

**Wyoming Newborn Risk Assessment Tool**

Infant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Name of Hospital: \_\_\_\_\_  
 Name of Person Completing this Form: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**To Use this Form:**

This assessment tool helps providers to identify and judge the severity of potential risk factors. This tool does not provide a definitive risk score, but instead is intended to help health care providers with determining next steps. This tool helps healthcare providers to determine whether a report to child protective services is needed. Please note, not all infants born exposed to substances require a call to DFS.

Healthcare providers are required to call child protective services to report any concerns of child abuse or neglect. Infants who are identified as prenatally exposed to substances require a plan of safe care regardless of whether or not child protective services are called.

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

**Testing & Reporting**

- Was a Toxicology Test Completed for the Infant? Yes No Was it positive? Yes No
- If yes, what were the results of the test: \_\_\_\_\_
- Was a Toxicology Test Completed for the mother? Yes No Was it positive? Yes No
- If yes, what were the results of the test: \_\_\_\_\_
- Child Welfare Report Filed? Yes No
- Was a Plan of Safe Care Developed? Yes No If yes, please fax a copy of this form to DFS along with the report.

Risk Factor	Level of Risk	Explanation
1. Infant Withdrawal Symptoms		
2. Special Medical and/or Physical Problems of the Infant		
3. Special care Needs for the Infant		
4. Drug/Alcohol Use of Both Caregivers		
5. Substance Use Disorder Treatment for Both Caregivers		
6. Prenatal Care		
7. Capacity to Care for Infant		
8. Level of Cooperation of Both Caregivers		
9. Awareness of Impact of Substance Use on Infant of Both Caregivers		
10. Responsive to Infant, bonding, parenting Skills of Both Caregivers		
11. Intimate Partner Violence for Both Caregivers		
12. Strength of Family Support Systems		
13. Other Children in the Home At Risk, if Known		
14. Known Environmental Risk in the Home if Known		

Risk Factor	Low Risk	Intermediate Risk	High Risk
1. Infant's Withdrawal Symptoms	Withdrawal symptoms not apparent	Mild tremors, mild hypertonia, mild irritability, slight lethargy. Only non-pharmacological interventions used to treat withdrawal.	Vomiting, watery stools, fever, sleeps less than 2 hours after feeding, marked tremors, high pitched cry, seizures, lethargic
2. Special Medical and/or Physical Problems of the Infant	No apparent medical or physical problem	Minor medical or physical problems which do not significantly affect infant's vital life functions or physical & intellectual development	Any preterm infant (born before 37 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 of the Infant	No special equipment or medication needed	No special equipment or medication needed	Special equipment or medication needed
4. Parental Alcohol or Drug Use (Maternal and Father/Partner/ Other adult in home)	Not currently misusing any drugs/alcohol, or is taking a prescribed medication as prescribed	One caregiver in the home is currently in active misuse of an illicit substance, prescribed medication or alcohol, but has arranged for a sober caregiver for the infant	No parents/caregivers in the home are sober (i.e. currently in active misuse of an illicit substance, prescribed medication or alcohol) with limited support and resources
5. Substance Use Disorder Treatment/Recovery Needs for Caregivers (Mother and Father/Partner)	Caregivers entered SUD treatment, including medication assisted treatment (MAT) and remains in program and compliant. Is actively connected with recovery support services.	Caregivers entered SUD treatment, including MAT, remains in program but attendance is sporadic; continues to misuse substances. Has a history of engagement in recovery support services but is currently inactive or sporadically active.	No caregivers engaged in SUD treatment program and/or in active use. No current engagement with recovery support services.
6. Prenatal Care	Sought early prenatal care and consistent with prenatal care follow up	Sought prenatal care in 2 <sup>nd</sup> trimester or inconsistent with prenatal follow-up	Did not seek prenatal care until 3 <sup>rd</sup> trimester, no prenatal care or noncompliance with medical treatment
7. Capacity to Care for Infant	Appears to be competent in parental role with realistic expectations of infant	Exhibits mild limitations which would not significantly impact care for the infant	Poor perception of reality; poor judgment, significant health problems, significant limitations in ability to care for the infant
8. Level of Cooperation by Mother & Father/Partner	Willing to work to resolve any problems & protect the infant	Primary caregiver willing to work to resolve any problems & protect the infant. One caregiver refuses to cooperate, disinterested or evasive	Refuses to cooperate, disinterested or evasive
9. Awareness of impact of Substance Use on Child by Mother and Father/Partner	Receptive to professional advice	Primary caregiver receptive to professional advice. One caregiver demonstrates minimal awareness of substance's impact on infant. Isn't aware of resources, but open to supports	Both caregivers deny symptoms and impact of substance use on child
10. Mother and Father/Partner Responsive to Infant, Bonding, Parenting skills	Parents are responsible to infant's needs & exhibits appropriate knowledge of infant care	Primary caregiver is responsible to infant's needs. One caregiver are responsive to infant's needs but need ongoing support. Parents are receptive to additional coaching and support	Parents may provide appropriate physical care but are unresponsive to infant's needs (i.e. lack of response to crying infant, inappropriate expectations and criticisms of child)
11. History of Intimate Partner Violence (IPV) (Mother and Father/Partner)	No known history of IPV. Or actively receiving support to address historical IPV.	History of IPV, verbal threats of violence within the current household members. Engagement in support services or sporadic engagement in support services to address IPV.	Current IPV involvement, prior child abuse of serious nature, prior court action
12. Strength of Family Support Systems	Family, neighbors or friends available & committed to help. Strong network of supports for recovery.	Family is supportive but not in geographic area; limited support available. Limited recovery support network.	No appropriate relatives or friends available, socially isolated, no phone, no transportation available, limited income. No recovery support network.
13. Other Children in the Home at Risk, if Known	Education, medical & environmental needs being met in home, no active CPS involvement	Some but not all educational, medical & environmental needs being met in home. Active CPS case (strong parental engagement with current CPS case)	Few educational, medical & environmental needs being met for other children in the home, possible out-of-home placement. Active CPS case with children placed out of the home
14. Known Environmental Risk in the Home, if Known	Home contains no apparent safety hazards, utilities operable; parent reports preparation for the infant's care	Home is relatively safe, but there are no reports or evidence of preparation for the infant's care	Home unclean with safety or health hazards, or lack of stove/refrigerator/heating system; no operable utilities, reports no evidence of preparation for infant's care; transiency; homelessness, food insecurity.