

NEWBORN RISK ASSESSMENT

(AS REQUIRED BY PENAL CODE SECTION 11165.13 AND HEALTH AND SAFETY CODE SECTION 10901, (SB2669), EFFECTIVE 7/1/91)

INFANT'S NAME: _____ DOB: _____ DATE: _____
 MOTHER'S NAME: _____ RACE/ETHNICITY: _____ ZIP CODE OF MOTHER: _____
 NAME OF HOSPITAL: _____ HOSPITAL RECORD # _____
 NAME OF INSURANCE CARRIER, HMO OR INDICATE MEDICAL: _____
 NAME OF PERSON COMPLETING FORM: _____
 TELEPHONE # _____ SIGNATURE: _____

LEVEL OF RISK: 1=Low Risk, 2= Intermediate, 3= High risk, 0= Unable to assess(refer to reverse of form for guidance)

| RISK FACTOR | LEVEL OF RISK | EXPLANATION-MANDATORY FOR EACH FACTOR |
|---|---------------|--|
| 1. INFANT WITHDRAWAL SYMPTOMS | | |
| 2. SPECIAL MEDICAL AND/OR PHYSICAL PROBLEMS | | |
| 3. SPECIAL CARE NEEDS OF CHILD | | |
| 4. DRUG/ALCOHOL USE | | |
| 5. DRUG/ALCOHOL TREATMENT HISTORY | | |
| 6. PRENATAL CARE | | |
| 7. EMOTIONAL AND INTELLECTUAL ABILITIES | | |
| 8. LEVEL OF COOPERATION | | |
| 9. AWARENESS OF IMPACT OF DRUG/ALCOHOL USE ON CHILD | | |
| 10. RESPONSIVENESS TO INFANT, BONDING, PARENTING SKILLS | | |
| 11. HISTORY OF FAMILY VIOLENCE | | |
| OPTIONAL IF KNOWN | | (INDICATE HOW INFORMATION WAS OBTAINED) |
| 12. FATHER OR PARENT SUBSTITUTE IN HOME | | |
| 13. STRENGTH OF FAMILY SPPORT SYSTEMS | | |
| 14. DRUG/CRIMINAL ACTIVITY | | |
| 15. SIBLINGS IN HOME AT RISK | | |
| 16. KNOWN ENVIRONMENTAL RISK IN THE HOME | | |

Check all that apply:

| | | | |
|---------------------------------|--|--|-----------------------------|
| | <u>Tox screen done</u> | <u>Tox positive</u> | <u>Type of drug(s)</u> |
| <input type="checkbox"/> Infant | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Results not available _____ |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Results not available _____ |

Child Abuse Report Filed? Yes No
 Child Abuse Report Accepted? Yes No

If yes, attach to copy of 1116 P.C. form given to DCFS

Service Plan Referrals (check all referrals given):

| | | |
|---|---|---|
| <input type="checkbox"/> AFDC/GR/Medi-Cal | <input type="checkbox"/> Family Planning Program | <input type="checkbox"/> Parenting Program |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> High Risk Infant Program | <input type="checkbox"/> PHN visit/Home Health Svcs |
| <input type="checkbox"/> Alcohol/Drug Treatment | <input type="checkbox"/> Hospital High Risk Follow Up | <input type="checkbox"/> Regionl Center |
| <input type="checkbox"/> California Children's Services | <input type="checkbox"/> Mental Health/Counseling | <input type="checkbox"/> WIC Program |
| <input type="checkbox"/> Domestic Violence Shelter | <input type="checkbox"/> Pediatric Follow Up care at: _____ | |
| <input type="checkbox"/> Other _____ | | |

Upon completion of form, retain original in medical file. If abuse report was filed, FAX this report and any additional comments to the Child Abuse Hotline at (213) 617-3574 immediately after making referral to the Hotline.

| NEWBORN RISK ASSESSMENT MATRIX | | | |
|--|---|---|--|
| FACTOR | LOW RISK | INTERMEDIATE RISK | HIGH RISK |
| 1. Infant's Withdrawal Symptoms | Withdrawal symptoms not apparent | Mild tremors, mild hypertonia, mild irritability, slight lethargy | Vomiting watery stools, fever, sleeps less than 2 hours after feeding, marked tremors, high pitched cry, seizures, lethargic, on medications for drug withdrawal |
| 2. Special Medical &/Or Physical Problem | No apparent medical or physical problems | Minor medical or physical problems which do not significantly affect infants vital life functions or physical & intellectual development, low birth weight, small for gestational age | Any pre-term infant (born at or before 36 weeks), physical or medical problem which significantly impacts vital life functions (e.g. apnea, seizure disorders, low APGAR, respiratory distress, congenital defects) |
| 3. Special Care Needs | Routine pediatric visits, no special equipment or medication | Monthly pediatric care visits, no medicine or special equipment | Requires 2 or more monthly pediatric visits, special equipment or medications |
| 4. Drug/Alcohol Use | Not current using any drugs/alcohol | Occasional use 1-2 times per week or weekend use | Use more than 2 times per week |
| 5. Drug/Alcohol Treatment History | Entered drug/alcohol tx early in the pregnancy, remains in program & considered compliant | Entered drug/alcohol tx early in the pregnancy, remains in program but attendance is sporadic; continues to use drugs | Not in drug/alcohol tx. Program or entered in third trimester |
| 6. Prenatal Care | Sought early prenatal care and consistent with prenatal follow-up | Sought prenatal care in 2nd trimester or inconsistent with prenatal follow-up | Did not seek prenatal care until 3rd trimester, no prenatal care; noncompliance with medical treatment |
| 7. Emotional And Intellectual Abilities | Appears to be competent in parental role with realistic expectations of the child | Exhibit mild intellectual limitations which would not significantly impact ability to care for child | Poor perception of reality; poor judgment, significant health problems, exhibits significant limitations in ability to care for the child |
| 8. Level Of Cooperation | Willing to work to resolve any problems & protect child | | Refuses to cooperate, disinterested or evasive |
| 9. Awareness Of Impact Of Drug/Alcohol Use On Child | Receptive to professional advice | | Demonstrates minimal awareness of drugs impact on child; denies symptoms |
| 10. Responsiveness To Infant, Bonding Parenting Skills | Parent is responsible to infants needs & exhibits appropriate knowledge of infant care | | Parent may provide appropriate physical care but is unresponsive to infant's needs (i.e. lack of response to crying of infant); poor eye contact; infrequent visits; inappropriate expectations and criticism of the child |
| 11. History Of Family Violence | No known history of family violence | Prior protective services provided to siblings with that episode resolved and case closed; history of prior domestic violence | Current Child Protective Services &/or domestic violence involvement; previous abuse/neglect of serious nature; prior court action; siblings in placement |
| 12. Father Or Parent Substitute In Home | Is a supportive/stabilizing influence & available to assist with care giving | Assumes only minimal care giver responsibility for child, verbal threats of violence | Has poor impulse control, demonstrated violence in home, involved in criminal activity, drug use |
| 13. Strength Of Family Support Systems | Family, neighbors or friends available & committed to help | Family is supportive but not in geographic area; limited support available | No appropriate relatives or friends available, social isolated; no phone; no transportation available; limited income |
| 14. Drug/Criminal Activity | Household members not suspected to be involved in drug/criminal activity. | | Any household member suspected to be involved in drug/criminal activity |
| 15. Siblings In Home At Risk | Education, medical & environmental needs being met in home. | Some but not all educational, medical & environmental needs being met in home | Few educational, medical & environmental needs being met for siblings in home, possible out-of-home placement |
| 16. Known Environmental Risk in the Home | Home contains no apparent safety health hazards, utilities, operable parent report preparation for infants care | Home is relatively safe, but there are no reports or evidence of preparation for infant's care | Home unclean with safety or health hazards, lack of stove/refrigerator/heating system; no operable utilities, reports no evidence of preparation for infant's care; transiency, homelessness |