

Prenatal Community Plan Screening Questionnaire

Date Completed: _____

Caregiver Name/ID: _____ Age: _____

Expected Due Date _____

Service _____ Provider _____ Name _____ & Agency: _____

| Factors Related to the Primary Caregiver | Yes? |
|---|-------------|
| 1. Is this your first pregnancy? | |
| If no: 2. Did you receive prenatal care in the past? 3. How many pregnancies have you had? 4. Have any of your children been born prematurely or with a low birth weight or medical condition? 5. Is your previous child in the care of CAS or in the care of others? | |
| 6. Are you receiving regular prenatal care with this pregnancy? (seeing a doctor, getting adequate nutrition etc.) | |
| 7. Have you used any alcohol, prescription or non-prescription drugs, and/or are you smoking during this pregnancy? If so, how much? | |
| 8. Do you ever have trouble accessing enough good food? Do you use the Food Bank? If so, how often? | |
| 9. How do you plan to feed your baby? (breastfeed, formula etc.), and do you have any concerns about feeding? | |
| 10. Do you know what nutrition your baby needs? How often will you feed him or her? | |

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| 11. Do you have a history of depression, anxiety or other mental health issues? | |
| 12. Do you have any learning challenges? (reading, telling time, basic math, following instructions etc.) | |
| 13. Do you ever struggle to manage your anger or frustration? | |
| 14. Do you feel you know when an infant is tired? Hungry? What would you do to respond to these cues? | |
| 15. Do you feel you know about diapering, bathing, responding to your baby's cries or dealing with frustration about how to manage this? | |
| 16. How do you plan to discipline your child? Under what circumstances will you do this? | |
| 17. How often will your baby be taken care of by others? Who will take care of them? | |
| Factors Related to the Environment | |
| 18. What is your current living situation? (housing, heat, adequate provisions for the baby etc.) | |
| 19. Do you feel safe where you live? | |
| 20. Is there, or has there been, any violence in your current or past relationships? | |

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| 21. Have you ever been homeless? | |
| 22. How many times have you moved in the last year? | |
| 23. If you live with more than one non-family member, how long have you known them? | |
| 24. Where will your baby sleep? (room, crib etc.) | |
| 25. What kind of car seat do you plan to use for the baby? | |
| Factors Related to Support Systems | |
| 26. Is the father/partner involved? | |
| 27. What support do you get from your family? From your partner's family? | |
| 28. What other supports do you have? (friends, neighbours, service providers, cultural or faith community etc.) | |
| 29. Is anyone in your life involved with 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 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 focuses 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 will be 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.
- f) If a Community Plan is required indicate who the 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 CP Coordinator. But 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) a conflict resolution strategy should be used 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.

While there is no prenatal duty to report, if you have concerns discuss these with your client including that a referral for support and early involvement from Children's Aid Society or other community partners could benefit both the baby and mother. In this case, parental consent is required.