

Community Plan Screening Questionnaire

Date Completed: _____

Caregiver Name/ID: _____ Relationship to Infant: _____ Age: _____

Infant's name: _____ Gender: _____ Age: _____

Service Provider Name & Agency: _____

FACTORS RELATED TO INFANT

An infant is a child less than 24 months of age.

Yes?

1) Was your infant born premature or with a low birth weight?

2) Do you have concerns about feeding? (breast or bottle, or with baby foods)

3) Did you use alcohol, prescription or non-prescription drugs, and/or did you smoke during pregnancy? If so, how much?

4) Has your infant been diagnosed by with a medical condition? (i.e. Fetal alcohol syndrome, HIV, respiratory problems, chronic conditions, medically fragile, excessive irritability, inability to gain weight etc.)

5) What is your hygiene routine for your infant? (i.e. bath, teeth, nail trimming etc.)

6) Has your infant seen a doctor regularly for check-ups and immunizations?

FACTORS RELATED TO THE PRIMARY CAREGIVER

1) Did you (the mother) receive regular prenatal care? (i.e. seeing your doctor, getting proper nutrition etc.).

2) Do you have a history of depression, anxiety or other mental health issues?

3) Do you have any learning challenges? (ie. reading, telling time, basic math, following instructions etc.)

4) Do you have any self-care needs that might impact your ability to meet the needs of your child?

5) How often do you use drugs and alcohol? Is this interfering with your ability to parent your child?	
6) Do you have previous children in the care of CAS or in the care of others?	
7) Have you ever struggled to manage your anger or frustration?	
8) Do you feel that you know when your infant is tired? Hungry? Do you know how to respond to these cues?	
9) Do you know what nutrition your infant needs? How often do you feed your child? What do you feed them?	
10) Do you feel you need additional support with any areas of caring for your child including feeding, diapering, bathing, responding to your child's cries or dealing with frustration about how to manage this?	
11) How do you discipline your child? Under what circumstances do you do this?	
12) How do you manage your needs vs your infant's needs?	
13) How often is your infant cared for by others? Who takes care of them?	
14) Do your older children provide any care for your infant? How old are they?	
15) Do you have any barriers to accessing services (ie. transportation, physical or emotional challenges etc.)	
FACTORS IN THE ENVIRONMENT	
1) What is your current living situation? (ie. housing, heat, plumbing, adequate provisions for your infant etc.)	

2) Is there, or has there been, any violence within your current or past relationships?	
3) Have you ever been homeless?	
4) How many times have you moved in the last year?	
5) If you live with more than one non-family member, how long have you known them?	
6) Describe your infant's sleeping environment (i.e. room, crib etc.)	
7) What kind of car set are you using for your infant?	
FACTORS RELATED TO SUPPORT SYSTEMS	
1) What support do you get from your family? From your partner's family?	
2) What other supports do you have? (ie. friends, neighbours, service providers etc.)	
3) Do you have cultural or community involvement?	
4) Do you have anyone in your life that may be involved in criminal activities?	
Additional Comments:	

This questionnaire identifies factors that may indicate that an infant is living in an environment that could result in significant harm. The purpose of the Community Plan is to ensure professionals are working collaboratively to promote optimal safety, growth and development of infants under twenty-four months of age who are identified as living in high-risk environments.

Name of referral source (i.e. agency staff, community service provider etc.) _____

Consultation/discussed with _____

No follow up required

Follow up required:

Follow up will include: please check

Referral to CAS (as per duty to report) _____

Initiation of a Community Plan _____

Further Assessment _____

Is the family currently involved in a Community Plan? Yes **No**

If yes, Coordinator's Name/ Agency _____

Instructions:

- a) Set the stage for the conversation with caregiver. (i.e. a calm, relaxed and non-judgmental "kitchen table" discussion versus a formal interview) . The questionnaire may be completed at the time of intake to your agency or over a few visits as established by your agency policy.
- b) Explain the purpose of the questionnaire and your professional obligation if you think the infant is in need of protection. This questionnaire is intended to focus on the needs of the child to determine whether a Community Plan is required. It does not replace any screening or assessment tool that you are required to complete.
- c) Notify CAS (with the caregiver's knowledge and in their presence if possible) immediately if you think the child is in need of protection. If you are unsure of your duty to report consult with a supervisor, or your agency Community Plan Liaison.
- d) Indicate on the form if any follow up is indicated. If none, file the questionnaire according to your agency's policies, and consult with a supervisor as required.
- e) Where follow up other than a Community Plan is indicated, record what the plan is in the comments area. (see Manual for more information)
- f) If a Community Plan is required indicate who the Community Plan Coordinator will be. This is usually the interviewer/person completing the questionnaire.
- g) If CAS has ongoing involvement with the family CAS will be the ongoing Community Plan Coordinator. However the continued involvement/participation/coordination of all services involved is beneficial.
- h) If conflict arises between (i.e. differing views of the plan required to go forward) the Community Plan for High Risk Infants (see Conflict Resolution) or the Community Plan Liaison for your agency should be consulted.
- i) Black out Caregiver's Name/ID (for confidentiality) and forward a copy of the form to your Community Plan Agency Liaison.

If you have reasonable and probable grounds to suspect a child is in need of protection you must report your concerns to the Children's Aid Society.