

*If substance use disorder or other factors are interfering with the parents' ability to care for the infant, or if there are concerns that the family does not have adequate supports, a referral shall be made to CYFD Child Protective Services for potential child abuse/neglect. Creating a Plan of Care does not exempt the family from potential investigation by CYFD. Dial #SAFE.*

## Notification of Newborn in ER or Non-Birthing Center

Infant Name:	Admission Date:
D.O.B.:	Discharge/Transfer Date:
Discharge Address (Street, City, Zip Code):	Phone: (for caregivers)
Health Insurance Company:	Infant's Primary Care Provider (PCP):
PCP Phone:	First Appointment Following Discharge: ____/____/____ ____:____ AM/PM

**Key Household Members:** (parent(s) or other care givers)

Name	Age	Relationship to Infant	Contact Information
1.			
2.			
3.			

**Applicable Criteria for Plan of Care:** Check all substances to which infant was exposed in utero.

Substance	✓	Substance	✓
Alcohol		Methamphetamine	
Benzodiazepines		Nicotine	
Buprenorphine (Subutex, Suboxone)		Opioids	
Marijuana		Other (Specify):	
Methadone		Other (Specify):	

Family has been reported to CYFD Child Protective Services Division.  
Name of CYFD Caseworker (if applicable): \_\_\_\_\_

Send to DOH/CYFD: Fax to 505-476-8896 OR 505-827-5995 OR secure email:

[Susan.Merrill@state.nm.us](mailto:Susan.Merrill@state.nm.us)