Plans of Safe Care Work Group has created the best practice recommendations below to support Plans of Safe Care implementation. The work group is composed of healthcare professionals, child welfare professionals and has the support of a Family Advisory Board of Lived Experience Experts. These recommendations are intended as a complement to the work being done by both child welfare and healthcare systems with a particular focus to support implementation across sectors and disciplines.

Purpose: Offer guidance, support, and recommendations for ensuring appropriate care of the infants and families impacted by substance use disorder perinatally and following hospital discharge.

The purpose is to promote collaboration in supporting, and resource/service planning for families.

Ideally, a POSC is initiated prenatally by the primary health care provider caring for the family impacted by SUD, and is developed over time and in collaboration with the birthing parent and the birthing parent's support persons and other healthcare providers. Although best practice recommends that POSC be developed in this fashion, presently, when a case meets criteria for child welfare, the responsibility of POSC development rests on child welfare.

Audience:

Healthcare providers (inpatient/outpatient, across specialties - including, but not limited to, family medicine, midwifery, OB/GYN, pediatrics, addiction medicine and substance use disorder treatment providers, healthcare-based social workers, behavioral health providers etc.)

Child welfare professionals

Core Elements

What is a Plan of Safe Care (POSC): According to ChildWelfare.gov, “A Plan of Safe Care (POSC) is a plan designed to ensure the safety and well-being of an infant with prenatal substance exposure following his or her release from the care of a healthcare provider by addressing the health and substance use treatment needs of the infant and affected family or caregiver.”

Summary of federal law: In 2016, as a response to the growing opioid epidemic, the Comprehensive Addiction and Recovery Act (CARA, Sec 503, pp35-37) modified child welfare legislation (Child Abuse and Prevention Treatment Act - CAPTA), requiring that any infant with in utero substance exposure have a Plan of Safe Care in place following his or her release from the care of a healthcare provider.

Notification and Reporting Requirements:

- Mandatory reporting of child abuse and neglect in Colorado | CO4KIDS
- Volume 7

Healthcare providers and child welfare system should consider the following in the assessment of infants and families:

- The birthing parent's behavior and interaction/bonding with the newborn
- Parental protective capacities of the primary caregiver and any other adult caregivers both in and out of the home
- The family's support system
- The home environment
- Evidence of preparation and safe care for the infant, such as a crib, clothing, and formula
- Mental health concerns or the presence of domestic violence
- Assessment of all other adults and children living in the home
- The infant's current condition and/or special needs or disabilities
- The nature and extent of the birthing parent’s alcohol and substance use and treatment history
- Information on the parents' mental health concerns, such as postpartum depression and any co-occurring disorder
    - The presence of other children in the home and their current care and condition
    - Family strengths and involvement of the infant's family members or support persons
    - The birthing parent's level of cooperation and willingness to address concerns
    - The extent and availability of the newborn's family or other individuals to assist with caregiving and the provision of other support
    - The availability of stable housing with no apparent safety or health hazards

Responsibility for development of POSC: Ideally, a POSC is initiated prenatally by the primary health care provider caring for the family impacted by SUD, and is developed over time and in collaboration with the birthing parent and the birthing parent's support persons, other healthcare providers involved in caring for the family (including prenatal providers, addiction medicine specialists, pediatricians, neonatologists, and/or family medicine providers), social workers, mental health specialists, and other professionals and agencies involved in serving the affected infant and family. Presently, best practice would recommend the aforementioned POSC development process. However, currently, the responsibility of POSC development rests on child welfare when a case meets criteria for assessment.

Support & services for infant: The plan will address the safety, health, and substance use disorder treatment needs of the infant and affected family members or caregivers. Best practices indicate this should be done through the interdisciplinary coordination of services to enhance the overall well-being of the infant and their parents or caregivers.

- Developmental screening and assessment
- Linkage to early intervention services
- Medical services needed to meet the ongoing health needs of the newborn
- Home visiting programs

Support & services for adult caregivers: Best practice suggests that a POSC should be designed to meet both the short- and long term needs of the family, with the goal of strengthening the family and keeping the child safely in the home. A POSC could include the following components, depending on the needs of the family.

The following is a list of suggested components:

- Substance use assessment and services
- Medical services needed to meet the ongoing health needs of the parents and other caregivers
- Mental health services
- Assistance with obtaining safe housing
- Instruction on the special care needs of the infant
- Provision of infant safe-sleep information and ensuring safe-sleep arrangements in the home
- Child care or respite care (including plans for sober caregiving)
- Vocational training for parents seeking entry to the job market
- Comprehensive and coordinated social services, including family therapy groups, parent-child therapy, and residential support groups

Monitoring the POSC: Best practice would advise that the POSC be frequently revisited and revised in collaboration with the birthing parent and the birthing parent's support persons, healthcare providers (including prenatal providers, addiction medicine specialists, pediatricians, neonatologists, and/or family medicine providers), social workers, mental health specialists, and other professionals and agencies involved in serving the affected infant and family to meet their changing needs.

Who holds the ultimate responsibility for the POSC depends on which professionals and providers are involved with the family. The key aspect is collaboration amongst providers to best serve families.

Child welfare process: What Happens After You Call? (CO-4-Kids website) and Flowchart Infographic (CDHS)

Core Elements for Healthcare Based Providers

Physiologic readiness of infant:

- Parent/caregiver(s) demonstrate ability to consistently initiate and complete infant's feeds
    - Infant able to complete an entire feed in 30 minutes or less
- Parent/caregiver(s) demonstrate ability to typically console infant within approximately 10 minutes
- Infant does not have excessive weight loss (defined as >10% from birth weight), ideally having demonstrated weight gain from weight nadir during hospitalization (0.5-1.0 oz of weight gain/day)
- Infant can sleep in safe sleep position uninterrupted for at least an hour at a time
- Infant is stable off of pharmacologic therapy
    - In the rare circumstance an infant is discharged while on pharmacologic treatment, the medical team will coordinate with outpatient providers and the infant's parents/caregivers to arrange clear follow-up and safety measures
- For infants with NOWS, diaper dermatitis is well-controlled before going home
    - No active bleeding
    - No signs of infection
    - Parent/caregivers able to manage with over the counter products as recommended by infant's providers

Breastfeeding and substance use:

- For specific recommendations regarding substance use and breastfeeding, please see the guidance drafted by CDPHE in conjunction with CHoSEN QIC: ***LINK FORTHCOMING***

Resource referrals prior to discharge:

- Consider SLP, OT, and/or PT consult to address any feeding difficulties or motor/sensory concerns (both in hospital and post-discharge)
- Prior to discharge and/or during initial outpatient visits, consider the following resources (referrals should include discussion with birth parent/caregivers regarding access and parent/caregiver preferences; follow up with resources to provide connection and warm hand off is encouraged):
    - Early Intervention
    - Fussy Baby Network
    - Public health nursing services:
        - Nurse-Family Partnership
        - Nurse Support Program (NSP)
        - Insurance based nurse visitation
        - Public Health Nurse Visitors (including CYSHCN)
- Home visiting programs (local availability and family eligibility will vary):
    - Safe Care
    - Child First
    - Healthy Families America
    - Parents As Teachers
    - Early Head Start
    - Family Connects
    - Great Expectations
- Family Resource Centers
- Parenting Support Groups
    - Circle of Parents (General groups and Recovery groups)
    - Healthy Expectations
    - Mothers of Multiples
    - Motherwise
- Parent Mental Health and Substance Use Disorder Support/Treatment
    - The CUB clinic at DU
    - ARTS (Addiction Research and Treatment Services)
    - Connections Program for High Risk infants
    - Postpartum Support International
    - HardBeauty
    - Tough as a Mother
    - Mental Health/SUD treatment programs that also accept adolescent patients:
        - Center for Recovery (Denver)
        - Community Alcohol, Drug, Rehabilitation and Education Center (CADREC)
        - Denver Family Therapy Center - Adolescent Substance Abuse Program (ASAP)
        - Denver Health STEP Program
        - Denver Indian Health and Family Services

        - Full Circle Program
        - Sandstone Care
        - Synergy at ARTS

Discharge planning:

- Identify primary caregiver(s) to whom infant will be discharging
    - If infant is discharging with non-birthing parent, consider monitoring cares provided by anticipated primary caregiver(s) until competence is demonstrated
    - If child welfare has been involved in supporting the family, consider hosting a collaborative family meeting between child welfare representatives, hospital-based providers, and primary caregiver(s) prior to discharge
- Notes/observations by care providers (MD, RN, licensed care professionals [PCTs, CNAs, MAs]) regarding objective infant/caregiver interactions
    - Documentation regarding how anticipated primary caregiver(s) are interacting with infant - both positive interactions and potentially concerning interactions and changes in those interactions overtime (e.g. progression or regression in interactions)
        - Do anticipated primary caregiver(s) require frequent reminders/assistance to initiate feeds and/or complete appropriate volume feeds?
        - Can anticipated primary caregiver(s) identify when assistance is required consoling infant?
        - Do anticipated primary caregiver(s) demonstrate cue responsiveness consistently?
        - Do anticipated primary caregiver(s) demonstrate an understanding of and have a plan for a safe sleep environment?
- Education of families and caregivers (ensure education is available to and provided for birthing parents, when present, regardless of custody/discharge plan)
    - Ensuring education is provided in persons' preferred language and relevant cultural context
    - Information and education provided to family/caregiver(s) regarding outpatient referrals made during the birth hospitalization (ie Early Intervention, Nurse Family Partnership, etc)
    - Information and education provided to family/caregiver(s) regarding safe sleep, SIDS prevention, and shaken baby syndrome
    - Information and education provided to family/caregiver(s) regarding care of NOWS and ESC after discharge
    - Established feeding plan in place and information provided to family/caregiver(s) regarding safe and proper human milk/formula handling, preparation, and storage
    - Education provided to family/caregiver(s) regarding importance of safe storage of substances and sober caregiving with collaborative development of safety plan with family/caregiver(s)

    - For families impacted by opioid use disorder, take-home naloxone (preferred) or naloxone prescription and education provided regarding naloxone use and administration.
- Communication with outpatient providers
    - Caregiver identifies primary care provider for infant before discharge and appointment is scheduled (ideally within 48 hours after hospital discharge). If needed, the health care team may assist caregiver in selecting a PCP for follow-up care.
    - Hospital team member should contact primary care provider via EMR messaging, HIPAA-compliant email, and/or phone call and verify receipt and understanding of information
        - When able, HIPAA-compliant transfer of hospital documentation (H&P, Discharge Summary, Plan of Safe Care)
        - Provide information about infant's home feeding plan (volume, calorie concentration, appropriate mixing of formula/human milk, frequency of feeds)
        - Communicate lab results that require follow-up (e.g. toxicology screening, hepatitis C, syphilis, HIV, thyroid function, metabolic genetic screening, etc)
            - Special note regarding hepatitis C screening: Infants born to hepatitis C positive or hepatitis C unknown mothers should be tested for anti-HCV antibodies after 18 months of age. Earlier testing is not necessary because antiviral treatment is not available until after age 2. If earlier diagnosis is desired (due to family preference or concern for loss to follow up), a nucleic acid amplification test (NAAT) to detect HCV RNA may be performed as early as 2 months of age. Testing for anti-HCV antibodies should still be performed after 18 months of age even if NAAT is negative earlier in infancy due to the possibility of false-negative NAAT results in perinatally infected infants.
        - Referrals for community programs that require follow up
        - Communicate specifics regarding child welfare Safety Plan when necessary/indicated
        - Medical subspecialty follow-ups required
        - Social worker to social worker handoff when applicable
        - NICU RN to RN Care Coordinator handoff when applicable
        - With parent/caregiver consent, consider communication with PCP regarding SUD treatment plan and follow-up of parent/caregiver

The following section for Child Welfare Professionals (pg 11-18) is currently in DRAFT FORM and has not been finalized.

This section will be updated in the future and shared with stakeholders.

DRAFT

Core Elements for Child Welfare:

Division of Child Welfare Rule Regarding Substance Exposed Newborns and Plans of Safe Care

In 2016, the federal Comprehensive Addiction and Recovery Act (CARA) established state responsibilities for infants prenatally exposed to substances. In 2017, the Child Abuse Prevention Treatment Act (CAPTA) included required actions when a newborn is identified as affected by prenatal substance use, experiencing withdrawal symptoms at birth, or displaying fetal alcohol spectrum disorders (FASD). CAPTA requires states to have policies and procedures for completing a POSC for all screened-in SEN referrals.

In 2020, as a result of the passage of Colorado Senate Bill 20-028, the definition of child abuse and neglect was changed for Substance Exposed Newborns (defined in CRS 19-1-103(1)(a)(IV) and 7.000.2 (A). This was followed by a 2022 update to the Plan of Safe Care rule, 12 CCR 2509-1 7.000.2(A) Definitions and 12 CCR 2509-2 7.1000 Referral and Assessment, requiring all caseworkers to complete a Colorado Plan of Safe Care (POSC) for all referrals accepted for assessment with an allegation of SEN concerns.

For more details, caseworkers should refer to the following resources:

- 2022 Operations Memo: Plan of Safe Care Volume 7 - New Rule
- 2020 Operations Memo: Substance Exposed Newborn Definition of Abuse and Neglect & Child Protection Task Group which explains changes to the Substance Exposed Newborn child abuse and neglect definitions.
- Plan of Safe Care Rule cheat sheet highlighted sections of the document indicate changes specific to Plans of Safe Care and Substance Exposed Newborns
- Plan of Safe Care Trails Job Aid and the Plans of Safe Care Trails Training Video
- Definitions referenced in this document: Code of Colorado Regulations, Social Services Rule 7.000.2 (pages 3-16)

Plan of Safe Care definition:

A Plan of Safe Care (defined) is a collaborative process to create a documented plan for the health, safety, and well-being of an infant reported with prenatal substance exposure, following the infant's release from the care of a healthcare provider, and address the health, support, and substance use treatment needs of the affected family or caregiver(s) according to the requirements outlined in section 7.107.5 (12 CCR 2509-2) Important qualities of A Plan of Safe Care include:

- Completion in collaboration with the family and intended to mitigate the risk associated with substance exposure to infants.
- Focus on infant well being and initial steps for assessing and treating substance use by birthing parent.

- Interdisciplinary across health and social service agencies.
- Comprehensive, multi-disciplinary assessment of physical, social-emotional, health and safety needs of the infant and the parents or caregivers.
- Family-focused to assess and meet the needs of each family member, as well as overall family functioning and well-being by building on each family member's strengths and supports and increasing parental capacity.

A Plan of Safe Care is separate from traditional safety or support plans completed during the assessment phase of a case and must be completed within 14 days of the assigned assessment.

- "Safety Plan" is a time-limited written plan that controls for the immediate safety of a newborn and other siblings in a household. A Safety Plan:
    - Establishes protection for a child in an effort to prevent out of home placement in situations of moderate to severe harm
    - Is made by the family or natural supports, safety service providers, and the county department; and
    - Does not rely on the person responsible for abuse and/or neglect to initiate protective actions in order for the plan to be operationalized.
- "Support Plan" is a written plan developed in the absence of safety concerns. A Support Plan:
    - Is family driven, department-facilitated, and includes the family's network, which may include extended family, friends, informal support and community resources.
    - Is concrete, agreed upon, and includes specific actions that the family and network are doing to mitigate risk and ensure future safety
    - Controls for identified risk in an assessment concerning a newborn and siblings.

Child Welfare Safety and Support Plans may include similar elements to a Plan of Safe Care, and caseworkers may reference a Plan of Safe Care when they're documenting parts of the Safety or Support Plan. There may be circumstances in which all three plans are implemented during the course of the assessment.

Substance Exposed Newborn (SEN) definition:

SEN definitions help to guide decisions when reviewing referrals and deciding if they meet criteria requirements for assessment, as referenced in Volume VII rules - 7.000.2

Definitions can be found here: Colorado Administrative Code | Section 12 CCR 2509-1-7.000 - LD WELFARE SERVICES - PROGRAM AREAS AND TARGET GROUPS FOR 3, 4, 5, 6 AND 7 | Casetext

The definitions have the following distinctions when determining assignment for assessment:

- **Affected by Alcohol or Substance Exposure:** A child is born **affected** by alcohol or substance exposure when it impacts the child's physical, developmental, and/or behavioral response.
- **Threatened by Substance Use:** The newborn child's health or welfare is **threatened** by substance use when the medical, physical, and/or developmental needs of the newborn child is likely to be inadequately met or likely unable to be met by parents and/or caregiver.
- Toxicology results alone are not a reliable determination of how the newborn is affected, threatened or impacted under this new law.

Child welfare screening guidance:

- Screening of reports to Child Protective Services**:** Screening can occur through the CDHS Hotline or through County Child Welfare Departments. If screening occurs through the State Hotline or County Screening efforts, enhanced screening questions related to substance exposed newborns are required [12- CCR 2509-2 7.103(A)(5)(e)].
- Enhanced screening questions ensure screeners are asking questions to help inform decisions. What the reporting party is able to share is key and hopefully captures the essential information through the enhanced screening questions.
    - Substance Exposed Newborn screening questions that are mandatory and in Trails:
        - Was the infant born substance exposed?
        - Is the infant experiencing withdrawal symptoms? (suggested: gather additional information related to withdrawal symptoms)
        - Was a Plan of Safe Care or a safe discharge plan created? (suggested follow up question - what are the details of the plan?
        - Was the infant born with physical impairments associated with substance exposure?
        - Were resources, referrals, or services offered for the infant and caregiver to address their health and substance use treatment needs? (suggested followup question - what referferrals/resources were offered?)
        - Substance Use (Select type of substance from drop down list or enter other and describe)
            - Alcohol
            - Cocaine/Crack
            - Depressants (ie benzodiazepines)
            - Heroin/fentanyl
            - Cannabis
            - Methamphetamines
            - Other

        - If you identify a substance exposed newborn through screening questions, you must select the drop down box for referral reason, “Substance Exposed Newborn.”

Additional suggested questions for child welfare agencies to consider when screening referrals for Substance Exposed Newborns who have been affected or threatened by substance exposure:

- Primary Questions are asked to determine the impact of substance exposure:
    - What have the parents reported about substance use?
    - How is the infant doing? APGAR scores? Birth weight? Was the infant premature?
    - Is there any observable impact on the infant due to substance exposure?
    - How is the infant eating? Sleeping? Being consoled?
    - How are the parents caring for and bonding with the infant? What supports do the parents/caregivers have already in place (i.e. sober caregiver, family supports)
    - Status of birthing parent’s mental health– postpartum depression, other mental health diagnoses
    - If a plan of safe discharge was created, what are the details?

- Secondary questions are asked to gather additional information regarding the birthing parent and newborn and what might need to be addressed in assessment and planning process:
    - Is the birthing parent still at the hospital? Who else is at the hospital?
    - If a toxicology test has been ordered for the infant, what prompted the test being ordered?
    - When is the anticipated discharge of the infant?
    - Is the birthing parent breastfeeding?
    - What cultural practices, customs, beliefs are important to know regarding infant care?

RED Team process for reviewing referrals:

After reports are taken by the CDHS Hotline or through County screening efforts the referrals are reviewed by a supervisor or RED Team in a County Agency.

Child Welfare uses a Consultation and Information Sharing Framework in the RED Team that presents a balanced assessment of risk and safety based on information gathered in the referral stage.

During the RED team process it’s important to consider SEN definitions, ensuring you have all the relevant information to make a decision regarding the referral. It’s not uncommon with these

types of referrals that further screening with the hospital may be necessary prior to making a decision.

The RED team will make a decision whether to screen in for assignment or to screen out. Considerations for screen-in vs screen-out a referral:

- If possible, contact the reporting party to see if there are any updates or changes to the newborn's status.
- Consider "affected by" and "threatened by" as reported by the reporting party
- Recommendation to refer families to Nurse Family Partnership (or other similar community program) at the time of referral, regardless of screening decision
- Current medical condition of infant, such as unable to eat, sleep, console, obvious signs of withdrawal, other concerns noted by hospital professionals/other reporting parties
- History of family with CPS describes a chronic pattern of substance use that interferes with parental capacity to care for the infant, and/or there is no sober caretaker
- Other risk factors in addition to substance exposure, such as co-occurring mental health concerns, domestic violence, homelessness, unsafe living environment
- Observations of parents that suggest the caregivers will not follow through, do not understand, or are not committed to safe discharge and/or unable to provide for the infant's health, physical, developmental, emotional needs

Child welfare assessment practice guidelines:

Child welfare staff are well positioned to inquire about known or prenatal substance exposure as part of their intake and ongoing information-gathering assessments. Caseworkers have an opportunity to assess risk and existing safety through a strength based, culturally informed and family centered approach that helps to connect substance exposed infants and their families to appropriate information, resources, and services.

When entering the child welfare system, substance exposed infants and families can be served most effectively if children who are at risk for, affected, or impacted are recognized. The caseworker's assessment of a substance exposed infant, and mother's substance use and treatment needs could set the family on a path to care for the child safely and appropriately.

Prompt and tailored services can help parents and caregivers address child neurodevelopmental and behavioral challenges associated with prenatal exposure. Timely intervention and access to resources can increase safety, lower risk of maltreatment, help maintain biological family units, and promote child health, development, and well-being.

Ultimately the goal of the Plan of Safe Care for the family is to advance family recovery and resilience.

Important considerations for practitioners in child welfare when assessing substance exposed infants and their families:

- A Plan of Safe Care will run in tandem with the safety assessment/safety plan or support plan. The POSC is intended to address the health and wellbeing of the substance exposed newborn and the substance abuse treatment needs of the birthing parent.
- Collaborate with hospitals/community stakeholders whenever possible. Family Engagement Meeting or other group meeting (care conference/discharge planning meeting) can be highly effective in coordinating care for both infant and mother and make it less confusing for the family.
- As part of their discharging planning, many hospitals will do a plan with the parents connecting them to vital resources and information. That may or may not be captured in a plan of safe discharge or documented in the patient record.
- If the hospital has completed a plan of safe discharge or if they made referrals or connected the family to resources, obtain a copy of this from the hospital. Update the plan ensuring that it includes all of the requirements in Volume VII rules.
- When the hospital has not completed a plan of safe discharge, meet with the parents/caregivers, medical providers, and any other relevant parties to develop a POSC.

- If the plan for a substance exposed infant is to discharge from the hospital to a birth parent, have the parent(s) with whom the infant will discharge complete training/education at the hospital regarding the infant's care needs once discharged. Ensure the infant is discharged to a sober caregiver. Creating a support network will be helpful in the care of the infant as well as addressing the substance abuse treatment goals of the parent/caregiver. It may be necessary to help the parents build a support network if they do not have an adequate one in place.
- If the plan for a substance exposed infant is to discharge to secondary care, foster or kinship care, when possible, have the caregiver(s) with whom the infant will discharge complete training/education at the hospital regarding the infant care needs once discharged. Encourage collaboration between birth parents and secondary care providers in planning for infant well-being. Secondary care providers should have a copy of a Plan of Safe Care that is relative to infant care.

The following Plan of Safe Care Assessment checklist provides guidance to caseworkers who are assessing and planning with the family. The assessment checklist focuses on three domains:

- Birthing parent's substance use/mental health, and medical care
- Infant medical care
- Essential information regarding caregiver capacity and child welfare involvement.

Trails Mod Plan of Safe Care document:

In Trails Mod there is a template for which completion is required. The document asks a series of questions that will assist caseworkers in the planning process.

Questions on the Plan of Safe Care document in Trails/Assessment phase:

- Is there a Plan of Safe Care or a safe discharge plan? (This includes any plan which addresses the health and substance use treatment needs of the infant and affected caregiver. Ask the provider for a copy of the plan.)
- Has the infant or caregiver received resources, referrals, or services to address their health and substance use treatment needs?
- Resource/Referral Services field is required. It is a multi-select field, so more than one option can be selected
    - Select all
    - Community Organization
    - Early Intervention
    - Inpatient treatment
    - Medical Assisted Treatment
    - Neurodevelopment
    - Nurse Family Partnership
    - Outpatient Treatment
    - PCP - Primary Care Physician
    - Pediatrician

    - Substance use evaluation
    - Other (If **Other** is selected as an option, the **Describe Other** field becomes visible and is required.)
- Is the infant experiencing withdrawal symptoms?
    - If “Yes” is selected, the Withdrawal Symptoms and Describe SEN Support Plan fields become visible and are required.
    - If **“**Other**”** is selected within the Withdrawal Symptoms field, the Describe Other field is required.
- Can the infant eat more than 1 oz. during a single feeding, sleep at least an hour at a time, or be consoled within 10 minutes of crying?
- Do parent(s)/caregivers display competency in the caretaking of the infant?
- Can parent/caregiver assume full responsibility for the caretaking of the infant?
- Have 2 caregivers been identified to help support the caretaking of the infant?
    - If “Yes” is selected, the **List Caregivers** field is required.
    - If “No” is selected, the **Describe Caregiver SEN Support Plan** field is required.

To learn more about entering a Plan of Safe Care into Trails:

- Plans of Safe Care Trails Job Aid
- Plan of Safe Care Trails Training Video

Other trainings related to substance use disorders

- Plans of Safe Care (Web Based Training)
- Impacts and Implications of Prenatal Substance Exposure
- Enhancing Practice With Families Impacted by Substance Use
- Building Safety When Parents Use Substances
- The Substance Use Puzzle: Putting Together the Pieces
- Cracking the Medical Code: Collaborative Response to Medical Aspects of Child Maltreatment
- Toxicology Resource Guide